



# Preparing for Clinical Years – Coping with Exposure to Trauma

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## **Coalition for Psychological Services in Florida Medical Colleges**

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# Trigger Warning

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- We are going to be discussing sensitive topics in this presentation which may include death, trauma, suicide, abuse, and assault as these are common critical incidents that trigger powerful emotions in physicians.
- Please feel free to excuse yourself or take a pause from the presentation if necessary.

# Definitions

## BURNOUT

Unmanaged work stressors that deplete energy over time

Gradual

Can impact anyone

Physical and emotional exhaustion, irritability, poor sleep, depressed mood, avoidance.

Decreased sense of accomplishment, pride in work, feeling that work matters.

Can improve with time off and changes at work.

## SECONDARY TRAUMA/VICARIOUS TRAUMA

Exposure to the trauma of others

Can be gradual or rapid onset

Can impact anyone, but helpers are most vulnerable.

Can include symptoms of burnout as well as intrusive images/thoughts, nightmares, hypervigilance.

Negative changes to view of self and others.  
Decreased sense of safety and predictability.

Can improve with self-care, social support, and use of professional resources.



# Vicarious Trauma/Secondary Trauma

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- Vicarious/secondary trauma results from being exposed to the trauma of others.
- As a medical professional, you will be exposed to traumatic situations, stories, and images throughout your career.
- Your response to traumatic events will depend on internal and external factors.

# Case Vignette (Part I)

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A medical student is about to go on a clerkship to a large metropolitan hospital. This is an exciting opportunity, as the hospital has a Level 1 trauma center with very high volume. The student will be working with the Department of Surgery and expects to be exposed to a very wide diversity of patients and the student has a special interest in traumatic injuries such as car crashes and bullet wounds. However, the student is also concerned about the stress associated with such a clerkship, and she is unsure how she will respond to the sights, sounds, and other assaults to the senses she might encounter. At this point, she is trying to prepare for the unexpected.





# Medical Students and Emotions

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- Hidden curriculum teaches students to avoid/deny emotions
  - Anatomy experience
  - 3<sup>rd</sup> year clinical role models
    - *>50% residents feel unprepared to teach about end of life*
    - *21% students who cried were ridiculed or looked at with contempt*

## Impact of personal bereavement

- How much emotion is too much?
- Few formal opportunities to discuss openly

1. Sullivan AM. The status of Medical Education in end-of-life care. J Gen Inter Med. 2003;18:685-95.

2. Wagner RF. Crying in hospitals.: a survey of doctors', nurses' and medical students' experiences and attitudes. Med J Aust. 1997; 166:13-16.

# Why is this important?

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- Doctors' emotional responses to life-and-death situations have profound impact on medical care
- Shame, anger, empathy, frustration, hope, pride, occasionally despair, and (sometimes) love can permeate the contemporary doctor-patient relationship
- Not understanding how to deal with emotions can lead to ↑ anxiety, depression, & avoidance
- Emotional reactions can spill over into your personal life





# Self-Care of Physicians

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- **Self-Awareness is imperative to your self-care**
- Self-knowledge (awareness of how your history impacts your responses)
- Dual-awareness (awareness of how you are responding in the moment)
- Transference and Countertransference
- How is your current mental health?



# Coping with Emotional Reactions

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- It is important to recognize when we need additional help/support. This may occur immediately following a traumatic incident (debriefing) or after some time has passed.
- Connecting with colleagues
  - Crisis center
  - Death notification
  - Reflective period
- Counseling and Wellness Centers
  - EAP programs
- Use your support system
  - Colleagues, friends, family, faith systems (protecting confidentiality by focusing on your experience not the patient details).



# Case Vignette (Part II)

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The medical student with the Department of Surgery has now been on-site for three days. This morning, a trauma alert was received for a mass casualty event: a school bus was involved in a crash on the highway, and several children were injured. The expectation is that the hospital will receive seven patients, and the children are expected to be between six and 10-years-old. The student observes as the trauma and emergency teams prepare for the patient arrival, and the whole thing seems like chaos. People are gearing up in personal protective wear, space is being made in the trauma bays, and physicians from across the hospital are arriving to assist. As the first patients arrive, an eight-year-old and a 10-year-old, cries of pain can be heard. The patients appear conscious but frightened, with the older child having an obvious compound fracture of the left leg. The medical student begins to feel light-headed and short-of-breath. Her hands begin to shake noticeably, and she is worried she might faint.



