



THE SURGEON AS THE SECOND
VICTIM
A MODERN “GREEK” TRAGEDY IN
THREE PARTS

SOUTH ATLANTIC ASSOCIATION OF OBSTETRICIANS AND
GYNECOLOGISTS



THE PARTS

- PROLOGUE
- PARODOS
- EXODUS

THE PROBLEM

CASE REPORT

KEEPING SURGEONS HEALTHY

DISCLOSURES

- NOT AN EXPERT
- VICTIM (?)
- CONTENT EXPERT

“All I do know is as we age the weight of our unsorted baggage becomes heavier . . . much heavier. With each passing year, the price of our refusal to do that sorting rises higher and higher.”

— Bruce Springsteen, *Born to Run*



"We all hide our grief, suffer in silence.
The pain can be close to debilitating."



THE SECOND VICTIM

WU, ET AL. 2000 BRITISH MEDICAL JOURNAL

Medical error: the second victim

The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly; the case tried repeatedly

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same

Personal view
p 812

“...ALTHOUGH PATIENTS ARE THE FIRST AND OBVIOUS VICTIMS OF MEDICAL MISTAKES, DOCTORS ARE WOUNDED BY THE SAME ERRORS: THEY ARE THE SECOND VICTIMS.”

SECOND VICTIM

- HEALTH CARE WORKERS TRAUMATIZED BY ANY EVENT THAT MAY HAVE PREDISPOSED TO THE OCCURRENCE OF A FIRST VICTIM SITUATION
- PSYCHOLOGICAL OR EMOTIONAL SUFFERING OF HEALTHCARE WORKERS AS A RESULT OF A PATIENT ADVERSE, OR NEAR MISS, EVENT
- UNLIKE BURNOUT, IT IS UNIQUE TO HEALTHCARE WORKERS
- MAY IMPACT AS MANY AS $\frac{1}{2}$ OF ALL HCWs OVER THE COURSE OF THEIR CAREER

