## The Second Victim Experience: Train-the-Trainer Workshop



Skill Building – Offering Clinician Support

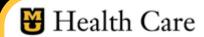




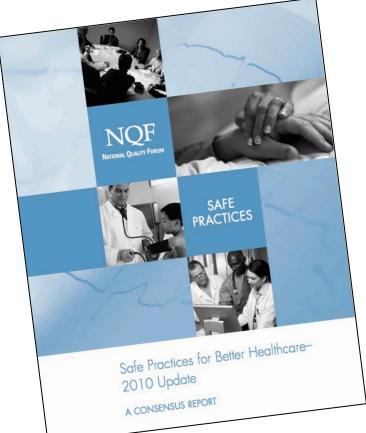
#### Guidelines for Clinician Care

Institute for Health Care Improvement





## Guidelines for Clinician Care (continued)



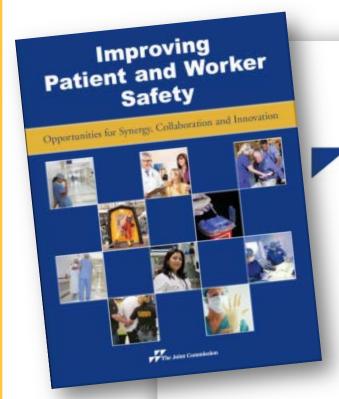
National Quality Forum – Safe Practice 8: Care for the Caregiver

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.





## Guidelines - Regulatory



## The Joint Commission

LD.04.04.05 - EP 9

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

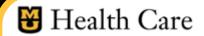
High acuity areas have little time to integrate what has happened

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!





#### What Second Victims Desire...





## Types of Support Models

- Peer Support
- Individual Providing Support Risk Manager, Patient Safety, Various Administrators & Medical Leaders
- Employee Assistance Program (EAP) referrals
- Employee Health or Wellness Centers







## forYOU Team Objectives....

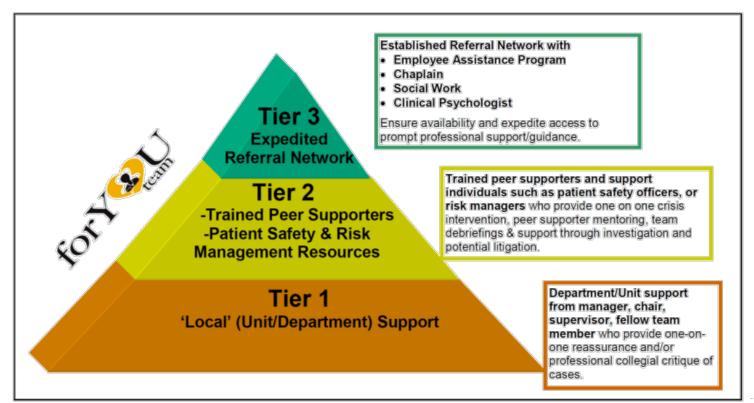
- Minimize the human toll when unanticipated adverse events occur.
- Provide a 'safe zone' for faculty and staff to receive support to mitigate the impact of an adverse event.
- an internal rapid response infrastructure of 'emotional first aid' for clinicians and personnel following an adverse event.





## Support Strategies Interventions

The Scott Three-Tiered Interventional Model of Second Victim Support







## 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





Expedited Referral Network

**Trained Peer Supporters** 

'Local' (Unit/Department) Support



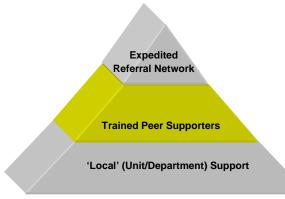
#### Second Victim Interventions

#### **Second Tier Interventional Strategy**

For YOU Peer Support Team, Patient Safety Representatives, and Risk Management

- One on one peer support
- Team De-Briefings







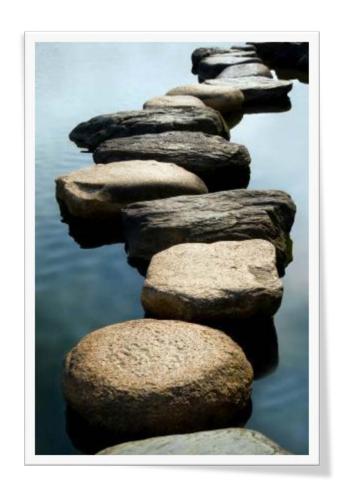
## Peer Supporters

- Personal Characteristics
  - High Emotional Intelligence
  - Respect and Trust of Peers
  - Ability to Keep Confidences
  - Effective Communication Skills
  - Empathic
  - Non-judgmental



