Culture and Safety

- No financial disclosures
Goals

• Discuss burnout and patient safety

• Discuss mistreatment in medicine and patient safety

• Review implicit bias, microaggression, and safety

• Discuss happiness versus meaning at work
Burnout

Burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with other people in some capacity.
Figure A: Graph showing the percentage of burnout over years. The graph indicates a linear increase in burnout over the years 2011 to 2014. The Breslow-day P value is <0.001. The graph includes two lines: one representing the population and another representing physicians. The data source is Mayo Clin Proc 2015;90:1600-1613.
What Contributes to Anesthesiologists' Burnout?

- Lack of respect from administrators, employers, colleagues, or staff: 50%
- Spending too many hours at work: 43%
- Too many bureaucratic tasks (eg, charting, paperwork): 35%
- Lack of control/autonomy: 30%
- Feeling like just a cog in a wheel: 29%
- Insufficient compensation/reimbursement: 29%
- Emphasis on profits over patients: 21%
- Government regulations: 19%
- Increasing computerization of practice (EHRs): 13%
- Lack of respect from patients: 10%
Burnout Is Now A Legitimate Diagnosis, Says World Health Organization

Burnout is now classified as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed,” according to WHO.

ICD-11
Occupational phenomenon, NOT medical diagnosis
WORKPLACE CULTURE and PATIENT SAFETY

• Medical Student Mistreatment

• Resident Mistreatment

• Operative Team Mistreatment
Medical Student Mistreatment

“Unfortunate transformation that took place in some medical students. These students, while eager and enthusiastic at the time of admission to medical school became cynical, frightened, depressed, or frustrated men and women after they had been in medical school for awhile”

Speculated could be the result of medical student abuse

JAMA 1982;247:309-310
Medical Student Abuse 1984

• Physician Survey

• Medical Student Interviews

• Associate and Assistant Medical School Dean Survey

JAMA 1984;6:739-742
Mistreatment Definition

2011: Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.
Mistreatment Examples

• sexual harassment

• discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation

• humiliation

• psychological or physical punishment

• use of grading or other assessment forms in a punitive manner
Types of Mistreatment

- 80%
- 25%
- 25%
Source of Mistreatment

- Faculty 31%
- Residents 28%
- Nurses 11%
Possible Outcomes of Medical Student Mistreatment

- burnout higher than other professional students
- depression
- suicidal ideation 3X the general population

27% of medical students show symptoms of depression
Resident Mistreatment

The NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training


NEMJ 381;18 October 31, 2019

Department of Anesthesiology
Mistreatment Types

• Gender discrimination

• Racial discrimination

• Discrimination based on pregnancy or childcare

• Verbal or emotional abuse

• Physical abuse

• Sexual harassment
## Surgery Resident Mistreatment

<table>
<thead>
<tr>
<th>Variable</th>
<th>Overall (N=7409)</th>
<th>Men (N=4438)</th>
<th>Women (N=2935)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number (percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any mistreatment exposure‡</td>
<td>3694 (49.9)</td>
<td>1605 (36.1)</td>
<td>2073 (70.6)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>2289 (30.9)</td>
<td>1120 (25.2)</td>
<td>1162 (39.6)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>1405 (19.0)</td>
<td>485 (10.9)</td>
<td>911 (31.0)</td>
</tr>
</tbody>
</table>
## Type of Mistreatment

<table>
<thead>
<tr>
<th>Mistreatment</th>
<th>Overall%</th>
<th>M%</th>
<th>F%</th>
</tr>
</thead>
<tbody>
<tr>
<td>gender discrimination</td>
<td>31.9</td>
<td>10.0</td>
<td>65.1</td>
</tr>
<tr>
<td>verbal abuse</td>
<td>30.2</td>
<td>28.3</td>
<td>33.0</td>
</tr>
<tr>
<td>racial discrimination</td>
<td>16.6</td>
<td>15.1</td>
<td>18.6</td>
</tr>
<tr>
<td>sexual harassment</td>
<td>10.3</td>
<td>3.9</td>
<td>19.9</td>
</tr>
<tr>
<td>pregnancy/child care</td>
<td>7.2</td>
<td>3.2</td>
<td>13.0</td>
</tr>
</tbody>
</table>
Sources of Mistreatment

