



European  
Association for  
Physician Health



# 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



# Complication or Error

- » **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



# Resilient individuals



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
  - Vasular
- 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.'*



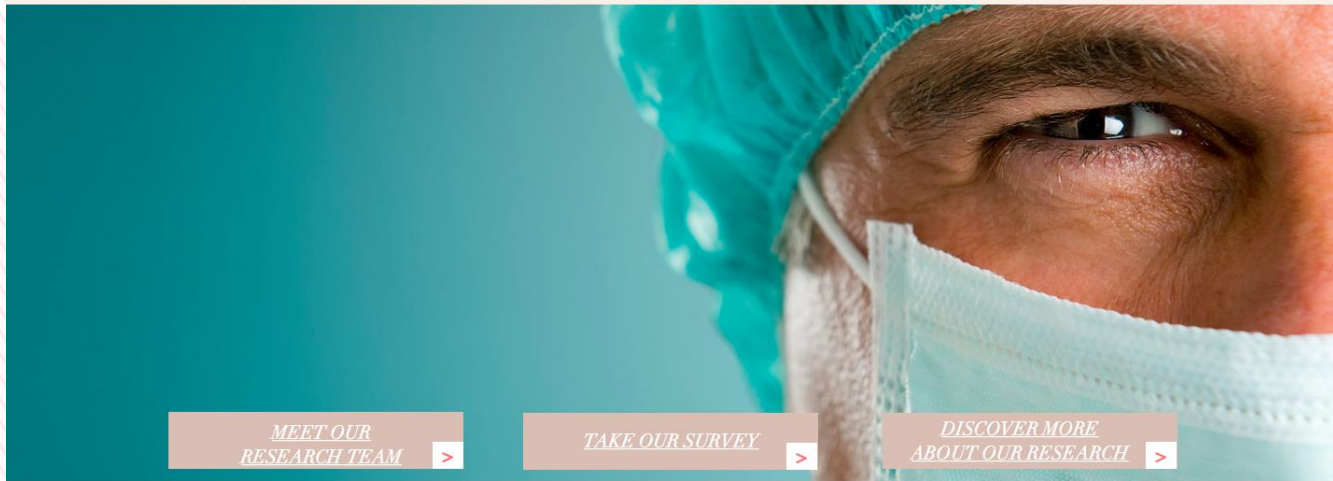
# National survey

[www.surgeonwellbeing.co.uk](http://www.surgeonwellbeing.co.uk)



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