

# Guiding Residents through Complications

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“It was a **slow long depressing process** where I thought there should be a turnaround at some point.

One problem led to another and to another.

Throughout the whole process I felt that I was misguided and there might be a big thing I was missing, **and I started doubting myself.”**

• Urologist



# Surgical complications are inevitable

Urologists may  
be “silent  
sufferers” or  
“second  
victims”

Trauma can  
impact emotional,  
physical, and  
mental wellbeing

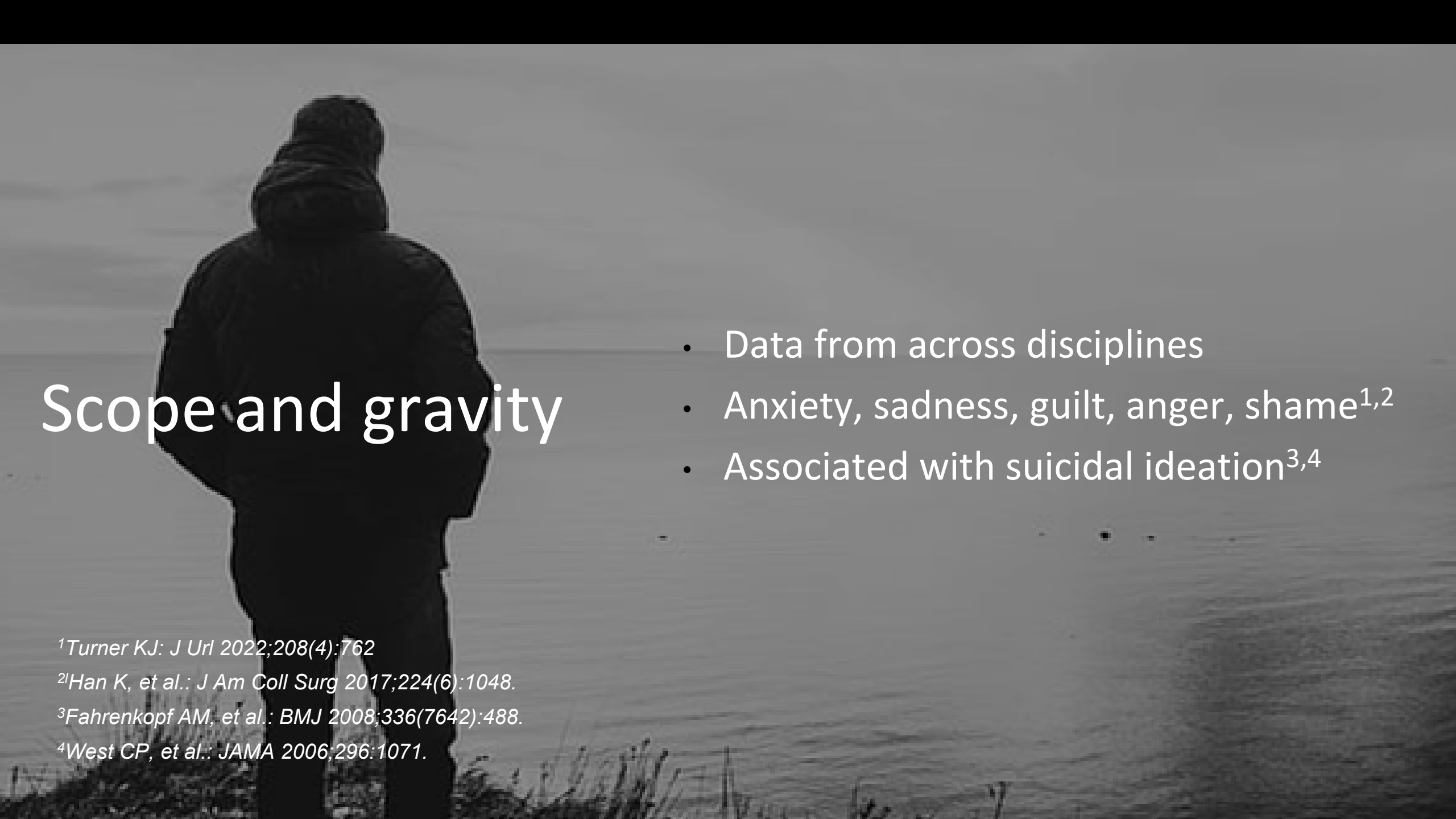
Resources for  
support are  
limited

# Complications inevitable

- Medical
- Legal
- Ethical
- Art of disclosure



Must support  
psychological  
well-being of the  
surgeon



# Scope and gravity

- Data from across disciplines
- Anxiety, sadness, guilt, anger, shame<sup>1,2</sup>
- Associated with suicidal ideation<sup>3,4</sup>