# Types of Events that Could Lead to Potentially Traumatic Scenarios

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- Scheduled
  - e.g., Planning a compassionate wean with a family present in 5 days
- Short Notice
  - e.g., Mass casualty event arriving to hospital in 7 minutes
- Unexpected
  - e.g., Medical error in operating room
  - e.g., Patient unexpectedly arrests
  - e.g., Violence in hospital



# Personal Factors

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- We all have different life experiences
- Our history leaves us with unique “triggers”
- We are aware of some triggers, unaware of others
  
- e.g., Someone who has a child at home may become disproportionately affected by pediatric trauma



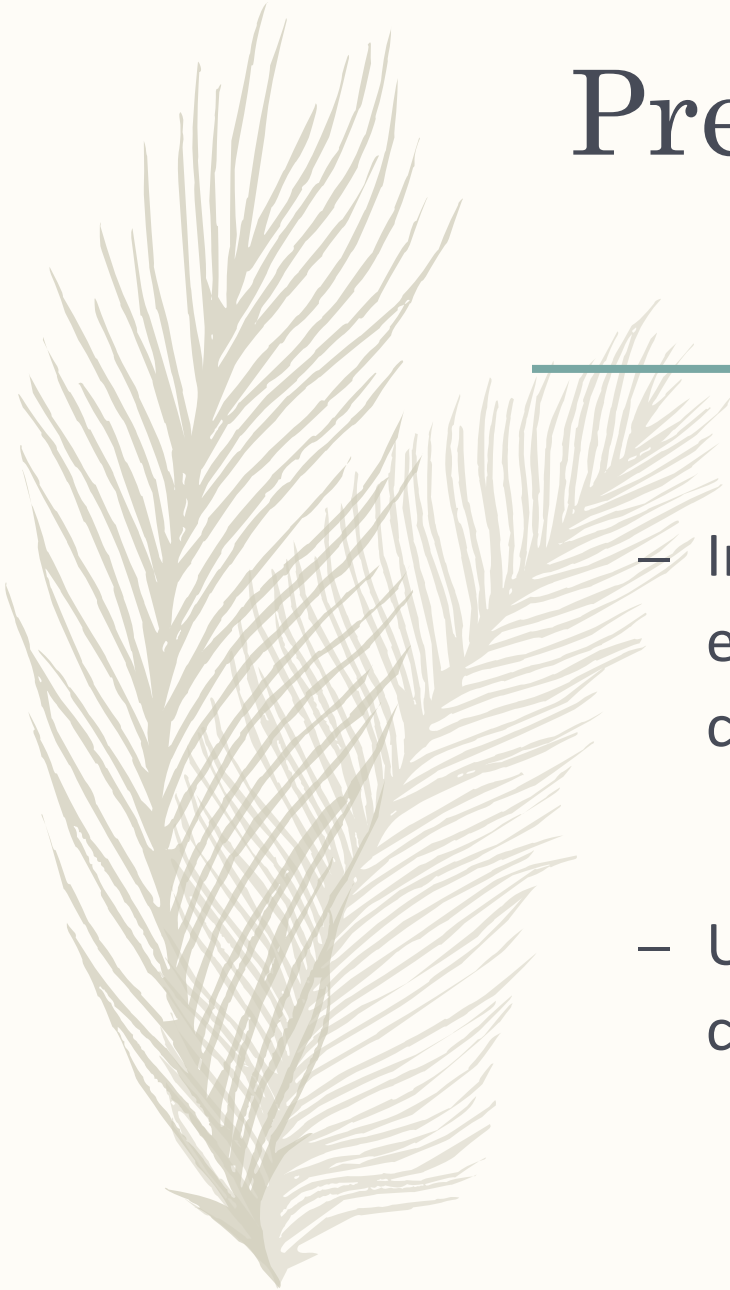
# Personal & Professional Factors

Personal Factors	Professional Factors
Personal History of Trauma	Workload
Coping Behaviors	Clarity on Scope of Work
Self-care	Perceived Support/Mentorship
Social Support	
Empathy	

# Predict & Control

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- In general, the more we can predict and control our environment, the better off we are at managing the crisis
- Unexpected, chaotic situations can be especially challenging






# Managing Individual Response During Crisis Events

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- Different crises require different strategies
- Safe but chaotic events
  - Use strategies to calm your nervous system or redirect cognitions

Deep Breathing	Physical Activity
Mindfulness	Take a Break
Disassociate	Use a Stress Ball or Fidget Toy
Positive Affirmations	Listen to Music
Visual Imagery	Reach Out for Support

# Scene is Hazardous and/or Volatile



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Know your facility's crisis response plan	Know/utilize clear communication channels
Prioritize safety and well-being	Stay calm and composed
Assess risks and impact	Adapt and be flexible
Utilize available resources	Maintain transparency and accountability

# Your Feelings Are Normal & Important

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- Don't fight your emotions and bodily reactions.
- Accept them, normalize them, and integrate them into your role.
- It is normal to feel guilty if you need to take a break, but practicing self-care is how we ensure that we can be fully present when we are called upon to serve.





