

## Death Pronouncements: Using the Teachable Moment in End-of-Life Care Residency Training

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### ABSTRACT

**Introduction:** Performing death pronouncement and communicating effectively with gathered family is an important skill relevant to end-of-life care. Often it is a responsibility of first-year residents who lack proper training or emotional preparation for the task. Residents' tension about this task presents an opportunity to positively effect their emotions and build skills for providing end of life care in the future. This paper describes a death pronouncement workshop including its objectives specific to Accreditation Council on Graduate Medical Education (ACGME) competencies, its format and its evolution over 8 years.

**Methods:** Multiple media and methods are used in the 90-minute workshop for first-year family practice residents including poetry, prose, and narratives on doing death pronouncements by senior residents; reviews and discussion of protocols for death pronouncement, autopsy, and organ donation; and a role-play of a death pronouncement with the opportunity for reflection.

**Results:** Residents consistently provide high ratings for the overall value of workshop.

**Conclusions:** The death pronouncement workshop serves to prepare residents emotionally to deal with dying patients and provides them the skills to effectively and compassionately communicate with those patients' families while addressing all six ACGME core competencies.

### INTRODUCTION

**P**RONOUNCING A PATIENT'S DEATH can be an anxiety-provoking task, especially for resident physicians, who are often unprepared educationally and emotionally for this task. Death may be a new experience for first-year residents who have little personal or professional experience with death. Yet, performing death pronouncements remains an important duty of the first-year resident in many residency training programs, and all residents at one time or another will need to communicate the death of a patient to a family member(s). Beyond the basic mechanics of determining when life ends, death pronouncement usually requires that the resident have significant interactions with the patient's family and other important people in the patient's life who may be present at the time of death. Because this is such a vulnerable time for families, the sensitivity with which death is pronounced can have tremendous impact on the family's experience of the death.

The purpose of this paper is to describe a teach-

ing program for first-year family practice residents on how to perform death pronouncements and communicate with families at the end of life. The origins of the workshop, its evolution over time, the rationale for the specific teaching methodologies used, and the degree to which the workshop addresses the Accreditation Council on Graduate Medical Education's (ACGME) required competencies will be discussed.<sup>1</sup>

### NEEDS ASSESSMENT

The impetus for this workshop came from a serendipitous remark. In 1995, we conducted a seminar for senior family practice residents on how to conduct family conferences. At the end of it, we asked for suggestions for future related topics. One resident suggested that we teach residents how to communicate with families at death pronouncements. This suggestion resulted in an animated discussion with the residents, who emphasized the importance of performing death

pronouncements in their first year of residency and their anxiety given the marginal preparation they received in this area. Residents reported that all of the training was done informally by nurses in the hospital or by senior residents. This informal system was not standardized and at times contributed to anxiety, fear and negative attitudes regarding dying patients and their families. Following the discussion, the authors reviewed the literature on this topic and found scarce resources with a few notable exceptions.<sup>2,3</sup>

## METHODS

The tension that residents reported as they anticipated performing death pronouncements for the first time created a “teachable moment” for end of life issues at a time when residents were developmentally ready. Therefore, we sought to design a workshop that addressed the residents’ well-being, provided a standardized format for how to conduct and document death pronouncements, and enhanced residents’ ability to effectively communicate with families in a sensitive, empathic manner. The workshop was designed to set an emotional tone for the care of dying patients and families, and to build positive attitudes toward end-of-life care.

### *Initial workshop*

In 1995, we conducted the first workshop for incoming first-year residents on how to conduct a death pronouncement and how to communicate with families at this time. During the workshop, residents were introduced to the concept of emotional self-care, including how to deal with grief and loss in themselves, patients, and their patients’ families/significant others. At the beginning of the workshop, the new residents were asked to describe their experiences with death, either personally or professionally and whether they have ever been present at a death pronouncement (few had). This exercise was followed by one of the authors (L.M.) describing her experiences with death pronouncements as a resident.

Next, we invited a senior general internist in the community to discuss his experiences with death pronouncements over the course of his career and how the expectations of the physician’s role at death had changed over time. The internist emphasized how he performs death pronouncements and how he communicates with families. Two se-

nior family practice residents were also invited to describe their experience conducting death pronouncement as a first year resident. A formal protocol for death pronouncements was then presented, developed in collaboration with the senior residents. The protocol emphasized when to call a coroner and local regulations regarding autopsies and death certificates. The workshop concluded with role-play exercises in which the residents practiced conducting death pronouncements, followed by reflections about the role-play and the value of the seminar and topic.