<sup>1</sup>Turner KJ: *J Urol* 2022;208(4):762

<sup>2</sup>Han K, et al.: *J Am Coll Surg* 2017;224(6):1048.

<sup>3</sup>Fahrenkopf AM, et al.: *BMJ* 2008;336(7642):488.

<sup>4</sup>West CP, et al.: *JAMA* 2006;296:1071.

# #1 most stressful job across 17 industries in 2023: “Urologist”

Occupational Information Network (O\*NET)

US Department of Labor



# Significance

- Increasing reports on negative effects on physicians<sup>1,2,3</sup>
- Only 38% of counties in US have a urologist<sup>4</sup>
- Prediction: 46% decreased by 2035<sup>5</sup>

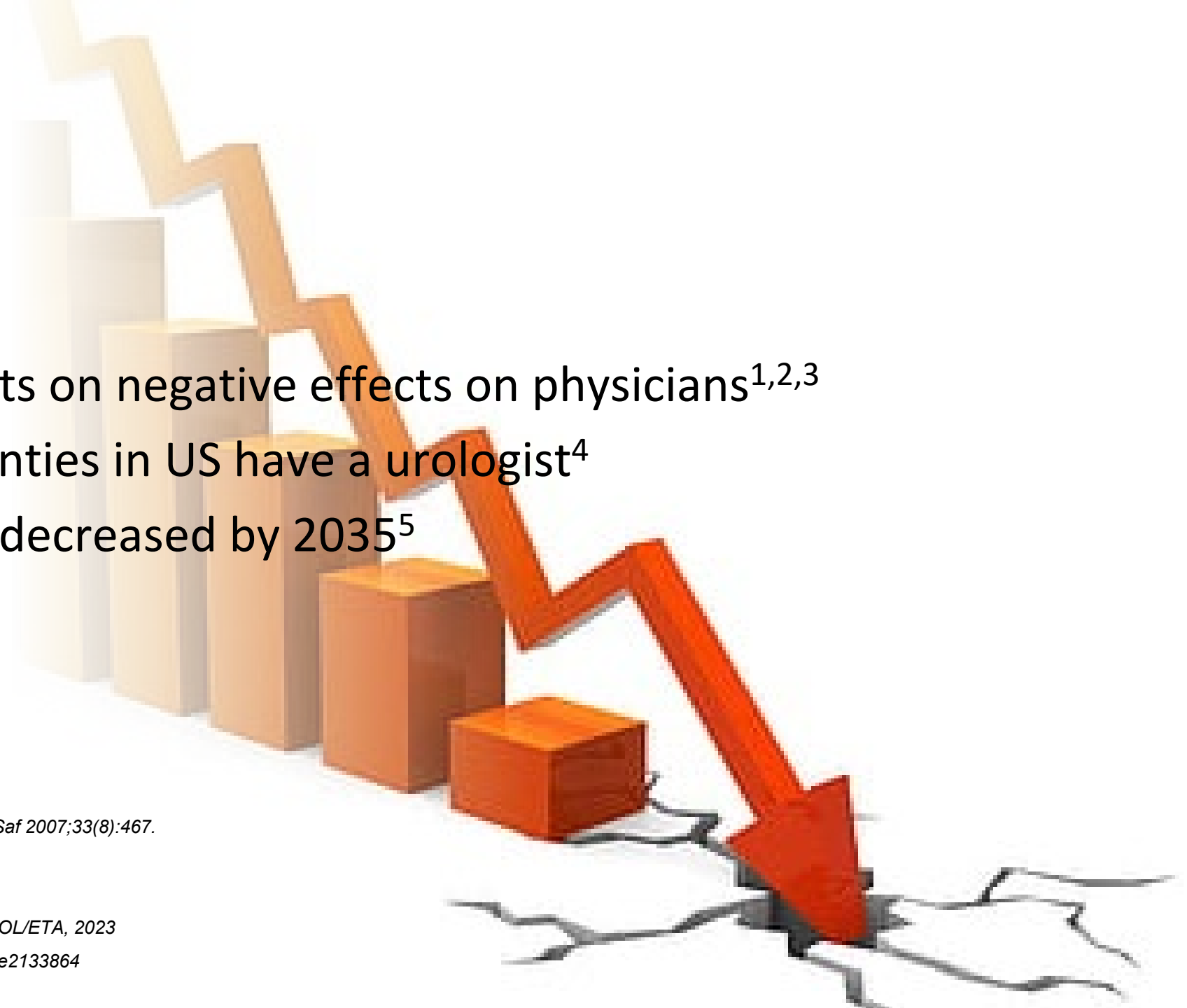
<sup>1</sup>Waterman AD, et al.: *Jt Comm J Qual Patient Saf* 2007;33(8):467.

