# Appendix A – Survey Instrument





**Department of Anesthesiology**

**Perioperative Catastrophes Survey**

About this survey: This survey will solicit your experiences with patient injuries and adverse events that may have an impact on the physician involved. We will ask how prepared you feel to deal with these events in practice and what resources might aid you. Your frank opinions are greatly appreciated. We believe this information will form the foundation of our understanding of physician grief and stress and will allow physicians and administrators to improve the level of care available to patients and to safeguard the physicians who care for them.

Please take a few minutes to complete this questionnaire and return it as soon as possible. It should only take about **10 MINUTES** to complete.

General instructions: Most of the questions in this booklet are answered by circling a single number to indicate your choice or checking the appropriate box in the case of questions where multiple response answers are possible. Other questions ask for written comments in response. Please do not include specific names when describing events. We appreciate your replies to all questions.

Mailing back: When you are finished, just put the booklet into the postage paid return envelope and mail it back to the Center for Survey Research by U.S. mail.

Lost your envelope?: Center for Survey Research

University of Virginia

P.O. Box 400767

Charlottesville, VA 22904-476

Anonymity: To insure that your answers are completely anonymous, CSR has placed no identifying numbers or marks on the questionnaire. When you complete the questionnaire, please also return to us the enclosed postage paid post card. This postcard allows CSR to check your name off of the mailing list but there will be no way to associate your name with the survey data. Survey responses will be reported in a statistical form.

* 1. Demographics
     1. What type of institution are you affiliated with? (please circle all that apply)
        1. Community Hospital
        2. University or University-affiliated Hospital
        3. Ambulatory Surgical Center
        4. Research Institute
        5. Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     2. Are you
        1. Female
        2. Male

Are you a: (Circle one number)

* + - 1. Resident/Fellow
      2. Attending

If you are a resident or fellow, are you a:

CA0/CBY

CA1

CA2

CA3

Fellow

If you are NOT a resident/fellow, how many years have you been in practice (after residency or fellowship)?

Less than 5 years

5 to less than 10 years

10 to less than 15 years

15 to less than 20 years

20 to less than 25 years

25 years or more

* 1. Experiences

This initial part of the survey concentrates on your direct experiences with perioperative catastrophes. There are a few questions here for you even if you have never faced this type of event. The survey starts by trying to define the event.

* + 1. What specific events would you include in this category of catastrophic perioperative event? (Check all that apply)

1 Death

2 Cardiac Arrest/Code

3 Myocardial Infarction

4 Intraoperative awareness

5 Positioning/Nerve injury

6 Seizure

7 Stroke/brain injury

8 Perioperative visual loss

9 Wrong Site/wrong patient

10 Other, Please Specify:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. In considering perioperative catastrophes, what do you consider to be the end of the “perioperative period”? (Check all that apply)

1 End of Surgery

2 Upon hand off of care to recovery room or ICU RN

3 Upon discharge from recovery room

4 24 hours post surgery

5 48 hours post surgery

6 30 days post surgery

7 Other, Please Specify:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. During the past 10 years, have you been part of a surgical team for which an unanticipated death or serious injury occurred to a patient in the perioperative period? (Circle one number)
       1. No 🡺 **SKIP TO B6**
       2. Yes
    2. How many such events have you been a part of? \_\_\_\_

Of these, on how many were you the primary anesthesia provider? \_\_\_

* + 1. Please consider up to three events in the last ten years that had the most impact on you. Indicate in the table below how many months ago it occurred. Then, for each event, please check the appropriate box if the patient died as a direct result of the event, if death or injury occurred during the surgery (as opposed to occurring in recovery), and if you were the primary anesthesia provider:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | How Many Months Ago: | The Patient Died | Death/Injury  During Surgery | You were the Primary Provider |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

* + 1. During your entire career, have you been part of a surgical team for which death or serious injury occurred to a patient in the perioperative period? (Circle one number)
       1. No 🡺 **SKIP TO Part D**
       2. Yes
    2. How many such events have you been a part of? (Include any reported above) \_\_\_\_

Of these, on how many were you the primary anesthesia provider? \_\_\_\_

* 1. A Memorable Event

For this next section, focus on the single event that was the most memorable of your career, regardless of whether you were the primary anesthesia provider.

* + 1. How long ago was this event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. Please check the appropriate boxes if the event had any of the following characteristics:

1 The Patient Died

2 Death or Injury occurred during surgery

3 You were the Primary Provider

4 None of these

* + 1. Please give a short description of what happened:

* + 1. What type of surgery was the patient undergoing? (Circle one number)
       1. Elective
       2. Urgent
       3. Emergent
       4. Don’t Remember
    2. What ASA class was the patient? (Circle one number)
       1. ASA 1
       2. ASA 2
       3. ASA 3
       4. ASA 4
       5. ASA 5
       6. Don’t Remember
    3. To what extent do you believe the event was anesthesia related? (Circle one number)
       1. Definitely
       2. Probably
       3. Probably Not
       4. Definitely Not
    4. To what extent do you believe the catastrophe was preventable? (Circle one number)
       1. Definitely
       2. Probably
       3. Probably Not
       4. Definitely Not
    5. Did you feel a sense of personal responsibility for the event? (Circle one number)
       1. Yes, a lot
       2. Yes, a little
       3. No, not at all
    6. Did you feel that others blamed you for the event? (Circle one number)
       1. Yes, a lot
       2. Yes, a little
       3. No, not at all

