Therefore, Let us Rejoice
Sustaining Joy in Medicine

Houston, Friday, October 2, 2026

Albert W. Wu, MD, MPH
Professor, Johns Hopkins University



The Summer Day



Tell me, what is it you
plan to do with your
one wild and precious life?

- Mary Oliver

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Gaudeamus Igitur (Therefore, Let us Rejoice)

…the best hospital is a house of joy
even with rooms of pain and loss
exits of misunderstanding

…For there will be days of joy
For there will be elevators of elation
and you will walk triumphantly
in purest joy
along the halls of the hospital
and say Yes to all the dark corners
where no one is listening
For the heart will lead
For the head will explain
but the final common pathway is the heart
whatever kingdom may come
For what matters finally is how the human spirit is spent

…Therefore, let us rejoice
Gaudeamus igitur.

John Stone, MD



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Barriers to Joy in Medicine

- Unsustainable pace of work
- Administrative burden
- Decreased direct patient care
- Loss of autonomy and meaning
- Emotional labor and moral distress



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What are the scariest words at work?



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“Can you stop by my office?”



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Your mind instantly leaps to assume

I must be in Trouble



For most people, hearing these words elicits instinctive panic

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We know that

Individual workers are not to blame for adverse events

but…

It's the system that creates risks for harm

and patient safety

Every Clinician Has a Personal Experience

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Medical error: the second victim

The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could have made the same mistake—and, like the hapless resident, become the second victim of the error.

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realisation of making a bad mistake. You feel singled out and exposed—seized by the instinct to see if anyone has noticed. You agonise about what to do, whether to

Wu AW. BMJ 2000

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The Second Victim Experience

- Adverse events and patient safety are caused by systems of care which contain a multitude of flaws and and latent errors
- Patients and their families are the first and obvious victims of medical mistakes
- Clinicians can be psychologically harmed by the same errors, and can be considered “second victims”
- Clinicians feel responsible, like they have failed, question own competence



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Psychological and Psychosomatic Symptoms of Second Victims of Adverse Events: a Systematic Review and Meta-Analysis

Isolde M. Busch, MSc,† Francesca Moretti, MD, PhD,‡ Marianna Purgato, PhD,§,|| Corrado Barbui, MD,§,|| Albert W. Wu, MD, MPH,† and Michela Rimondini, PhD**

- Systematic review + meta-analysis
- Psychological and psychosomatic symptoms
- 18 studies, 11,649 providers

Symptom	% Reporting
Troubling memories	81
Anxiety / Concern	76
Anger at self	75
Regret / Remorse	72
Distress	70
Fear of making future errors	56
Embarrassment	52
Guilt	51
Sleep difficulty	35%

Psychother Psychosom. 2021;90:178-90.

Longer-Term Symptoms

Grief, depression, withdrawl	Anxiety, agitation	Sleep disturbance
Flashbacks, re-experiencing the event	Physical symptoms	Anger
Shame, guilt, self doubt	Impaired functioning	Loss of Confidence

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Post Traumatic Stress Disorder (PTSD)

- Re-experiencing the original trauma through flashbacks, nightmares
- Avoidance of stimuli associated with the trauma
- Increased arousal: difficulty falling or staying asleep, anger, hypervigilance
- Symptoms lasting > one month

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Healthcare Is a High-Risk Occupation

- Patient death
- Adverse events and complications
- Difficult decisions
- Moral distress
- Workplace violence

