Peer Support: Mitigating the Emotional Toll of Medical Errors

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Team Sport

Senior Leadership
Risk Management
MSCC and MSEC
Office of General Counsel
CRICO/RMF

Quality and Safety
Psychiatry
EAP
Human Resources
Patient Family Relations
Institutions are...

“where the human heart either gets welcomed or thwarted or broken.”

The Center's mission is to encourage a culture that values and promotes mutual respect, trust and teamwork.
Wellness

- Professionalism Initiative
- Teamwork Training Conflict Management
- Just Culture Initiative
- Peer Support
- Disclosure Coaching
Reflection

Think of a time when you were involved in a medical error that caused patient harm.
What were some of your feelings?
Emotional impact of errors on clinicians

- Sadness
- Shame
  - Self-doubt
- Fear
- Anger
- Isolation
Helmreich’s observations: Similarity between medicine and aviation

“...[both stress] the need for perfection and a deep perception of personal invulnerability...”

Emotional impact of errors on clinicians

- Sadness
- Shame
- Fear
- Anger
- Isolation
More fantasy

No shame and blame

Shared responsibility
Vs. the Reality

Patient anger
Family anger
Litigation
Lack of support
Emotional impact of errors on clinicians

- Sadness
- Shame
- Fear
- Anger
- Isolation
Many people may be significantly impacted

- Patient
- Family
- Physician
- Team
- Institution

*Everyone should have access to support*
Normal reactions to abnormal events
Many times reactions are transient

But sometimes recovery is thwarted...

... causing harm to clinicians and their patients
Figure 1. Physicians’ lives were more likely to be affected as error severity increased. * Chi-square tests; p < .001 level.
Error impact

Following medical error

~30%

Experienced some negative impact on

Work performance or personal life

Colleague relationships

Factors associated with perceived medical errors

**TABLE 5. Factors Independently Associated With Perceived Medical Errors on Multivariate Analysis**

<table>
<thead>
<tr>
<th>Characteristic and Associated Factors</th>
<th>Odds Ratio*</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive depression screen</td>
<td>2.217</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Burnout</td>
<td>2.016</td>
<td>&lt;0.0001</td>
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Shanafelt et al, Annals of Surgery, 2010
Burnout

Burnout is a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work.

Burnout and medical error

1% increase in

- Depersonalization → 11% likelihood of reporting having made an error
- Emotional exhaustion → 5% increase in

Burnout and depression = independent predictors of reporting a recent major medical error

Physician Suicide

40%↑

The suicide rate among male doctors than among men in general

130%↑

The suicide rate among female doctors than among women in general

Schernhammer E. NEJM 2005
Can’t expect people who are feeling unsupported and isolated to deliver high quality patient care or to sustain their joy in work
So, how do we facilitate coping and resilience after adverse events?

Group peer support

Sometimes an entire team is affected
But physicians and clinicians at the sharp end of the error may have different needs...
Attitudes and needs of physicians for emotional support: The case for peer support

Barriers to seeking support

- Lack of time (89%)
- Stigma (77%)
- Lack of confidentiality (79%)
- Access (67%)
Sources of support

- Physician Colleagues: 88%
- Mental Health Professionals: 48%
- EAP: 29%
Factors associated with resilience after adverse events
Factors associated with resilience after adverse events

- Talking about it with colleagues
- Disclosure and apology
- Forgiveness
- Learning from the error/understanding how to prevent recurrences
- Dealing with imperfection
- Sharing that learning with colleagues and trainees

We also offer 1:1 peer support

Group peer support

1:1 peer support
1:1 peer support fundamentals

- Listening: empathic, non-judgmental
- Sharing experiences
- Reinforce coping skills
- Encourage teaching and involvement in systems safety
- Resource information and referral
Peer and defendant support at BWH
2012 – 2017 (n = 487)
Discoverability
Safety culture: Learning and growth mindset

• All feel safe talking about error
• Do not punish for human error (or for choices made in the face of legitimate competing priorities)
• Find and fix vulnerabilities in our systems and behaviors

When else do we offer peer support?

- Adverse events
- Disclosure and apology conversations
- Board of Registration complaints
- Lawsuits
- Chronic stress
- Patient aggression
- Care of trauma victims
- Global crisis relief work
Peer support: A powerful culture change tool

- Shame and blame → Promotes Just Culture
- Personal invulnerability → Human factors
- Expectation of emotional denial → Normalizes reactions
- Isolation → Community/solidarity
- Self care is selfish → Gets you back to what you do well

Helps us show up with compassion for our patients
Disclosure Coaching

Support clinicians in having transparent and empathic conversations with pts after errors
Communication & Resolution Programs (CRPs)

• Transparent with patients regarding adverse events
  – What happened/why
  – Was event preventable
  – How recurrences will be prevented

• Proactive and prompt offer of financial and non-financial resolution if unreasonable care
Many Brigham workers sought help from peer counseling.

People gathered at Brigham and Women's Hospital Jan. 21 to remember Dr. Michael Davidson, who was fatally shot.
Not victims

“we are not victims of that world, we are its co-creators.

…source of awesome responsibility…and profound hope for change.”

Thank you for your engagement and commitment