The Second Victim Experience: Train-the-Trainer Workshop

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New Jersey Hospital Association
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Today’s Objectives

1. Describe the ‘second victim’ phenomenon and high risk clinical events.

2. Describe the evidence based process used to design and deploy the forYOU team at University of Missouri Healthcare.

3. Describe the six stages of second victim recovery.

4. Understand components of the Scott Three tier model of support to design a plan to support personnel.

5. Review key steps to implementing peer support team training.
44,000–98,000 deaths/year in U.S. due to preventable adverse events (Kohn et al, 2000).

Revised estimates at least 210,000 (and possibly more like 400,000) die in U.S due to preventable harm (James, 2013).

With revised estimates: At least 4 clinicians/patient = 840,000 to 1.6 million clinicians impacted

Could this represent the next healthcare crisis?


History of the PROBLEM

Adverse event reviews – individuals at the ‘sharp end’ noted to be experiencing ‘predictable’ behaviors post event
"Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed…. You agonize about what to do…… Later, the event replays itself over and over in your mind”
Safety Culture Survey

Agency for Health Care Research and Quality (AHRQ)
www.ahrq.gov

Patient Safety Culture Survey

2 Questions –

1) Within the past year, did a patient safety event cause you to experience anxiety, depression, or wondering if you were able to continue to do your job?

2) Did you receive support from anyone within our health care system?
Second Victim Task Force
Project Leads – Patient Safety and Risk Management

Team Members

- Case Manager
- Chaplain
- Chief Medical Officer
- Clinical Educator
- EAP
- Employee Wellness
- Health Psychologist
- House Manager/Supervisor
- Nursing Department Managers
- Quality Improvement Specialist
- Researcher - Nursing
- Respiratory Care Manager
- Social Service
- Staff Nurses
Second Victim Defined…..

“Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.”

What is a Second Victim?

A Qualitative Research Project is Initiated......
Qualitative Research Overview

Participants = 31

Females 58%

Average Years of Experience
- MD 7.7
- RN 15.3
- Other 17.7

Average Time Since Event = 14 months
- Range – 4 weeks to 44 months
High Risk Scenarios

- Patient ‘connects’ staff member to family
- Pediatric cases
- Medical errors
- Failure to rescue cases
- First death experience
- Unexpected patient demise
Commonly Reported Symptoms

- Extreme Fatigue
- Sleep Disturbances
- Rapid Heart Rate
- Increased Blood Pressure
- Muscle Tension
- Rapid Breathing
- Frustration
- Decreased Job Satisfaction
- Difficulty Concentrating
- Flashbacks
- Loss of Confidence
- Grief / Remorse
“I will never forget this experience……This patient will always be with me – I think about her often……… Because of this, I am a better clinician!”
SMALL GROUP EXERCISE

Share a clinical experience when you were personally distressed by an unanticipated patient outcome OR describe an event that created distress in a professional colleague.
Report out

• Describe one of your compelling stories...

• Include:
  o De-identified patient overview
  o What happened?
  o What kind of reactions were identified?
  o What feelings/emotions were expressed?
“Right after the... code, I was having trouble concentrating. It was nice to have people take over...that I trusted. I was in so much shock I don’t think I was useful.”
“I started to doubt myself... There were some things that I thought maybe if I’d have done it this way it wouldn’t have happened... but everything was more clear looking at things in retrospect. I lost my confidence for some time.”
“I thought every single day for months I’d walk in and think everyone knows what happened… I thought these people are never going to trust me again.”
Enduring the Inquisition

“I didn’t know what to do or who to talk to professionally or legally.”

“Clearly, I know we needed to keep that quiet - it might have been helpful to be able to talk to someone else but I couldn’t do that.”
“There was nobody I could tell, not even my husband. All I could say is I’ve had a really horrible day.”
"I was questioning myself over and over again…but then I thought … I’ve just had this experience in my life where I had to encounter this tragedy but it made me a better person. It really did, and it gave me insight."
Moving On….Surviving

“I figured out how to cope and how to say yes, I made a mistake. And that mistake caused a bad patient outcome but I haven’t figured out how to forgive myself for that or forget it. It’s impossible to let go.”
“A fresh start was good for me.”