<sup>2</sup>Patel AM, et al.: *Surgery* 2010;148(4):824.

<sup>3</sup>Turner K, et al.: *Br J Surg* 2022;109(4):308.

<sup>4</sup>National Center for O\*NET Development, USDOL/ETA, 2023

<sup>5</sup>Nam CS, et al.: *JAMA Netw Open* 2021;4(11):e2133864



# Complications: The Experience of the Urologic Surgeon

*Chung D, Kaushik D, Kobashi KC, Leppert J, Thavaseelan S: Urol Practice 2024, in press*

# Methods of Inquiry

- **Quantitative** Survey

Anonymous survey to  
US AUA Members  
September 2023

467/4,528 (10.3%  
response rate)

Queried about  
experience with  
serious complications

Assessed emotional  
and physical impacts,  
consequences, support  
and barriers to  
support

- **Qualitative** Standardized Interviews

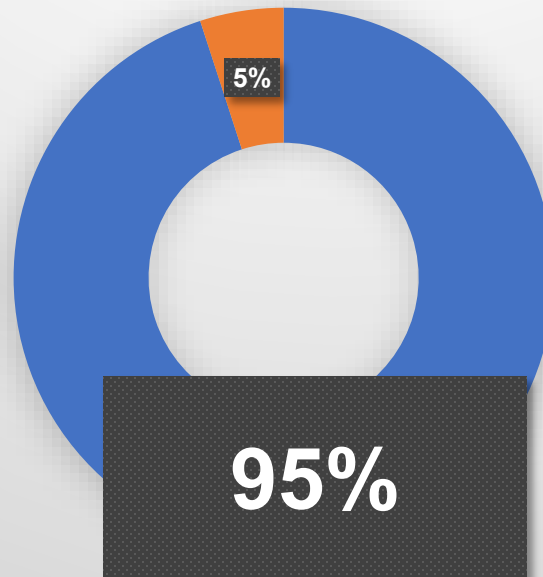
50 urologists recruited  
through AUA and  
purposive sampling

Structured interviews

Personal response to  
complication, support  
received, barriers  
experience,  
recommendations

