## **Clinician Support Knowledge Assessment Survey (Pre-Training)**

In order to protect your anonymity for your survey responses, create your own "personal identifier" following the example below.

From your SSN, enter the two middle numbers (i.e. pretend mine is 123-45-6789)		# of sisters you have (i.e. I have 3)	# of brothers you have (i.e. I have 0)	Enter the day of you month (i.e., if I was May 6, enter "06")	
4	5	3	0	0	0

## Your "Personal Identifier"

Your middle two SSN numbers	How many sisters do you have?	How many brothers do you have?	What day of the month were you born on?

In the items below, circle the response that corresponds with your level of agreement.

		STRONGLY DISAGREE <u>1</u>	DISAGREE <b>2</b>	NEUTRAL <b>3</b>	AGREE <b>4</b>	STRONGLY AGREE <b>5</b>
1.	Second victims can be easily identified immediately after almost every adverse event.	1	2	3	4	5
2.	Team members experiencing the same adverse event will frequently react in very similar ways/manners.	1	2	3	4	5
3.	Majority of health care clinicians are aware of the second victim phenomenon.	1	2	3	4	5
4.	Majority of second victims will need a referral to the Employee Assistance Program (EAP) to address their needs.	1	2	3	4	5
5.	The psychosocial and physical symptoms experienced by a second victim can best be described as normal human reactions to an abnormal situation.	1	2	3	4	5
6.	A common reaction for health care clinician immediately following an acute unexpected patient outcome is to openly discuss their perceptions of the event with professional colleagues.	1	2	3	4	5

Co	mments:					
	"emotional first aid" to second victims.	YES	NO			
18.	I have enough knowledge to feel comfortable providing					
17.	I have the basic knowledge of how to adequately provide "emotional first aid" to second victims.	1	2	3	4	5
16.	Each second victim has unique needs that could influence their future career decisions.	1	2	3	4	5
15.	Given a choice, second victims typically prefer talking about the event with a peer of similar training and experience.	1	2	3	4	5
14.	I am confident in working with an individual in crisis.	1	2	3	4	5
13.	I feel comfortable providing reassurance to a colleague who has just experienced a serious clinical event.	1	2	3	4	5
12.	I am comfortable supporting a colleague in the aftermath of a serious adverse event.	1	2	3	4	5
11.	Triggering of symptoms occurs when a second victim experiences something that reminds them of the patient or initial event.	1	2	3	4	5
10.	Peer to peer confidential support is a basic principle for supporting second victims.	1	2	3	4	5
9.	Medical errors and unanticipated patient outcomes (without an error) can be equally distressing to the involved staff member(s).	1	2	3	4	5
8.	Regardless of profession, clinicians respond in a predictable manner.	1	2	3	4	5
7.	Each individual second victim is unique and deserves an individualized approach to address their personal needs while recovering from an adverse event.	1	2	3	4	5