- Patients and Families: race and gender & sexual harassment
- Surgery Attendings: verbal/emotional abuse & sexual harassment
- Surgery Attendings & Co-Residents: pregnancy/child care

( Nurses or Staff )
# Mistreatment Impact

- **Burnout (%)**  
  - 38.5  
  - 35.9 (M)  
  - 42.4 (F)

- **Suicide ideation (%)**  
  - 4.5  
  - 4.5 (M)  
  - 5.3 (F)
Self-reported errors and quality of care in Anesthesiology residents

- I make mistakes without negative consequences to the patient
- I perform procedures without appropriate training
- I make mistakes with negative consequences to the patient
- I fall short in the quality of care I provide to my patients
- I do not have enough time or attention for my patients
- I do not monitor the patient in the operating room as closely as I should
- I have made medication errors involving the wrong drug or dose

*Anesthesia and Analgesia 2013;117:182-93*
Reported Medical Errors by Anesthesiology Residents

- Low risk of burnout and low risk of depression (n=764)
- Low risk of burnout and high risk of depression (n=58)
- High risk of burnout and low risk of depression (n=321)
- High risk of burnout and depression (n=240)
The TEAM TEAM TEAM TEAM
Association of Coworker Reports About Unprofessional Behavior by Surgeons With Surgical Complications in Their Patients

William O. Cooper, MD, MPH; David A. Spain, MD; Oscar Guillamondeguti, MD, MPH; Rachel R. Kelz, MD, MSCE, MBA; Henry J. Domenico, MS; Joseph Hopkins, MD, MMM; Patricia Sullivan, PhD; Ilene N. Moore, MD, JD; James W. Pichert, PhD; Thomas F. Catron, PhD; Lynn E. Webb, PhD; Roger R. Dmochowski, MD; Gerald B. Hickson, MD

JAMA Surg.2019;154:828-834
Surgeon Behavior and Patient Complications

- retrospective cohort
- 2012-2016
- NSQIP and hospital electronic reporting systems
- Vanderbilt and Stanford

![Study Design Diagram]
Surgeon Behavior and Patient Complications

Table 2. Complications Across Groups of the Operating Surgeons’ Coworker Reports About Unprofessional Behavior in the 36 Months Preceding the Operation

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No. of Coworker Reports of Surgeon’s Unprofessional Behavior, No. (%) of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All (N = 13 653)</td>
</tr>
<tr>
<td>Any complication</td>
<td>1583 (11.6)</td>
</tr>
</tbody>
</table>

- Surgical site infection

- Infection/sepsis

- No difference in 30 day mortality, re-operation, or re-admission
Figure 2. Estimated Complication Rate According to the Operating Surgeon’s Reports by Coworkers About Unprofessional Behaviors in the 36 Months Preceding the Operation

Estimated Risk of Complication, %

No. of Coworker Reports of Unprofessional Behavior by Surgeon

P < .001

0 1-3 ≥4
The Center for Patient and Professional Advocacy (CPPA)

1. 140+ Health Systems
2. Trained Coders Read and Code Complaints & Concerns
3. Proprietary Algorithm is applied to coded reports & individual risk scores calculated
4. Clinical reviews by MDs and NPs occur for every individual with an elevated risk score
5. Final reports are generated for individual outliers
6. Return Data to Health System
7. PARS and CORS Interventions
   - Peer messengers share data and comparisons
   - 78% respond to interventions
   - Tiered model guides escalations for nonresponders

Vanderbilt CPPA PARS & CORS Process

Department of Anesthesiology
84% +++
12% ----- 
4% left

3% of physicians are associated with 44% of reports
90% of physicians are associated with NO reports
Michigan Medicine has a reputation for quality

We also know we have room to improve

Leapfrog

Regional Rank
#1 in Michigan
Recognized in Southeastern Michigan
#1 in Detroit

Honor Roll
#11 on U.S. News Best Hospitals Honor Roll

Source: Leapfrog Hospital Safety Grade
Source: U.S. News and World Report 2019
Diagnostic Assessment Performed in Fall 2018:

- Focus groups of **over 300 staff and faculty** from around the system
- Assessment included **over 2 years of harm and near harm data** here at Michigan Medicine
- **Review** of policies, engagement, and culture of safety surveys
Unintended Harm is a Michigan Medicine Problem…

Our Study Found:

A serious preventable harm event occurs at least every 5.2 Days

N = 170 events reviewed from Sept 2016-Sept 2018
Our Study Found:

A serious preventable harm leading to death occurs at least every 73 days.