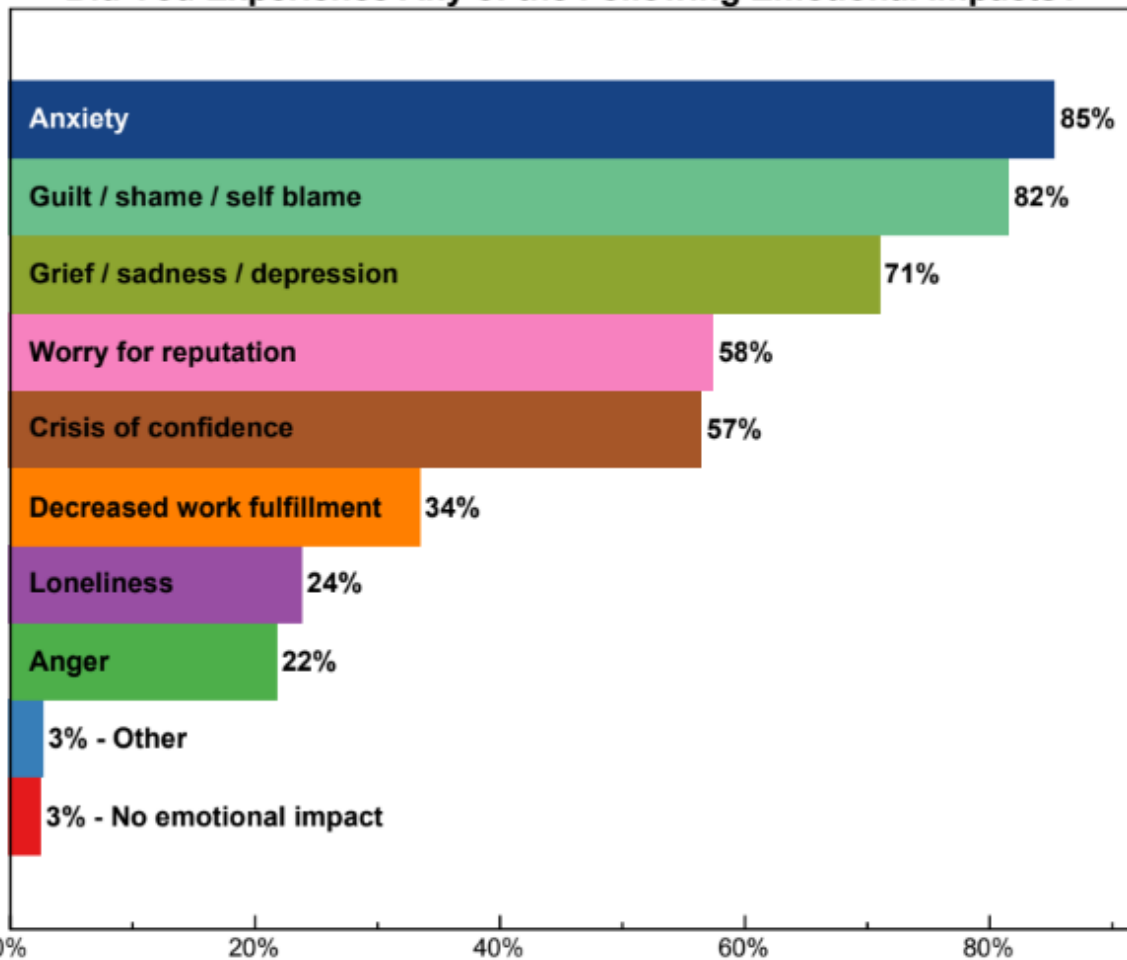
Coding & thematic  
analysis

**During the course of your practice or training have you ever experienced a serious complication?