

**~~Medical Error~~  
Adverse Events  
and Physician Resilience:  
Maintaining integrity in the unpacking**

Family Medicine Forum  
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# Outline

- Intro
- CENTRE
- Literature review – chart review data
- Relationships
- Steps in managing adverse events steps
- Practice with a case
- Debrief

# Objectives

- Understand how physician integrity is jeopardized in both the short and long-term during the incorrect unpacking of adverse events
- Learn how to apply an innovative technique to maintain physician resilience
- Practice and debrief the use of the innovative technique to maintain physician resilience

# Centre for Practitioner Renewal

- How do we sustain health care providers in the work place?
- What is the effect of being in the presence of suffering?
- What would be reparative, healing or restore resilience for health care providers?

*Efficiency through relationship*

Health care is based on a business model of efficiency, the work we do is about relationship—relationship with self, other and Other

Relationship is often sacrificed to action and efficiency

# Guidelines

**C**onfidentiality

**E**qual airtime

**N**on-judgemental listening

**T**imeliness

**R**ight to pass

**E**ngaged

# Group Introduction

My name is....

I am from....

Something many people don't know about me  
is....

# Iclicker

In my family of origin I am:

- A. An only child
- B. The eldest child
- C. A middle child
- D. The youngest child
- E. Separated from my sibling(s) by more than 6 years

# Iclicker

I am a:

- A. Program Director
- B. Student/Resident
- C. Site Director
- D. Faculty medically trained
- E. Faculty non-medically trained

# Iclicker

- A. Being liked by my patients is important to me.
- B. Being liked by my colleagues is important to me.
- C. Being respected by my patients is important to me.
- D. Being respected by my colleagues is important to me.
- E. Self respect is more important to me than being liked or respected by others.

# Iclicker

How was anger expressed in your family of origin?

- A. Silent treatment
- B. Violent outbursts
- C. Direct respectful communication
- D. Bullying
- E. Anger was not expressed

# Iclicker

How was confrontation done in your family of origin?

- A. Instruction
- B. Criticism
- C. Confronter sought understanding
- D. Shaming (punishment)
- E. Supportive guidance

# Iclicker

How was feedback given to you during your residency?

- A. Instruction
- B. Criticism
- C. Confronter sought understanding
- D. Shaming
- E. Supportive guidance

Referral Reasons	Frequencies				Examples
	LC	MC	SC	Totals	
Emotional reactions about work	1	7	13	21	Sense of being overwhelmed by work after learning of colleague's severe criticisms
Family/relationship issues	6	1	10	17	Relationship issues related to 20-year marriage & whether to divorce or not
Miscellaneous	5	4	8	17	Feeling apologetic for living
Stress/cumulative stress	5	1	9	15	Stress at work from relationship with colleague
Critical incident	2		10	12	Difficult patient death that she is finding it hard to process
Grief & loss	2	2	3	7	Sense of betrayal "of my own hospital"; loss of faith in colleagues; anger
Work relationship issues	1	1	5	7	Dealing with complex issues & challenging team dynamics
Burnout/exhaustion		1	2	3	Sense of being exhausted & burned out
Communication	1		2	3	Needs to have a difficult conversation with a physician team leader
Self-awareness			2	2	Personal crisis
Self-care			2	2	Loss of self due to caring for others

Underlying issues	Frequency				Example
	LC	MC	SC	Totals	
Work-related incidents	20	8	70	98	Personal betrayal by the organization
Affect issues (work-related)	18	20	44	82	Distressed, anxious, & angry about staff complaints about leadership style
Client characteristics	33	30	16	79	Need for validation from others/Difficulty handling & expressing emotions safely & effectively
Working conditions	6	10	20	36	Several incidents recently where she felt shamed & belittled by her attending physician
Interpersonal challenges	10	2	19	31	Dual relationship between colleagues
Self-esteem/worth	8	8	7	23	Feeling “less than” when comparing himself to
Confidence/competence	4	8	7	19	Core issue of self-doubt
Agency/helplessness	10	4	4	18	Letting others decide her life for her
Expectations/values/cultural	8	2	6	16	Caught between 2 cultures & not sure which one to rely on for decision-making
Cognitive issues	4	4	5	13	Waking & night with thoughts of work
care for others vs. self-care	1	6	5	12	Putting others’ needs before own led to physical & emotional exhaustion
Safety issues/concerns	5	0	7	12	Fear of ongoing assaultive behaviour by co-worker
Failure	4	5	1	10	Afraid of appearing weak or as a failure
Trauma (includes PTSD)	2	3	4	9	Symptoms consistent with PTSD
Overwhelmed	1	3	5	9	Intense overwhelmed feeling from work & home
Perfectionism	3	2	2	7	Struggling with “good enough” & perfection
Boundary setting	2	4	0	6	Struggling to be all things to all people
Incongruence	3	2	0	5	Incongruence between what she is feeling on the inside & her smiling, laughing outer demeanour
Sleeplessness	0	0	5	5	Sleep disturbances and tiredness