SOME FACTS

- FEMALE > MALE
- NURSE > DOCTOR
- TRAINEE > ESTABLISHED PROVIDER
- YOUNG > OLD

MENTAL AND EMOTIONAL EFFECTS

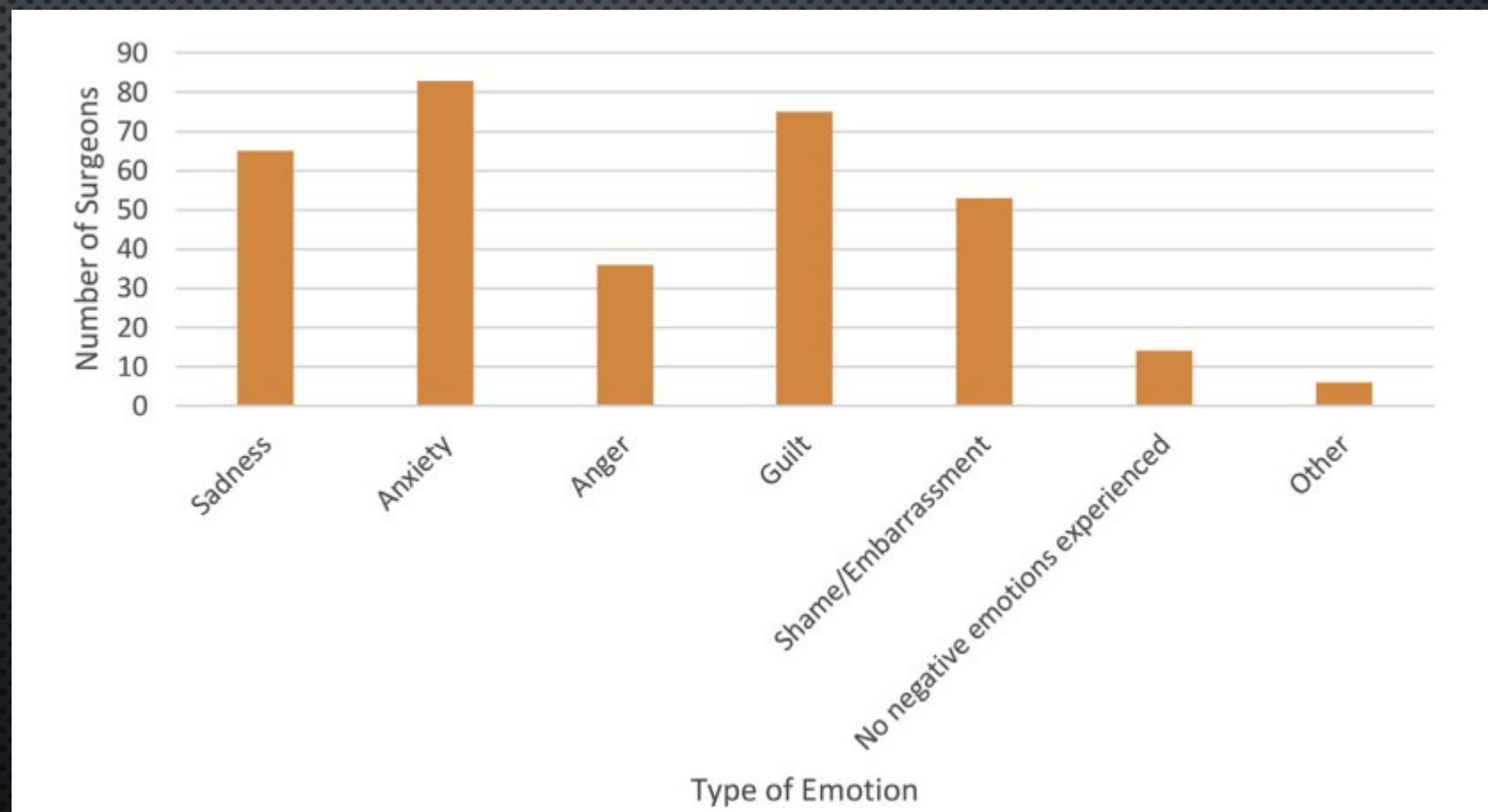
- GUILT
- SHAME
- ANXIETY
- FEAR
- DEPRESSION

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



Kelsey Han, AB, Jordan D Bohnen, MD, MBA, Thomas Peponis, MD, Myriam Martinez, MD, Anirudh Nandan, BA, Daniel D Yeh, MD, FACS, Jarone Lee, MD, Marc Demoya, MD, George Velmahos, MD, PhD, FACS, Haytham MA Kaafarani, MD, MPH, FACS

BACKGROUND: An intraoperative adverse event (iAE) is often directly attributable to the surgeon's technical error and/or suboptimal intraoperative judgment. We aimed to examine the psychological impact of iAEs on surgeons as well as the surgeons' attitude about iAE reporting.



SECOND VICTIM SYNDROME

- BURNOUT
- LACK OF CONCENTRATION
- POOR WORK PERFORMANCE
- POSTTRAUMATIC STRESS DISORDER
- DEPRESSION
- SUICIDE

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Quiet quitting: A significant risk for global healthcare

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VIEWPOINTS



04/11/23

Work
Productivity and tools



Send your careers story to: naturecareerseditor@nature.com



Three-quarters of researchers say that they have dialled back various aspects of their work since March 2020.

FED UP AND BURNT OUT: 'QUIET QUITTING' HITS ACADEMIA

Many researchers dislike the term, but the practice of dialling back unrewarded duties is gaining traction. By Nikki Forrester

When Isabel Müller became an assistant professor in 2021, she started working 16 hours a day, 7 days a week. Although nobody expected her to work this much, she says, she couldn't find a way to fit all her research, teaching and mentoring efforts into fewer hours. But as the first term progressed, Müller realized her pace was unsustainable. She needed to set boundaries if she wanted to continue working in academia: "It took another term, but now I try to stick to some rules."