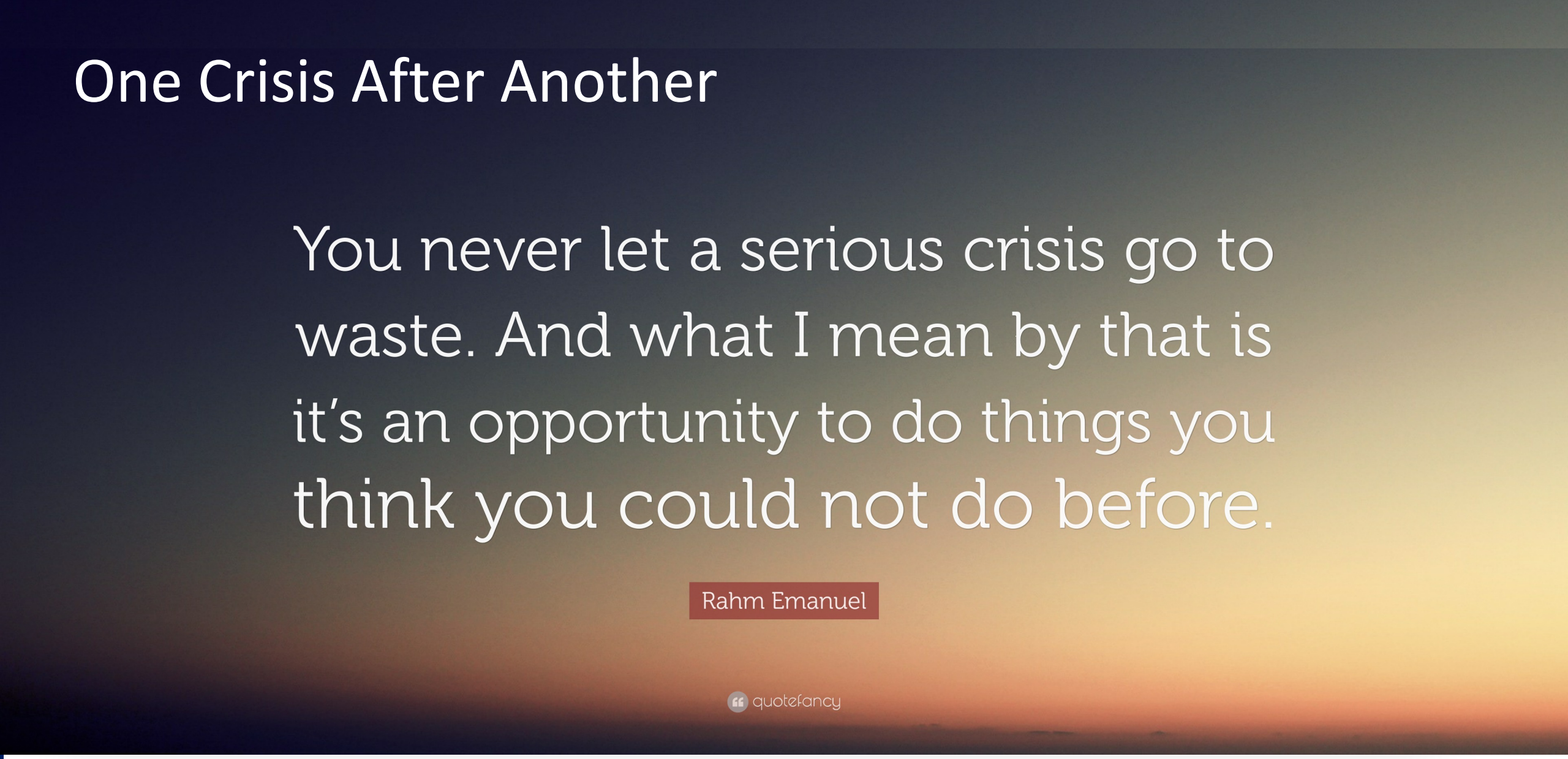
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Barriers to Recovery

