

# Exploring Trauma in Medical Training: The Impact of Patient Death during Residency

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## Introduction

Patient death is an inevitability of medical training. Subsequent distress, decreased empathy, and worse learning outcomes have been reported amongst physicians and residents. While debriefing provides space for reflection, promoting a supportive culture, this infrequently occurs. Early trainees often feel underprepared to manage death.

***We aimed to ascertain the impacts of patient death, debriefing opportunities, and coping strategies employed by residents at McMaster University.***

## Methods

Trainees who completed an internal medicine rotation at McMaster

Semi-structured interviews focus on emotional responses, support, coping mechanisms, and preparedness

Interviews were coded to identify emerging themes using thematic analysis and constructivist grounded theory.

## Results

- No. interviews: 18
- Median age: 27
- 72.2% experienced first death in medical school
- 77.8% had prior personal experience with death
- Specialties:  
FM (5), IM (4), Rad (2),  
Psych (2), Path (2), OB (1),  
Rad Onc (1), Gen Surg (1)
- 55.5% were PGY1

"That was my first time ever pronouncing someone ... It would have been nice to have some guidance ... I was given the red book, international medicine red book, and it had a section on doing that so I just followed that."

"And then his wife came and I like felt just like so much pain for her and then they declared a termination, and thankfully I had a call room ... and the moment I got in there I burst into tears."

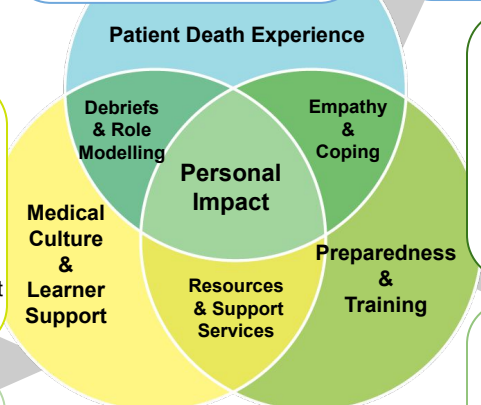
"[I] had no connection to this patient. I didn't know who he or she was. I was just informed by the staff that he had passed away and that he was expected to pass away. So the emotional connection wasn't there. I didn't know the family, and in that sense it was a bit easier."

"So he passed away very quickly but the actual experience of him dying was really I would almost call it like traumatic for me because he had to be coded a number of times and I was one of the people actively performing CPR on him."

"I don't feel as affected as much anymore ... It's almost like a bit of a detachment ... I don't let myself kind of go into that mental space where I think about the family members and what they're feeling."

"I mean that's the whole problem ... I felt like I was thrown into the situation where I have to lead the family meeting, have to guide them through end of life ... And medical school, I don't think ... prepared me at all for that."

***"But what ... was extremely healing for me, [was when the patient's wife emailed a] very kind thank you to everybody and expressed ... how much she appreciated the care that he had received ... because that was like tormenting me for a day or two. And while that didn't end, it definitely abated to know that she had come out of that experience feeling grateful and cared for."***



## Conclusion

Patient death in medical training can be traumatic for learners and may perpetuate loss of empathy, changes to practice, and residual emotional effects. These experiences are normalized by the medical environment, culture, and the residents themselves. Further focus is needed to better prepare trainees for this phenomenon and examine the culture in which physicians operate.

## Acknowledgements & References

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