



**PHARMACY  
VISION  
20/20**

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**Disneyland**  
RESORT

# SEEING THROUGH THE TEARS: PRECEPTING AN EMOTIONAL STUDENT

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# DISCLOSURE

- I have nothing to disclose.

# IMAGINE THE FOLLOWING SCENARIO...

You are precepting a learner who has been asked to do a presentation at the end of the rotation.

- They seem hesitant to speak up on rounds.
- They are performing adequately but not excelling.
- They are always there when you get there and stay after you leave.
- They seemed unclear on your expectations for the rotation but have subsequently seemed to “figure it out”.

# THE SCENARIO CONTINUES

After they give their talk, you ask them to reflect on how it went. They immediately burst into tears.

1. What were some possible stressors that may have lead to an emotional response for this learner?
2. How should you respond to the situation?

# LEARNING OBJECTIVES

**AT COMPLETION OF THIS LEARNING ACTIVITY, PHARMACISTS AND PHARMACY TECHNICIANS WILL BE ABLE TO:**

1. Explain the intrapersonal and interpersonal functions of emotional crying in adults.
2. Summarize learners' attitudes towards crying during learning experiences and list some stressors unique to medical education.
3. Construct a plan for difficult and emotional conversations that leads the preceptor and the learner to a resolution of the underlying problem.
4. Identify when an emotional student requires outside mental health intervention.

# TEST QUESTION # 1

Which statement is false?

- A. Crying is a self-soothing behavior and can lead to an improvement in mood.
- B. Crying is a non-verbal sign of distress that elicits sympathy and social support.
- C. Older workers are more likely to worry that crying at work will damage their reputation.
- D. Workers are more likely than Chief Financial Officers to say crying in the workplace is never acceptable.

## TEST QUESTION # 2

Which of the following is a stressor unique to medical education?

- A. Financial Aid Debt
- B. A Global Pandemic
- C. A Critical Inner Narrative
- D. Difficult Patient Situations

## TEST QUESTION #3

Which of the following should be avoided during a conversation with an emotional learner?

- A. Asking the learner if they would like to go home.
- B. Gently probing the learner to identify the trigger for crying.
- C. Asking the learner if they would like to get a drink of water or a tissue.
- D. Sharing specific and personal experiences of crying in similar situations.

# TEST QUESTION #4

True or False:

Learners who cry frequently on rotations are depressed and should always be referred to mental health services.

“Just because someone is crying doesn't mean you've done anything wrong. It just means they're upset. Your job is not to prevent tears--it's to react kindly if crying occurs.”<sup>1</sup>

- Kim Scott, co-founder of Radical Candor

“Medical educators who fail to look for or listen to stories of crying may be missing an opportunity to have an impact on students' emotional lives and their development as caring physicians.”<sup>2</sup>

- Nancy R. Angoff, MD, MPH, MEd

1. Scott, Kim. First Round Review.  
2. Angoff, N R. *JAMA*, 2001.

# PRECEPTING AN EMOTIONAL STUDENT

1. The Science of Crying
2. Crying in the Workplace
3. Stress and Mental Health in Medical Education
4. Setting the Stage for Success
5. Navigating an Emotional Situation
6. When to Direct to Outside Resources

# THE SCIENCE OF CRYING

# WHY DO ADULTS CRY?

- Not well known – emotional crying is a uniquely human behavior.
- Most humans cry in the context of certain stereotypical emotions as well as their apparent opposite.
  - For example, crying can occur when one feels grief or elation.
- Usually in response to complex emotions that are difficult to put into words.
  - A way to communicate what we can not describe in words?
- Emotional tears contain more protein, making them more viscous than non-emotional tears.<sup>5</sup>

3. Pierre, Joe. Psychology Today, 2018.

4. Oaklander, Mandy. Time, 2016.

5. Bylsma, Lauren M et al. *Clinical autonomic research*, 2019.

# PURPOSE OF CRYING?

## INTRAPERSONAL FUNCTIONS

- Fundamentally self-soothing behavior.
- Unclear if the improvement in mood post-crying is the result of memory bias or actual improvement in mood.<sup>6</sup>
- May help to reframe distress.<sup>7</sup>

## INTERPERSONAL FUNCTIONS

- Non-verbal social communication aimed at eliciting assistance, comfort, and social support.
- A reliable sign of sadness or distress.
- Usually results in sympathy and a willingness to help from others.