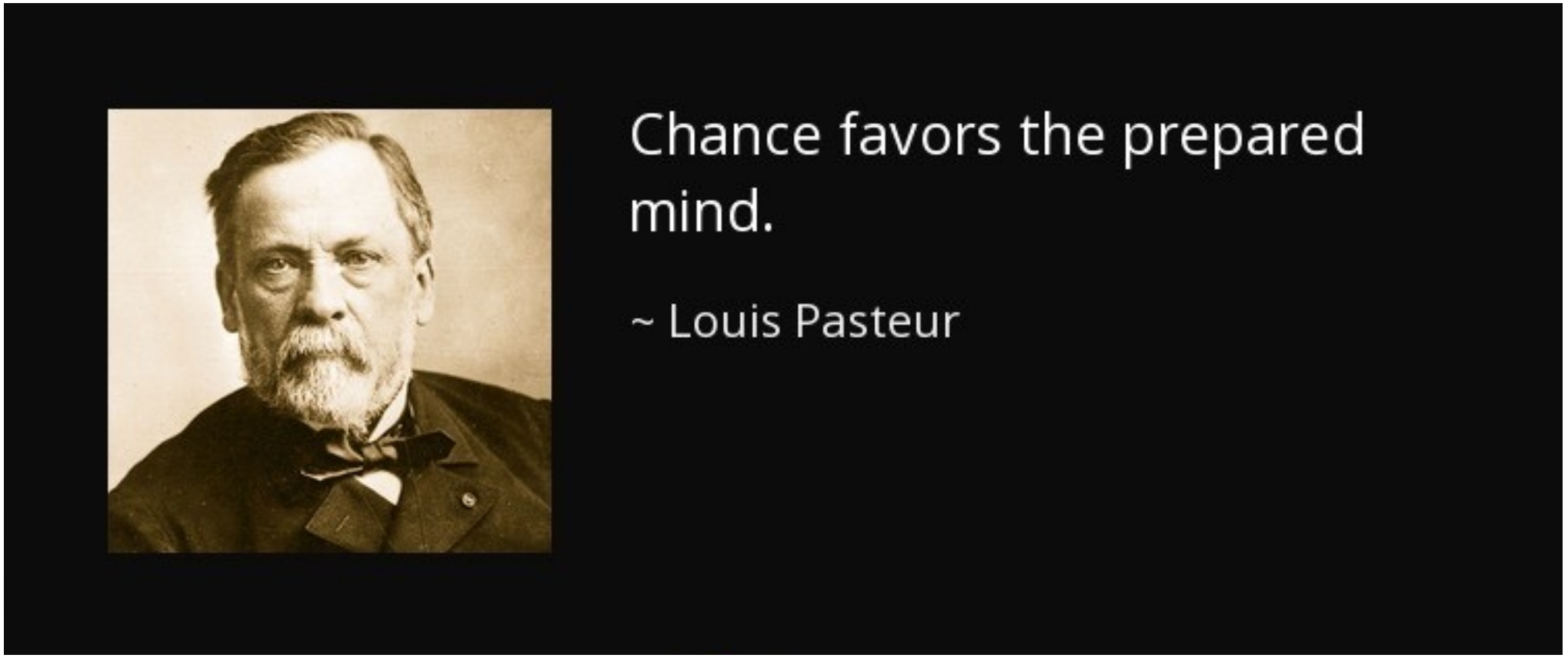
- The Hidden curriculum
  - Asking for help is a sign of weakness
- Poor marketing of helping resources
- Tort system that relies on individual negligence is the enemy of being open with patients
- Credentialing system stigmatizes mental health care
- Shortage of mental health professionals reduces access



One Crisis After Another



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Crises at Johns Hopkins



Similar to Houston Methodist:
A high achieving “Best Hospital”

Prepared-ness

- Josie King
- Translating research into practice
- RISE
- Leadership buy-in





Geneva,
March 9, 2020

Armstrong Institute for Patient Safety and Quality



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COVID-19: The defining health crisis of our generation



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COVID-19 Pandemic Gaps & Innovation

GAP	INNOVATION
Awareness	MESH
Availability	RISE Expansion
Psychological Safety	Office of Clinician and Faculty Care

Johns Hopkins Integrated Continuum for Staff Support (Mental Emotional and Spiritual Health (MESH)

- Office of Well-Being
- Healthy at Hopkins
- Spiritual Care
- RISE: Resilience in Stressful Events
- Employee Assistance
- Department of Psychiatry



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What are the most comforting words at work?



Credit: Brené Brown

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What would you like your colleague to say to you after you were involved in an adverse event?



Credit: Brené Brown

“What can I do day-to-day?”

- Ask “How are you doing?”
- “Thank you for sharing with me”
- Listen
- Empathize
- “Are you going to be ok?”
- “You are still a great clinician”
- Suggest resources

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THE STANFORD MODEL OF PROFESSIONAL FULFILLMENT

Culture of Wellness
Organizational work environment, values and behaviours that promote self-care, personal and professional growth, and compassion for ourselves, our colleagues and our patients.