“I actually ended up moving to a different floor. My new supervisor who oriented me expressed confidence and belief in me and helped me re-grow my own sense of confidence and self belief.”
Insights Into Dropping-Out

• Vast majority in-patient care (77%)
• 70% related to permanent harm/death of patient
• 50% were direct care providers
• ~58% assumed roles with less or equal risk to similar exposure
• 1/3 of participants reported significant decrease in joy and meaning of work post event.
• Major influencers to change role: 1) Inadequate social support and 2) Effects of emotional labor

Reliving the ‘initial’ event when an external stimulus, such as a similar clinical situation, is presented.
Second Victim Conceptual Model

- Unanticipated Clinical Event
- Second Victim Reaction (Psychosocial, Physical)
- Clinician Recovery
  - Dropping Out
  - Surviving
  - Thriving
A Second Victim Case Study
The Second Victim Experience: Train-the-Trainer Workshop

Skill Building – Offering Clinician Support
Guidelines for Clinician Care (continued)

National Quality Forum – Safe Practice 8: Care for the Caregiver

Provide care to the caregivers (clinical providers, staff, and administrators) involved in serious preventable harm to patients, through systems that also foster transparency and performance improvement that may reduce future harmful events.
The leaders make support systems available for staff who have been involved in an adverse of sentinel event.

http://www.jointcommission.org/improving_Patient_Worker_Safety/
Clinician Support

No two clinicians have the same support needs!

Awareness is the first intervention –

Proactively plan & educate regarding institutional response plan

Fear of the unknown (next steps) is profound
Barriers to Receiving Support

- Stigma associated with reaching out for help
- Organizational patient safety culture
- High acuity areas have little time to integrate what has happened
- Fear of loss of professional integrity
- Fear of loss of licensure
- Fear a compromise of collegial relationships because of event
- Fear of future legal woes - HIPAA, confidentiality

Implications
Second Victim Interventions

Second victims want to feel...

- Appreciated
- Valued
- Respected
- Understood

Last but not least….Remain a trusted member of the team!
forYOU Team Objectives....

- **Minimize the human toll** when unanticipated adverse events occur.

- **Provide a ‘safe zone’** for faculty and staff to receive support to mitigate the impact of an adverse event.

- an internal rapid response infrastructure of ‘emotional first aid’ for clinicians and personnel following an adverse event.
Support Strategies Interventions

The Scott Three-Tiered Interventional Model of Second Victim Support

Tier 3 - Expedited Referral Network
- Established Referral Network with
  - Employee Assistance Program
  - Chaplain
  - Social Work
  - Clinical Psychologist
- Ensure availability and expedite access to prompt professional support/guidance.

Tier 2 - Trained Peer Supporters and Patient Safety & Risk Management Resources
- Trained peer supporters and support individuals such as patient safety officers, or risk managers who provide one-on-one crisis intervention, peer supporter mentoring, team debriefings & support through investigation and potential litigation.

Tier 1 - 'Local' (Unit/Department) Support
- Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.
First Tier – ‘Local’ support
Five Key Actions – Department Leaders

• Connect with clinical staff involved
• Reaffirm confidence in staff
• Consider calling in flex staff
• Notify staff of next steps – keep them informed
• Check on them regularly
First Tier – ‘Local’ support

Key Actions – Colleagues/Peers

• Be ‘there’ for your co-worker.
• Practice active listening skills and offer support as you deem appropriate.
• Don’t ask about specific details of the event…. Instead, focus on how your colleague is feeling.
Second Victim Interventions

Second Tier Interventional Strategy
ForYOU Peer Support Team, Patient Safety Representatives, and Risk Management

- One on one peer support
- Team De-Briefings
The Supportive Interaction

1. Introduction
2. Exploration
3. Information
4. Follow-up
Second Victim Interventions

Third Tier Interventional Strategy
Expedited Referral to Experts = Clinical Psychologists, Chaplains, Employee Assistance Program (EAP), Social Workers, Holistic Nurse or Personal Counselor.
Second Victim Intervention Model

Unanticipated Clinical Event → Second Victim Reaction
- Psychosocial
- Physical

Institutional Response
- Clinician Support
- Clinician Recovery

Tier 1
Tier 2
Tier 3

Comprehensive Tiered Support Interventions

Dropping Out
Surviving
Thriving
Traumatic Stress Reaction

“Any event which has sufficient emotional power to overwhelm a person’s ability to cope.”