**

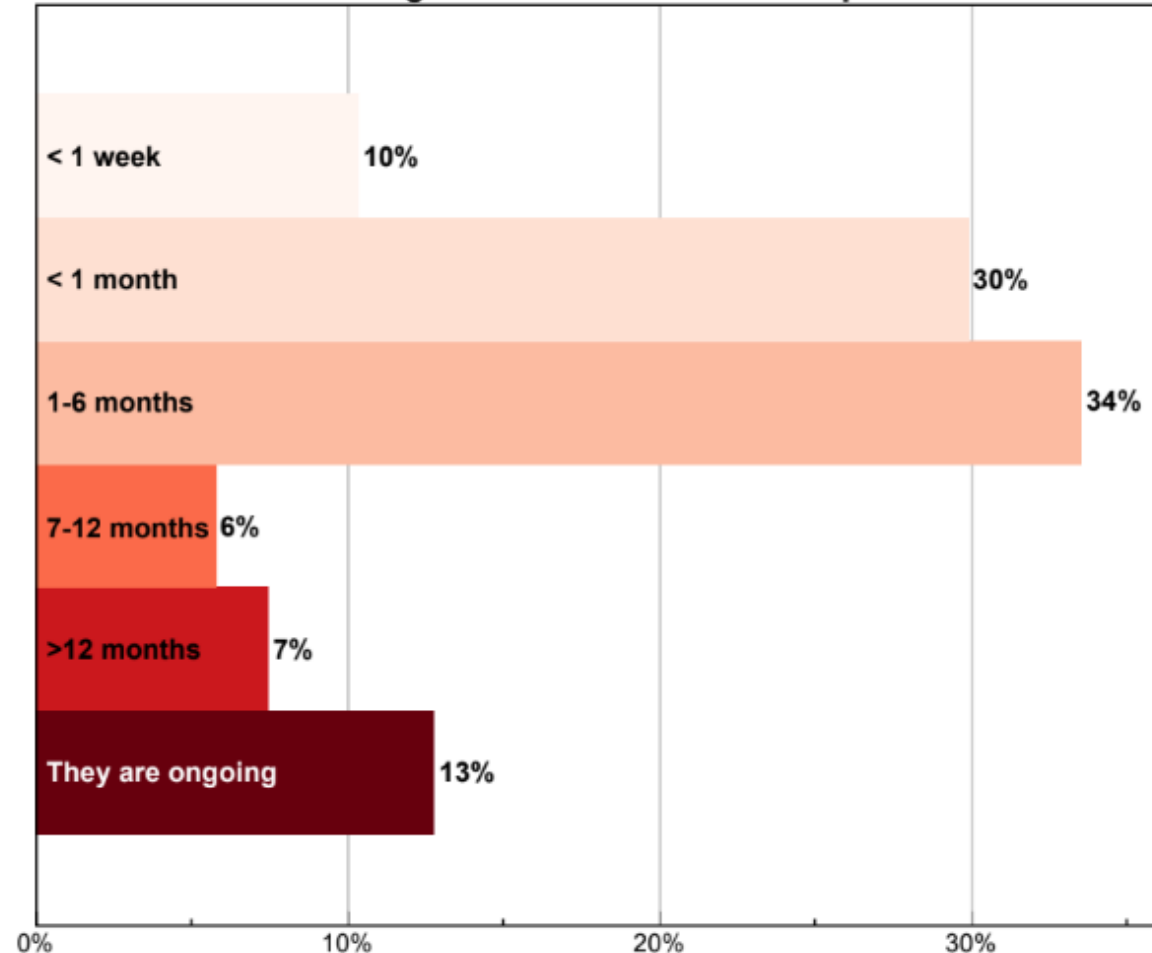


■ Yes  
■ No

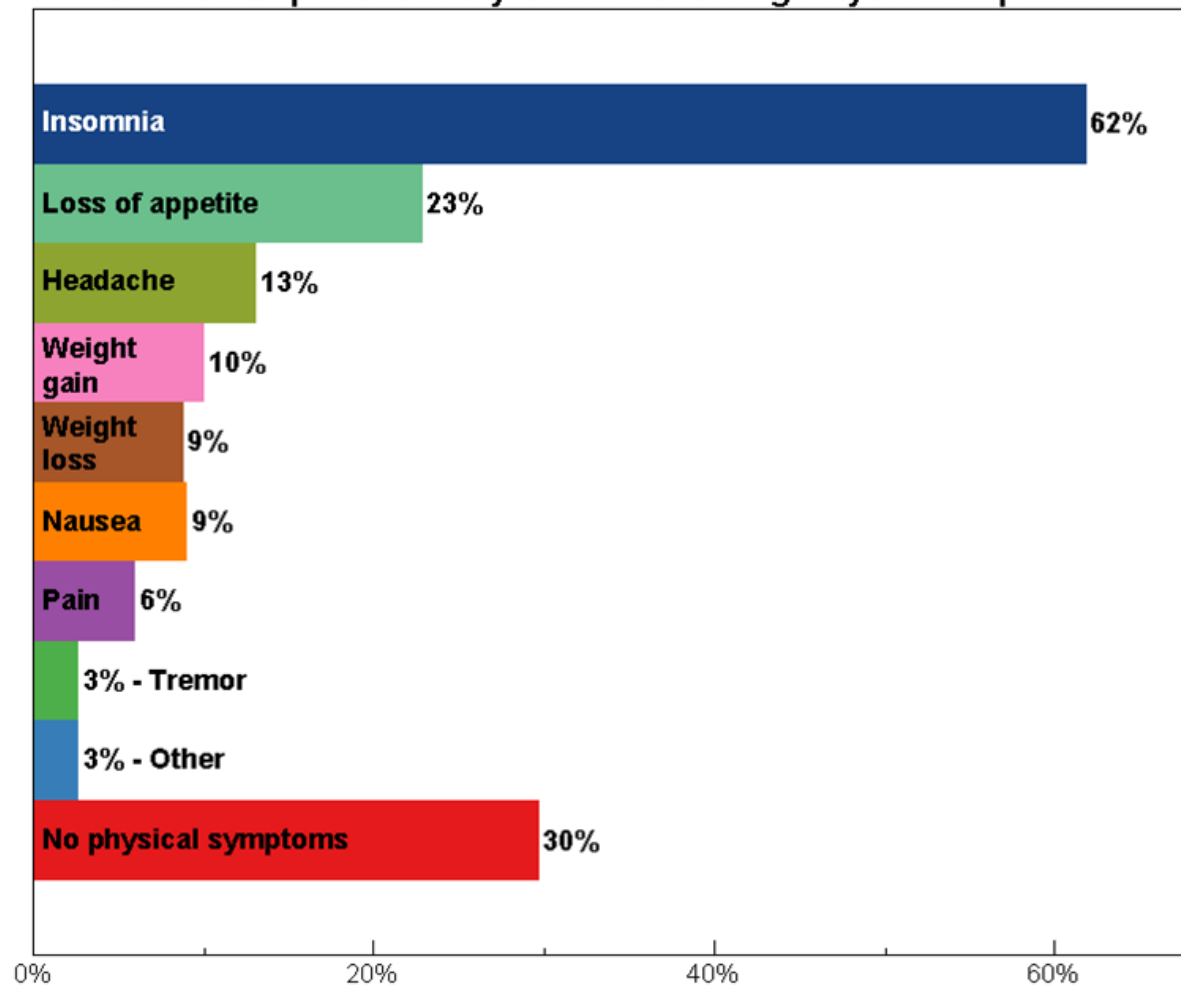
## Did You Experience Any of the Following Emotional Impacts?



