03

THE DISCIPLINE OF "SUBOPTIMAL"

High-quality responses to errors or bad outcomes move past fear or anger to focus on what comes next. Emergency providers use a three-step approach: identify and accept the issue or mistake, rapidly pivot yourself and your team to face the new reality, and harness learning from the event to evolve improvements for future cases. Steps one and two are performed in the moment, while step three is performed after the crisis has passed.

No matter how much thought or skill you bring to a patient's emergency care, sometimes things will still go wrong. The incorrect medication will get delivered to your patient despite all existing safeguards, you'll drop a key instrument during a delicate aspect of an important procedure, or the power will go out right as multiple accident victims arrive at the ambulance bay.

The list of what can and does go wrong during a crisis is essentially endless, so preventing one hundred percent of errors,

mistakes, or unlucky breaks during your response is simply not possible.

When bad outcomes do occur, you need to be able to react to them in a way that moves you and your team past the initial wave of negative emotion and toward a more productive response. In this section, we consider a three-step process to recover from a setback and build stronger and more resilient systems of emergency response.

To set the stage, imagine you're called into the room of a patient who was recently placed on a ventilator for a severe asthma attack. The patient's oxygen level is dropping, and the ventilator is showing that it's getting harder and harder to move her lungs. A quick investigation reveals that the patient had not been receiving the inhaled medications you'd ordered. As a result, air is building up in her chest—an extremely dangerous situation. Without immediate action, she is at risk of suffering a ruptured lung or even cardiac arrest.

When faced with critical or rapidly changing emergent circumstances like this, typical untrained, junior-level responses are based on initial emotional surges of either fear or anger. Fear-based responses can lead to running away from the emergency—by ignoring it or denying it exists—or catastrophizing and giving up. Anger-based responses might be directed internally with self-flagellation and negative self-talk, or externally with excessive focus on something or someone outside your control you believe to be at fault.

Your patient is rapidly getting sicker and you need to act now. Sobbing in fear or pretending nothing has happened and returning to whatever you were doing are not the right answers; neither are angrily shaking the ventilator or yelling at yourself or anyone else. You only have a set amount of time before the situation become irreversibly critical, and time spent on emotional tilt in

either fear or anger is time stolen from actually responding to the crisis.

These initial, emotionally reactive responses are understandable. They occur naturally in untrained individuals as "protective" mechanisms to avoid the perceived stress of facing a crisis head on. During the course of an emergency though, they are counterproductive and potentially even dangerous. They must be trained out, and better responses must be trained in.

So, as you train to become a more experienced provider, your goal is to move past the initial emotional surge and rapidly begin to focus on what happened and how you can address it.

A skilled response to a bad outcome involves three parts: labeling, processing, and learning. The labeling and processing parts collectively form the acute phase of response immediately after the event, while learning takes place later when it is safer to dig into why things happened the way they did.

The first step in responding to a bad outcome is labeling the situation for what it is. Your goal in this step is to alert the team that your situation has changed and acknowledge the difficulty you must all now face, without giving in to distress or distraction.

Personally, when I perform the labeling part of a response, I begin by saying, "Well, this is suboptimal." Labeling something as "suboptimal" acknowledges the challenging nature of what is happening without pulling me or my team offline the way that calling it "horrible" or "hopeless" might.

The word "suboptimal" also adds a little bit of lightheartedness and space to the situation. Standing in the emergency department covered in blood and vomit with yet another screaming patient rolling in can be a stressful situation, to put it mildly. Calling a critical failure like an unstable ventilated patient "suboptimal" is just ridiculously understated enough to help maintain the

proper focus and balance between being not too tight and not too loose.

Of course, there is nothing particularly magical about the phrase "This is suboptimal," and you should experiment with different phrase to find one that suits you best. Whatever you choose, calm delivery in an even tone is crucial to convey both the seriousness of the situation and your faith in your team's ability to respond. [1]

The second step is processing a challenging (read "suboptimal") situation is to identify your new priorities and pivot your team into their new roles and actions. A potentially counterintuitive first step in this process is the action of pausing and breathing. It might seem like immediate action is always necessary after a bad outcome, but often the initial thoughts that dominate after a setback are blunt and reactive concepts that lack skill or nuance.