- Jeffery T. Mitchell, Ph.D.
Reactions to Stress

Are affected by...

• Exposure to stressor
• Perception of the event
• Experience
• Personal coping skills
• Concurrent stressors

~Reactions are individual~
The Art of Listening
Points to Ponder

• We listen at 125-250 words per minute
  We think at 1000-3000 words per minute

• 75% of the time we are distracted, preoccupied or forgetful

• 20% of the time, we remember what we hear

• Less than 2% of people have had formal education with listening
Tips for Enhancing Non-Verbal Communication

• Make eye contact.
• Be relaxed and open with your posture. Smile genuinely. Calm voice.
• Sit squarely facing the person. Do not sit behind a desk. Sit at eye level.
• Use good body language—nod your head and lean forward.
• Make the individual feel that you have time.
• Try not to write during this time
Open-ended Questions

- Questioning in a supportive way
- Ask How and What → Not Yes or No

Example:
- What other experiences/feelings did you have?
- How did that work for you?
- Tell me more about…
Being Quiet

• Giving the other time to think as well as talk

Example:
Silence is okay, but may be uncomfortable
Watch for when appropriate to break the silence
Personal Stories

• Sharing relevant personal information

Example:
• I had a similar experience...
• I've been through something like that...
• That happened to me once too...
Active Listening is NOT:

- Counseling
- Solving another person’s problems
- Telling another person what to do
- Interrogating or questioning another person
- Judging another person
- Imposing one’s own beliefs on another person
- Providing inaccurate information
How to provide peer support
Emotional First Aid

• Don’t try to fix it!
• Purposefully talk through the experience
• **Listen** to the story
• Help put incident in perspective
• Conversation used as a “band-aid”
Benefits of a Clinician Support Network

Staff have a way to **get their needs meet** after going through a traumatic event.

**Helps reduce the harmful effects of stress.**

**Provides some normalization** and helps the individual get back to their routine after a traumatic event.

**Promotes the continuation of productive careers** while building healthy stress management behaviors.
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Lessons Learned from 8 Years of Clinician Support
Scope of Service

Tragic Clinician Event
Unexpected Patient Outcome
Adverse Event
Death of a Co-worker

- Staffing Issues
- Management Concerns
- Marital Issues
- Financial Concerns
- Relationship Issues
- Re-organization
- Clinician to Clinician Relationships
# INTERACTIONS

**Peer Supporter:**

**Activation:** □ New  □ Mentoring (No direct support provided)

**Professional Type:** □ MD/DO  □ RN/LPN  □ Respiratory Therapy  □ Pharmacist  □ EMT-P/EMT  □ Other

**Event Type:** □ Unanticipated Patient Outcome  □ Adverse Event (Medical Error)  □ Personal/Professional Crisis  □ Other

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<td></td>
<td>Palliative Care</td>
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<td>Patient known to staff members</td>
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<td>Patient that reminds staff of their family</td>
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<td>Patient victim of violence</td>
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**Referrals:**

□ No Referral Made  □ Chaplain  □ Clinical health Psychologist  □ Employee Assistance Program (EAP)  □ Personal Counselor  □ Risk Management/Patient Safety Team

**Additional Information**

Comments:

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**Follow-Up #1**

**Referrals:**

□ Not Needed  □ Chaplain  □ Clinical Health Psychologist  □ Employee Assistance Program (EAP)  □ Personal Counselor  □ Risk Management

**Additional Information**

Comments:
forYOU Team Activations
04/01/2009 – 3/31/18

One on One Encounters = 606
Group Briefings = 133 (n=1082)
Leadership Mentoring = 64

1752
Reasons for Activations

Unexpected Patient Outcomes - 51%

Tragic Clinician Event - 35%
  (Staff related ‘personal’ crisis)
  - Death of a staff member/family member
  - Serious illness of staff member
  - Litigation Stress

Medical Errors - 14%
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2) Did you receive support from anyone within our health care system?