3. Pierre, Joe. Psychology Today, 2018.

6. Gračanin, Asmir et al. *Frontiers in psychology*, 2014.

7. Hendriks, Michelle C P et al. *The Journal of social psychology*, 2008.

# DOES CRYING MAKE PEOPLE FEEL BETTER?

Variable data on if people feel better after crying (30-85% of people feel better depending on the study) but...



Crying becomes positive if:

- it results in emotional support
- resolution of the situation that led to crying

Crying becomes negative if:

- crier feels embarrassed or ashamed of crying
- they are with unsupportive people
- they cried because they saw suffering

# GENDER DIFFERENCES

- There are significant gender differences in how crying is perceived, and frequency of crying is much higher in women after age twelve.
- One study reported on average women cry 5.3 times a month compared to men who cry 1.4 times per month.



# CRYING IN THE WORKPLACE

# IS IT OK TO CRY AT WORK?

## Survey of Workers versus Chief Financial Officers



- 45% of people have cried at work.
- Workers age 55 and older are more likely to think crying doesn't affect one's reputation (43%) than those ages 35 to 54 (31%) and 18 to 34 (25%).

9. Accountemps, 2018.

# CRYING IN MEDICINE

- According to one study, nearly half of Dutch doctors have cried at work, and a quarter have cried in the presence of their patients.
  - Described as undesirable but not necessarily unprofessional by those who responded.
  - Reasons for crying included feelings of compassion and powerlessness.
- Higher proportion of women (57.5%) than men (25.1%) had cried at least once at work in the previous year, but a higher proportion of men had cried in front of their patients(26.8% versus 23%).

# CRYING IN MEDICINE CONT.

- Common theme in literature on crying in medicine is self-judgement of the nature of health professional crying.
  - “Good” Cry: Crying for patients or due to empathy with patient death or suffering.
  - “Bad” cry: Crying for oneself when feeling tired, stressed, overwhelmed, or mistreated.
- Crying often occurs in isolation.

# STRESS AND MENTAL HEALTH IN MEDICAL EDUCATION

# MOST DATA FROM MEDICAL EDUCATION

- Up to 90% of medical students experience stress which is often related to performance pressure overload.<sup>11</sup>
- Job burnout is prevalent among graduate medical trainees and students.<sup>12</sup>
  - 69% of students and 74% of interns self-reported crying for reasons related to medicine, most commonly burnout.<sup>13</sup>

11. Steiner-Hofbauer, Verena, and Anita Holzinger. *Academic psychiatry*, 2020.

12. Ripp, Jonathan A et al. *Academic*, 2017.

13. Sung, Anthony D et al. *Teaching and learning in medicine*, 2009.

# ATTITUDES ABOUT CRYING IN MED ED

- In one survey, most respondents thought it was unprofessional to cry out of stress in front of patients (89%) and colleagues (67%).
- Eighty-one percent of respondents thought their evaluation would suffer if an attending were to see them crying out of stress and 29% if crying out of sadness.