# Your Feelings Are Normal & Important

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- Remember the core strategies for surviving trauma:
  - Hydrate
  - Nourishment
  - Rest

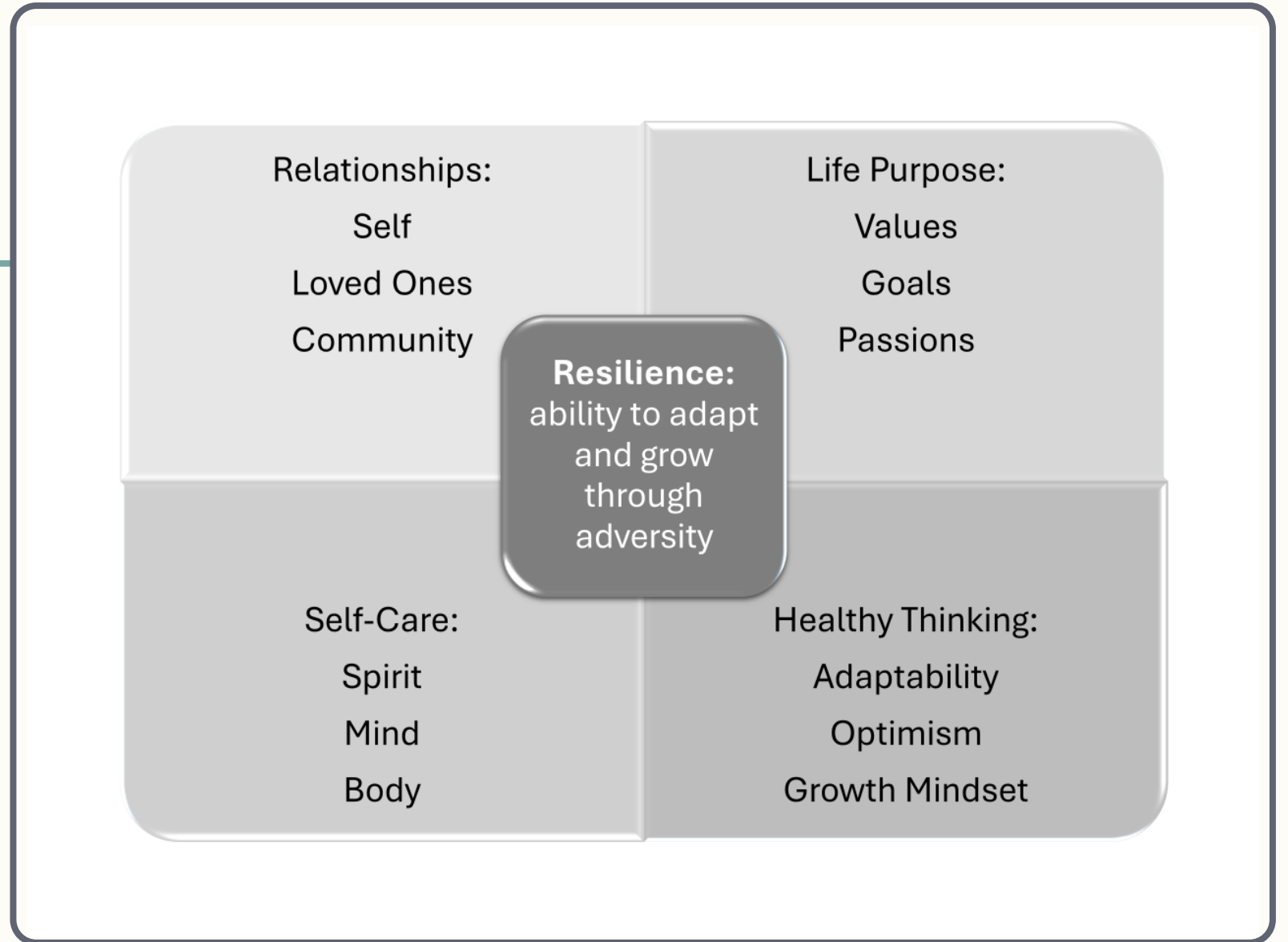


# Case Vignette (Part III)

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The medical student has now completed her first week of clerkship, and she reflects on how much she has seen and learned. The experience has been extremely packed, and she has witnessed patients with a wide variety of injuries and need. She has had the opportunity to participate in medical histories from several patients and their family members, and she finds that she has a knack for helping patients relax and remain calm. She is unsure if surgery is a practice she would want to choose for her career, but she has made several friends with junior residents that tell her she seems to have a gift for this population.

Despite the overall positive experiences, she is finding it difficult to move past that early experience with the school bus. In the end, only five children were brought to the hospital, and she later learned that one child did not survive at the scene of the accident. She is finding it difficult to sleep, as she still hears the cries of pain when she closes her eyes at night. She has heard of acute anxiety resulting from vicarious trauma, but she never expected it to be so difficult for her to personally move past a single event.





# The ABC of Fostering Resilience and Managing Secondary Trauma

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## **Awareness**

- Inventory your current lifestyle choices and make necessary changes
  - Do you get enough sleep?
  - Do you allow yourself downtime?
  - Do you exercise regularly?
- Take care of yourself. Create a self-care list to encourage you to:
  - Get away; Enjoy other environments; Find peace and quiet
  - Have creative outlets
  - Get outside and appreciate nature
  - Have fun; laugh



# The ABC of Fostering Resilience and Managing Secondary Trauma

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## **Balance**

- Maintain clear work boundaries.
- Set realistic goals for yourself. Know your limits and accept them.
- Learn and practice time management skills.
- Seek out a new leisure activity that is unrelated to your job.
- Recognize negative coping skills and avoid them.
- Challenge perfectionism.
- Celebrate small victories and accomplishments.




# The ABC of Fostering Resilience and Managing Secondary Trauma

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## **Connection**

- Avoid professional isolation.
- Debrief after difficult cases.
- Develop positive support systems.
- Seek training to improve job skills and capacity.
- Remember your spiritual side (what gives you purpose).
