

THE SECOND TRIAL

Mentorship Network



Rationale

- Residents may not be getting the mentorship they need at their home institutions
 - Lack of diversity on faculty
 - Loss of confidentiality may result in retaliation
- Our purpose is resident support
 - Professional & personal development
 - Networking
 - Knowledge & skills transfer
 - Situational guidance



What the Mentorship Network is NOT

- A mechanism for feedback to residency programs
 - SECOND Trial already provides data reports to programs using their residents' aggregated responses to post-ABSITE survey
- Psychotherapy



Expectations

- This training session
- Quarterly contact (mechanism of your choosing)
- Annual Meet & Greet at Annual Academic Surgical Congress
- Annual survey



What Do I Do if...?

- Harm to self or others
 - Dr. Agarwal to review how to triage
 - Give resources (National Suicide Prevention Lifeline 800-273-8255)
 - Tell them you are concerned and need to make sure they get the help they need
 - Report to SECOND – we will reach out to DIO (if not a surgeon) at resident's institution



What Do I Do if...?

- Discrimination, harassment, bullying
 - Ask the resident if they'd like you to act
 - Retaliation is a very real risk and you may not be able to protect from this
 - They may just want support/advice
 - If so, talk through what you can do and realistically, what the impacts are likely to be
 - Ask if they'd like to act on their own
 - HR
 - GME
 - Ombudspersons
- It's just not working
 - Contact SECOND and we will re-match you



Contact Us

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Mentoring, Psychological Safety, Support

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Deep Bow

Yue-Yung Hu



Disclosures

I work with national and international organizations to develop and sustain wellbeing programs:

Peer support, professionalism, managing conflict, giving feedback



Think of a time ...



The dark side



Teamwork in medicine

- 300 surgical cases: pts whose surgical teams exhibited **less teamwork** behaviors were at higher risk for **death and complications**
(Am J Surg. 2009 May;197(5):678-85)
- Reported levels of **positive communication and collaboration** with attending and resident MDs correlated with lower **risk-adjusted morbidity**
(J Am Coll Surg. 2007 Dec;205(6):778-84)





PROFESSIONALISM

That's not my job.



Trustworthy relationships



Creating a culture of *trust*

“Organizations are no longer built on force but on trust.

...

Taking responsibility for relationships is therefore an absolute necessity.”

- Peter Drucker



Safety culture: Learning and growth mindset

- All feel safe talking about error
- Do not punish for human error (or for choices made in the face of legitimate competing priorities)
- Find and fix vulnerabilities in our systems and behaviors



Team Psychological Safety

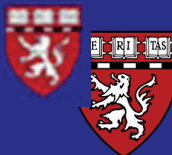
S

shared belief in interpersonal safety
within the team

“...sense of confidence that the team
will not embarrass, reject, or punish
someone for speaking up.”

“...stems from mutual respect and
trust among team members.”

A. Edmondson Psychological Safety and Learning Behavior
in Work Teams 350/Administrative Science Quarterly, 44 (1999): 354



Unprofessionalism and Patient Care

3-5% of MDs

Demonstrate behavior that **interferes with patient care**

(Ann Intern Med. 2006;144(2):107-115)

