



It's Complicated: Managing Complications and Career Setbacks

Matthew Martin, MD, FACS, FASMBS

Scripps Mercy Medical Center

Clinical Professor of Surgery, Univ of Washington School of Med

Professor of Surgery, Uniformed Services UHS

Disclosures

- These are my opinions AND experiences
- No financial conflicts related to this talk
- You WILL experience these
- We have nowhere near enough time
- Focus on junior career

Surgical Career Highs and Lows

**Invited to AAS Fall
Course!**



**Complications and
career setbacks?**



Intraoperative complication Ver 1

- You are doing an elective “routine” surgical procedure and there is a major intraoperative complication that has just occurred. The patient is stabilized.
 - next steps?
 - key actions and sequence?
 - things NOT to do?



Intraoperative complication Ver 2

- You are doing an elective “routine” surgical procedure on a 10 yo boy and there is a major intraoperative complication. The patient is stabilized.
 - next steps?
 - key actions and sequence?
 - things NOT to do?



Next Steps

- Take care of the patient
- Lead the team.....but,
- Call for help
 - surgical
 - leadership
- Take a minute to reset
- Go talk to the family IMMEDIATELY

That Tough Discussion

- Private area
- Bring help
- Get to the point!
- Give processing time
- Lay out next steps
- Focus on the patient



That Tough Discussion

- Should you use the “S” word??

ORIGINAL ARTICLES

Transparent and Open Discussion of Errors Does Not Increase Malpractice Risk in Trauma Patients

Ronald M. Stewart, MD, Michael G. Corneille, MD, Joe Johnston, MD, Kathy Geoghegan, BSN, RN, John G. Myers, MD, Daniel L. Dent, MD, Marilyn McFarland, MS, RN, Joshua Alley, MD, Basil A. Pruitt, Jr., MD, and Stephen M. Cohn, MD

Subsequent Actions

- Document excessively
 - not just “what”, but also “WHY”!
- Stay with the patient and family
 - give them way to always contact you
- Talk to someone you trust
- Take a break if you can
- Honest introspection, including M&M

Things NOT to Do

- Lose your cool, point fingers, lose control
- Alter the medical record
- Minimize or catastrophize
- Abandon the patient, short or long-term
- Blame the resident/let them hang at M&M
- Focus on potential litigation

Bad Leadership Checklist

- Rush to judgment or actions
- Throw your surgeon to the RM wolves
- Weaponize the M&M conference
- “Lead” by example – aka “I never....”
- Fail to investigate patterns/red flags
- Propagating “zero defects” mentality