Unintended Harm is a Michigan Medicine Problem...

N = 170 events reviewed from Sept 2016-Sept 2018
Unintended Harm is a Michigan Medicine Problem…

Our Study Found:
A Michigan Medicine team-member is harmed every 6.5 Hours
Our promise to patients, families, and employees: Your safety is our most important priority.

We are open and transparent about errors, and stand up for those who speak up.
We are accountable for our actions.
We learn from our errors without blame.
We do not tolerate reckless or disrespectful behavior.
Universal Relationship Skills

*We are “Better Together”*
Hard and Soft Skills

- Soft skills are how we **interact** with other people in our environment.
Universal Relationship Skills

- Smile and greet others
- Introduce and explain roles
- Listen with empathy
- Communicate good intentions
- Encourage questions
Hard Facts on Relationship Skills

Nationally, top hospitals focusing on communication and interpersonal skills perform better and have improved patient outcomes.

Leaders who communicate effectively have less turnover among their team.

Good relationships across healthcare disciplines positively affect safety and quality of care.

"Why executives are so bad at the behavioral side of management." Business Insider, 2012.
"Intergroup relationships and quality improvement in healthcare." BMJ Qual Safe 2011.
Better Together

Better, and more communication leads to improved Safety and Reliability

Better relationships lead to increased personal and job satisfaction – and performance

Better interpersonal skills lead to better patient and peer relationships

“Why executives are so bad at the behavioral side of management.” Business Insider, 2012.
Looking Glass Self We see ourselves many different ways
Are We Part of the Culture?

https://implicit.harvard.edu/implicit/takeatest.html
Microaggressions in Everyday Life
Race, Gender, and Sexual Orientation
Derald Wing Sue
Microaggressions

Microaggressions are common, subtle and often unintended verbal or behavioral indignities made in everyday life towards members of historically marginalized groups, including gender, race, religion, ethnicity, age, sexual orientation, veteran status, and ability.

Microaggressions are thought to be a byproduct of an unconscious, implicit bias.
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

-Maya Angelou
## Types of Microaggression

<table>
<thead>
<tr>
<th>Type of Microaggression (M.A.)</th>
<th>Definition (a form of M.A. that...)</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microinsult</td>
<td>demeans a person's racial heritage or identity</td>
<td>Being asked if you speak English because you are Latino.</td>
</tr>
<tr>
<td>Microinvalidation</td>
<td>excludes or negates a person's thoughts or feelings</td>
<td>Being told that you got into medical school because you are a minority.</td>
</tr>
<tr>
<td>Microassault</td>
<td>involves purposeful discriminatory action, such as a verbal attack or avoidant behavior</td>
<td>A Jewish student sits in a classroom where the teacher is making anti-Semitic comments.</td>
</tr>
</tbody>
</table>
MICROINSULT

Not being recognized as a physician: A female anesthesiology attending and female anesthesiology resident introduce themselves to the patient in pre-op as Dr. Jones and Dr. Williams, respectively. The surgical resident introduces himself as Dr. Smith. Prior to leaving the room, the pre-op nurse reassures the patient: “You are in good hands. Dr. Smith is a great surgeon. And, Sarah and Megan will take good care of you on the anesthesiology side of things”.

Inappropriate tasks: Five residents meet to collaborate on a Quality Improvement Project required by their program. The group consists of 4 men and 1 woman. They are brainstorming ideas. After about 5 minutes one of the residents turns to his female colleague and says “why don’t you take notes for us?"
**Obesity shaming:** A patient is in pain clinic for a procedure and the nursing staff is unable to place an IV. The nurse calls to the attending while still in the patient room and says over the phone “I am going to need your help with this one. There is a lot of excess tissue…” The patient then apologizes for being “fat” when the attending comes into the room.
“Quit whining. It’s the same distance.”
Microaggression Impact

• Anxiety

• Depression

• Reduced self-esteem

• Reduced feelings of belonging

• Lack of confidence

• Poor performance

• “a ton of feathers”
How Happy Are Anesthesiologists at Work?