National survey of 3,900 MDs, RNs, staff in hospitals

51%

Disruptive behavior
correlates with
patient safety compromise

71%

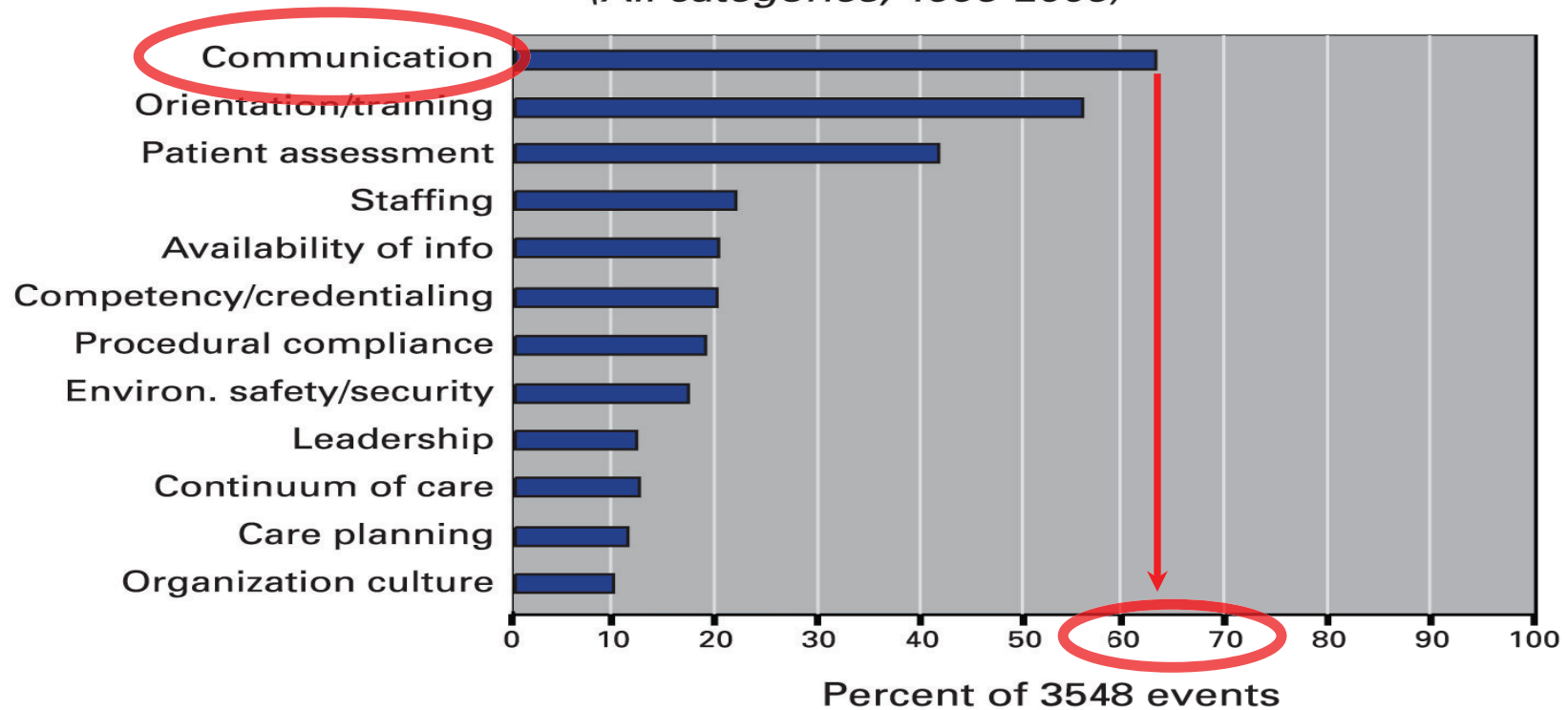
Disruptive behavior
correlates with
quality compromise

(Jt Comm J Qual Patient Saf. 2008;34(8):464-471)



Communication failures

Root Causes of Sentinel Events
(All categories; 1995-2005)



TJC Annual Report on Quality and Safety (2007)



Joint Commission Sentinel Event Alert

End intimidating and disruptive behavior among
physicians, nurses, pharmacists, therapists, support
staff and administrators

“behaviors that undermine a culture of safety”



“Behaviors that undermine a culture of safety”

- Verbal or physical threats
- Intimidation
- Reluctance/refusal to answer questions, refusal to answer pages or calls
- Impatience with questions
- Condescending language or intonation



Prevalence of harassment and discrimination among med students and residents

meta-analysis of 35 studies

33.1% = students and residents who reported experiencing sexual harassment

59.4% = pooled prevalence of harassment and discrimination

Fnais N, Soobiah C, Chen MH, et al.
Harassment and discrimination in medical training:
a systematic review and meta-analysis; Acad Med. 2014.



Being Bullied is Common and *Stressful*

- More symptoms of **somatization**, **depression**, **anxiety**
- **Lower social support** from coworkers and supervisors
- Concentrations of **cortisol** in saliva mirrors **PTSD** and **chronic fatigue**



Hansen AM, et al. Bullying at work, health outcomes, and physiological stress response. J Psychosom Res. 2006 Jan;60(1):63-72.



Ideal learning state

Dexterous skill acquisition facilitated
by the absence of strong arousals

Pavlidis I, Zavlin D, Khatri AR, et al.
Absence of Stressful Conditions Accelerates Dexterous Skill Acquisition in Surgery.
Scientific Reports;9:1747 (2019).



Respectful work environments can promote health and wellness

n=2,813 physicians

Each 1-point 
in supervisor leadership score
(respect, dignity, interested in my opinion)



9%  likelihood of satisfaction
3.3%  likelihood of burnout

Burning platform: Society, TJC, ABMS, ACGME

- Patient safety/experience
- Learning environment
- Litigation risk
- Retention
- Morale and productivity
- **Wellbeing – all of us**



*Not doing this is **costly** on many levels*



Leadership Commitment to Accountability

“I’ve never been in an organization where that [peer influence solely] happens internally. **It has to be that leadership makes it clear** that there’s the line. You don’t cross this line.”