## The Supportive Interaction

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







#### Second Victim Interventions

#### **Third Tier Interventional Strategy**

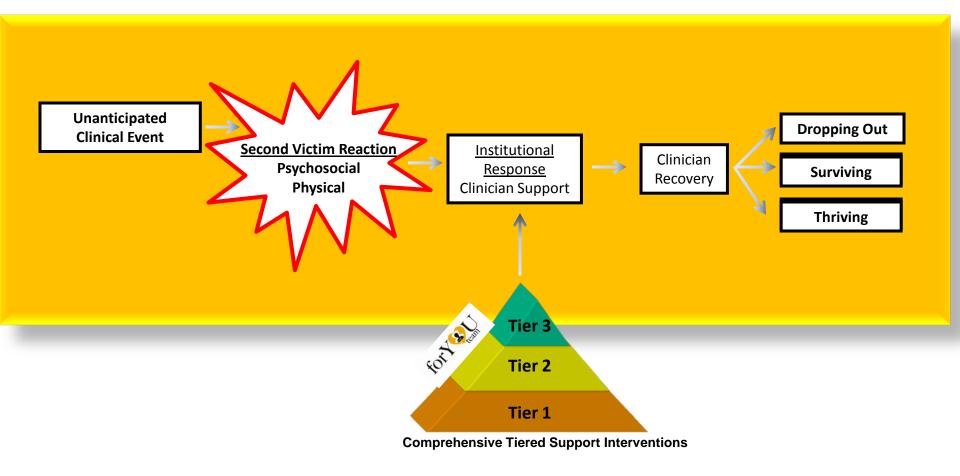
Expedited Referral to Experts = Clinical Psychologists, Chaplains, Employee Assistance Program (EAP), Social Workers, Holistic Nurse or Personal Counselor.

Expedited Referral Network

**Trained Peer Supporters** 

'Local' (Unit/Department) Support

## Second Victim Intervention Model



#### **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 ~

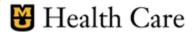


#### **General Stress**

- Everyone has encountered this type of stress
- Resolves fairly quickly





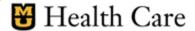


## **Cumulative Stress**

- Stress build up
- Difficult to alleviate symptoms







#### **Acute Traumatic Stress**

- A 'terrifying' event that produces considerable psychological distress
- Normal reaction to abnormal events





#### **Post Traumatic Stress**

- Severe Stress produced by severe psychological trauma
- Chronic







#### **Critical Conversations**

- Effective communication
  - o depends on speaking and listening





# 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

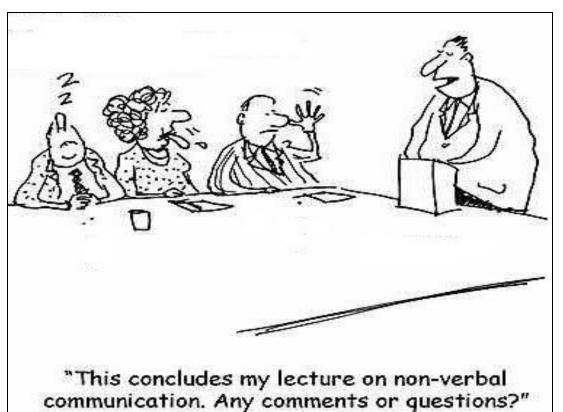






#### **Non-Verbal Communication**

## 80% of communication is non-verbal Eyes and Tone say a lot







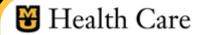
## Being Quiet

• 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





## Open-ended Questions

- Questioning in a supportive way
- Ask How and What  $\rightarrow$  Not Yes or No

#### Example:

- What other experiences/feelings did you have?
- How did that work for you?
- Tell me more about...





#### **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...



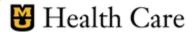


## Active Listening is NOT:

- 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







## Being a Peer Supporter



**Trained Peer Supporters** 

'Local' (Unit/Department) Support





#### How to provide peer support Emotional First Aid

- Purposefully talk through the experience
- Listen to the story
- Help put incident in perspective
- Conversation used as a "band-aid"







## Basic Support Strategies

- Be a good listener!
- Avoid second–guessing performance
- Do not try to fix it...
- Provide emotional first aid
- Let them know you care...





## 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 gett back to their routine after a traumatic event

Promotes the continuation of productive careers while building healthy stress management behaviors





# Resilience

The Courage to Come Back



#### Questions....

"When we deny feelings, they struggle for life.

When we give voice to our feelings, they

die birthing."

Darwin Crosland, 2016



