

Cultivating Compassion to Lessen Burnout: Encouraging Reflection on ICU Survivors Through an ICU Follow Up Conference

Deters, JS. McSparron, J.

Introduction & Background

Burnout and depression are common among all physicians, from trainees to senior attendings.^{1,2} In the intensive care unit (ICU), these problems are compounded by the high-stakes nature of critically ill patients, long work hours, challenging family and patient relationships, and intense emotional interactions.^{3,4} Given the high volume and rapid turnover of patients, providers are frequently unable to maintain longitudinal relationships with critically ill patients who improve and leave the ICU. Trainees in the ICU often focus on patients who have prolonged ICU stays, which often end in death. To mitigate the far-reaching effects of burnout and enhance the cohesion of the multidisciplinary health care team, we developed a novel ICU follow up conference whereby participants are able to learn about the outcomes of patients once they leave the intensive care unit, present patient and family feedback on the care delivery, and reflect on their experiences of caring for these patients.

Methods & Implementation

Our conference focuses on reviewing patient outcomes after discharge from the ICU, providing follow up and closure and offering patient and/or family feedback for the ICU providers. The once monthly, one hour afternoon conference is open to all members of the multidisciplinary ICU care team. During the conference, multiple members of the multidisciplinary health care team present one patient each, for a total of 4-5 presentations per conference. Each presentation, which typically lasts 7-10 minutes, is followed by 5 minutes of questions and group discussion.

Any member of the multidisciplinary health care team is welcome to present a patient to the group. Thus far, presenters have included residents, attending physicians, nurses, social workers, and chaplains. Presenters are asked to prepare the case of one patient, including a brief description of their intensive care unit course, the eventual outcomes and disposition of the patient, and their current functional and clinical status. Presenters are encouraged to reach out to the patient or their family members via informal telephone interview to elicit thoughts on the care provided during their ICU admission. The conference is moderated by one resident and one ICU attending. Following the conference, participants are asked to complete a short survey assessing the conference.

Outcomes to Date

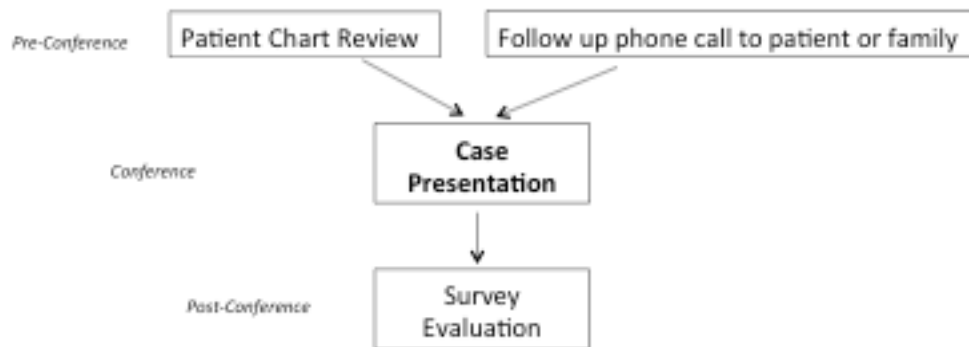
There have been two conferences to date so far, one, which had 17 participants, and the second with 14 participants. We surveyed participants after the second conference and found that 84.6% thought it was valuable to learn the post ICU

outcomes of patients they had cared for. 78.5% endorsed that they were more likely to ask patients about their lives prior to ICU admission. Additionally, participants noted a renewed sense of empathy (92.8%) and an increased sense of pride in their work (85.7%). Every participant (100%) said they would recommend the conference to a colleague.

While these results are encouraging, further implementation of the conference will be required for more definitive evaluation of the benefits demonstrated thus far. However, these findings highlight the ability of a one-hour follow up conference to attenuate some of the depersonalization and burnout that ICU providers experience.

Figure 1

Flow chart depicting work-flow of the conference.



References

1. Embriaco, Nathalie, et al. "Burnout syndrome among critical care healthcare workers." *Current opinion in critical care* 13.5 (2007): 482-488.
2. Embriaco N, Azoulay E, Barrau K, Kentish N, Pochard F, Loundou A, Papazian L. High level of burnout in intensivists. *Am J Respir Crit Care Med*. 2007; 75:686–692. doi: [10.1164/rccm.200608-1184OC](https://doi.org/10.1164/rccm.200608-1184OC)
3. Myhren H, Ekeberg O, Stokland O. Job satisfaction and burnout among intensive care unit nurses and physicians. *Crit Care Res Pract*. 2013;2013:786176–786176.
4. Poncet MC, Toullic P, Papazian L, et al. Burnout syndrome in critical care nursing staff. *Am J Respir Crit Care Med* 2007;175:698-704.
5. DasGupta S, Charon R. Personal illness narratives: using reflective writing to teach empathy. *Acad Med*. 2004 Apr;79(4):351-6. PubMed PMID: 15044169.