Scars and Wounds from the NHS Battlefield: The Second Victim

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4th - 5th October 2018

Who are we?

- Edgecumbe Health
  - Assessment/coaching of individual doctors in difficulty
  - Team Reviews of Teams in Difficulty
    - Following Royal College Review/CQC report/ Disciplinary/Investigation
    - Completed 65 plus reviews between 2005 – to date
- Psychologists
  - Organisational and Clinical Psychology backgrounds
  - Systemic and Psycho - Dynamic with a practical focus
  - Individual, Team and Organisational perspective
  - Individual's impact on team and team's impact on individual

What is a second victim?

- Doctors (and other healthcare workers) can be described as the second victims of the traumatic events with the patient and their family being seen as primary victims The term ‘second victim’ was coined by *Wu (2000)*
- Healthcare team members who are involved in an unanticipated patient event, a medical error and/or a patient related injury and become traumatised by the event
- We would like to propose new triggers in the current healthcare system

Implications

Association with an increase in:

- Depression
- PTSD
- Burnout
- Subsequent adverse events

Association with a decrease in:

- Quality of life
- Empathy
- Job satisfaction
- General wellbeing and effectiveness

Alfie Evans hospital bosses reveal 'barrage of abuse' aimed at doctors and nurses as toddler's supporters gather outside

Mirror

INDEPENDENT

Ashya King: This story isn't quite what it seems

THE TIMES

Save my son, father of Alfie Evans begs Pope

Alfie Evans UPDATE: Dad Tom Evans 'accused doctors of conspiracy to MURDER', judge says

Alfie Evans's father threatened private murder prosecution against doctors treating the toddler

The Telegraph

Mirror

Alfie Evans' father calls on 'Alfie's Army to 'stand down' and praises Alder Hey staff for 'dignity and professionalism'

Attack is the best form of defence …

What is being defended against?

- Fear, grief, loss, inability to trust … maybe the NHS isn't putting the patient first … is there enough resource to go round?

- A double loss – the patient and family fear of loss; the doctors' sense of loss of authority, identity … sense of self

- The task of healthcare can get lost in translation

- The way back is to pay attention to meaning

Envy and the denial of professional authority

Who can bear to be in charge of this impossible burden?

Advances in medicine lead to higher expectations and increased emotional complexity

"These smug pilots have lost touch with regular passengers like us. Who thinks I should fly the plane?"
New Yorker December 27, 2016

A new conceptualisation: From linear to systemic

- A changing relationship between providers and users of healthcare
- Threats to medical authority
- Fearful and defensive organisations
- The power of the press and social media
- From events to context
- From the individual to the system

Widening the frame to increase understanding, improve detection and allow for sensitive, responsive intervention.

Things fall apart the centre cannot hold…

- Who is neutral?
- Who is taking a macro position ?
- The consequences for clinicians are serious if the centre cannot hold
- “It’s an ethical not an elective issue to support doctors” *(Berwick 2014)* rather than name, shame, blame and abandon.

VITAL PRECONDITIONS FOR CLINICIAN HEALTH AND EFFECTIVENESS IN THIS NEW CONTEXT

The importance of containment

BEHAVIOUR =

ƒ PERSON + ENVIRONMENT

Psychological safety

"Psychological safety is a shared belief that the team is safe for interpersonal risk taking"

(Amy Edmondson)

Organisational coherence

Courage

Protecting the clinician from trauma

- Skills
- Confidence
- Emotional agility
- Team integration and team culture: challenge, support, clarity
- Personal and professional integration
- Self-awareness especially of own impact
- Relationship skills: engage, understand, sense and make meaning
- Organisational clarity and coherence
- Organisational anxiety and courage
- Fear of litigation (realistic and unrealistic)

We neglect complexity at our own peril... “terminal niceness” (*Speck 1994)*

Confusion … that can paralyse doctors

- Authority vs certainty
- Power vs influence
- Setting boundaries vs being punitive
- Kindness vs clarity
- Challenge vs cruelty
- Autonomy vs collaboration

Understanding Trauma

- What is Trauma?
- Emotional shock, injury, from Greek = WOUND
- Overwhelming amount of stress
- Threats to physical and psychological integrity
- RUPTURE