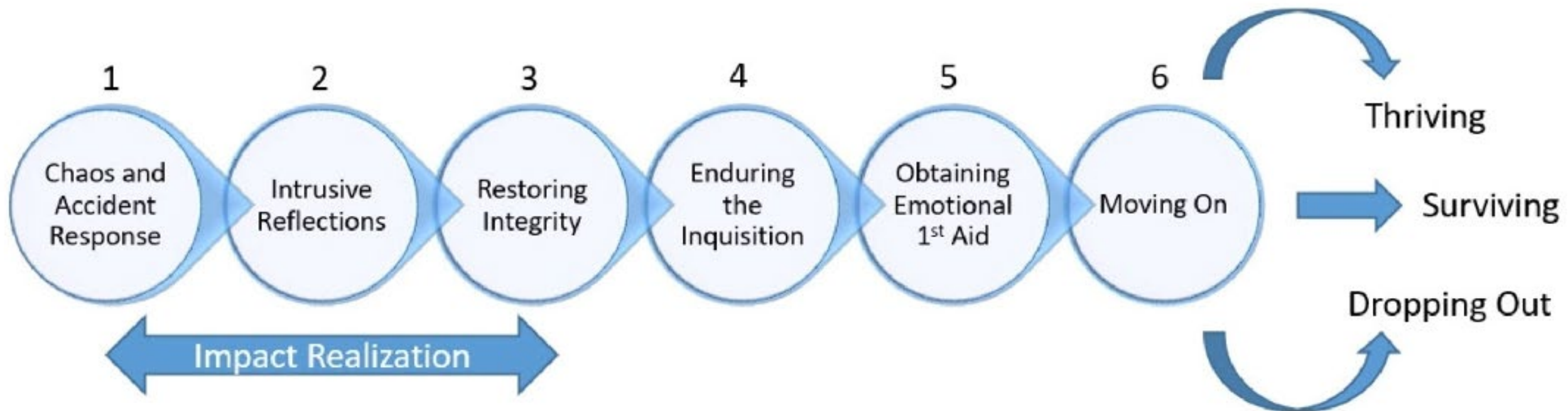
Müller, a mathematician at the American

"Individuals have been pushed so hard that apathy sets in, motivations wane and people are exhausted."