# Case

39YO Caucasian male recidivist sexual offender is referred to reduce his libidinal response and increase his sexual self-regulation

He has a lengthy Hx of sexual assault against young boys

Reports his own Hx of being sexually assaulted by a person with power over him

He frames his experience as him being a victim of 'the system'

He tries to co-opt you into taking his side in seeing he is a victim

# Case

He lives in a halfway house and is engaged to 43YO F who is admitted to Canada as a refugee from Africa

She has abuse Hx and has 2 male children

He has a Hx of being highly litigious with every treating HCP and requests copies of all charts

He has been ordered by National Parole Board to receive Depo-Provera 300mg im q7d from physician

He is prescribed Citalopram 40 mg po qd

# Case

Recidivism risk factors that he self-monitors

1. Stress
2. Boredom
3. Isolation
4. Loneliness
5. Secretiveness
6. Fantasy
7. Trust

# Some Adverse Events

- Only seeks relationships to access boys
- He split staff by telling different stories
- He was found with keys to secure room at halfway house
- He exaggerated his work and social experiences
- Highly litigious
- Others consistently check in on tx progress

# Relationships

- Dr/Pt
- Collegial
- Self
- Other

# Adverse events steps

1. Self check-in
2. Consult
3. Communication of problem
4. Debrief

# Iclicker

In my family, how something was deemed to be important was by

- A. Primary caregiver
- B. When anyone in family had a reaction
- C. Following the lead of the most affected person
- D. Everything was dramatic
- E. It was ignored

# Iclicker

When I have had an Adverse event in my clinical work, I have someone to talk with.

- A. Always
- B. Sometimes
- C. Never
- D. I have never had an adverse event

# Iclicker

How was anger expressed in your family of origin?

- A. Silent treatment
- B. Violent outbursts
- C. Direct respectful communication
- D. Bullying
- E. Anger was not expressed

# Iclicker

How was grief/sadness expressed in your family of origin?

- A. Quietly
- B. Loudly
- C. It was listened to
- D. Angrily
- E. Grief/sadness was not expressed

# Iclicker

How was confrontation done in your family of origin?

- A. Instruction
- B. Criticism
- C. Confronter sought understanding
- D. Shaming (punishment)
- E. Supportive guidance

Performance =  $f$ (Ability + Motivation + Environment)

environment (materials, equipment, opportunity,  
supportive colleagues, etc.)

# 1. Self Check-in

1. Motivation and Ability to self-reflect and develop insight
2. Memory cues as a reminder to emerge from daily routines
3. A tool to help self-reflection/self-awareness

# Memory Cues

- Hand washing
- Going to the toilet
- Closing the office door at the end of the day
- Sitting in a particular chair
- Pulling a chart out of the door holder
- Checking off a patient's name on the day sheet
- Logging into or out of the EMR program
- Placing a chart into the folder for filing

# Tool

**Feelings** - What do you feel?

**Impression** - What is your impression  
(thoughts/judgment) of yourself?

**Function** - What effect does this have on you?  
(behaviour/body)

**Expectations** - What expectations are you expressing  
do you have?

# Case and My FIFE

**Feelings** - Disgusted by his hx. Feel manipulated with his complaints

**Impression** - I have to see him because he needs the tx. If I'm unsuccessful, he may hurt another boy

**Function** - I notice myself being distracted by thoughts of him. Other people involved in his care contact me about him

**Expectation** - It is my responsibility to help him change

## 2. Consultative Relationship

1. Establish relationship with explicit boundaries
2. Consultation with a colleague

# My Consultative Relationship

1. Establish relationship with explicit boundaries
2. Consultation with a colleague

# 3. Communication

1. “A”ttend
2. “B”ridge
3. “C”omment
4. “D”evelop Contract

# Communication Template

## “A”ttend

- Self: What am I experiencing? What am I aware of?
- Other: What is the other person experiencing?

## “B”ridge

- Introduce topic (broadly)
- Introduce subject (specifically)
- Relationship awareness (dr/pt, colleagues, etc.)

## “C”omment:

- Say message
- Ask for what you need
- Check for understanding

## “D”evelop Contract:

- Acknowledge impact on patient (includes feelings, experiences and behaviours)
- Establish timeline/follow-up
- Immediate Plans (safety)

# Communication Template

## “A”ttend

- Self: What am I experiencing? What am I aware of?
- Other: What is the other person experiencing?