# PHARMACY STUDENTS AND STRESS

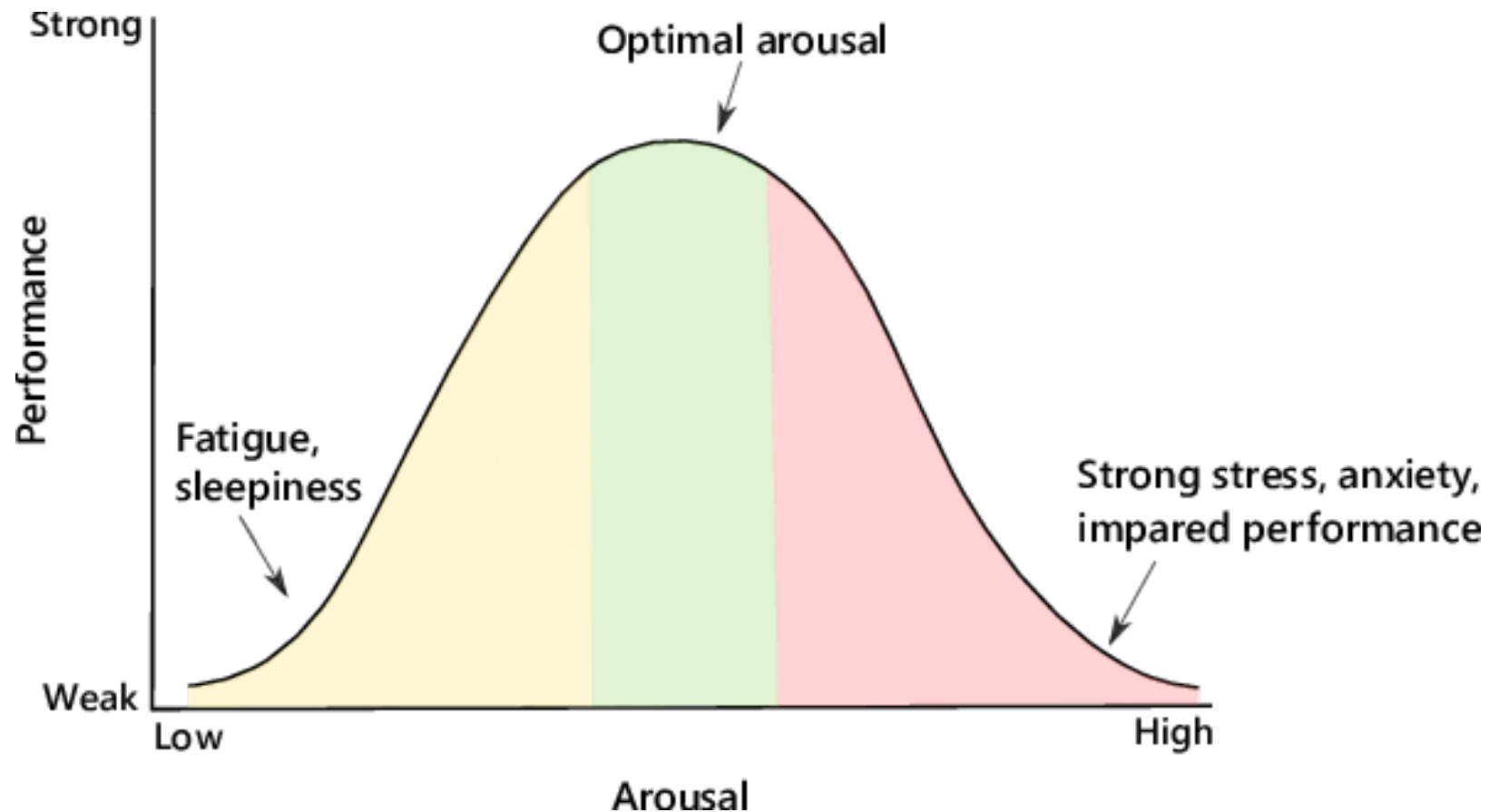
Are pharmD students more likely to experience high academic stress levels and poor mental health outcomes?<sup>14</sup>

- In one study of 193 pharmD students, over 25% scored in the high severity range for depression, generalized anxiety, academic distress, and eating concerns.
- Higher levels of stress, anxiety, and depression are seen in third and fourth year students.<sup>15</sup>

14. Sabourin, Ashley A et al. *Currents in pharmacy teaching & learning*, 2019.

15. Silva, Rute Gonçalves, and Margarida Figueiredo-Braga. *Currents in pharmacy teaching & learning*, 2018.

# WHY IS THE “RIGHT” AMOUNT OF STRESS IMPORTANT?



## Rotation-based Stressors<sup>17</sup>

### Internal:

- Lack of Confidence
- Critical Inner Narrative
- Identifying Future Goals
- Perceived responsibility greater than ability
- Perceived need to be stoic

### External:

- Differing or Unclear Expectations
- Difficult Patient Situations<sup>19</sup> (including witnessing suffering or death)
- Interprofessional Relationships
- Residency or Workplace Competition
- Long Hours

## Outside Stressors

### Personal:

- Debt<sup>18</sup>
- Family Obligations
- Personal Relationships

### Global:

- 2020...

17. Egnaw, Thomas R et al. *Family medicine*, 2018.

18. Chisholm-Burns, Marie A et al. *AJPE*, 2017.

19. Rahim, Hamid, and Bupendra Shah. *AJPE*, 2010.

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# SETTING THE STAGE FOR SUCCESS (AND AVOIDING TEARS)