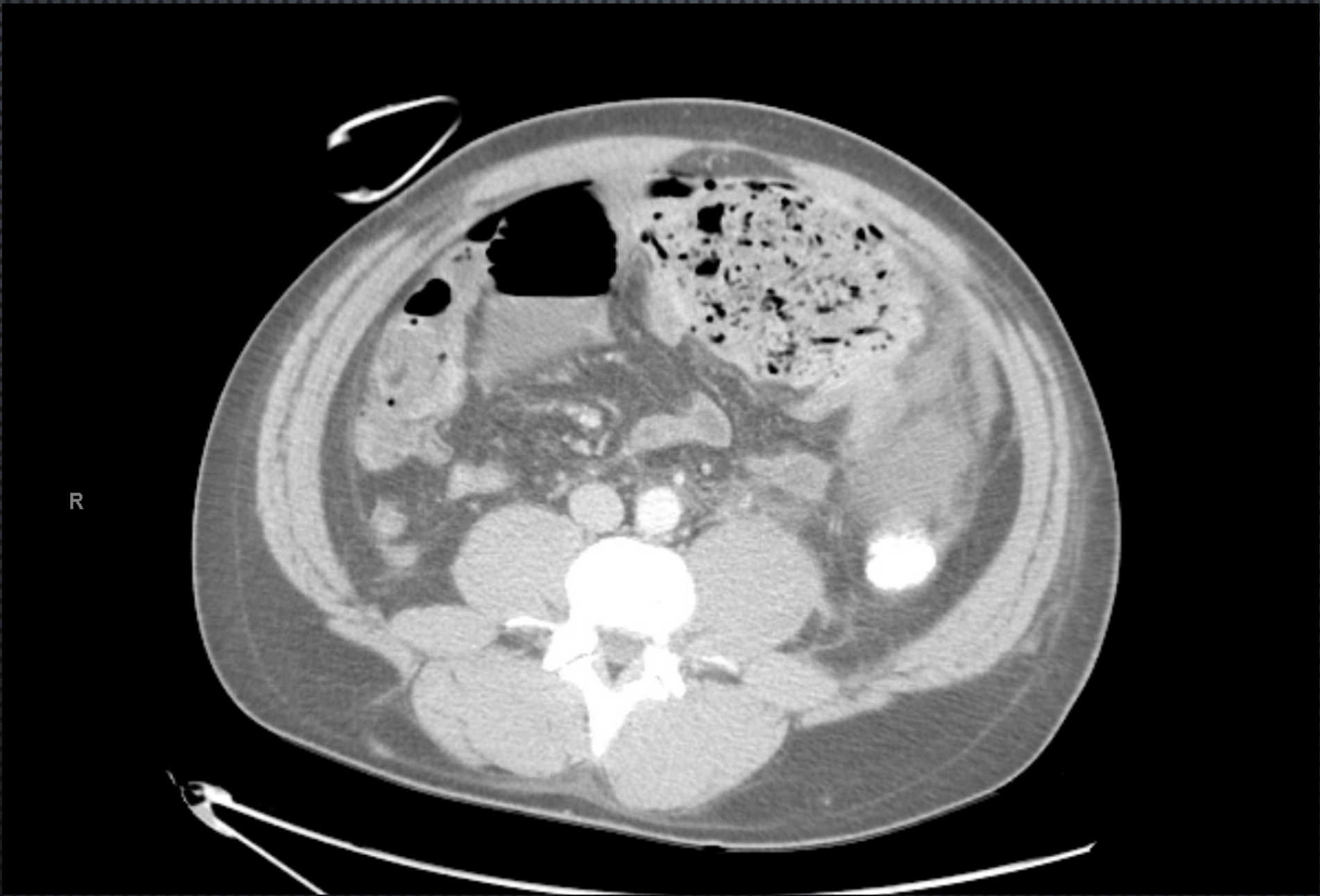
University in Cairo, is not alone in her efforts to redefine her relationship with work by setting limits to protect her mental health and stave off burnout. The desire for work-life balance is nothing new – but the COVID-19 pandemic