Linking trauma and a new understanding of second victim

- The productive processing of a traumatic response is suppressed or NOT ALLOWED … by the organisation, relevant professional bodies, the team, society at large

- Blocking this response leads to
  - Denial
  - Disconnection
  - Shame and guilt
  - The internalisation of a system failure
  - DANGER and RISK for the individual, the team and the patients

Second victim triggers

- Lack of psychological safety
- Wounded and disabled clinician leaders
- Silencing: implicit or explicit
- Unmanaged and unprocessed fear of litigation
- Poorly managed complaints
- Missed opportunities to clarify, contain and challenge
- Missed opportunities to integrate vulnerability and power in the clinician role for the benefit of patients

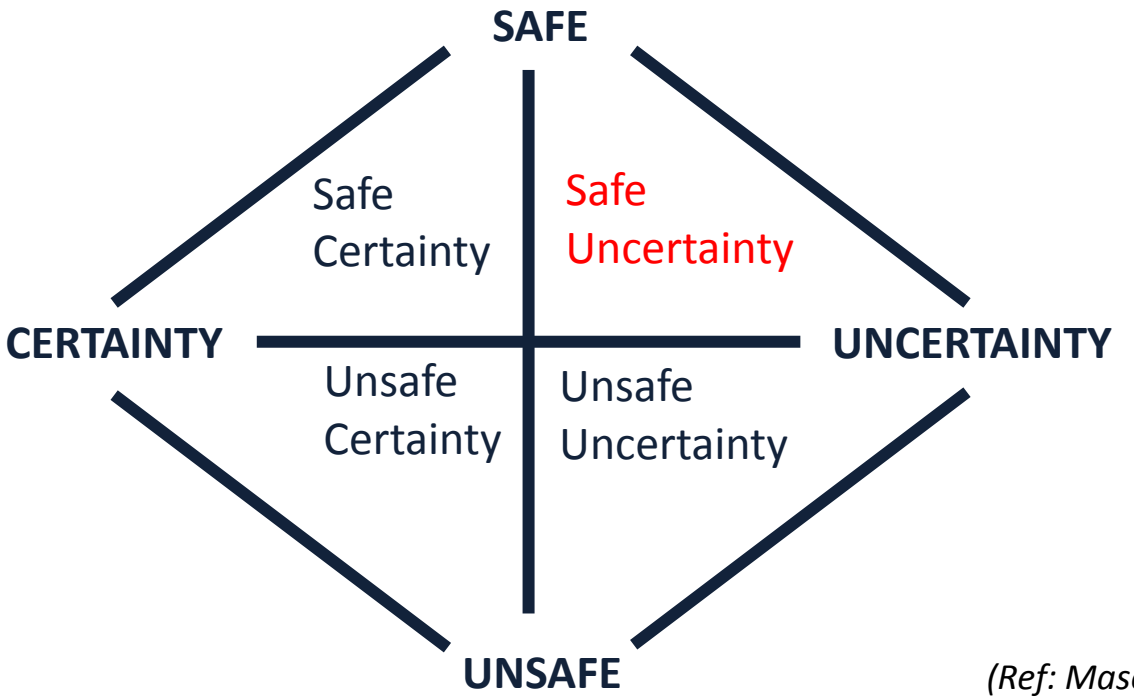
What is needed

- Safe space for doctors to process trauma
- Sensitive, skilled facilitation mindful of ALL levels of context
- Groups formed to increase trust and safety i.e. similar levels of seniority, no career dependent relationships, safe boundaries

Retreat and restore

- Private and confidential process designed for a team of doctors who have been affected by a patient/colleague event or experience associated with trauma and stress
- It is not a Schwartz Round, medical debriefing, investigation or enquiry
- A psychologically safe space to share, explore and reflect on the emotional impact
- Reflective, educational and restorative
- No report back or notes taken
- Designed to be self-managed and will not require the use of external facilitators
- Trained internal facilitators (medical consultants) will set up and run the sessions with the help of a toolkit

The role of psychology
Moving doctors towards positions of safe uncertainty



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Thank you for listening

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