The impact of complications and errors on surgeons
Catherine Johnson

Being a doctor and staying a person
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Aims

» Consider the possible differences in impact of complications and errors on surgeons

» Gain insight into past and current research investigating the impact of adverse on surgeons’ mental well-being and professional practice.

» Consider how individual resources (such as coping strategies, resilience), formal and informal support may ameliorate impacts when adverse occur

» Discuss how training and other interventions may be devised to provide appropriate support for surgeons
» ERROR: Avoidable commissions or omissions with potentially negative consequences: they would have been judged as poor practice by skilled and knowledgeable peers at the time when they occurred, independent of whether there were any negative consequences - (Wu, Folkman, McPhee & Lo, 2003).

» COMPLICATION: Acknowledged risk of surgical care or procedures, i.e., when a standard medical procedure is undertaken there are risks that are not avoidable - (Dindo & Clavien, 2008)
Second victims

» Wu (2000) – Established term ‘second victim’

» Seys & Wu (2012) – Second victim phenomenon can have a significant impact on clinicians, colleagues and subsequent patients.

» Shanafelt (2009) – Significant relationship between burnout and perceived errors in surgeons

» Shanafelt (2011) – The prevalence of suicidal ideation among US Surgeons with up to 3 times rate of general population.

» Pinto, Faiz, Bicknell & Vincent (2013) - Majority of surgeons indicated a significant negative impact on both their personal and professional lives following an adverse event
Borges & Osmon (2001)
» Investigating personality and Medical Specialty Choice (n=161)
» 16 Personality Factor questionnaire
» Surgeons more ‘tough minded’ than other specialities

Pegrum & Pearce (2015)
» Online questionnaire sent to Doctors in 3 Teaching hospitals and 3 District General Hospitals (n=172)
» Psychopathic Personality Inventory – Short Form (PPI-SF)
» Higher than average PPI-SF score - Surgeons have higher levels of stress immunity
Support for surgeons

Findings from Pinto (2013) sample:

- Support is not as good as it could be
- Strong blame culture within NHS
- Lack of support from seniors/management
- Morbidity and mortality meetings exacerbating negative impact on surgeon
- Formal mentoring needed
Our research

- To identify the extent and nature of the impact of both complications and errors on surgeons in the UK

- To contribute to knowledge that will enable the provision of better support and training for surgeons.

  To examine:

  - The personal and professional impact of adverse events
  - The role of psychological variables such as; coping styles, cognitive framing of emotional experiences and current wellbeing in modulating the impact of adverse events
  - The availability and efficacy of formal and informal support following adverse events
Qualitative Phase (n=15)

- Semi-structured interviews (approx. 45 min)

- Range of surgical specialties
  - General
  - Obstetrics & Gynaecology
  - Ophthalmology
  - Orthopaedic
  - Urology
  - Vascular

- Thematic analysis utilised
  - Inductive approach
  - Semantic analysis
  - Essentialist paradigm
Emerging themes

» Consistent attitude towards difference between complications and errors

» Rumination relating to adverse events highly prevalent

» Support from colleagues highly valued

» Questions raised regarding the efficacy of formalised support
Emerging theme – Relationships with patients

» ‘a lot of our work is based on a relationship you build with the patient where they learn to trust you and your advice’

» ‘she said I was a murderer’
Emerging theme – The impact of experience

» ‘I’m in a different place now, fourteen years on’

» ‘if you have a major complication very early on in your career it’s probably much harder to deal with’

» ‘having the seniority that I have now, I’m more comfortable with talking about a problem that has occurred’

» ‘I have that experience to look back on I can say well ‘look, I’ve done all these operations absolutely fine, so I know that I’m good at this, but this has happened, it’s just gone bad.’”
Emerging theme – The support of colleagues

» ‘Fortunately I had a good team and they sorted things out […] you need a team, you know, I’m thankful to have a team’

» ‘It’s generally unspoken I think. You realise that there are people around you who are able, talented, experts in their field, and it’s very uplifting to work with them.’

» ‘I think the biggest back up is talking to colleagues… and medics have always done that… and historically they have a laugh about it and take the mickey out of each other. And I think that’s the important thing.’
National survey

www.surgeonwellbeing.co.uk