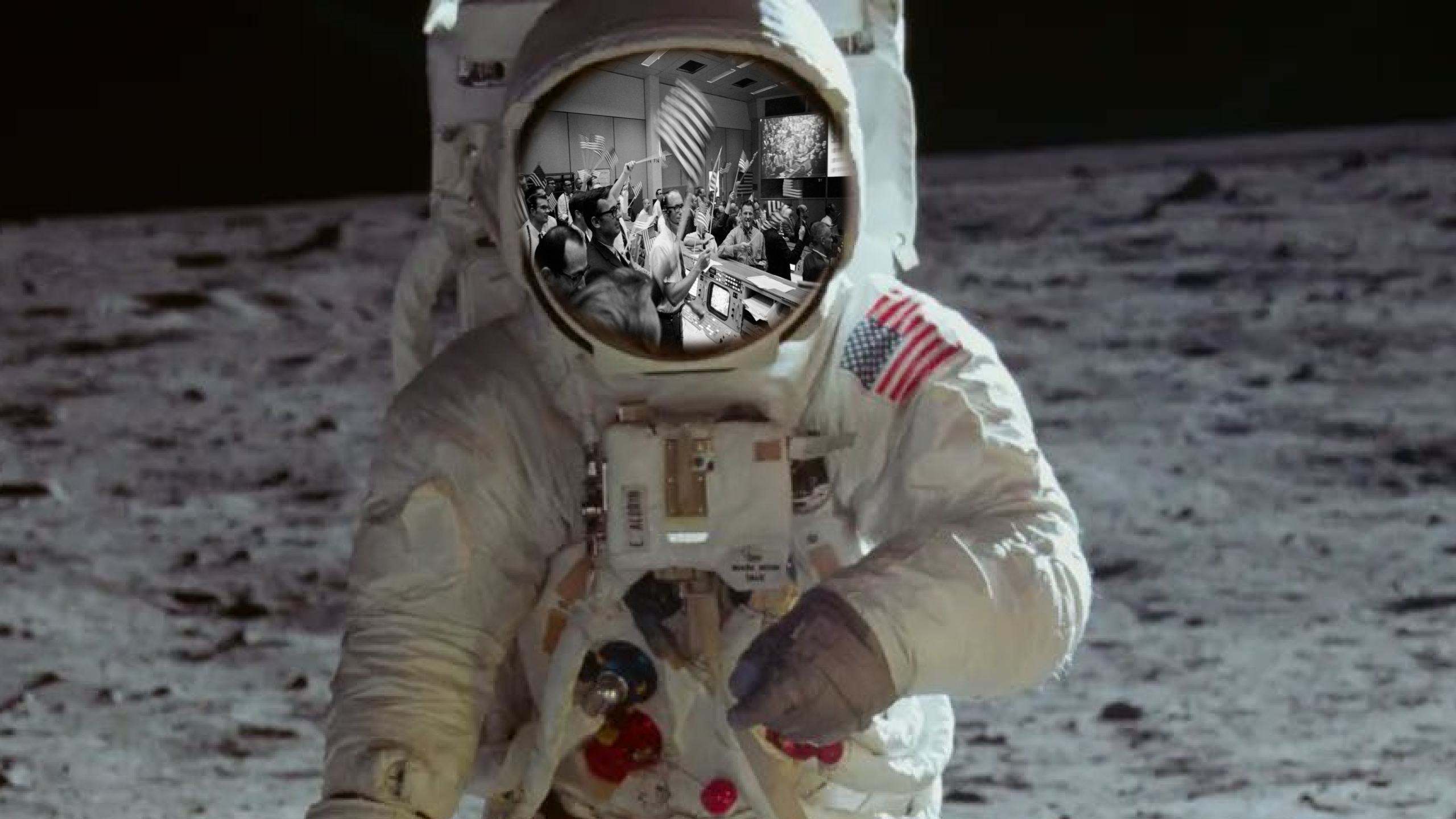
and its aftermath have brought academic workers a greater appreciation of its importance. Last August, the discussion on how best to achieve work-life balance went viral with a TikTok video about 'quiet quitting' – the idea that workers should no longer go above and beyond their job requirements and subscribe to 'hustle culture'. In academia, that translates into no longer performing unpaid, unrecognized or underappreciated tasks.

To Müller, quiet quitting describes working hours that allow her to have a life outside her job and to take care of herself. "I really dislike



A CASE...