- Plastic Surgery: 41%
- Public Health & Preventive Medicine: 40%
- Ophthalmology: 39%
- Dermatology: 34%
- Pathology: 31%
- Pediatrics: 31%
- Critical Care: 30%
- Pulmonary Medicine: 30%
- Otolaryngology: 30%
- Psychiatry: 29%
- Orthopedics: 29%
- Oncology: 29%
- Rheumatology: 28%
- Surgery, General: 27%
- Cardiology: 27%
- Ob/Gyn: 27%
- Nephrology: 26%
- Diabetes & Endocrinology: 26%
- Infectious Diseases: 26%
- Radiology: 25%
- **Anesthesiology**: 25%
- Allergy & Immunology: 24%
- Urology: 24%
- Family Medicine: 23%
- Neurology: 23%
- Gastroenterology: 22%
- Internal Medicine: 21%
- Emergency Medicine: 21%
- Physical Medicine & Rehabilitation: 19%
Optimizing Joy in Surgery

Robert S. Sawin, MD
Surgery, University of Washington School of Medicine, Seattle; and Seattle Children's Hospital, Seattle, Washington.

Burnout is one of the most tragic developments in the field of surgery. Like any substantial problem, burnout is the consequence of many complex factors and influences. This complexity can precipitate feelings of futility that easily devolve into a narrative that individuals are not responsible and their problems can only be solved by others. The external factors and system issues accelerating burnout in health care are widely described. Addressing those factors is probably the greatest current responsibility of those in leadership roles in institutions.

Nevertheless, I want to redirect the focus toward what surgeons can do, individually and collectively, to go beyond mere protection or minimizing the effects of burnout. I want surgeons to reach the state of happiness and joy in their magnificent careers.

JAMA Surgery July 31, 2019 E1-E2
Joy and Meaning

- Reflect on 3 things for which you are grateful
- Look for humor
- Be intentional each day with things that could benefit others
- Be a leader
- Be a teacher
- Cultivate compassion
- Be involved in your community
- Consider coaching
Practices to Foster Physician Presence and Connection With Patients in the Clinical Encounter

Donna M. Zulman, MD, MS; Marie C. Haverfield, PhD; Jonathan G. Shaw, MD, MS; Cati G. Brown-Johnson, PhD; Rachel Schwartz, PhD; Aaron A. Tierney, BA; Dani L. Zionts, MScPH; Nadia Safaeinili, MPH; Meredith Fischer, MA; Sonoo Thadaney Israni, MBA; Steven M. Asch, MD, MPH; Abraham Verghese, MD
Prepare with intention.
- Familiarize yourself with the patient you are about to meet.
- Create a ritual to focus your attention before a visit.
Are you prepared for a meaningful interaction?

Listen intently and completely.
- Sit down, lean forward, and position yourself to listen.
- Don’t Interrupt. Your patient is your most valuable source of information.
What does your patient say when uninterrupted?

Agree on what matters most.
- Find out what your patient cares about and incorporate these priorities into the visit agenda.
What are your patient’s health goals, now and in the future?

Connect with the patient’s story.
- Consider the circumstances that influence your patient’s health.
- Acknowledge your patient’s efforts, celebrate successes.
How can you contribute positively to your patient’s journey?

Explore emotional cues.
- Tune in. Notice, name, and validate your patient’s emotions to become a trusted partner.
What can you learn from your patient’s emotions?
SUMMARY
Content Title