3 populations:
1) Non second victim
2) Second victim with support
3) Second victim without support
Results

Culture Survey
Dimension Mean Scores

The Aftermath of No Support

- Negative Impact on Teamwork
- Low Morale
- Impaired Job Performance
- Limited Communication
- Isolation
- Traumatized Clinician
- Negative Personal and Professional Impact
- Prolonged Clinician Suffering
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Active Caring – Skill Practice
Walking Through the Interaction

1. Introduction
2. Exploration
3. Information
4. Follow-up
Introduction

Initiate the conversation
Introduce yourself as a peer supporter
Explain the goal of the peer support team

• How are you doing with this all of this?
• What do you need?
• I am here if you want to talk now.
Exploration

Allow time for the expression of emotions...

What are their thoughts...
What are their reactions...
What are their symptoms...

• How are you feeling?
• What part are you having problems with right now?
• Are you having any unusual or disruptive thoughts?
• How are things going for you?
Information “Normalizing”

Provide information

• Discuss destructive behaviors
• Discuss normal reactions to unusual situations

• You need to know that you are not the first person in health care to experience these feelings…
• This might take some time…
• I’m sorry that you are going through this…
• What are you doing to take care of yourself?
Follow up

Is an additional visit needed?
  - Provide pamphlets
  - Touch base as needed (1 day–2 wks)

Referral to additional resources
  - Patient Safety
  - Risk Management
  - Department Leaders

Additional assistance
  - Contact team leader

I’m available to talk anytime....
Here’s how to reach me.....
Here are some additional resources.
Would you like me to connect you with anyone else?
Communication Advice

• Focus on the person and their experience
• Engage in active listening
• Reflect back what you hear the person say
• Maintain good (non-verbal) body language
• Keep good eye contact
• Validate from your perspective as a peer who has also experienced an unanticipated clinical event
Words of Caution

- Know your limits
- Know your own issues
- Debriefing of the debriefer is essential

😊
Emotional Group Support

Facilitated discussion
  Thoughts
  Reactions
  Symptoms

Educate
  Provide pamphlets
  Additional resources

Additional follow up, if required
Emotional Group Debriefing

Trained facilitators must facilitate
‘Lifeguards’ = Peer Team Members
Observer during debrief
Additional follow-up
The Second Victim Experience: Train-the-Trainer Workshop

Designing a Support Team – Special Considerations
1. Internal Patient Safety Culture
Preparedness/Leadership Readiness

Identify executive champions

Determine location of clinician support command

Adverse safety event investigation process clearly delineated

Reporting culture
2. Identify Natural Second Victim Supporters

Identify key individuals who routinely assist others

Formalize the role of project team lead

Identify executive champion(s)

Form advisory group to assist with team design and deployment
‘Natural’ Supporters

- Chaplains
- Clinical Health Psychologist
- Social Workers
- Employee Assistance Programs
- Employee Wellness Specialists
- Health Care Staff
- Holistic Nurse
- Palliative Care Staff
- Patient Safety Staff
- Risk Management Staff
3. Establish Team Infrastructure

Define team structure
Determine mechanism for providing support
Define activation guidelines for support (individual/teams)
Develop a proposed budget
Develop an executive business plan
Seek administrative approval for proposed team structure
Develop operational plans for response team
What Should Support Look Like?
Confidential
24/7 availability
Voluntary clinician participation
‘Fast track’ referral to support/guidance
Types of support offered
Who can fulfill role of support
Types of Support Models

- Peer Support Teams
- Individuals – Risk Manager, Patient Safety, Various Administrators & Medical Leaders
- Local Managers
- Employee Health or Wellness Centers
- EAP referrals
Team Recruitment

- Identify high risk areas
- Identify high risk clinical events
- Identify high risk teams
- Approach managers of the above areas to recruit peer supporters
- Identified staff to complete team application
- Welcome letter to new members with training date/time
- Create an organizational chart
Potential Team Structures

- Executive Champions
  - Potential ‘Owners’:
    - Healthcare Resolution Specialists
    - Wellness Center
    - Employee Assistance
    - HR
    - Nurse Manager
  - Patient Safety
  - Risk Manager
- Peer Supporters
Develop Team Policies/Procedures

Peer supporter application

Peer supporter agreement

Activation algorithm

Institutional post event support policy
APPLICATION
forYOU Team Membership

Individuals interested in pursuing membership in the forYOU Team will be asked to complete this application for review by the Membership/Team Structure Committee.