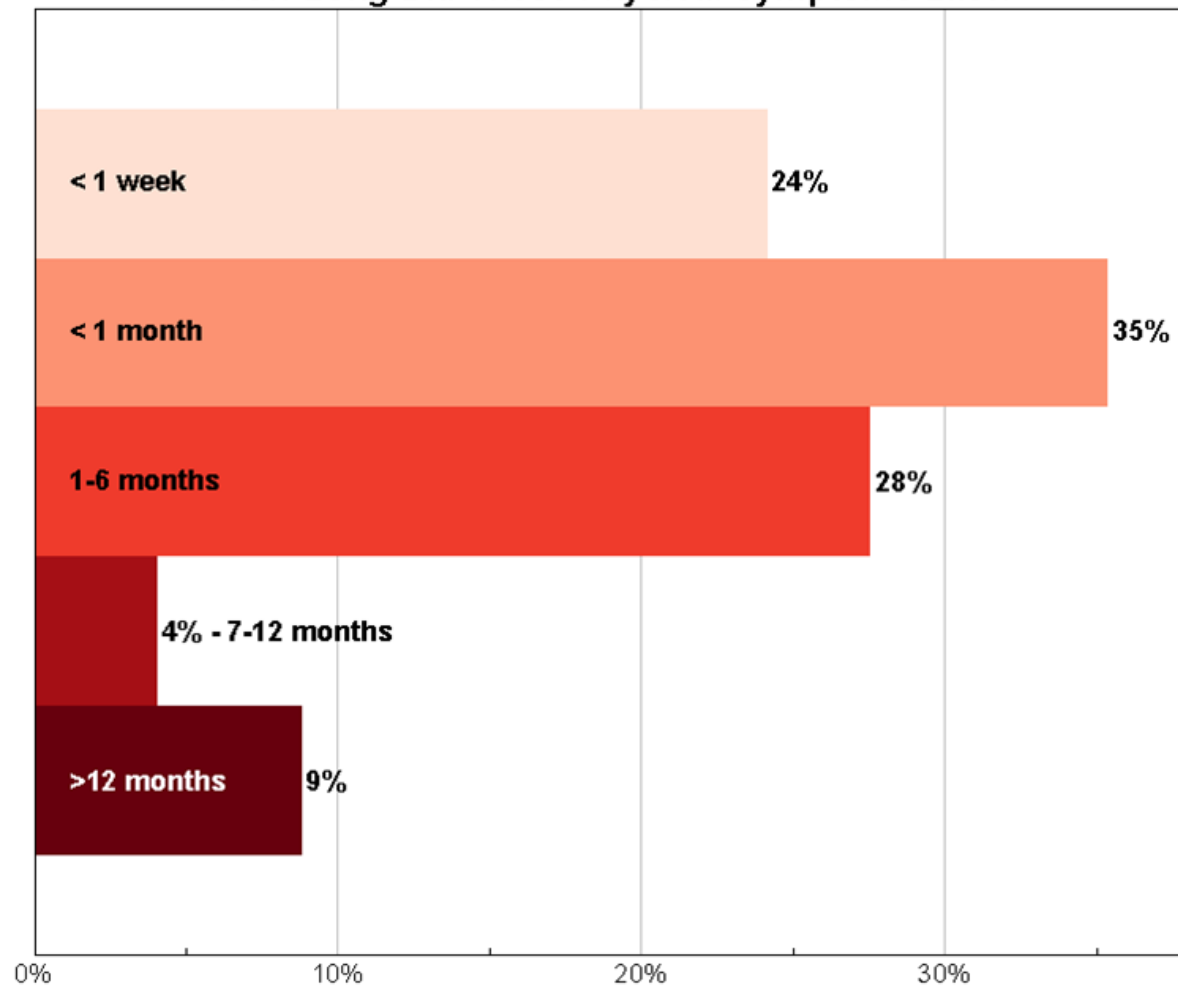
## How Long Did These Emotional Sequelae Last?