- Acknowledge challenges of helping others.
- Honor importance of mental health/self-care activities.



Self-Compassion: the act of extending compassion to oneself in moments of suffering.

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Self-kindness vs Self-judgment

Mindfulness vs. Over-Identification

Common humanity vs. Isolation

# Self-Compassion Break

[www.self-compassion.org](http://www.self-compassion.org)

Think of a situation in your life that is causing you some stress.

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Mindfulness:

“This is a moment of pain/struggle/suffering.”

Common humanity:

“Suffering is part of life.”

“I am not alone in this moment.”

Self Kindness:

“May I be kind to myself in this moment.”

“May I give myself the compassion I deserve.”





# Narrative Medicine

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- Narrative-based medicine (NBM) “validates and bears witness to the experience of the patient while encouraging creativity and self-reflection in the health care practitioner” (Loy, 2024).
- Comprised of various activities, including poetry, prose, reflective writing, and visual arts.
- Aids in the development of empathy and professional identity.

**The Bird-Understander**  
by Craig Arnold

Of many reasons I love you here is one  
the way you write me from the gate at  
the airport  
so I can tell you everything will be  
alright

so you can tell me there is a bird  
trapped in the terminal all the people

ignoring it because they do not know  
what to do with it except to leave it  
alone  
until it scares itself to death

it makes you terribly terribly sad

You wish you could take the bird  
outside  
and set it free or (failing that)  
call a bird-understander  
to come help the bird



All you can do is notice the bird  
and feel for the bird and write  
to tell me how language feels  
impossibly useless

but you are wrong

You are a bird-understander  
better than I could ever be  
who make so many noises  
and call them song

These are your own words  
your way of noticing  
and saying plainly  
of not turning away  
from hurt

you have offered them to me  
I am only giving them back

if only I could show you  
how very useless  
they are not



# Resources

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- After a Suicide, a Toolkit for Medical Schools – Suicide Prevention Resource Ctr
- <https://www.datocms-assets.com/12810/1578318822-13719afspmedicalschooltoolkitm1v3.pdf>
- The Vicarious Trauma Toolkit
- <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>
- ACGME Wellbeing <https://dl.acgme.org/pages/well-being>
- Wellbeing in Academic Medicine <https://www.aamc.org/news/wellbeing>



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