During the course of their careers, clinicians will be involved in adverse events, and will make mistakes. Each of us reacts in a unique way, but many of us share certain responses in common. Below are some of the most common experiences, some suggestions for coping, and available resources.

### Common Responses

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
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</table>
| **Emotional** | Depression, intense sadness  
                   | Shame, regret, guilt  
                   | Feeling of worthlessness  
                   | Anger, irritability, frustration, mood swings  
                   | Sense of isolation or self-isolation  
                   | Anxiety, panic attacks, fear  
                   | Overwhelmed, vulnerable  
                   | Loss of sense of confidence, self-esteem, professional stability |
| **Cognitive** | Decreased concentration  
                   | Indecisiveness  
                   | Obsessive rumination – constantly going over the event  
                   | Fear/avoidance of taking care of patients or certain types of patients  
                   | Loss of sense of humor |
| **Behavioral** | Difficulty sleeping  
                   | Changes in eating patterns  
                   | Decreased productivity |
| **Physical** | Lack of energy  
                   | Worsening of pre-existing medical symptoms  
                   | Heart racing, backaches, nausea |

### Coping

Remember that this may be an overwhelmingly stressful time (the event may even come up again in M&M or peer review) and you might need to manage your expectations differently. This is also not a good time to make major life decisions. In addition, how you react, and how you take care of yourself or not, significantly impacts the rest of your team, your patients, and family members. This may help you in making choices to take better care of yourself and/or to think about seeking help. The table on the next page offers suggestions for better coping choices.

### Natural course

Physicians who understand the long and short term effects of adverse events are better prepared to deal with them. Here is one model of a “natural course” after an adverse event. You may or may not fit this model.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Response</th>
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</table>
| **Initial**                    | Shock - stunned, dazed  
                   | Emotional turmoil, confusion |
| **Immediately afterwards**     | Denial, numbness  
                   | Obsessive re-enactment, what if’s  
                   | Isolation |
| **Soon afterwards**            | Worry about opinion of others  
                   | Self-doubts about career |
| **Seeking equilibrium/help**   | Taking time off  
                   | Making coping choices  
                   | Changes in practice  
                   | Psychological and physical symptoms  
                   | Decreased job satisfaction |
| **Moving on**                  | Dropping out – transfer or quit  
                   | Surviving – coping, but sadness, intrusive thoughts, reminders  
                   | Thriving – gaining insight, perspective |

### When to Seek Help

- Anxiety or distress interferes with daily work and relationships
- Remain preoccupied with event
- Self-medicate or abuse substances
- Colleagues, friends or family observe and comment on changes in behavior
- Significantly diminished work satisfaction
- New or exacerbation of old physical symptoms
### Suggestions for coping

- Reduce responsibilities for a time
- Become more aware of thoughts and behaviors – self-monitor
- Place more focus on healthy sleeping and eating
- Exercise (helps with physical stress symptoms, sleep and mood)
- Learn relaxation methods
- Remind yourself of what is going well in your life, and what you are grateful for
- Spend more time with positive social connections, family
- See your PMD about symptoms and treatment (don’t self-diagnose or medicate)
- Seek counseling as needed
- Become an advocate for systems change

### Less helpful coping

- Pretend like nothing happened (“bury it”)
- Alcohol, other substance use
- Hyper-vigilance – over-ordering tests, spending extreme time and energy to “not make a mistake”
- Spending money, gambling
- Emotional withdrawal from others

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**Post-traumatic growth**: Consider that, in time, for some people trauma can lead to opening up new possibilities and life choices, closer relationships, compassion for others who suffer, a sense of personal strength of having survived a difficult situation, a greater appreciation for life, or a deeper sense of spirituality.

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### Resources

**Take some time off**
- Talk to residency director, section or dept. chair or GME office (650-723-5948) about possible adjustment of responsibilities, flexible work schedule or time off.

**Talk to someone**
- WellConnect - Confidential 24/7 phone line to establish timely mental health care - 650-724-1395.
- House Staff Peer Support Program – a trained volunteer resident peer is available for informal, confidential support. 650-736-8871 or peersupport@stanfordhealthcare.org
- Help Center 650-723-4577 M-F 9-5 business hrs/ M-F 8-6 counseling hrs 10 free counseling sessions
- Value Options Employee Assistance Program – 855-281-1601 up to 10 free counseling sessions
- Your religious counselor or Stanford Spiritual Care Service 650-723-8222 page 15683
- Local Stress/Crisis Hotline 650-368-6655
- National Suicide Hotline 800-273-8255

**Physical Symptoms**
- Your PMD, who can be uniquely supportive from a shared perspective
- Sleep – [maintain healthy sleep habits](#)

**Family Issues**
- Help Center – 650-723-4577 free limited counseling is available for spouses, domestic partners and dependents up to age 26
- [Child or elder care resources](#)

**Substance abuse issues**
- [Recognizing Alcohol and Drug Abuse](#)
- Stanford [WellBeing Committee](#) – page Chair Dr. William Bergquist to start a confidential substance use support process

**Support/relaxation suggestions**
- TED Talk **“Doctors Make Mistakes”**
- [Three good things](#) – before sleep, thinking of three good things that happened that day improves overall mood
- [Relaxation techniques](#)
- [Mindfulness](#) information/resources
- [Self-Compassion tools](#)

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1 Adapted from Charles 2005 Adverse Events, Stress and Litigation: A Physician’s Guide and Scott Qual Saf Health Care 2009 18: 325-330

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