I. Personal Information
Name ________________________________
Address __________________________________________________________
City ______ State ______ Zip Code ____________
Phone (Home/Cell) __________ Phone (Work) ________________

II. Education Information
Highest degree of education received ________________________________
Degree received __________________ Year ____________

III. Employment Information
Current unit/department __________________ Current title ________________
Primary shift worked ___________ Clinical experience (years) __________

IV. Clinical experience
What experience do you have in providing any of the following? (Include specific information about those experiences that are applicable to you)
   a. Individual Counseling/Coaching
   b. Small group work
   c. Stress Management
   d. Training or education in other areas (please specify areas)

________________________________________________________________________

How did you hear about the forYOU Team?
________________________________________________________________________

Why would you like to become a member of the forYOU Team?
________________________________________________________________________

Comments or additional information you would like us to know about you to aid in the forYOU Team selection process.
________________________________________________________________________

I would like to be considered for the role of forYOU team peer supporter.
Applicant’s Signature ___________ Date ____________

I endorse this applicant’s request to join the forYOU team.
Manager Signature _______________ Date ____________
Agreement of Understanding
forYOU
Team Membership

I, ____________________________, agree to serve as a forYOU Team for a minimum of one year.
I agree to the following commitments:
1. Attend mandatory forYOU Team initial training session as scheduled.
2. Participate in forYOU team interventions, meetings and education presentations (estimated at 3-5 hours) per quarter.
3. Attend a minimum of 50% of monthly forYOU team meetings per year.
4. Complete report for each encounter in a timely manner.
5. Maintain strict confidentiality regarding delivery of crisis support services, including topics discussed and personnel involved. Refrain from taking personal notes regarding case specific information. Any breach in confidentiality will result in immediate removal of the individual from the team.
6. Abide by the established team protocols and operational guidelines.
7. Provide at least a four week notice to the forYOU team facility lead in voluntary separation situations.

I have read and understand these commitments and agree to serve as a member of the forYOU Team for a one-year period.

forYOU Team Applicant (Signature) ____________________________ (Date)


The forYOU Team Coordinator and Facility Lead(s) agree to the following commitments to team members:
1. Provide the initial/formal forYOU Team training for new members.
2. Provide ongoing educational support.
3. Offer support to team members after forYOU team activation as necessary.
4. Regularly evaluate team operations and membership.
5. Arrange 24 hour/7 days a week access via text pager.

Team Facility Lead (Signature) ____________________________ (Date)

Team Coordinator (Signature) ____________________________ (Date)
4. Develop Internal Marketing Campaign

- Develop second victim awareness strategy
- Identify high risk clinical areas within your facility
- Identify high risk clinical teams
- Embed second victim surveillance strategies into clinical routines
- Develop an informational brochure
- Identify various meetings to introduce the second victim concept
- Develop ‘just in time’ resources for contacting the second victim team
5. Establish Training Program for Second Victim Supporters
Training Goal

The second victim course should be designed to prepare an individual to serve as a content expert on the second victim phenomenon and capable of providing peer support to a colleague as indicated.
Initial Training Planning

- Develop a timeline
- Create an agenda
  - Introductions
  - Executive story
- Identify presenters
- Set due date - presentations & handouts
- Determine all equipment needed
  - Laptop, speakers, pointer, flip-charts, markers
- Determine breaks
- Determine lunch/refreshment/beverage arrangements
- Secure and select a classroom
Training Agenda
4-5 Hours