William Bratton. Was head of Boston, NYC and LA PD’s.

From Boston Globe article on accountability re state police scandal



Need a safe, relational environment for raising concerns

Enables early feedback and
chances for remediation

Protects reporters

Fair to individuals

Relational...



Online safety reporting systems

“gotcha”



Myers JS, Shapiro J, Rosen IM. Gotcha! Using patient safety event reports to report people rather than problems. *J Grad Med Educ.* 2020;12(5):525-528



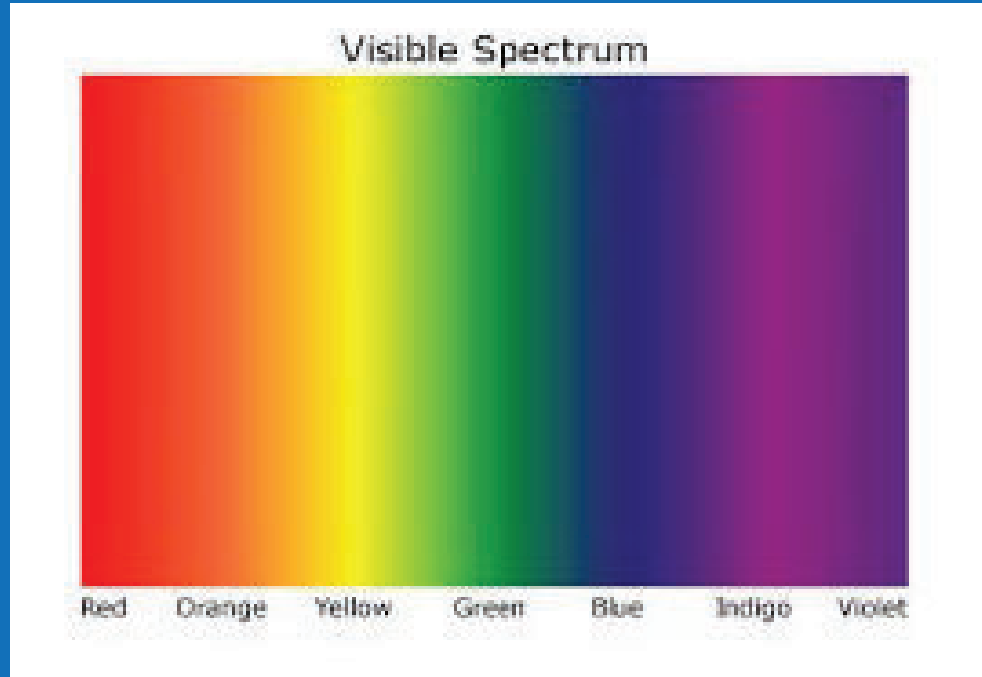
Occasional
incident



Pattern



Egregious



A word about

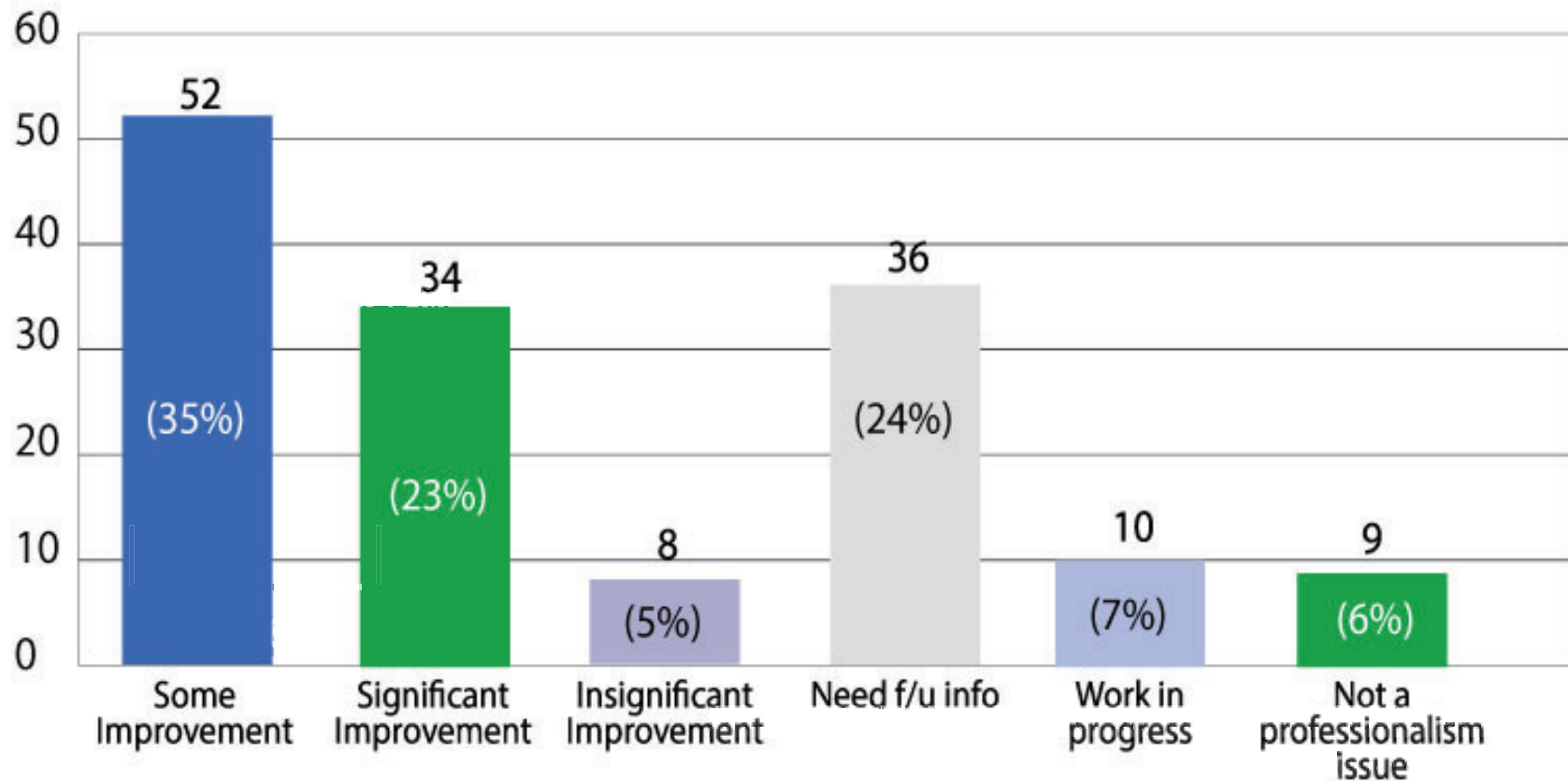


the rogue elephants



Outcomes: Behavioral

Jan 2010 - Jun 2013



Simulation and debrief



Peer Support Principles

Presence

Psychological safety

Empathic listening: validate

Non-judgmental curiosity

Reflective prompts

Problem solving guidance

Explore coping mechanisms

Reframing

Resource connection

Appreciation






**SYDNEY
OPERA
HOUSE
VAPS Project**

OUR HOUSE RULES

I WILL.....

- 1. DO EVERYTHING I CAN TO GO HOME SAFE**
- 2. NEVER FORGET RULE #1**
- 3. RESPECT MY WORKMATES**
- 4. COMMUNICATE POSITIVELY WITH THOSE AROUND ME**
- 5. CHALLENGE MY MATES TO DO THE RIGHT THING**
- 6. PRESENT FIT FOR DUTY & READY TO DO MY BEST**
