



Speak Up!

By Claude Oppikofer, MD

I will never forget the day when I was an intern in pediatric surgery and holding retractors in a case of orchidopexy for cryptorchidism performed by the Head of the Department. I had the feeling he did not do it as he usually did and that his thoughts were somewhere else. He seemed to over-dissect the spermatic cord and thinned it up to a point I had never seen before. And suddenly, the testicle pulled away in the surgeon's hand with the spermatic cord cut...

I remember how awfully bad I felt—and I still do after all these years—because I had seen this disaster coming, but was too shy or respectful or whatever to speak up to my boss. If I had said something, this tragedy for the little boy and his family and the personal defeat for my boss would have been avoided. But I hadn't dared speak up.

Data from Pascal Metrics show that up to 50% of caregivers will not speak up to a surgeon when they see a problem arising.¹ Also, analysis of problems, major complications, or casualties shows that in more than 90% of the cases, someone along the line saw an issue arise and did not mention it. There are many reasons why people behave this way, among them fear of being ridiculed for perhaps being incorrect, or the fear of being blamed by a superior for interfering.

But these numbers also suggest that a great many complications could be avoided if every person who sees something wrong would speak up.

Another example, this time from aviation: The current state of the investigation of the recent crash of Asiana flight 214 in San Francisco indicates that a lack of speaking up contributed to the accident. During the last two minutes of the flight, the descent path was obviously wrong—it was too low. Yet, none of the other crewmembers in the cockpit mentioned anything to the Captain until a few seconds before impact.

Encouragement to speak up is an important part of Crew Resource Management (CRM), the aspect of our activity that deals with the Human Factor, which is responsible for success or failure in healthcare as well as in aviation. While I am ready to assume that all board-certified plastic surgeons know their surgical techniques perfectly, I am less sure that they are also using non-technical skills



(namely teamwork, leadership, situation awareness, decision making, task management, and communication) in an appropriate way. No surgeon can do a procedure all by himself or herself. Sometimes we may tend to think so, and—worse!—we may give our team the impression we are able to do it. But we all should know that many people contribute to the success. *The key to success is to get all those team members on board.* If every member of a team is aware of her or his responsibility for the positive outcome of the operation, then we have already made a huge step forward.

In the automobile industry, an important part of the Toyota Production System (TPS) is the “Andon cord,” which can be pulled by the workers at any time and gives them the ability, and moreover the empowerment, to stop production when a defect is found and immediately call for assistance. Speaking up is exactly the same; for optimal safety we need the resources of all team members. Of course, the surgeon is in many cases the most experienced and best-trained professional on the team. But he or she cannot control everything. During surgery, his or her attention is focused on the main activity, i.e. operating. Dangers can come from many other sides, out of the surgeon's focus.

With all respect to function and responsibilities, we must ensure that hierarchical barriers do not become an obstacle to speaking up. We can do so by explicitly requesting team members to crosscheck and speak up. Especially in aesthetic surgery, with many operations under local anesthesia, it is also of paramount importance to *integrate the patients* in the safety check. They are often

the ones who can detect gaps, and if they know they can speak up, we can avoid many errors. This will not break down the doctor-patient relationship, but on the contrary, underline the partnership.²

Telling everyone involved in the operation that we are grateful if they do speak up, and never blame them for doing so, is probably the single most important element of effective CRM.³ And, furthermore, this element is easy to introduce. Personally, I believe that “Encouragement To Speak Up” should be the first checklist item on the Time-Out before incision.

Encouragement to speaking up is also a good way to show our teams how much we care for the safety of our patients and how much we are aware of each team member's contribution to the positive outcome of an operation. Asking the people who work with us for their help and showing them how much it is appreciated is a perfect example of true leadership. Let us not miss this chance—for the sake of our patients.

Back to my bad experience as an intern: Today I am convinced that I would have mentioned my observation and worries if I had been actively encouraged to do so. Or even more, if at that time I had felt that there was a culture allowing me as a young intern to call for a time-out, the negative outcome of this operation would have been avoided. And I know that my experience is not unique; these situations happen every day with more or less tragic, but fully avoidable, outcomes.

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References

1. Personal communication with Dr. Michael Leonard, Co-Chief Medical Officer, with special thanks.
2. Schwappbach DL. Patientensicherheit aus Patientensicht. Care Management 2:31-33, 2009.
3. Reid J. Speaking up: a professional imperative. J Perioper Pract 23:114-118, 2013.