

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



Designing a Support Team – Special  
Considerations

# Elements for Clinician Support Response

1. Internal patient safety culture preparedness and leadership readiness
2. Identify existing and potential second victim supporters
3. Establish team infrastructure
4. Develop internal marketing campaign for response team
5. Establish training program for second victim supporters
6. Ensure team effectiveness



# 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

# forYou 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



## 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

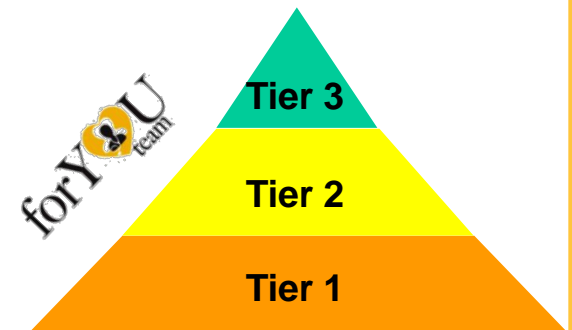
Who can fulfill role of support



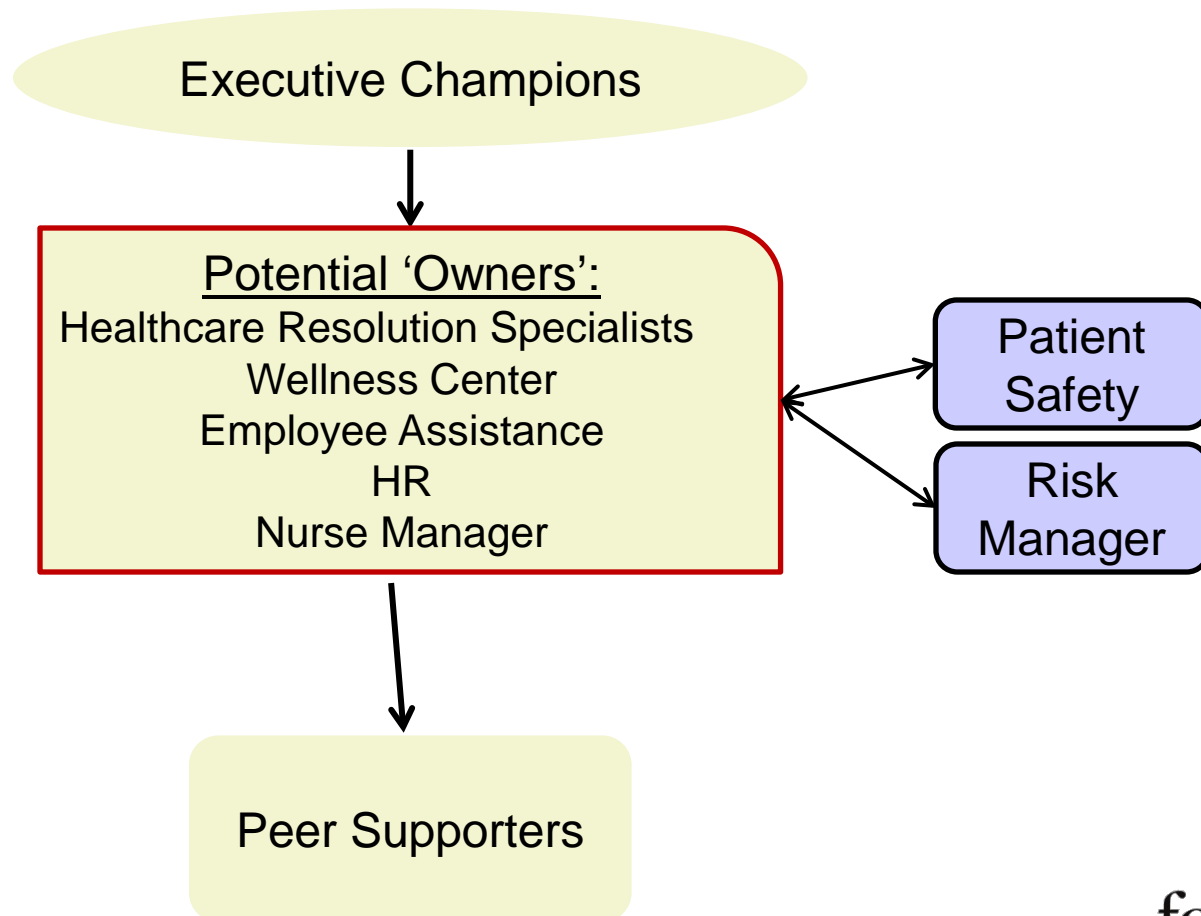


# Types of Support Models

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



# Potential Team Structures



## 2017 forYOU Team Organizational Chart

Kristin Hahn-Cover  
Chief Quality Officer

Advisors

Art Dyer  
Chaplain

James Hunter  
EAP

Julia Settles  
Risk Management

Susan Scott  
forYOU Team Coordinator

Staci Walters  
Kate Neckermann  
Facility Team Lead  
SON, UHC

Kelly Butler  
Facility Team Lead  
MOI, MUPC

Kristin Hahn-Cover  
Facility Team Lead  
SOM

Robert McMahan  
Facility Team Lead  
WCH