• Add content here
• Add content here
• Add content here
Content Title

• Add content here
• Add content here
• Add content here
Content Title
• Add content here
• Add content here
• Add content here
Content Title
• Add content here
• Add content here
• Add content here
Content Title
• Add content here
• Add content here
• Add content here
Content Title
• Add content here
• Add content here
• Add content here
<table>
<thead>
<tr>
<th>Variable</th>
<th>Overall</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=7409)</td>
<td>(N=4438)</td>
<td>(N=2935)</td>
</tr>
<tr>
<td>Gender discrimination</td>
<td>2366 (31.9)</td>
<td>442 (10.0)</td>
<td>1912 (65.1)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>1453 (19.6)</td>
<td>325 (7.3)</td>
<td>1123 (38.3)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>913 (12.3)</td>
<td>117 (2.6)</td>
<td>789 (26.9)</td>
</tr>
<tr>
<td>Racial discrimination</td>
<td>1227 (16.6)</td>
<td>671 (15.1)</td>
<td>547 (18.6)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>859 (11.6)</td>
<td>477 (10.7)</td>
<td>379 (12.9)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>368 (5.0)</td>
<td>194 (4.4)</td>
<td>168 (5.7)</td>
</tr>
<tr>
<td>Discrimination based on pregnancy or childcare status</td>
<td>532 (7.2)</td>
<td>144 (3.2)</td>
<td>383 (13.0)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>361 (4.9)</td>
<td>84 (1.9)</td>
<td>275 (9.4)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>171 (2.3)</td>
<td>60 (1.4)</td>
<td>103 (3.7)</td>
</tr>
<tr>
<td>Any discrimination on the basis of gender, race, or pregnancy or childcare status</td>
<td>2848 (38.4)</td>
<td>884 (19.9)</td>
<td>1950 (66.4)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>1773 (23.9)</td>
<td>645 (14.5)</td>
<td>1122 (38.2)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>1075 (14.5)</td>
<td>239 (5.4)</td>
<td>828 (28.2)</td>
</tr>
<tr>
<td>Verbal or emotional abuse</td>
<td>2238 (30.2)</td>
<td>1257 (28.3)</td>
<td>968 (33.0)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>1593 (21.5)</td>
<td>882 (19.9)</td>
<td>704 (24.0)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>645 (8.7)</td>
<td>375 (8.5)</td>
<td>264 (9.0)</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>166 (2.2)</td>
<td>108 (2.4)</td>
<td>57 (1.9)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>95 (1.3)</td>
<td>54 (1.2)</td>
<td>41 (1.4)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>71 (1.0)</td>
<td>54 (1.2)</td>
<td>16 (0.5)</td>
</tr>
<tr>
<td>Any abuse: verbal, emotional, or physical</td>
<td>2243 (30.5)</td>
<td>1259 (28.4)</td>
<td>971 (33.1)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>1598 (21.6)</td>
<td>884 (19.9)</td>
<td>707 (24.1)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>645 (8.7)</td>
<td>375 (8.4)</td>
<td>264 (9.0)</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>761 (10.3)</td>
<td>172 (3.9)</td>
<td>583 (19.9)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>574 (7.7)</td>
<td>109 (2.5)</td>
<td>460 (15.7)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>187 (2.5)</td>
<td>63 (1.4)</td>
<td>123 (4.2)</td>
</tr>
<tr>
<td>Any mistreatment exposure†</td>
<td>3694 (49.9)</td>
<td>1605 (36.1)</td>
<td>2073 (70.6)</td>
</tr>
<tr>
<td>A few times per year</td>
<td>2289 (30.9)</td>
<td>1120 (25.2)</td>
<td>1162 (39.6)</td>
</tr>
<tr>
<td>A few times per month or more frequently</td>
<td>1405 (19.0)</td>
<td>485 (10.9)</td>
<td>911 (31.0)</td>
</tr>
<tr>
<td>Duty-hour violations of the 80-hr rule in the previous 6 mo — no. of mo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>4518 (61.0)</td>
<td>2952 (66.5)</td>
<td>1548 (52.7)</td>
</tr>
<tr>
<td>1–2</td>
<td>1869 (25.2)</td>
<td>954 (21.5)</td>
<td>906 (30.9)</td>
</tr>
<tr>
<td>≥3</td>
<td>1022 (13.8)</td>
<td>532 (12.0)</td>
<td>481 (16.4)</td>
</tr>
<tr>
<td>Outcome measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burnout‡</td>
<td>2849 (38.5)</td>
<td>1591 (35.9)</td>
<td>1245 (42.4)</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>333 (4.5)‡</td>
<td>173 (3.9)</td>
<td>156 (5.3)</td>
</tr>
</tbody>
</table>