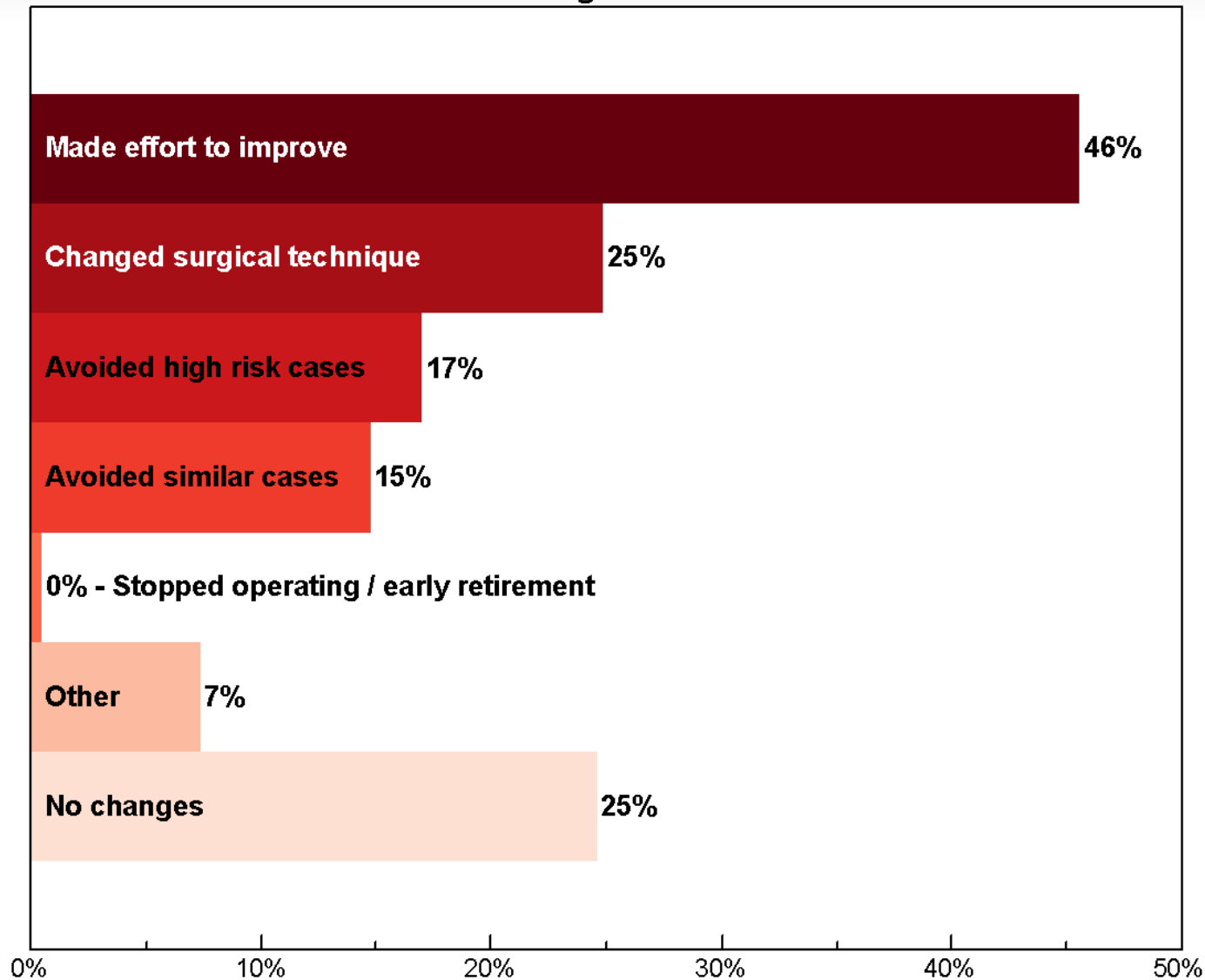
## Did You Experience Any of the Following Physical Impacts?