CHAOS AND ACCIDENT RESPONSE

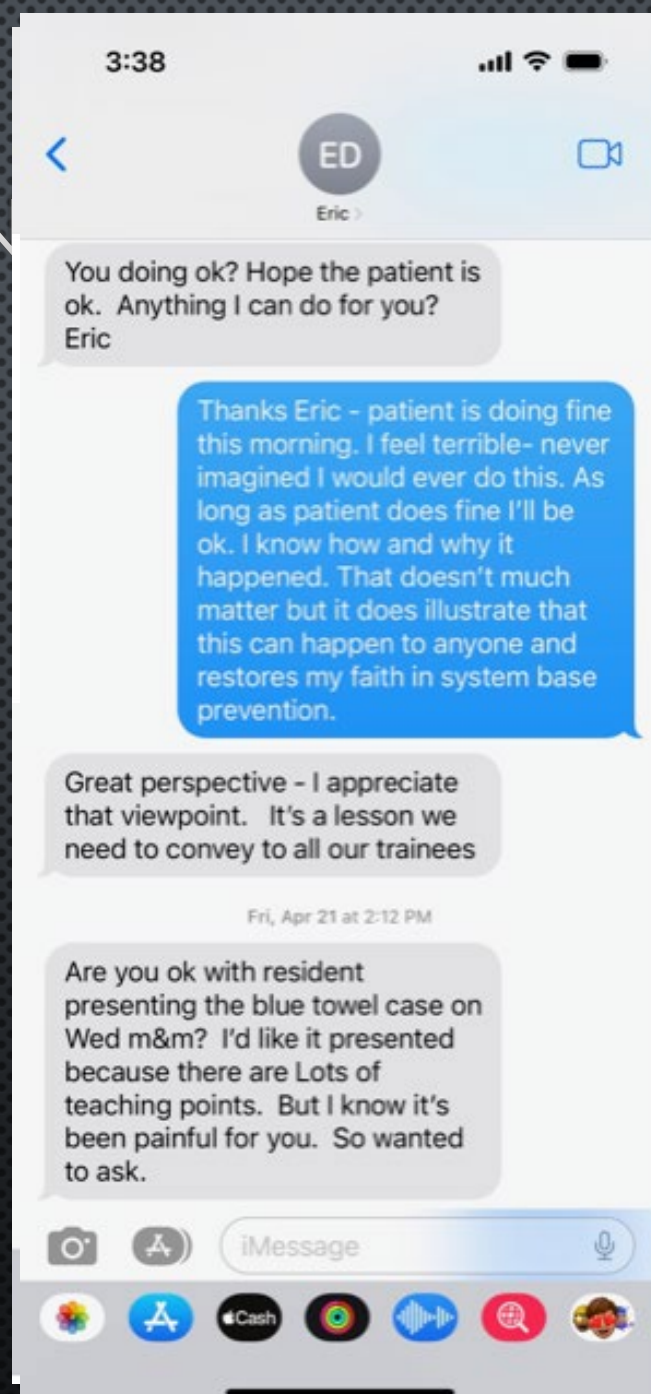
INTRUSIVE THOUGHTS

NIGHTMARE

REALITY



OBTAINING EMOTION



ENDURING THE INQUISITION

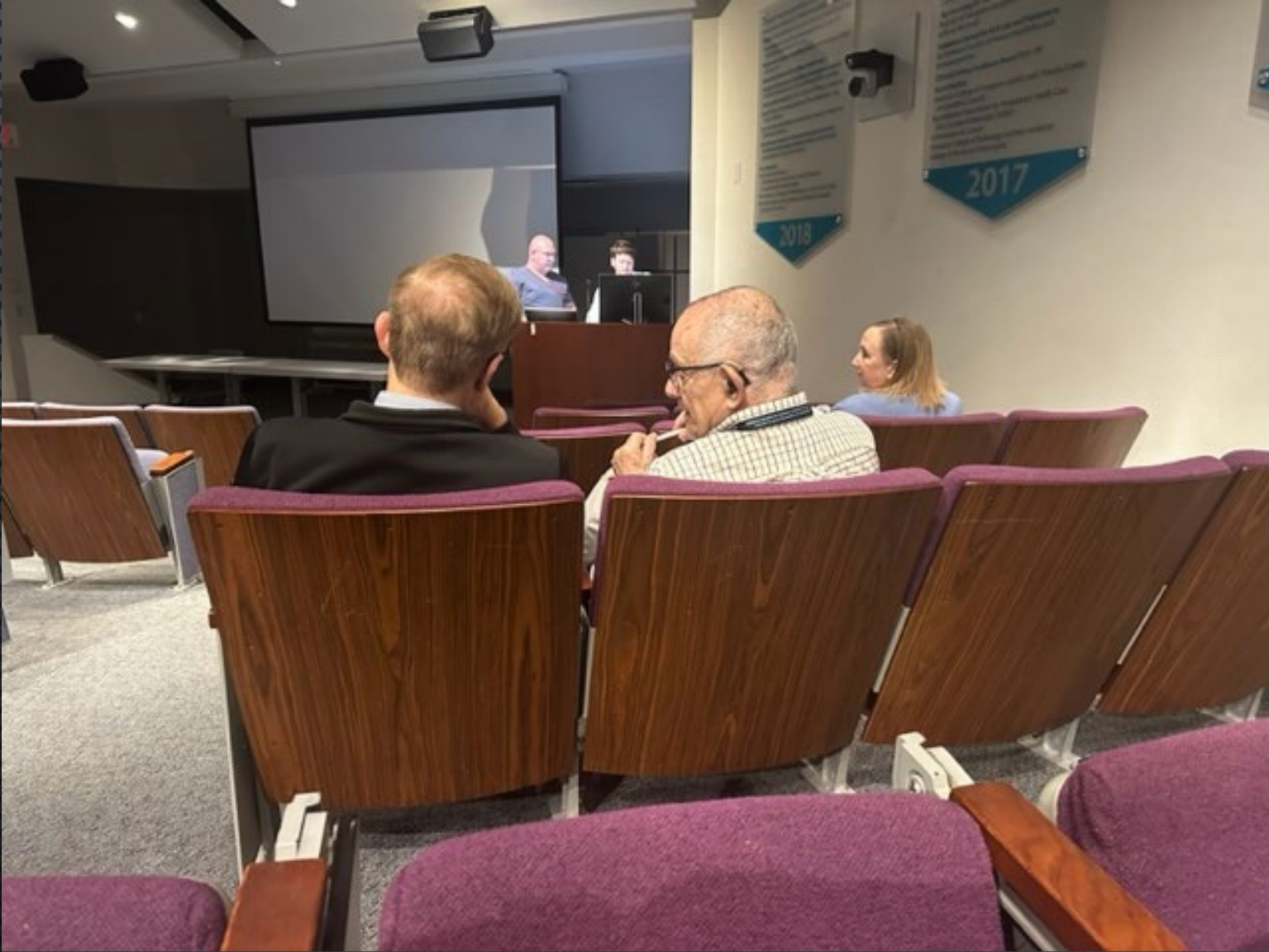
Morbidity & Mortality Conference

Pelvic Mass / ex lap w/ resection of pelvic mass, bladder repair/
unplanned reoperation-retained foreign body

Zervos

Education Objectives: Contributing factors to retained foreign bodies
and methods to prevent them

RESTORING INTEGRITY



MOVING ON

- THRIVE
- SURVIVE
- DROP OUT

KEEPING SURGEONS HEALTHY

1:12

5G 



Cynthia >

Thu, Apr 13 at 8:41 AM

Dear God,
Please help and protect Manny through this struggle. He works so hard and is so diligent in the care of his patients. But like all of us he is human and capable of error. In his desire to help everyone, he is overworked and stressed. Please help others to understand and appreciate this. Help them to band together to lift him up and protect him. I ask this in your name.