Taking a moment to pause and breathe allows you to give the physiologic signals of stress generated by your initial emotions time to wash out of your body. Once these fight-or-flight feelings have passed, you will likely be capable of producing more flexible and efficient ideas.

Depending on the nature of the emergency, you might not have time to safely pause and wash out the stress because an immediate response is required. In this case, you can dovetail the first part of your response (labeling the situation as suboptimal) into pre-prepared algorithms or protocols like the A-B-C approach used in critical resuscitations.[2] These systems can serve as intelligent defaults to guide your team's initial actions when there really is no time to think.

Once you have identified the planned response—either immediate action or a more nuanced approach—your next job during the processing phase is orienting your team to their new

actions. Simple, direct commands are important, as is explicitly sharing your mental model with your team to ensure everyone is on the same page. Calm delivery is again key and closed-loop communication, in which the receiver echoes back key information, can be extremely useful.

Personally, I use a standard format statement when reorienting my team after a challenging event, a statement that explicitly identifies the new most important action. Continuing the asthma example, this would take the form of: "Team, our priority here is to disconnect the ventilator and decompress the lungs." This communication starts with the intended recipient—here, the whole team—and explicitly labels the most important next action that we need to take

After stating the priority, you should ensure understanding via closed-loop communication with key members of the team. For example, you might say, "Amy, please disconnect the vent and press down on the chest." To close the loop, your teammate Amy would then respond, "Disconnecting vent. Pressing on chest."

Alternatively, depending on the situation, you could use this time to ask for dissenting opinions. Again, experiment to find the phrasing that feels most natural and efficient for you while remaining calm and directing your team's attention to their next most important task.

Finally, once we have cleared the acute phase of the event, the last step of this process is to analyze what happened and try to derive reusable lessons for future cases. Before the situation and your initial wave of emotions about it have cleared, diving into deep learning or making sweeping changes to protocols is extremely unlikely to yield useful results. The same can be said for trying to examine the event years later, when important details might have been lost or key participants might be unavailable.

If the crux of the situation can be easily identified, taking two to five minutes after clearing the event to debrief and generate ideas for future work is often sufficient. Before the debrief, encourage your team members to hydrate, go to the bathroom, or otherwise take a moment to regroup. This will usually result in calmer, more mentally flexible individuals who generate better ideas than attempting an immediate debrief without taking a break. This is especially important after emotionally challenging cases where individuals may need to process their thoughts before being able to share them.

If the situation is more complex, or if addressing it requires more resources than can be safely devoted to debriefing at the moment, you can perform a post hoc analysis at a later time. Taking a moment to write down basic notes on your thought processes at the time may help you and your team better reflect on what happened and what you were thinking during and after the event.

Combining different types of post-event learning protocols can result in greater efficacy. Continuing the asthma example, you might choose to take two minutes after the patient is recovered to review protocols for sick asthmatic patients and gather basic ideas on what might have happened. After the shift, you could trigger a more formal root cause analysis to try to identify where communication about medication orders went wrong, or develop situation-based checklists or specific protocols to improve future care of asthmatic patients on ventilators.[3]

Take Action

The best way to train this three-step process of recovering from a bad outcome is to practice it during low-impact events. When something goes wrong in your day to-day life, practice saying, out loud, "Well, this is suboptimal." Then take a breath or two. Identify and say out loud what your next priority is, then move immediately

to do it. After the situation has stabilized, do a quick debrief with anyone involved to see if there is anything to learn.

Experiment with different variations of the process and iterate to find what feels most natural to you when stress is low. That will help you deploy the process later in more serious situations. You don't have to apply the whole process to every event. Try parts of it out alone, or in combination, to highlight what feels right and what still needs work.

After trying the process in low-stress situations, you can start bringing it to bear in more complicated emergencies with higher stakes. Continued iteration and experimentation will be important, since transferring learning from low-stakes to high-stakes situations is never perfect.

See Also

- Chapter 2 Become a Student of Sangfroid
- Chapter 16 Commit to Never Waste Suffering
- Chapter 22 Find Your Locus of Control

Notes

1. Notes: As an alternative example, a teammate of mine uses the phrase, "Uh-oh SpaghettiOs™," which he borrowed from a decades-old television commercial.
2. See Chapter 11 A then B then C
3. The Harvard T.H. Chan School of Public Health offers a great introduction to root cause analyses in a YouTube video called "How To Conduct a Root Cause Analysis of a Critical Incident."