- NEVER TAKE SHORT CUTS AT THE EXPENSE OF SAFETY**
- 8. LEAD BY EXAMPLE & BE PROUD OF MY WORK**
- 9. SPEAK UP IF I SEE SOMETHING NOT QUITE RIGHT**
- 10. STEP UP & HELP MY WORKMATES IF I SEE THEY NEED HELP**

Photo by Jo Shapiro, MD (2014)



Healthy Mentoring and Situational Crisis Training

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Crisis Warnings Signs

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Precipitants/stressors/Interpersonal: triggering events leading to humiliation, shame, or despair (e.g, loss of relationship, work failure, financial or health status)

Ways to Ask


“Sometimes, when people are really upset, they wish they were dead. I’m wondering if you’re feeling that way, too?”

“I wonder if you’re thinking about suicide?”


“Are you thinking about killing yourself?”

What **Not** to Say


“Suicide is selfish you know. You are stronger than that.”



“You’re not suicidal, are you?”



“Think about all the things you should be thankful for!”



Refer

People who are suicidal often believe they cannot be helped, so you may have to do more.

Try to get a commitment from the person to accept help, then encourage options for help (EAP, PCP, HR, 911)

National Suicide Prevention Lifeline
Call 1-800-273-TALK (8255)
Text HELLO to 741741

If imminent concerns, contact Second TRIAL team