## How Long Did These Physical Symptoms Last?



## Did You Change Your Practice?



# Highlights of Qualitative Interviews

Emotional Distress

Dread

Self doubt

Difficulty  
communicating  
about it

Avoidance

Risk mgmt. not  
helpful

Partner reach out  
helpful

Isolation

Increase  
transparency of the  
experience/reduce  
taboo

Physical impact

Emotional impact

Reduced  
productivity/focus

Fear to  
disclose/talk/expose  
oneself

Isolation/ alone

Reassurance one is  
not alone

Traumatic

Worst part of job

Self-doubt

Change in clinical  
practice

Guilt







**" I experienced a profound feeling of inadequacy"**

**"I experienced crisis of confidence"**

**" What are my colleagues going to think about me?"**

**" I felt alone after complications"**

- Urologists



**“I wasn’t sleeping well.  
You are embarrassed  
and ashamed that you  
have a situation that  
you cannot control.”**

- Urologist



A close-up photograph of several hands of different skin tones stacked together in a circular formation, symbolizing unity, teamwork, and mutual support. The hands are positioned in a way that suggests a group hug or a collective gesture of solidarity. The background is blurred, focusing attention on the hands.

We must take care of each  
other

A photograph of a male doctor with dark skin, wearing a white lab coat and a stethoscope, gesturing with his right hand while talking to a male patient with a beard. The patient is sitting up in a hospital bed, wearing a white patterned hospital gown. In the background, there is medical equipment, including a monitor and a rack with various devices.

# Immediate actions

- **Patient first**: Stabilize and escalate
- **Huddle**: Debrief with team
- **Document**: Preserve experience and equipment

# Approach

- Direct honesty
- Three-part delivery
  - Acknowledge
  - Express regret
  - Provide a plan
- Be available



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# Documentation

- Maintain objectivity
  - No speculation in documentation
  - No finger pointing
- Timeliness
- Review
  - Don't document anything you do not know
  - Ask for senior review





# Surgeon Wellbeing



# Navigating the aftermath

1. Acute phase
2. Personal coping and cognitive strategies
3. Institutional and peer infrastructure





# Acute phase

- Avoid avoidance
- Prioritize communication
- Increase follow ups
- Seek collective input

# Personal coping and cognitive strategies

- Cognitive reframing
- Review positive experiences
- Emotional disclosures
- Deploy mindfulness
- Utilize acceptance
- Clean boundaries





# Institutional and peer infrastructure

- Launch peer support
- Destigmatize emotion (leadership and mentorship)
- Professional counseling
- Constructive M and M
- Review care pathways



## Imagine a Culture

Epiphany: “I told myself that **I was allowed to grieve for my patient...** for me that was a major shift... **because I then recognized it when I see it in my colleagues.** I've said in a private way, you're allowed to grieve for your pt”

•Urologist



“We must be better prepared  
for harm before it comes, and  
we must deal with it better  
when it does.”

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