A Letter of Intent to the Picker Institute/Gold Foundation from the 
UMDNJ – New Jersey Medical School in Newark, NJ 
March 14, 2011

Project Title - Compassionate Communication with Family Members During Resuscitation and After Sudden or Traumatic Death in the Emergency Department: A Curriculum for Teaching Communication Skills for Emergency Medicine and Surgery Residents

This project seeks to achieve the following Principles of Patient-Centered Care:

Picker Institute Criteria:
• Involvement of family and friends:
  o Support for family members as caregivers
  o Recognition of needs of family and friends
• Information, communication and education
  o Information on clinical status, progress, and prognosis
  o Communication should always be empathetic

Arnold P Gold Foundation criteria:
• Demonstrates sensitivity in working with patients and family members of diverse cultural and social backgrounds
• Is sensitive to and effectively identifies emotional and psychological concerns of family
• Displays effective and empathetic communication and listening skills

ACGME Core Competencies:
• Interpersonal and Communication Skills
• Professionalism

Statement of Need:
Deaths in the Emergency Department are often sudden, unexpected and traumatic. Surviving family members are unprepared and react with acute grief, turmoil, anger and disbelief. Studies show that the manner in which surviving family members are told of the death, can affect their lifelong bereavement outcomes. Caring and compassionate communication, support and the opportunity to see the loved one are important “Always Events” for improving these outcomes.

Emergency Medicine (EM) physicians and Trauma surgeons are frequently called upon to notify family of a sudden or traumatic death, often after an intensive, unsuccessful resuscitation effort. To do this with compassion is challenging in this impersonal, chaotic setting with no prior physician-family relationships and a lack of 24-7 pastoral or bereavement personnel. While EM and Trauma surgery physicians receive extensive “technical” training in resuscitation and life-saving modalities, they lack training in “non-technical” skills such as empathic and professional communication with families during resuscitation and in the aftermath. Further, the lack of support for trainees in the event of their patient’s unexpected death may lead to depersonalization, ‘compassion fatigue’, and moral distress, which in turn impacts overall provision of quality patient-care. We seek to address this important issue.

Goals of the Project are to develop a curriculum to train EM and Surgery residents in:
1) Empathic communication with family surrounding sudden death of a loved one
2) Communication skills with sensitivity to a culturally diverse population and
3) Professional self-reflection skills around the death of a patient.

Target Population:
- Emergency Medicine and Trauma Surgery Attending physicians: (6 Surgery, 12 EM)
- Emergency Medicine and Surgery Residents: 64
- Patient/ Families: 170 ED deaths per year with an ED volume of > 100,000 visits per year
Project Methods:

Simulated Encounters and Role-Play: Communication skills training will be incorporated into the regularly scheduled High-Fidelity-Simulated-Encounter (SIM) sessions which currently provide hands-on practice of technical resuscitation skills for resident trainees. We will add role-play as a modality to address physician-family communication during resuscitation and after simulated death.

Clinical experience: SIM sessions and role play will be supplemented in the clinical setting by pairing a resident trainee with an Attending physician for all relevant communication-interactions with families, in the events surrounding resuscitation and sudden death in the clinical ED setting.

Debriefing: A key component of our methods is a real-time, structured debriefing session after the sudden death event to help learners understand, analyze and synthesize what they felt and to promote adaptive coping. Along with the ‘technical’ patient-care events, emphasis will be placed on physician-family interactions and ‘non-technical’ communication events. This will include techniques of sharing and listening. Debriefing facilitation will use the 4 Es: events, emotions, empathy and explanation.

‘Death rounds’: Quality of end of life communication and family outcomes will be incorporated into established Surgery, Trauma, and Emergency Medicine morbidity and mortality conference. These rounds will help to further develop/model self-reflection and communication skills for residents, fellows and faculty as well as sustain department wide integration of communication skills surrounding death.

Faculty development: Both EM and Trauma faculty will participate in faculty development sessions during which they will learn how to conduct a structured debriefing (post sudden death) in the ED. Teaching skills with regards to death notification and tools to provide effective feedback around sudden death family interactions will also be demonstrated.

Project Outcomes:

We will assess the impact of the curriculum on learners by assessing their knowledge, competence and satisfaction surrounding sudden death events, before and after implementation of the curriculum. We will also assess the surviving family member satisfaction regarding communication around events surrounding the sudden death of their loved one.

Dissemination and sustainability: Curriculum and outcomes will be disseminated by presentations at national Emergency Medicine, Trauma and Palliative medicine discipline-related meetings and via publication of manuscript. We will present the curriculum to the American College of Surgeons Task force on palliative care education. We also plan to publish the curriculum via an academic online medical education portal. This will ease access to this information by other training programs. We are fully committed to sustaining this initiative as we plan to incorporate the sudden death debriefing into the daily processes of ED care and involve inter-disciplinary staff as part of ongoing employee support and quality improvement initiatives.

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