



Wrap-up from MITSS Educational Forum on Implementing Clinician Support Programs

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Before coming to healthcare in 1994, my exposure to front-line support programs was initially as a student in Catholic School where I was oriented first to feel guilty about a number of transgressions I had made and then provided a pathway, of sorts, to face the guilt: Confession, Restitution, and Absolution.

Later, as an Officer in the submarine force, and someone in charge of storing, maintaining, and if ordered, launching Intercontinental Ballistic Missiles (ICBMs), I was enrolled in something called the Personnel Reliability Program or “PRP”. The primary purpose of the PRP was to have policies and procedures in place to relieve us of our job to launch missiles should we become emotionally, physically, cognitively, or behaviorally unable to launch missiles...which I’m sure some of you are thinking is a bit ironic...but let’s not go there.

More recently I was given a chance to work in the area of patient safety at Kaiser Permanente and at the first conference I attended, I heard Sorrel King tell her story. At the second conference I attended, I was moved by a plenary with several caregivers who were involved in the death of Ben Kolb, a ten year old boy who went to the hospital for minor ear surgery and wound up dying as a result of a medication error. Both presentations impacted me significantly.

- I was in awe of the family’s and the caregiver’s courage in telling their stories;
- I was profoundly sad at the impact it had on all of their lives; and
- I became committed to making patient safety my life’s work

But my early commitment was almost exclusively focused on doing what I could to prevent the harm in the first place. I didn’t necessarily see it as my job to help my organization provide more support to the 2nd victim in particular. That was someone else’s business. **I think what we learned here today is that ensuring our organizations have effective clinician support programs is all our business.**

1) From a pure business perspective, it seems to me that the reputation of our organizations and the productivity of our practitioners may depend on it;

- 2) From an ethical perspective, we share a responsibility to “Do No Harm”...not just to the patient, but to each practitioner who makes patient care their life’s work; and,
- 3) From a Patient Safety perspective, we have to do this because we all know that a practitioner who is aching emotionally, cognitively, and physically is not safe.

Dr. Wu wrote an article 11 years ago entitled, “Medical Error: The 2nd Victim. The Doctor Who Makes the Mistake Needs Help Too.” It included an observation that goes something like this: *“Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed – seized by the instinct to see if anyone has noticed. You agonize about what to do, what to say, whether to tell anyone. Later the event replays itself over and over in your mind. You question your competence; you fear being discovered. You know you should confess but dread the prospect of potential punishment and of the patient’s anger.”*

I am confident that 11 years from now, and hopefully much sooner than that, that conferences such as this and the work you all are leading will result in an article where the authors are Kenney, Wu, Scott, Shapiro, and Pratt..and it will conclude something like this:

“While medical errors that harm patients continue to lessen each year, the attention given to the healthcare provider who experiences traumatic events while taking care of patients has never been better. Institutions everywhere are providing the right attention, the right resources, and the right support to practitioners we used to define as the “2nd victim” of medical errors.

Prompt debriefings, opportunities to discuss ethical concerns, access to counseling, psychological services, and formal emotional support have replaced the void that Healthcare Workers involved in adverse events previously experienced at a time when they needed us most.

By implementing clinician support programs following adverse events we have enabled our healers to reconnect to not only the meaning of their work, but more importantly, the emotion of pleasure, the feeling of success, and the joy they, and their families, most certainly deserve.”

Thank you!