

DESCRIBING THE EXPERIENCE OF THE MULTI-DISCIPLINARY TEAM AFTER THE IMPLEMENTATION OF THE POST-DEATH PAUSE IN A PRIVATE LEVEL II TRAUMA CENTRE IN SOUTH AFRICA

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Many emergency personnel experience the death of a patient as inherent part of their job. When faced with death, we all react and process our feelings and emotions differently. Some can return to work as if they did not face death and for others, they experience turmoil of emotions and if they do not work through and process those feelings, they could develop critical incident stress symptoms. The daily incidents that multi-disciplinary teams confront can have profound and lasting impact on these people. Some evidence shows that when these people do not receive situational support after experiencing stress in the work setting they are not able to easily process the experience. Debriefing takes time and one cannot always get the same team available at the same time and at the same place within 24 hours after the unexpected death of a patient thus leading to no form of debriefing. We want to focus on how the multi-disciplinary teams experience the situation by means of the post-death pause.

Biography

Rochelle Lee is a registered Medical Practitioner, completed her studies in 2010 at the University of Pretoria. She also completed her Diploma in Emergency Medicine in 2017 as well as my certificate in Travel Medicine in 2016. She completed her Dispensing License as well and is up to date with her ATLS, ACLS and PALS in South Africa. She works in one of the busiest, private hospital Emergency departments in South Africa seeing a multitude of trauma and medical emergencies, unfortunately a lot of deaths as well. She also spends time in the Family and Travel Medicine practice affiliated with the ED with a special interest in Aesthetic Medicine. She is currently serving on the executive board for the Society of Travel Medicine in South Africa working closely with the National Institute for communicable diseases (NICD) with all infectious disease monitoring in SA and submitting interesting case studies to Federation of Infectious Diseases in SA (FIDSSA) on behalf of SASTM.

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