Course Curriculum
- Welcome/Introductions/Course Overview
- A Personal Second Victim Story
- Second Victim Overview
- Skill Building
- Caring in Action – Simulation
- Next Steps

Objectives:
1. Discuss the “second victim” phenomenon.
2. Describe the various stages of second victim recovery.
3. Recognize high risk clinical events, which could expose clinicians to the second victim phenomenon.
4. Summarize various interventional strategies to support clinicians experiencing the second victim phenomenon.
Room Requirements

- Limit training to 40 individuals
- Classroom set up
  - Round tables, use classroom style if not available
  - 4 individuals at a table (no > 6)
- Arrange for relevant equipment
  - Laptop, speakers, pointer, flip-charts, markers
  - KLEENEX
- PowerPoint presentations downloaded
  - Backup copy of PowerPoint
- Handouts
- Class evaluation form
- Attendance sheet
- Lifeguards assigned
6. Ensure Team Effectiveness

- Develop an encounter form to capture general information
- Establish a dashboard overview of general team performance
- Develop an evaluation tool to assess team effectiveness
- Develop a team member satisfaction tool
### INTERACTIONS

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- □ Employee Assistance Program (EAP)
- □ Personal Counselor
- □ Risk Management/ Patient Safety Team

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*Information contained in this document is privileged and confidential and may be shared only with individuals defined as the “workforce” of MU Health Care within our facility’s Patient Safety Evaluation System (PSES).*
forYOU Team Impact – Peer Supporter

“I have been a peer supporter on the ForYOU team for over seven years and it has been one of the more gratifying parts of my job at MU Health Care. It truly brings joy to my every day work when I can help a suffering colleague. What an incredible experience to not only care for our patients but also for our ‘own’. Thank you for the opportunity!” forYOU Team Peer Supporter
Support Evaluation Form

How did we do?
If you’ve received support from the forYOU Team, please fill out this form. Your comments will be used in a confidential manner to improve the services we provide.

1. I am a:
   - Nurse
   - Physician
   - Pharmacist
   - Respiratory therapist
   - Social Worker
   - Other _______

2. The peer support I received from forYOU was:
   - Extremely beneficial
   - Very beneficial
   - Moderately beneficial
   - Slightly beneficial
   - Not at all beneficial

1. How distressing was this event?
   - Extremely distressing
   - Very distressing
   - Moderately distressing
   - Slightly distressing
   - Not at all distressing

3. How satisfied were you with the experience?
   - Extremely satisfied
   - Very satisfied
   - Moderately satisfied
   - Slightly satisfied
   - Not at all satisfied

4. I would recommend the forYOU service to a colleague:
   - Yes
   - NO, Please explain why not ____________

5. How can we improve our team? ________________
   ___________________________________________
   ___________________________________________

Thank you!
Thank you for taking the time to provide us feedback on the forYOU Team. To submit this survey, please send it via campus mail to:
Office of Clinical Effectiveness
DC 103.40
Team Meeting Agenda – 3 sections

Spreading the word
-What opportunities can we find in our system?
-Grand rounds, wellness fair, caring rounds, etc.

Encounter discussions
--What Went Well?  What to Do Differently with Next Encounter?
Tracking key factors
-Tracking follow up
-Second victim follow up

Educational offering
-Grief and Bereavement
-Moral Distress
-Introduction to Stress Management Model
-General Stress Management
-Active Listening
-Caring for the Caregiver
-Self care
Communication and Optimal Resolution (CANDOR) Toolkit

What is the Communication and Optimal Resolution Process?

The Communication and Optimal Resolution (CANDOR) process is a process that health care institutions and practitioners can use to respond in a timely, thorough, and just way when unexpected events cause patient harm.

Based on expert input and lessons learned from the Agency’s $23 million Patient Safety and Medical Liability grant initiative launched in 2009, the CANDOR toolkit was tested and applied in 14 hospitals across three U.S. health systems.

What Resources Are Included in the CANDOR Toolkit?

The CANDOR toolkit contains eight different modules, each containing PowerPoint slides with facilitator notes. Some modules also contain tools, resources, or videos.

www.mitss.org

Give to support people facing the trauma of medical error.
References