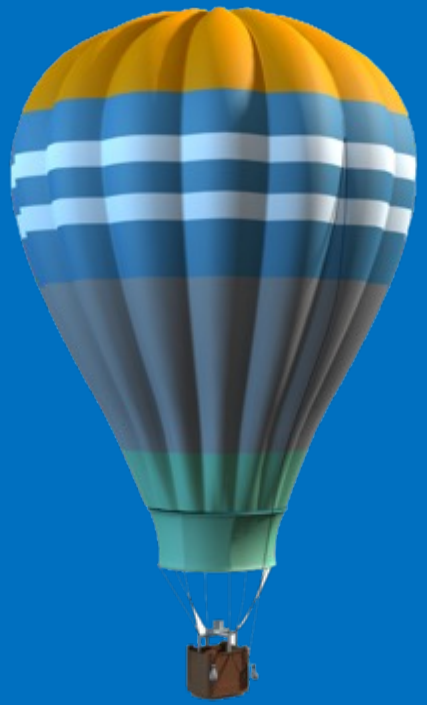


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Efficiency of Practice
Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance

Personal Resilience
Individual skills, behaviours, and attitudes that contribute to physical, emotional, and professional well-being

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RISE

Resilience In Stressful Events

“Provide confidential, timely peer support to employees who encounter a stressful, patient related event”

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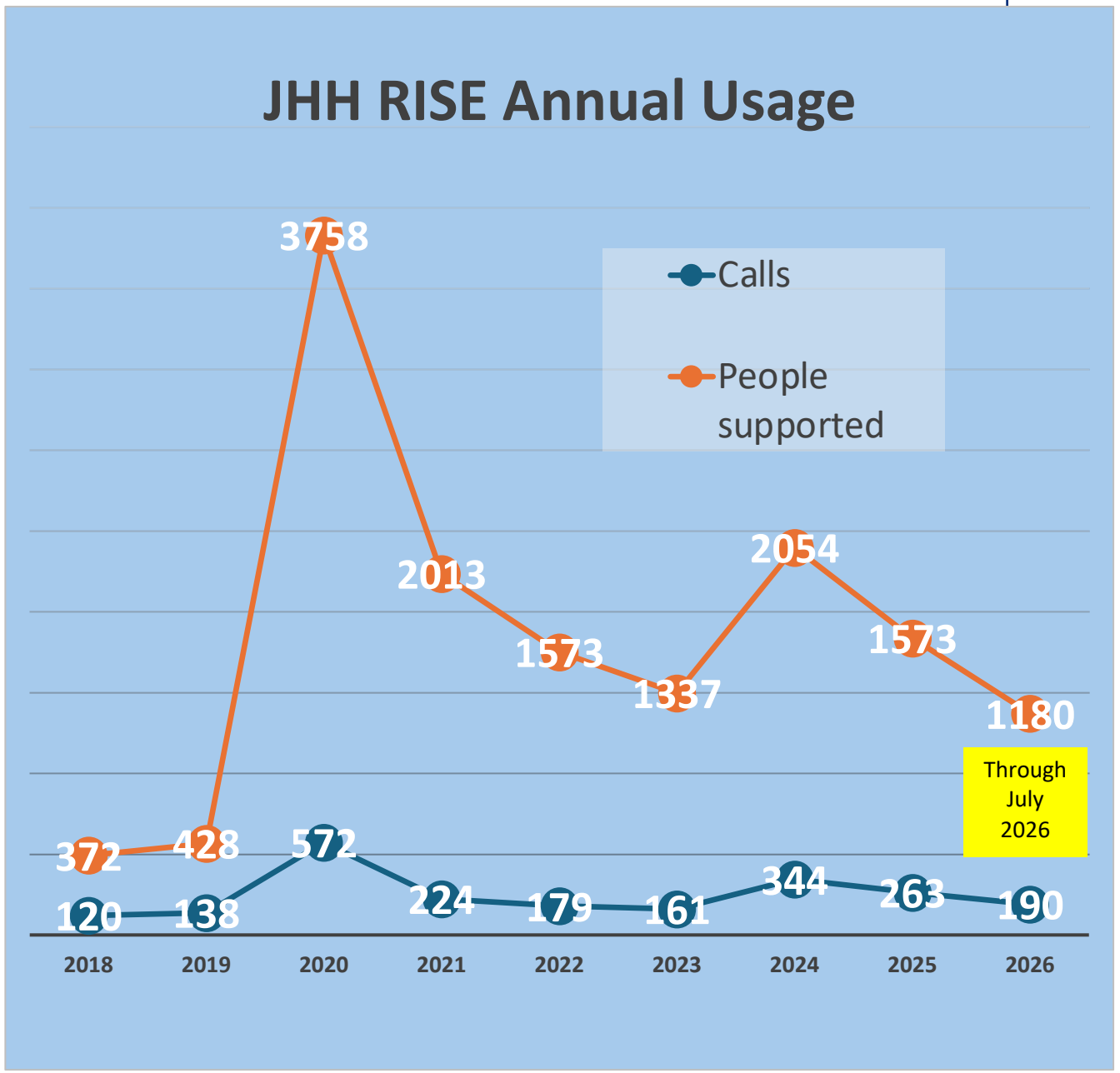
RISE at JHU

