The goal, which still remains, was to promote resilience as physicians deal with the daily demands of medicine during the slow-moving process of litigation. His unique role as Director of Physician Affairs working closely with physicians in litigation has provided him insights on burnout.

Why are physicians suffering? Our culture promotes hard work, along with the belief that to dedicate one’s life to medicine is noble. However, physicians do not receive adequate training in self-care. Instead they are “rewarded” for sacrificing or postponing their personal needs. They are bright, high achievers who want to help those who are in need. They too frequently shed other parts of life—family, exercise, recreation, relaxation—for medicine.

How can a distressed physician be helped? Offer education and hope. Let them know burnout is a common occupational risk, they’re not alone, and resources are available. They also need to regain balance and their connection with other physicians. We’ve stopped attending department meetings and rely on e-mail and other technology for communication. This reduced personal engagement leads to isolation and a breakdown in teamwork; collegiality and collaboration lessens the stress of medicine.

How can organizations help? They need to address burnout earlier. More organizations are starting to develop resources to address physician burnout.

Unfortunately, many fail to address the fact that burnout contributes to medical errors. This awareness should be instilled during medical school. We need conferences to educate physicians, help them gain insight, and to develop tools to mitigate the risk. We must get the word out—silence does not work.

What can physicians do? Physicians should follow the advice they give their patients: slow down, step back, eat healthy, exercise, and take time to laugh. Medicine is demanding and requires physicians to function at the highest cognitive level. Healthy physicians make better decisions regarding their patients.

Just as the heart pumps blood to itself first, physicians must address self-care before caring for others.

Promoting resilience and encouraging physicians to take care of themselves is a win-win for patients, physicians, and medicine. Just as the heart pumps blood to itself first, physicians must address self-care before caring for others.

How does litigation impact physicians? Physicians dedicate their lives to provide the highest quality care to each and every patient. There’s a sense of satisfaction knowing you are doing your best. When a lawsuit alleges professional wrong doing, physicians are confused, shocked, and saddened. The suit quickly becomes a personal attack that causes physicians to question their competence and whether they want to continue practicing medicine.

Unfortunately, many physicians believe that good doctors don’t get sued, and that is not true. Addressing the feelings of isolation, shame and burnout associated with a lawsuit helps physicians handle the stress of litigation. A resilient defendant is less impacted by the stress of litigation and is a more effective witnesses as they go through this process.

I’ve seen highly skilled physicians wanting to leave medicine. I’ve also seen that with support, guidance, teamwork, and redirection, distressed physicians are able to find life and the practice of medicine exciting again. The entire Physicians Insurance team is focused on supporting physicians throughout this confusing process, and takes pride in helping physicians sustain the joy of caring for patients.

The work of Dr. Hofeldt, a psychiatrist with more than 30 years’ experience, has resulted in support resources available at no expense to all Physicians Insurance members. Learn more at www.phyins.com/providersupport.
Humans are prone to making mistakes—regardless of their training—so it’s not a matter of asking if errors will occur, but when. Thinking about your own care setting, how would you and your facility support a coworker if an adverse event occurred today?

Some settings and specialties carry higher risk: intensive care units, operating rooms, code teams, emergency medicine, pediatrics, obstetrics, oncology, and palliative care. But adverse events are not limited to these environments.

When an event occurs, the clinicians who are involved typically respond in three ways. For some, a first instinct is to drop out of the profession. Others survive the event and cope, but may be haunted with sadness and thoughts about the event or even resort to addictive behaviors to cope. Others choose to thrive. They do so by practicing self-care, by maintaining a good work/life balance, and by gaining wisdom from the experience. They realize they needn’t define their practice or career by the single event. Some clinicians recover by advocating for patient-safety initiatives.

ORGANIZATIONS AND PEERS CAN HELP
Coworkers and organizational leaders can support clinicians by knowing how to respond when an error occurs. Here are some ways department leaders and medical colleagues can help:

1. Reach out to the affected clinician, demonstrating a caring attitude and conveying faith in the provider’s clinical skills.
2. Actively listen to what the affected clinician wants to express.
3. Swap “war stories” to provide an outlet for stress.
4. Offer the clinician flexible scheduling as needed.
5. Brief the clinician on any investigation that may occur.
6. Be visible and transparent to all staff on the unit.

8 Ways to Respond to a Provider Who Has Experienced a Medical Error

Mistakes happen. In fact, as many as seven out of 100 hospital inpatients experience a significant medication error, according to Don Berwick, MD, former administrator of the Centers for Medicare and Medicaid Services¹, and one in seven Medicare patients experience a medical error in the hospital.²

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Deploy multidisciplinary rapid-response teams, especially in high-risk areas, to reach out to clinicians as part of a formal provider support program. These employees should be specially trained to monitor colleagues for second-victim signs and provide support.

Develop external referral networks, which might include employee assistance programs, social workers, chaplains, and clinical psychologists.

After a serious event, one health professional in five will require counseling or other form of support. A provider who lived through an event referred to the experience as “an emotional tsunami.” Another described it as “the darkest hour of my life.” As health care professionals and organizations, we have a responsibility to protect and heal the clinicians on our team.

“Coping is a two-pronged process for this provider. Her first defense is emotional support—relying on family relationships, close colleagues, and her strong sense of faith and prayer. Her second is rational support for herself—developing an action plan.

“They responsible physician in me wanted to make sure I was updated with the latest research to avoid this ever happening again. I did adjust my incision point slightly, based on what I researched, in case it could make a difference. I started scrutinizing the techniques of nurses who were on the team. I adjusted my recommendations for antibiotic use. I’m still not sure how the infection was caused, but having done the research, I know I’m a good surgeon and am using good techniques.”

She acknowledges that not having control is what eats away at a Type A personality like hers. But it’s simply not possible to control all circumstances or outlying factors that could affect a patient.

“I realized I don’t have a very thick skin,” she acknowledges. “I should have gone into a field with less risk! It’s fine for my patients, because I’m making a big difference for a lot of them—but it’s really hard on me. You have to be okay with what could go wrong beyond your control, while knowing that you are doing everything possible.”