THE WISCONSIN SOCIETY OF ANESTHESIOLOGISTS, INCORPORATED

2014 Annual Meeting

Pediatric Anesthesia for the General Practitioner and More

You've Been Served: Now What????

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Timothy B McDonald, MD JD
Weil Cornell Medical College
Sidra Medical and Research Center,
Doha, Qatar

Defendant

- In Sara's own words
- "My first feelings after being charged with medical malpractice were of being utterly alone. I felt isolated from my colleagues and patients. I also understand that what I experienced…are common reactions of most doctors accused of negligence."

Impact of "being served"

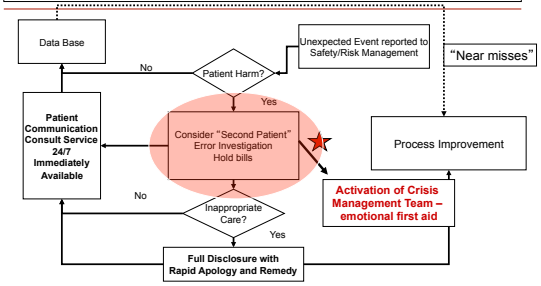
- "swallowed up life"
- "demanded constant attention and study"
- "multiplied attention and strain"
- "generated pattern of broken sleep"
- "felt integrity as a person and physician had been damaged and might be permanently lost"

A word about legal considerations

A word about legal considerations

- Served?
- Contact carrier or hospital/group legal.
- Get advice re: with whom to discuss facts
- Get support
- Provide support

The Seven Pillars: A Comprehensive Approach to the Prevention and Response to Patient Events



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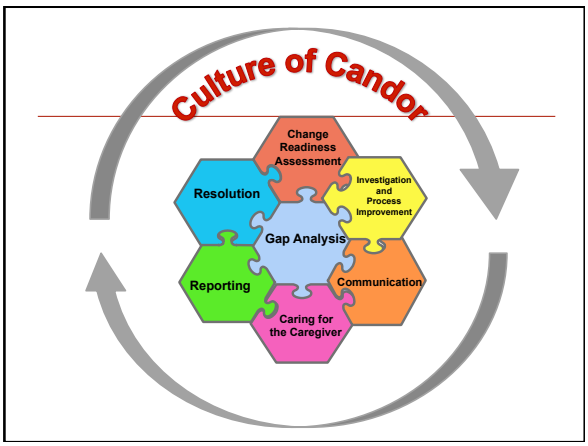

The Objectives:

1. Treatment that is "Just"
2. Respect and Dignity
3. Understanding and Compassion
4. Supportive Care; "Fitness for Work"
5. Transparency
6. Organizational Education on Process
7. Leadership Review for Process Improvements

Importance of having a "Just Culture"


Health care on msnbc.com

Nurse's suicide highlights twin tragedies of medical errors

Kimberly Hiatt killed herself after overdosing a baby, revealing the anguish of caregivers who make mistakes

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Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study (West et al. *JAMA*. 2006 296(6): 1071-8)

"Self-perceived medical errors are common among internal medicine residents and are associated with substantial personal distress. Personal distress and decreased empathy are associated with increased odds of future errors…reciprocal cycle."

Benefits of
Care-for-the-Caregiver Programs

- Emotional "First Aid"
- Restoration of providers to professional role
- Essential for establishment of a "Just Culture"

Stages of Recovery following Adverse Events (Scott et al. 2009)

- Chaos and accident response
- Intrusive reflections
- Restoring personal integrity
- Enduring the inquisition
- Obtaining emotional first aid
- Moving on - dropping out, surviving, or thriving

Second Victim Responses

Physicians report
- Significant emotional distress
- Feeling unsupported by institutions
- Desire to receive counseling
- Concerns about barriers

(Waterman et al. 2007)

Residents report
- Complex blend of emotions (distress, guilt/self-doubt, frustration/ anger)
- Desire to talk with other residents/attendings as family members/ friends lack medical training and ability to understand
- Attending input and feedback crucial in coping process
- Appreciate constructive learning opportunities

(Engel et al. 2006)

Individual Requirements

- Able to provide "emotional first aid" with thorough understanding of second victim phenomenon
- Trustworthy
- Has clear boundaries (confidentiality)
- Responds in a timely manner to support queries and to assigned provider
- Can attend 50% of monthly meetings and semi-annual training sessions

The Eight Commandments of Peer Counseling (Salovey, 1996)

1. Be nonjudgmental
2. Be empathic (not a brick wall)
3. Don't give personal advice—do not opine on legal matters related to the case, investigation, etc…
4. Don't ask questions that begin with "Why"
5. Don't take responsibility for other people's problems
6. Don't interpret (when a paraphrase will do)
7. Stick with the here and now
8. Deal with feelings first

Care for the Caregiver

- Involvement in a medical error increases:
  - Burnout
  - Likelihood of involvement in future errors
  - Risk of depression
  - Risk of suicide
  - Leaving practice

National Quality Forum Safe Practice #8

- Care of the Caregiver:
  - Available to all employees involved
  - Timely and systematic
  - Just treatment
  - Respectful
  - Compassionate
  - Supportive medical care
  - Participation in event investigation, risk identification, and mitigation activities to prevent future events.
- Supporting providers helps them care for their patients

Choosing Wisdom: What Helped

- Talking about it (colleagues), not minimizing
- Sharing stories
- A moral context/professionalism/spirituality
- Becoming an expert
- Making positive changes/teamwork
- Dealing with imperfection
  - "It's just a different vision of what it means to be excellent…a more real vision of that"
- Teaching/helping others

Related Articles

Center C. et al. Confronting depression and suicide in physicians: A consensus statement. JAMA 2003;289:3161-3166.

Engel K. et al. Residents' responses to medical error: Coping, learning, and change. Ac Med 2006;81:86-93.

Gazoni et al. Life after death: The aftermath of perioperative catastrophes. Anesth Analg 2008; 107:591-600.

Scott S. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. Qual Saf Health Care 2009;18:325-330.

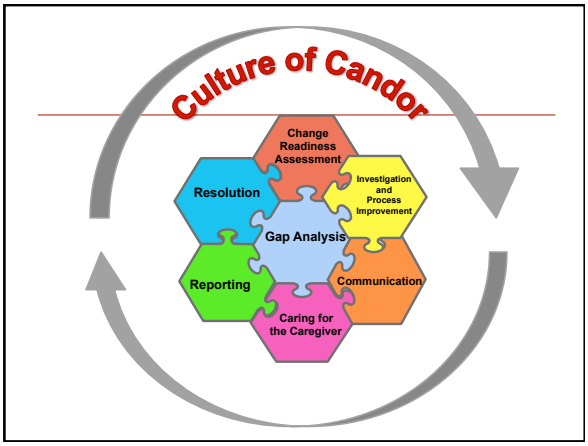
Scott S & Hirschinger L. Sharing the load of the nurse second victim. Modern Medicine 2008.

http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Sharing-the-load-of-a-nurse-second-victim/ArticleStandard/Article/detail/570171

West C. et al. Association of resident fatigue and distress with perceived medical errors. JAMA 2009; 302(12) 1294-1300.

Waterman A. The emotional impact of medical errors on practicing physicians in the United States and Canada. The Joint Comm J Qual Pat Safety 2007;33:467-476.

Wu A. Medical error: The second victim. Br Med J 2000;726-727.



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