Resources dedicated:

Team leader: approximately .5 FTE of Matt Norvell w/ part-time system support

Volunteers: approximately 35 trained RISE peer supporters (employees who volunteer their time)

RISE Restoration Rooms: five available rooms with various support modalities with approximately 20,000 uses / year



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Randomized Controlled Trial of RISE Peer Support Program for Health Care Workers in Ambulatory Practice

- Stepped-wedge cluster randomized RCT
- 42 ambulatory care practices in Baltimore and surrounding area
- Intervention: RISE training and team implementation
- Randomization: Early vs Lat
- Randomized cross-sectional survey at baseline, year 1, year 2
- Outcomes: Anxiety, Reslience, Burnout, Organizational Culture of Wellbeing
- Results:
  - Improvement post vs pre in resilience, burnout, perceived organizational and peer-support
  - No change in anxiety
  - Improved resilience for early vs later intervention (OR 0.31)

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2011

RISE developed and implemented at JHH

2012-2020

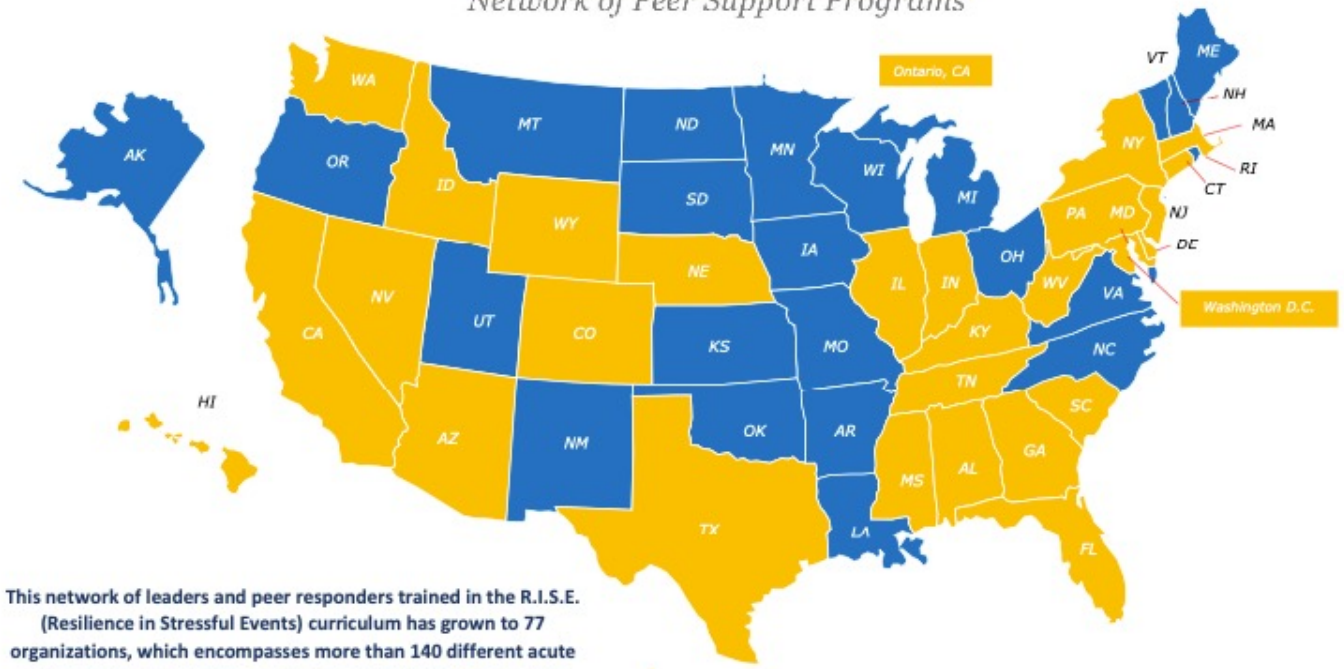
Implemented across JHM (JHH, JHBMC, HCMC, Suburban, Sibley, ACH, JHCP)