# STEP 1. DEVELOP A LEARNING PLAN

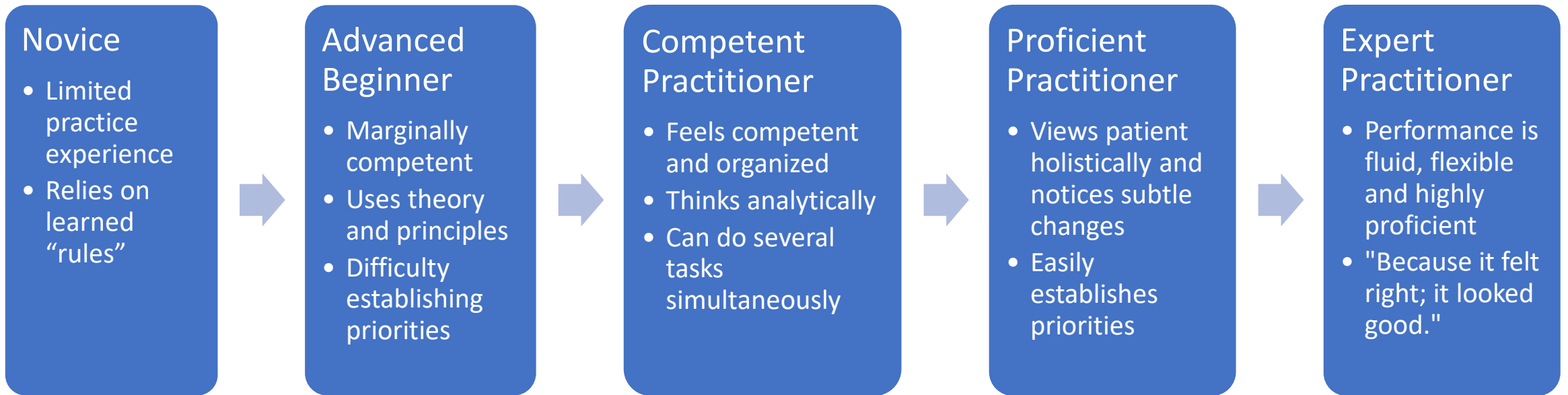
## Preceptor's view

1. What you want the learner to know at the beginning and end of the rotation
2. How you teach (style)
3. Your passion and enthusiasm for your subject
4. Your expectations for the learner's behavior

## Learner's view

1. What the learner wants to learn and their baseline knowledge
2. How the preceptee learns
3. Where your rotation fits into their long-term and short-term goals
4. The learner's expectations of a preceptor and rotation site