Doctors' Suicide Rate Highest of Any Profession

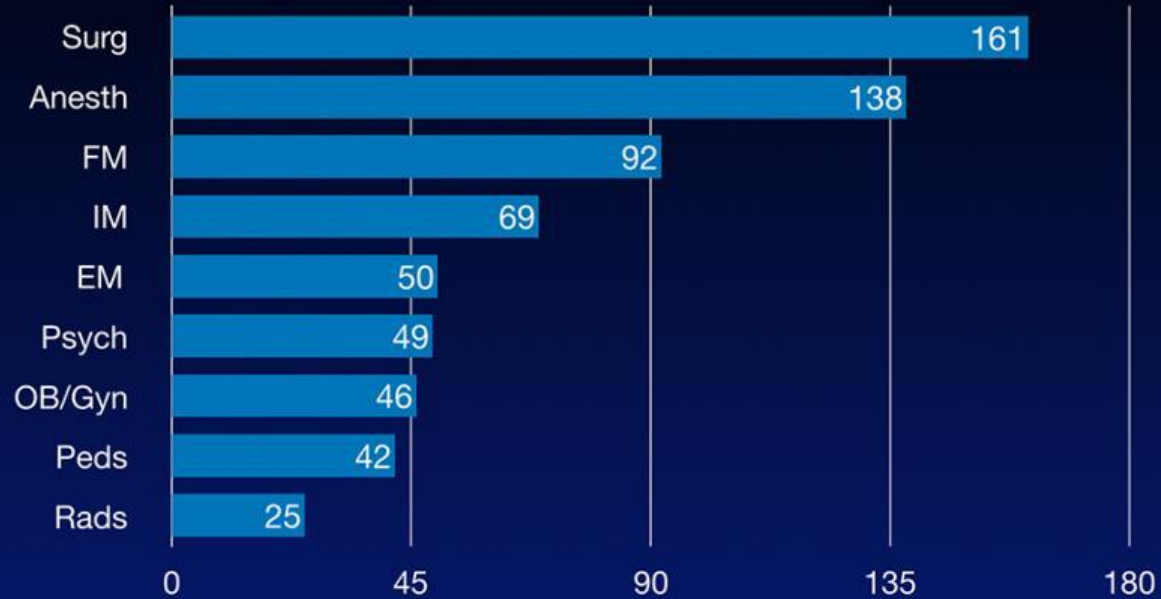
By Pauline Anderson



FROM THE WEBMD ARCHIVES 

May 8, 2018 -- One doctor commits suicide in the U.S. every day -- the highest [suicide](#) rate of any profession. And the number of doctor suicides -- 28 to 40 per 100,000 -- is more than twice that of the general population, new research shows. The rate in the general population is 12.3 per 100,000.

1103 Physician Suicides By Specialty



1103 Suicides = 969 Physicians, 134 Medical Students
920 USA, 183 International

Suicidal Ideation Among American Surgeons

Tait D. Shanafelt, MD; Charles M. Balch, MD; Lotte Dyrbye, MD; Gerald Bechamps, MD;
Tom Russell, MD; Daniel Satele, BA; Teresa Rummans, MD; Karen Swartz, MD;
Paul J. Novotny, MS; Jeff Sloan, PhD; Michael R. Oreskovich, MD

"The perception of having made a major medical error in the previous three months was associated with a three-fold increased risk of suicidal ideation, with 16.2 percent of surgeons who reported a recent major error experiencing suicidal ideation compared with 5.4 percent of surgeons not reporting an error."



Do we ever “rise above”?



Every surgeon carries within themselves
a small cemetery, where from time
to time they go to pray

— *Rene Leriche* —

AZ QUOTES

“Just Culture”

There is a “line in the sand” between driving 75 in a 65 MPH zone versus 75 down Fifth Ave

THE NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Balancing “No Blame” with Accountability in Patient Safety

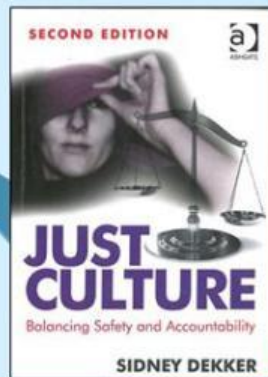
Robert M. Wachter, M.D., and Peter J. Pronovost, M.D., Ph.D.

*“A just culture recognizes that competent professionals make **mistakes** and acknowledges that even competent professionals will develop **unhealthy norms** (shortcuts, routine rule violations), but has **zero tolerance for reckless behavior.**”*

(AHRQ website)

“Who draws the line is the most critical question”

Dekker 2012



Just Culture - Consequences



Career Blips, Bumps, and Bombs

Multiple Unique Types

- Minor setback
- Major setback
- Career disaster



Honest Introspection

- Externally-inflicted?
- Self-inflicted?
- Both?



Similar Advice

- Don't just do something....stand there!!
- Particularly avoid lashing out
- Don't hit "send"
- Was this truly a priority?
- Is this REALLY what you wanted?
- Get an objective opinion and advice

Take the Long View

- “Bless the broken road”
- The 10-year test
- Take responsibility, but don’t internalize failure
- Surround yourself with smart people
- Think like a Mujahideen
- **Play the infinite game!**