2014-present

Curriculum developed & began external partnerships. Over 150 institutions across the US, Canada, Italy, Lebanon, Saudi

JOHNS HOPKINS MEDICINE | CFC RISE PARTNER | MARYLAND Patient Safety CENTER

Network of Peer Support Programs



This network of leaders and peer responders trained in the R.I.S.E. (Resilience in Stressful Events) curriculum has grown to 77 organizations, which encompasses more than 140 different acute care hospitals, six provider groups, three veterinary groups, two schools of nursing, and one state Public Health Department. Some of these are new as of 2025, and some have been a part of this collaboration since 2011.

Connecting our partners with colleagues across the country has proven to be an effective tool for shared experiential learning and creative best practices.

https://www.johnshopkinssolutions.com/solution/rise-peer-support-for-caregivers-in-distress/

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International Adoption

- European Researchers' Network on Second Victims (ERNST) https://cost-ernst.eu/
  - International consortium dedicated to studying the second victim phenomenon
  - Consensus definition
  - Policy and advocacy
  - Support interventions



- RESCUE https://cost-rescue.eu/
  - Criteria for second victim support innovations
  - Training for peer supporters

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RISE Restorative Space

Launch Day 2024



"Tune Bed"



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Psychological Safety

- Foundation for high-performing, learning, resilient teams
- When psychological safety is present, workers feel comfortable
  - Speaking up
  - Asking for help
  - Admitting mistakes



Image Jimmy Foulds

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Principles for supporting clinician resilience and well-being