The role-play allowed the resident to practice new skills in a safe environment. Prior to the role-play, the case was discussed and volunteers solicited as role-play actors by emphasizing that this was an opportunity for practice and that there was no right or wrong way to do the role-play. During the role-play, the person (usually a resident) who is the doctor pronouncing death was given the first opportunity to reflect on the role play, then the other actors are given the opportunity to give feedback on how the role play felt to them, followed by reflections and feedback from the larger audience. Residents have tended to prefer another resident being the one to do the death pronouncement. Jones<sup>4</sup> has described a similar method called socio-drama in teaching end of life care. A previous article describes the protocol and role-play scenarios in detail.<sup>5</sup>

### *Revised workshop*

Over time, our teaching methodologies have evolved. We found that having a protocol for death pronouncements has improved the procedural skills and documentation of death pronouncements in our hospital. However, in the workshop, we have come to stress emotional content, empathic presence, and communication over the mechanistic implementation of the protocol. More specifically, a major workshop goal now focuses on having the resident experience the “whole” perspective of the pronouncement from the resident, the family, and the societal points of view. This is an important ritual in the dying process that must be done with cultural sensitivity, compassion, respect and skill for the mutually life enhancing experience of both the family and the resident. However, as Horowitz<sup>6</sup> comments: “humanism is experienced and not taught.” Therefore, we have turned to literature and narrative, an approach that has long been used to deepen the capacity of health profession-

als for empathy with the patient, family and health professionals themselves to open our workshop.<sup>6-8</sup>

Our workshop now begins with the reading of a published poem on a death pronouncement that was written by one of our faculty members when he was resident.<sup>9</sup> This poem helps to set the emotional tone for the workshop and is followed by several commentaries on death pronouncements<sup>10,11</sup> to accentuate the negative attributes associated with death pronouncements and highlight why doing death pronouncement well is so important. Another recent essay to consider on death pronouncements was recently published.<sup>12</sup> During the readings and subsequent discussions, humanistic values are considered from the family and/or resident point(s) of view. The use of poetry, prose, and narrative have enhanced our discussion about the interpersonal aspects of medicine, and lead to a richer appreciation for the death pronouncement experience rather than just perceiving it as a negative task.

After this introductory segment, the origin and rationale for this workshop is presented. This background information, presented as resident "folklore" about death pronouncements, provides an opportunity to laugh and relieve some of the tension associated with death pronouncements. The remainder of the workshop follows the same basic outline as used in 1995 and is presented in Table 1. How specific instructional strategies/topic foci are aligned with the six ACGME competencies is presented in Table 2.

## RESULTS

### *Reaction/satisfaction data*

The workshop has been consistently rated as highly valued by the residents and has remained a permanent feature of our first year core curriculum. Formal evaluations of the workshop from 1995–2003 reveal that all areas are rated 4.6

TABLE 1. WORKSHOP ON DEATH PRONOUNCEMENT

<i>Time</i>	<i>Topic</i>	<i>Method/Medium</i>
??	Reflections on Death Pronouncement <ul style="list-style-type: none"> <li>● Published poem written by faculty member when he/she was a resident</li> <li>● Commentaries</li> </ul>	Readings of Poetry & Commentaries
	Background/Overview of Session	Resident Folklore
? min	Historical perspective on death pronouncement by practicing internist	Videotape
	Resident Reflection: Personal and professional experiences with death and dying, including death pronouncements.	Interactive Discussion
	Senior Resident Reflection: Experience with death pronouncements <ul style="list-style-type: none"> <li>● Challenges, fears, educational value, role of attending physicians, communications with families and how they developed their own styles</li> </ul>	Discussion
	Sr. Faculty's Reflection: Experiences with death pronouncements <ul style="list-style-type: none"> <li>● Challenges in doing death pronouncements (<i>e.g.</i>, a patient one has cared for, the death of a child, versus a patient one does not know).</li> </ul>	Authored Poem <sup>7</sup>
	Death pronouncement protocol <sup>8,9,10,11</sup> <ul style="list-style-type: none"> <li>● When to call a coroner, autopsy and organ donation</li> </ul>	Presentation
	Death of a child <sup>8</sup> <ul style="list-style-type: none"> <li>● This situation often feared by residents</li> </ul>	Role Play
	Summary and wrap up <ul style="list-style-type: none"> <li>● Feelings about the topic and value of the workshop</li> <li>● Evaluation forms are distributed</li> <li>● Suggestions for improving the format and content of workshop are solicited</li> </ul>	Discussion