## “B”ridge

- Introduce topic (broadly)
- Introduce subject (specifically)
- Relationship awareness (dr/pt, colleagues, etc.)(e.g. this is challenging/difficult)

# Communication Template

## “C”omment:

- Say message
- Ask for what you need
- Check for understanding

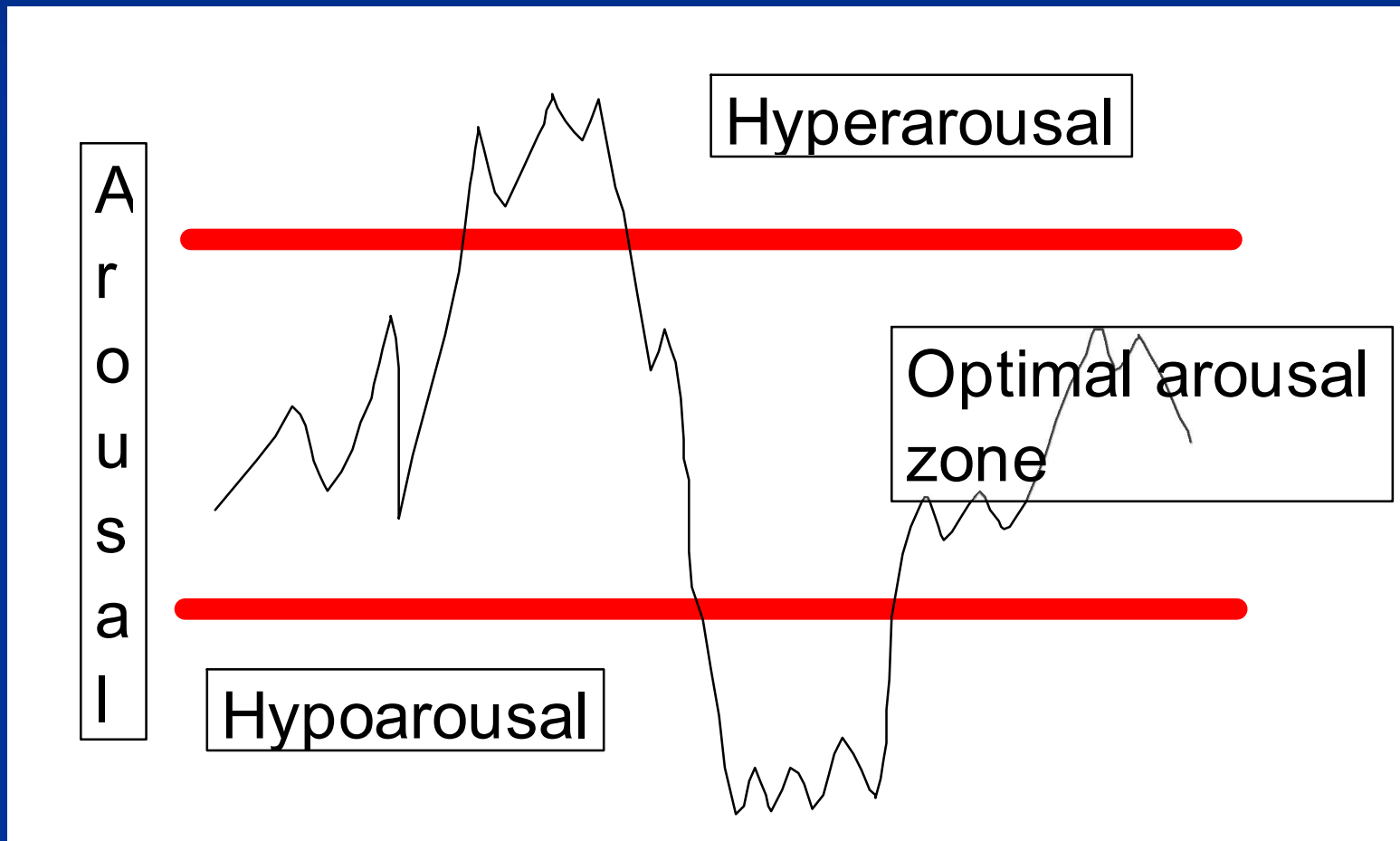
## “D”evelop Contract:

- Acknowledge impact (includes feelings, experiences and behaviours)
- Establish timeline/follow-up
- Immediate Plans (safety and reorientation to place and process)

# 4. Debrief

1. Focusing on the impact while unpacking event
2. Focus on details only when reviewing case

# Window of Tolerance



# Practice

- On a 1-10 scale, pick case nothing higher than 5
- What was your FIFE?
- Who did you consult?
- What did you need to communicate?
- How was it debriefed?

# Questions & Answers

- What worked?
- What didn't work?
- What's missing?