Laura Hirschinger  
Facility Team Lead  
Clinics

forYOU Team Peer Supporters  
SON, UP/Clinics, UHC

forYOU Team Peer Supporters  
MOI, MUPC

forYOU Team Peer Supporters  
SOM

forYOU Team Peer Supporters  
WCH

forYOU Team Peer Supporters  
Clinics

# 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

# 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)

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How did you hear about the forYOU Team?

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

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

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*I would like to be considered for the role of forYOU team peer supporter.*

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*I endorse this applicants request to join the forYOU team.*

*Manager Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Agreement of Understanding**



**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:

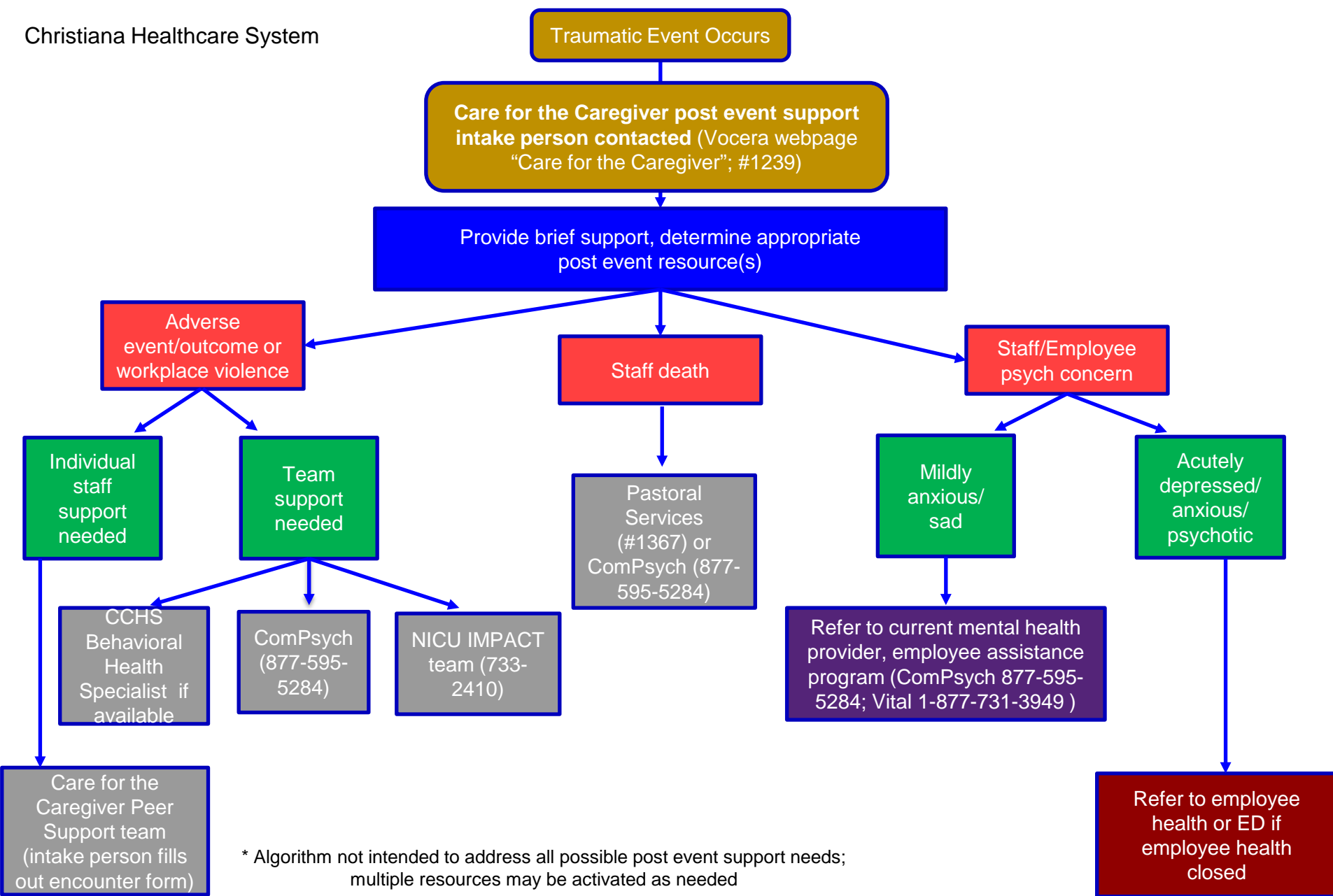
1. Provide the initial/formal forYOU Team training for new members.
2. Provide ongoing educational support.
3. Offer support to team members after forYOU team activation as necessary.
4. Regularly evaluate team operations and membership.
5. Arrange 24 hour/7days a week access via text pager.