# STEP 2. CORRECTLY ASSESS STAGE OF PROFICIENCY



IPPE Student



Senior  
Pharmacist

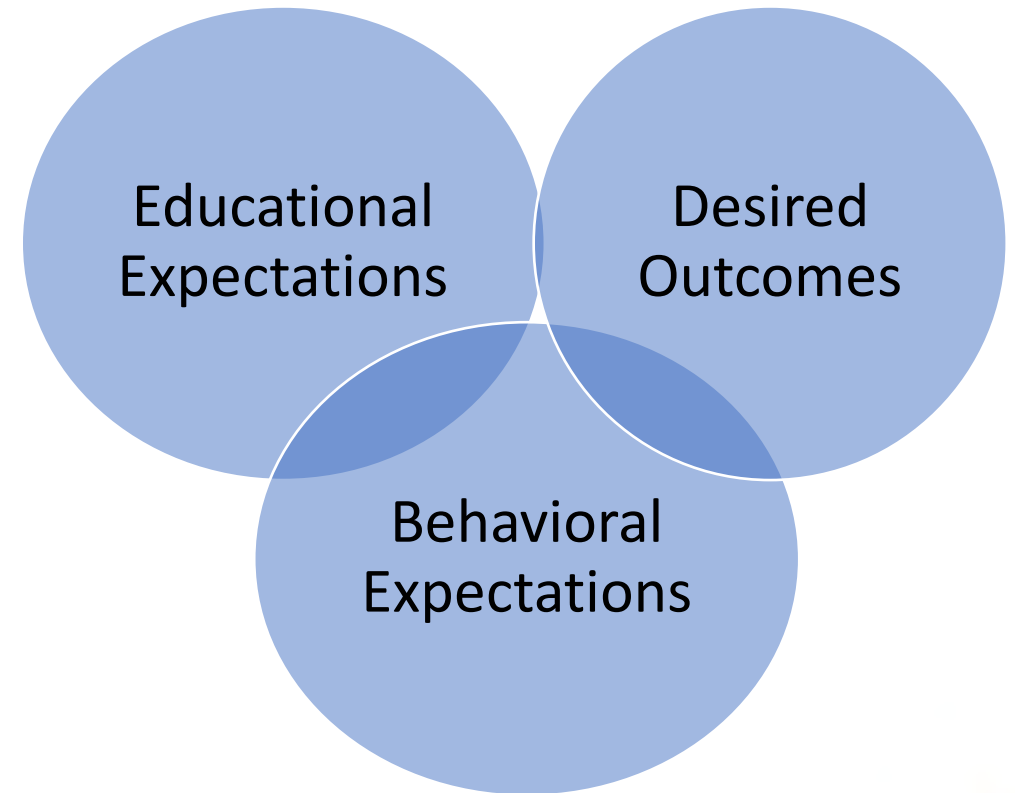
## STEP 3. OUTLINE EXPECTATIONS

Establish clearly defined goals and expectations **TOGETHER**

Communicate openly and honestly to start building your relationship from Day 1

Discuss what failure and success mean in the context of your rotation

Make a plan for how you are going to give the learner specific, actionable feedback



# NAVIGATING AN EMOTIONAL SITUATION

# DON'T AVOID THE DIFFICULT CONVERSATIONS

- Don't avoid criticism to avoid a learner crying<sup>1</sup>.
  - Learners need constructive criticism to learn what they need to do to succeed and it's a disservice to them to avoid the conversation.
- When someone is frustrated or angry or upset enough to cry, it's an opening to an honest conversation to understand what's really going on<sup>1</sup>.
- Accept that you may “sympathy cry”<sup>4</sup>:
  - The same neuronal areas of the brain are activated by seeing someone cry as crying oneself.

1. Scott, Kim. First Round Review

4. Oaklander, Mandy. Time, 2016

# SIMPLE COPING MECHANISMS



- Tissues (but not at your desk)
- Water
- Walk, don't sit
- Own your emotions but don't try to control theirs

# STRUCTURING AN EMOTIONAL CONVERSATION

1. Don't overreact to the stimulus of crying.
2. Note the trigger.
3. Offer a brief recovery period.
4. Probe for the learner's immediate purpose or need.
5. Don't commiserate, pity, or try to fix the situation for them (but help them develop a plan).
6. Restate the conclusion you collectively come to.
7. If appropriate, give the learner a manageable but engaging task.



## Rotation-based Stressors<sup>17</sup>

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- Residency or Workplace Competition
- Long Hours

## Outside Stressors

### Personal:

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- Family Obligations
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### Global:

- 2020...

**Work with the  
learner to identify  
the trigger**

17. Egnaw, Thomas R et al. *Family medicine*, 2018.

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Come up with a plan to address the trigger.

Examples:

- Round with the learner or see patients together
- Reflect on positive accomplishments
- Define good work-life balance

# ADDITIONAL TIPS

- If you know the learner may become emotional, try to open the conversation at a time when emotions are calm and consider changing the environment.
- Consider sharing specific and personal experiences with crying to avoid the implicit message that learners should be able to tolerate stress and not show emotions.
- Verbally recognize that crying is an expression of caring about a situation.

# WHEN TO DIRECT TO OUTSIDE RESOURCES

# RECURRENT CRYING?

Not necessarily problematic- About 15-20% of the population are disposed to being highly sensitive person (or HSPs).<sup>22</sup>

- High in sensory processing sensitivity- display an increased emotional sensitivity and a stronger reaction to internal and external stimuli.
- Thought to have genetic roots but early childhood environments may play a role as well.<sup>23</sup>

# UNDERSTANDING HIGH SENSITIVITY

Upsides

- High levels of creativity
- Rich personal relationships
- Greater appreciation for beauty
- Sensitive to other's moods

- React strongly to criticism
- Easily become physically and emotionally overwhelmed
- Struggle with boundaries
- Sensitive to others moods

Downsides

# DOES CRYING = DEPRESSION?

Not necessarily.

- Many sources, including DSM-IV and most depression inventories, consider increased crying to be an indicator of depressed mood.
- Empirical studies do not yield strong evidence for this claim.