Game Theory for Careers

A
FINITE
GAME

- ★ KNOWN PLAYERS
- ★ FIXED RULES
- ★ AGREED UPON OBJECTIVES



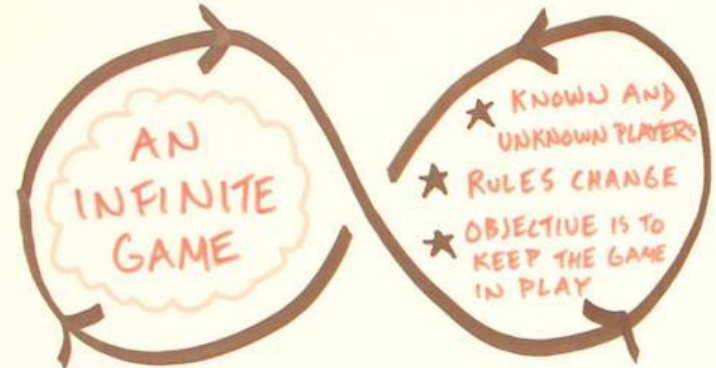
EXAMPLE: BASEBALL



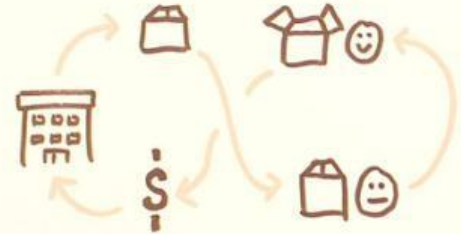
L	AWAY	0	0	2	0	2	0	1	0	0	5
W	HOME	1	0	0	1	3	0	0	1	0	6

PLAYING TO BEAT THOSE AROUND THEM

JOY COMES FROM COMPARISON

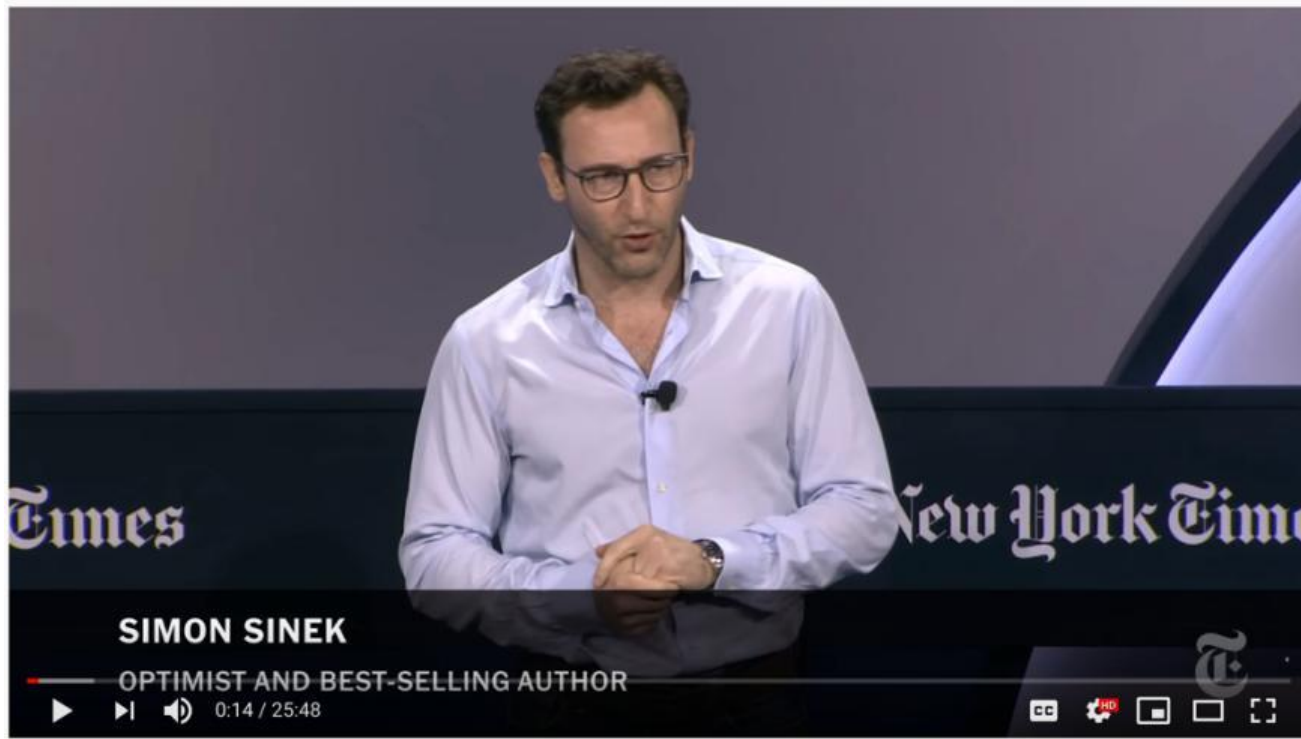


EXAMPLE:
BUSINESS



PLAYING TO BE BETTER TODAY THAN THEY WERE YESTERDAY

JOY COMES FROM ADVANCEMENT



The Infinite Game

Need to Discuss, Vent, Advice?

- Call or email me:
- (253) 973-9747
- traumadoc22@gmail.com