

Coping with Patient Loss and Secondary Trauma, A Transition to Residency Pilot Session for Fourth-Year Medical Students

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Introduction

- 74% of medical students experienced a patient death during clinical training, but less than half received grief training or debriefing.
- The fourth-year Transition to Residency course is a key opportunity for grief and resiliency training.
- Few curricula address medical student grief; our intervention focuses on trauma processing and debriefing.

Learning Objectives

- Reflect** on stories or moments in which death, dying, or other traumatic experiences have impacted students in clinical experiences thus far.
- Recognize** and **accept the occurrence of patient deaths** and traumatic patient encounters during intern year and residency training.
- Define the components of an **interprofessional debrief** with specific emphasis on the skills necessary to lead such a debrief.
- Discuss **strategies to cope with the challenges** associated with the death of a patient with specific emphasis on the components of a successful interprofessional debrief.
- Identify appropriate resources of support** for medical professionals who have experienced a patient death during their clinical duties.
- Build a specific and personal strategy** to effectively cope with the emotional challenges related to death and secondary trauma using the established resources and strategies.

Methodology

- Piloted two 1.5-hour sessions within a transition-to-residency program for total of 12 students who self-selected into the course.
- Sessions consisted of small group discussions, facilitator-led storytelling, and action planning with the PAUSE framework.
- Post session survey with 7 yes/no questions given to evaluate perception of the course.

Personal Action Plan

Crisis Hotline in your state: _____

Resident Mental Health Center

Name:

Address:

Phone Number:

Trusted Contacts (eg. one mentor in medicine, one peer, one friend/family member)

Contact #1 Name: Phone/email:

Contact #2 Name: Phone/email:

Contact #3 Name: Phone/email:

Debriefing Strategy

PAUSE Other framework (fill out your own):

Prepare: set the tone, ground rules

Analyze: brief clinical summary

Understand: share initial reactions

Sentiment: explore what went well/challenged the team

Educate: Final reflections, lessons learned

Coping strategy (eg. journal, light a candle, go on a walk, listen to music, exercise, etc)

Other Residency-specific resources:

Results

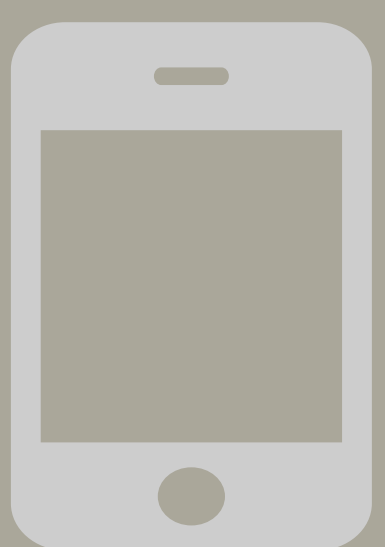
- 100% (n=12) of participants had experienced a traumatic patient encounter during training.
- 92% (11/12) felt more equipped to cope with patient death and secondary trauma after the session.
- 100% wanted this training earlier in medical school, ideally before clinical rotations.
- Most students sought support from mentors, family, or therapists, but 2/12 did not discuss their experience with anyone.
- Small-group discussions and shared experiences were key in helping students process their emotions.
- Participants gained tools for personal coping and leading debriefs with care teams.

Conclusion

- Training on grief and secondary trauma is critical for preventing burnout and fostering resilience.
- Early and ongoing education is needed to support medical students throughout their training.
- Providing structured support for processing patient loss can improve emotional intelligence and team communication in future physicians.

Next Steps

- Expand the curriculum to earlier stages of medical school.
- Integrate structured debriefing training into the clinical curriculum.
- Increase participation beyond self-selected students for broader impact.
- Assess long-term effects of the training on physician well-being and patient care.



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