

Use of “Vivid Vignettes” to Enhance Memorialization of Palliative Care Patients



Sam Stark, MD¹, Anna Stecher, MD¹, Rhiannon Talbot, DO¹, Chelsea Uganski, MD¹, Aaron A Kuntz, MD²

¹University of Wisconsin, Madison, Hospital and Clinics, Department of Hematology, Oncology, and Palliative Care, ²William S. Middleton Memorial Veterans Hospital, Madison, WI, GRECC

BACKGROUND

- Burnout affects around half of medical professionals during their careers. Feelings of fatigue, frustration, and helplessness combine to wear away at empathy, energy, and focus. Patient death can also contribute to burnout.
- In order to minimize the risk of burnout, the 2020-21 Palliative Care fellow cohort instituted a process of patient memorialization. By creating Vivid Vignettes (VV's) inspired by the Pocket Humanism Guide from the VA Hospital system, fellows memorialized the humanity and individuality of the patients for whom they cared.

OBJECTIVES

- Learn about using memorialization to prevent burnout.
- Compare VA-described VV use to Palliative Care fellow VV use as a memorialization tool.
- Analyze themes of memorialization-focused VV's.
- Gain confidence in composing and utilizing a memorialization-focused VV.

METHODS

- During inpatient rotations, fellows wrote VV's using several sentence descriptions of their patients to emphasize their identity and intrinsic humanity.
- After patient death or hospice discharge, fellows shared VV's during monthly reflection meetings, as a way of debriefing patient loss and memorializing the patients.
- Qualitative data was collected via VV content analysis with consensus coding. A team-based approach with open coding was performed to establish a codex, followed by fellows coding their own VV's, with review by a mentor experienced with qualitative analysis.
- Major themes were identified, and data transformation was performed to determine prevalence of these themes.

VIVID VIGNETTE EXAMPLES

“Chef and world traveler with a vivid personality, whose eyeliner stayed sharp for palliative sedation.”

“Father, grandfather, retired little league coach, teacher, and school counselor who valued his independence.”

“57-year old mother, wife, and dog lover, with an excellent sense of humor, newly diagnosed with Acute Myeloid Leukemia.”

“Self-described goofball who looked forward to watching the first presidential debate.”

TABLE 1: SELECTED THEMES IDENTIFIED

Theme	Color	Codex Definition	Example (s)	Theme Prevalence
Family / Social	Orange	Patient's family, social connection, identity as a family member mentioned	<i>“...hopes to continue his legacy through his stepsons.”</i>	71% (38/53)
Hobbies	Pink	Reference to leisure activity or non-professional interest	<i>“...former fisherman and table re-furbisher, who enjoyed grocery shopping.”</i>	47% (25/53)
Personality	Yellow	Longstanding characteristic	<i>“...‘sassy’, independent, and private woman with a wicked sense of humor.”</i>	32% (17/53)
Profession	Green	Patient's career, work, or education mentioned	<i>“...dedicated UPS driver...”</i>	26% (14/53)
Unexpected Death	Blue	Patient's death younger than 60 or illness was sudden or catastrophic	<i>“...died unexpectedly from a subarachnoid hemorrhage.”</i>	15% (8/53)

ANALYSIS

- A typical VV structure used person-first language and included the patient's name, valued connections (family), and/or major contributors to patient identity (personality descriptors, hobbies, professions).
- Age and medical diagnoses were only included in VV's in select circumstances (i.e., age <60 or >90 and illnesses that were sudden, unexpected, or particularly “tragic”).
- Fellows identified remembrance sessions as “moderately” to “very” helpful in post-reflection surveys.
- Patient aspirations and barriers (described as primary features of VV's in the VA Pocket Humanism Guide) were not predominant themes in fellow VV's.

CONCLUSIONS

- VV's were used by Palliative Care fellows to emphasize the identity and humanity of patients, rather than their illnesses.
- After sharing the VV's of deceased patients in memorialization sessions, fellows reported the sessions as helpful to address burnout as it related to their experiences with patient deaths.
- This project demonstrates that the process of creating and sharing VV's can be implemented to support fellows in a unique practice of patient memorialization.

ACKNOWLEDGEMENTS

We would like to acknowledge Dr. Toby Campbell for his mentorship and expertise in qualitative analysis, and the UW Hospice and Palliative Medicine team and nursing staff for their hard work in caring for these patients. The views expressed in this poster are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government