TABLE 2. ALIGNMENT OF ACGME COMPETENCIES WITH WORKSHOP TOPICS/METHODS

<i>Competency</i>	<i>Workshop Focus</i>
<b>Patient Care:</b>	<p><i>The workshop addresses compassionate communication with families at a very vulnerable time for them, when a loved one has died.</i></p> <ul style="list-style-type: none"> <li>● What the physician offers to a patient’s family is:                             <ul style="list-style-type: none"> <li>○ A comforting presence</li> <li>○ Assistance with decision-making about organ donation, autopsy, or referral to clergy</li> </ul> </li> <li>● Important participation in a final ritual of:                             <ul style="list-style-type: none"> <li>○ Determining and accepting death</li> <li>○ Performing and documenting death of a patient competently</li> <li>○ Knowing when a coroner needs to be contacted and preparing the family for this, if pertinent</li> <li>○ Becoming familiar with and accepting of death as a natural part of the life cycle</li> </ul> </li> </ul>
<b>Medical Knowledge:</b>	<p><i>Protocol/Information on:</i></p> <ul style="list-style-type: none"> <li>● How to effectively perform and document a death pronouncement</li> <li>● Autopsy</li> <li>● Organ donation from a deceased donor</li> </ul>
<b>Interpersonal &amp; Communication Skills:</b>	<p><i>Communication Skills and Strategies:</i></p> <ul style="list-style-type: none"> <li>● Stories presented by senior residents about the strategies they developed to communicate effectively with families at this time</li> <li>● Specific language used with families is shared                             <ul style="list-style-type: none"> <li>○ Does one say the patient has “died” or “passed”</li> </ul> </li> <li>● Guidance <i>re:</i> whether or not to have the family present for the actual death pronouncement, which words are used to convey empathy, how much to say, etc.</li> <li>● Role plays provide structured opportunities for residents to learn:                             <ul style="list-style-type: none"> <li>○ How to interact with other team members, such as the nurse caring for the patient.</li> <li>○ How to listen actively, be attentive to the needs of the family, and convey empathy through verbal and nonverbal behavior.</li> </ul> </li> </ul>
<b>Professionalism:</b>	<p><i>Exploration of one’s own and others’ perceptions and experiences with death pronouncement through:</i></p> <ul style="list-style-type: none"> <li>● Poetry and prose</li> <li>● Reflection and discussion</li> <li>● Recognition that physicians also need to be sensitive to a variety of end-of-life practices of various cultures, and respect those practices.</li> </ul>
<b>Systems Based Practice:</b>	<p><i>Health Care Team:</i></p> <ul style="list-style-type: none"> <li>● The resident learns that he is working with a team of health professionals at the end of life, including pastoral care and nursing.</li> <li>● Roles of team members who together help families find meaning in the death of a loved one, and find comfort and assistance with the practical matters of what to do next.</li> </ul>

or higher on a 5-point Likert scale rating (1 = low to 5 = high): content (4.7), organization (4.6), clarity (4.7), and overall usefulness (4.6).

Representative comments from residents on their written evaluations emphasize:

- The involvement of senior residents and their stories and wisdom as among the most essential aspect of the seminar: “The best thing was senior experiences.”
- Their angst and preparation regarding death

pronouncements: “Glad we had it and had it early.” “I’m very thankful to have the opportunity to think this scenario over before I am called to make an actual pronouncement.”

- Areas for improvement: “Specific cases or videotapes of good situation versus bad situation.” “Cover the nuts and bolts more thoroughly first.” “Why do we need a 90-minute presentation on a relatively simple topic?”

First-year residents regularly thank us for

preparing them for this aspect of their hospital work with patients and their families and senior residents are enthusiastic about sharing their experience with their junior colleagues.

#### *Chart audit data*

Objective data also speak to the effectiveness of this workshop. Chart audits by hospital administrative staff reveal no documentation errors regarding death pronouncements in the past 8 years.

### DISCUSSION

End-of-life care teaching and training as well as end-of-life communication skills must begin at the developmental level of the first-year resident. Their innate tension with the often anxiety-provoking task of doing death pronouncements creates the optimal teaching moment. A balance between instruction on the protocol/mechanics of the death pronouncement task and the interpersonal aspects of this experience must be obtained for effective instruction. Our experience has resulted into a blended multi-method strategy (e.g., reflection, role plays, discussion) using multi-medium approaches (e.g., video, poetry, commentaries) targeted to address all ACGME competencies domains.

Eventually all residents and doctors will encounter their first death pronouncement, and it can be done well, with appropriate preparation. Our experience has demonstrated that a 90-minute workshop, early during the first year of residents' training, provides both affective support and the patient care skills needed for death pronouncement.

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