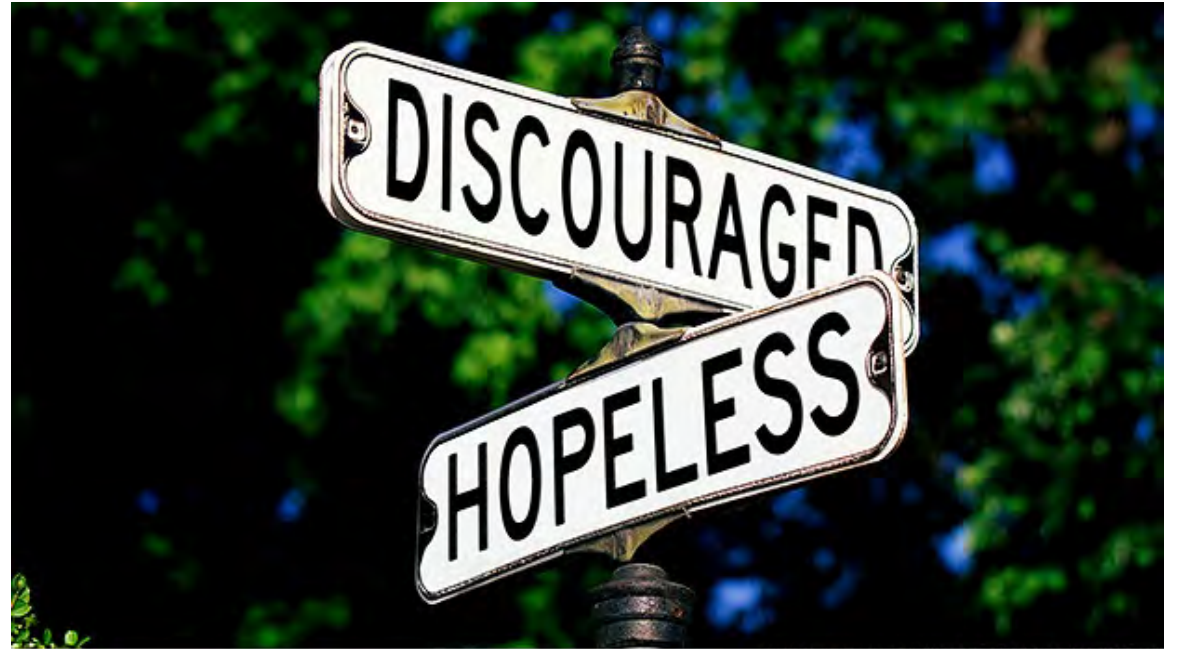


PHOTO-ILLUSTRATION: THINKSTOCK/CNNMONEY

# PHARMACISTS, DEPRESSION, AND SUICIDE

- Pharmacists report lower health-related quality of life and higher levels of depression than the general population and other health professionals, including medical residents and physicians.
- The rate of suicide among pharmacists is higher than that of the general population, with one report noting a rate 1.29 times higher.
- Openly discussing burnout, resilience, and how to improve quality of life for our learners could literally save their lives.

# SEEKING PROFESSIONAL HELP

What if you have a learner that seems to need mental health services?

- **Look for changes in behavior**
  - Check in with their program director
  - Normalize the experience
  - Reassure the learner their care is between them and their provider
  - Find out what resources are available free of charge
  - Help remove barriers

Suicide Prevention and Crisis  
Text Line:

Text “relate” to 741741

# IN SUMMARY

- Crying on a rotation can be embarrassing for learners but it can also lead to a resolution of the underlying stressor.
- Acknowledge crying is a natural, autonomic process to minimize shame and embarrassment for the learner.
- Don't be afraid to start difficult conversations, including referring learners to mental health services, if necessary.

# TEST QUESTION # 1

Which of the following statements is false?

- A. Crying is a self-soothing behavior and can lead to an improvement in mood.
- B. Crying is a non-verbal sign of distress that elicits sympathy and social support.
- C. Older workers are more likely to worry that crying at work will damage their reputation.
- D. Workers are more likely than CFOs to say crying in the workplace is never acceptable.

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## TEST QUESTION # 2

Which of the following is a stressor unique to medical education?

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## TEST QUESTION #3

Which of the following should be avoided during a conversation with an emotional learner?

- A. Asking the learner if they would like to go home.
- B. Gently probing the learner to identify the trigger for crying.
- C. Asking the learner if they would like to get a drink of water or a tissue.
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# TEST QUESTION #4

True or False:

Learners who cry frequently on rotations are depressed and should always be referred to mental health services.

# TEST QUESTION #4

True or False:

Learners who cry frequently on rotations are depressed and should always be referred to mental health services.

**FALSE**

## IS IT OK TO CRY?

“But at the end of the day? We are still humans providing compassionate and empathetic care to other humans. Focus on being human, not being perfect, because being human is one of the greatest assets you have to offer your patients. Being human means you care. And if crying is what makes you human, then yes, you may cry.”

- Jennifer Ku, PharmD, BCPS

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