This is my prayer for you ❤️

Thank you / I love you

Mon, Apr 17 at 4:39 PM

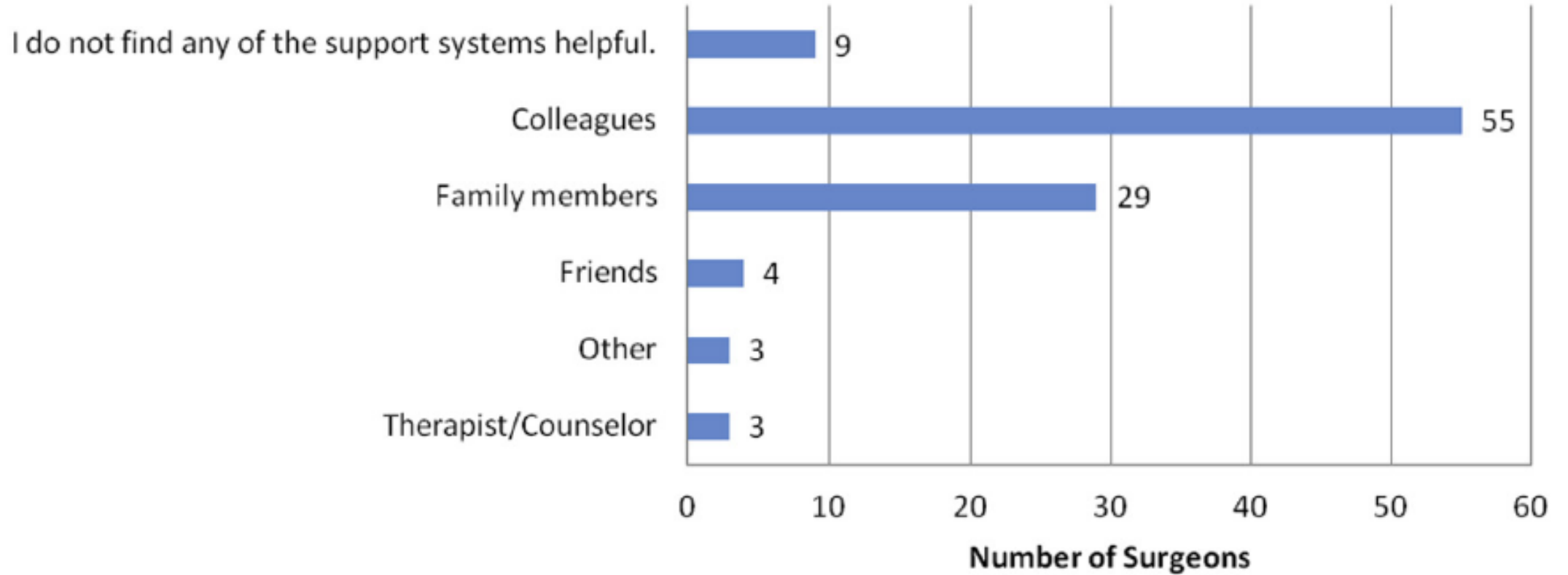


Figure 4. Most helpful existing support systems for surgeons to cope with intraoperative adverse events (iAEs).

SUPPORTING THE SECOND VICTIM

KAFAARANI, ET AL JACS 2019

Design and Impact of a Novel Surgery-Specific Second Victim Peer Support Program



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BACKGROUND: Surgeons are prone to feelings of sadness, guilt, and anxiety when involved in major adverse events. We aimed to create and evaluate a second victim peer support program for surgeons and surgical trainees.

Do

Provide an empathetic, reassuring, and nonjudgmental ear

Discuss how talking to a peer can be helpful

Use “I” statement

Maintain eye contact

Be aware of your body language

Allow silent pause, this provides an opportunity
for the peer to speak

Express empathy, eg “I am sorry this happened to you”

If you find conversation is too difficult for the peer, focus on the
informational tools you can provide and review where and
how they can find help when/if they are ready

Express your appreciation to the peer for sharing

Reflect what you have heard and summarize

Review coping strategy

Identify additional sources of support and how to access them

Provide copies of the coping strategies tool and resources tool

Do not

Avoid trying to “fix” the situation

Do not assume that your experience or reactions are the same

Avoid being judgmental or critical

Insist on sharing

Feel the urge to fill the silence, wait for the peer to decide what
they want to say

Critique the care provided by the peer

Provide psychotherapy

Insist on a discussion if the peer is uncomfortable

Discuss another peer support outreach situation you have been
involved in

Second victim peer-support program at tertiary care academic medical center



Creation of conceptual framework

Choice of peer supporters



Training of peer supporters

Multi-faceted identification of major adverse events



Design of systematic intervention plan

47 interventions in 1 year

Satisfaction:

- 89% confidentiality
- 73% safe/trusting environment
- 83% timeliness

- 81% opt in
- 81% felt the program had a positive impact on the department's safety and culture

Moments in surgery

Woody Hayes: The patient

Larry C. Carey, MD, FACS, *Tampa, Fla*

From the Department of Surgery, University of South Florida College of Medicine, Tampa, Fla

I WAS AT THE Ohio Chapter of the American College of Surgeons meeting in Dayton when Dr Bill Smead called on Friday to tell me that Ohio State football coach Woody Hayes had been admitted to the hospital with acute cholecystitis. He was the patient of Manuel Tzagournis, who was also dean of the College of Medicine at Ohio State University. Coach Hayes was diabetic and had arteriosclerosis (which would ultimately take his life). The clinical

the film was reviewed and the students and house staff on the service assembled to go see the patient. The entourage went into his room. I explained to the patient what had happened, and of course he wanted to know the implications. I explained that we must return to the operating room to remove the sponge. A laparotomy pad that had been used to displace the hepatic flexure of the colon had been missed at the completion of the cholecystec-