If yes, who did you feel blamed by? (Check all that apply)

1 The surgeons on the team

2 The nurses on the team

3 Other doctors and/or nurses

4 Members of your department

5 Hospital administration

6 The patient/patient’s family

7 Other, Please Specify:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. To what extent did you experience the following: (Circle one number for each item)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | * A lot | * A little | * Not at all | * Don’t Know |
| * + - * 1. Guilt | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Depression | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Anxiety | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Sleeplessness or excessive sleepiness | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Fear of litigation | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Fear of judgment by colleagues | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Reliving the event | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Use of substances (drugs or alcohol) | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Loss of Reputation | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Professional Self Doubt | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Anger | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Defensiveness | * 1 | * 2 | * 3 | * 9 |

* + 1. Did you provide anesthesia care to other patients in the first 24 hours after the event?
       1. No
       2. Yes
       3. Don’t Know
    2. To what extent do you believe your ability to provide anesthesia care in the aftermath was compromised by the event in the:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | * A lot | * A little | * Not at all | * Don’t Know |
| * + - * 1. first 4 hours after the event | * 1 | * 2 | * 3 | * 4 |
| * + - * 1. first 24 hours after the event | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. first week after the event | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. longer | * 1 | * 2 | * 3 | * 9 |

* + 1. Were you given time off after the event?
       1. No
       2. Yes
       3. Don’t Know

If yes, how much time off were you given?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this helpful?

A lot

A little

Not at all

If no, would you have liked time off?

No

Yes

* + 1. After the event, did you talk about it with anybody?
       1. No
       2. Yes
       3. Don’t Know

If yes, please check the box(es) to indicate who you talked with:

1 Other members of the surgical team involved in case

2 Other anesthesia personnel

3 Surgical and/or nursing personnel (not involved in case)

4 The patient’s family

5 Attorney(s)

6 Hospital Administrator(s)

7 Your spouse, other family members, or friends

8 Professional Counselor

9 Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Which of the following formal debriefings, if any, did you attend regarding the event:

1 Departmental Morbidity and Mortality conference

2 Confidential hospital quality assurance/root cause analysis meeting

3 Other Formal Debriefing, Please Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 None of these

* + 1. About how long after the event did it take you to recover emotionally from it?
       1. I wasn’t affected
       2. A day
       3. A week
       4. A month
       5. Six months
       6. A year
       7. More than a year
       8. I have never completely recovered
    2. Did the event ever prompt you to consider a career change?
       1. No
       2. Yes
  1. Your Opinions
     1. If, in the future, you were to be involved in an unexpected perioperative death or serious injury to a patient, how helpful do you believe each of the following would be for you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | * Very  Helpful | * Somewhat Helpful | * Not  Helpful | * Don’t  Know |
| * + - * 1. Talking with other anesthesia personnel | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Debriefing with the entire OR team involved in the care of the patient, including anesthesia, surgery and nursing personnel | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Talking with the patient’s family | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Talking with your spouse or other family members or friends | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Talking with a Professional Counselor/going to counseling | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Departmental Morbidity and Mortality Conference | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Interdepartmental Morbidity and Mortality Conference (with departments of anesthesiology and involved surgical department) | * 1 | * 2 | * 3 | * 9 |
| * + - * 1. Confidential hospital quality assurance/root cause analysis meeting | * 1 | * 2 | * 3 | * 9 |

* + 1. Which of the following do you think should be a standard operating procedure for any anesthesiologist who is involved in an event where the patient experienced an unexpected perioperative death or serious injury:

1 Debriefing with other anesthesia personnel

2 Debriefing with surgical and/or nursing personnel involved in case

3 Talking with the patient’s family

4 Talking with a professional counselor / going to counseling

5 Departmental Morbidity and Mortality Conference

6 Confidential hospital quality assurance/root cause analysis meeting

* + 1. Do you believe it would be a good idea to offer or require time off away from the OR (i.e., for 24 hours) in the immediate aftermath of such an event?
       1. No
       2. Yes, Offer
       3. Yes, Require
       4. Don’t Know

If yes, how much time off do you think would be appropriate?

the rest of the day

the rest of the day and the following day

1 week

greater than 1 week

determine on case by case basis

Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Do you believe it would be a good idea for there to be a mandatory debriefing session after such an event, with the entire OR staff involved?
       1. No
       2. Yes
       3. Don’t Know
    2. Do you believe that the anesthesiologist should be involved in breaking bad news to the family when such an event occurs?
       1. No
       2. Yes
       3. Don’t Know
    3. Would you feel comfortable “breaking the bad news” or discussing unexpected outcomes to patients or family members?
       1. No
       2. Yes
       3. Don’t Know
    4. Please share any other comments you have, if you would like:

**Thank you for taking the time to complete the questionnaire.**

Your contributions to this effort are greatly appreciated.

**To return the survey**:

Use the envelope provided or return to us at the address on the front.