01

Let them know you want to support them

02

Make it easy for health care workers to get the support they need

03

Actively coordinate existing support services

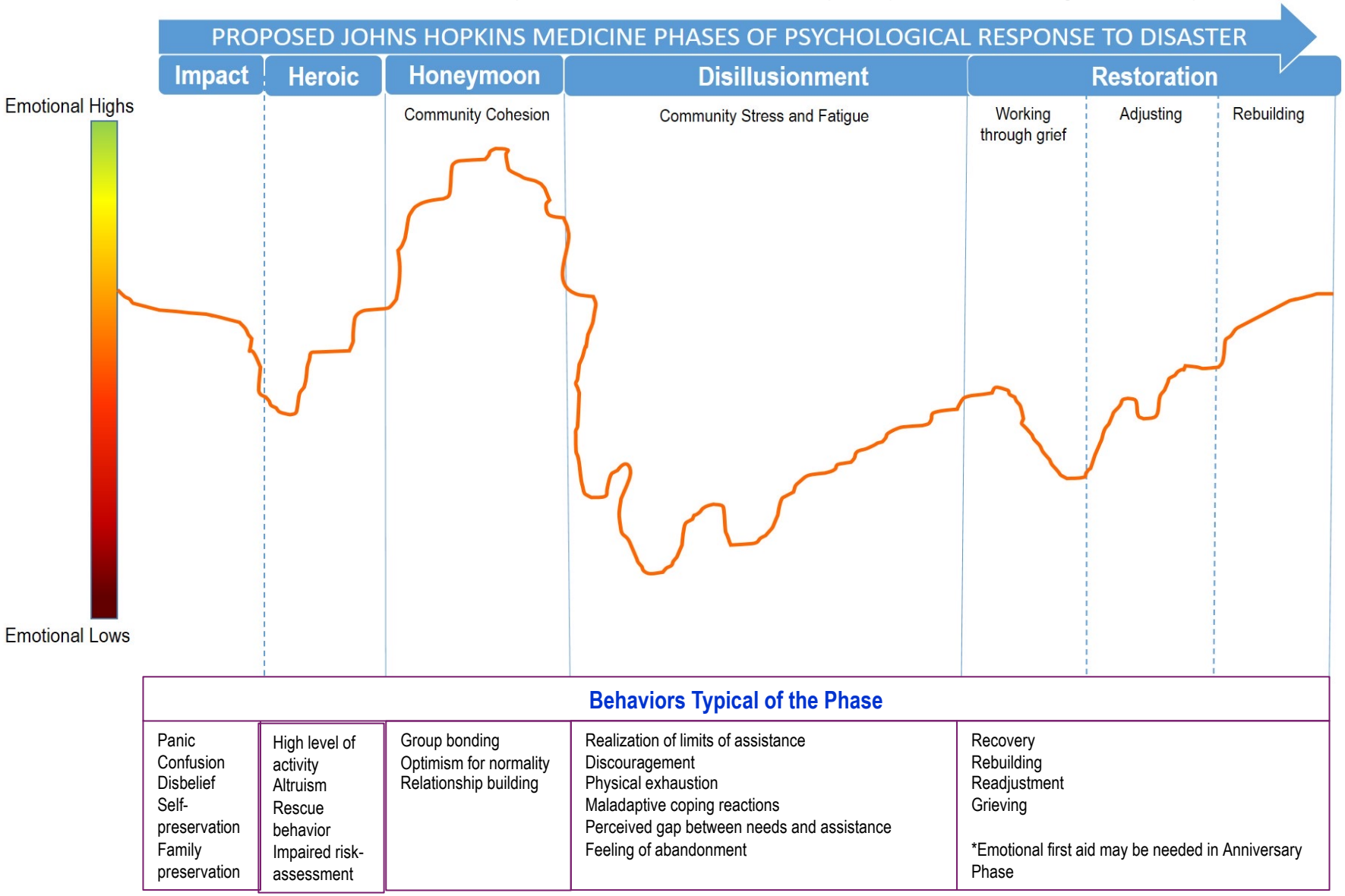
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Sustainment

- Office of Clinician and Faculty Care
- Changes to credentialing
- Basic training in Psychological First Aid for medical students
- RISE Training at Resident orientation
- Preparation for the next disaster

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Disasters follow predictable psychological patterns



Adapted from Zunin & Meyers, *Training Manual for Mental Health and Human Service Workers in Major Disasters,* U.S. Department of Health and Human Services (2000).

Frontline Crisis Leadership Training Resources



To enhance well-being and resilience at the organizational and personal levels at Johns Hopkins Medicine by supporting our workforce, and by strengthening crisis leadership at the executive and frontline managerial level

Over 1500 managers trained

Training videos at

https://www.hopkinsmedicine.org/office-of-well-being/leadership/frontline-crisis-leadership

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10 Principles of Crisis Leadership

1. Structure is the antidote to chaos
2. Listen before you speak
3. Information is the antidote to anxiety
4. Empowerment is the antidote for feeling powerless/out of control
5. People trust action not words
6. Perceived support is the antidote for isolation
7. Cohesive groups do better in times of stress
8. There is no such thing as an information vacuum
9. Transparent, timely, truthful communication is essential to credibility
10. The moment of absolute certainty may never arise

Conclusions

Coordinate resources for clinician support

Chance favors the prepared mind

Strive for psychological safety

Plan for sustainability

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Connecting to JIMI 2027

- Creating a people-centered organization
- Humans taking care of humans



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Any Questions?

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