Some Patients Leave a Scar on You: Mitigating the Personal Impact of Adverse Outcomes

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Disclosures

No relevant financial conflicts
I am <u>NOT</u> a psychologist/psychiatrist



Time Out



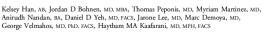
We all have patients that have left an indelible mark on us. The asymptomatic carotid that has a stroke in the recovery room. The routine EVAR that goes bad. The claudicant that has an amputation.

In vascular surgery our actions, and inactions, have immediate consequences. There is no delay like recurrent cancer. And there is no shifting blame.

Our memories may be vivid and precise, filled with details like a patient's middle name, children's faces, and spouse's occupation. Sometimes we can see the operation like it was yesterday. In other cases, we just see fragments, ghosts that haunt our memories and invade our dreams. But we never fully forget."

John Eidt, Vascular Specialist, 2020

The Surgeon as the Second Victim? Results of the Boston Intraoperative Adverse Events Surgeons' Attitude (BISA) Study



N=126/281 (45%) response Age mean – 49 Male – 77%

J Am Coll Surg 2017;224:1048-1056.

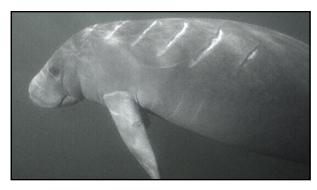




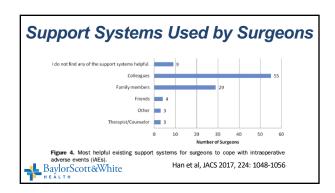
- >90% of surgeons report emotional impact of adverse surgical outcomes
- 2. Anger, anxiety, guilt, shame, sadness, selfdoubt, isolation and frustration
- 3. Interference with sleep, cognition, leisure
- 4. Changes in practice -

Potential consequences of patient complications for surgeon well-being: a systematic review.
Srinivasa et al, JAMA Surgery 2019





What do you do in response to an adverse outcome? Keep it to yourself Exercise/arts/music/yoga Meditate/pray Talk with colleagues Confide in your spouse Rationalize – publish!! BaylorScott&White



Type of support surgeons want

- Peer to peer
- Confidential
- **24/7**
- Longitudinal

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Competent critique



Heiss et al, The unmeasured quality metric: Burn out and the second victin syndrome in healthcare. Sem Ped Surg 2019

Tiers of Support

- Self compassion
 - Mindfulness, common humanity, self kindness
- "Organic" P-to-P

 Battlefield First Aid
- Structured P-to-P
 - Society, Hospital or Department
- Professional
 - Psychology, psychiatry referral



What should you do when a colleague experiences a "bad case"? Do reach out Don't isolate the individual Do listen Don't pry Do offer support Don't try to place blame Do provide acceptance Don't try to "fix" it Do offer trust Don't second guess Do assure confidentiality Don't minimize Don't give false reassurance BaylorScott&White

From the Society for Clinical Vascular Surgery

A toolkit for individualizing interventions to mitigate second-victim syndrome in a diverse surgery community

John F. Eidt, MD.** and Kristyn Mannola, MD.* Dalla and College Station. TX and Lorna Linda. CA

ABSTRACT

Adverse outcomes are an inevitable consequence of surgical care. The term "second victim" was introduced by Wu to describe the emotional trauma superienced by a clinican who feels responsibly for an adverse critical outcome. To the control of the con

Peer to Peer Support Toolkit



- 1. Patient
- 2. Emotional support
- 3. Apology/Disclosure
- 4. Review
- 5. Legal
- 6. Safety

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Summary

Adverse outcomes have significant impact on physician well-being

Surgeons rarely utilize institutional resources
Peer-to-peer support is preferred

"First Aid Kit" provides framework for Peer to Peer support

We owe it to each other

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