\_\_\_\_\_  
**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

 Health Care  
The In It Together Program

Peer Support For You  
(PSFU)

COPE

We Care

2gether

(Caregivers Overcoming Pressure Events)

Healing Healers

HOPE

Helping Our Peers Endure

Peer Alliance Support Team  
(PAST)

Grace Unit

forY  U  
team

RISE

Commit to Care

(Resilience in Stressful Events)

Hands to Hold

YouMatter™

Shoulders to Shoulders

Support for Second Affected Victims for  
Emotional Stability

(SSAVES)

HOPE

(Healing Outcomes from Pressure Events)

forY  U  
team

# forYOU Resources/Stress Tools

A paper-based stress card  
Mini Stress Survival Kit  
The Stress Management  
Hot/Cold Pack  
Stress Ball  
Blank Journal  
Heart Charm  
Aroma therapy  
Relaxation Book & CD  
Massager



Providing care and  
support to our staff

We're here for you  
and your family.



forYOU team

forYOU 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**

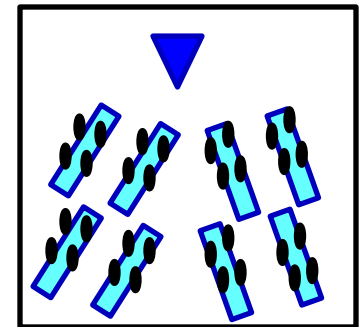
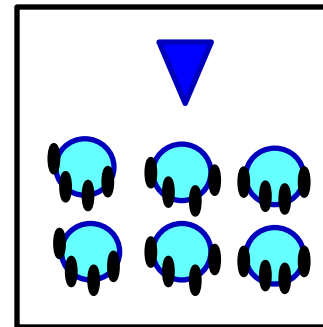
- Welcome/Introductions/Course Overview
- A Personal Second Victim Story
- Second Victim Overview
- Skill Building
- Caring in Action – Simulation
- Next Steps

### **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





**Key actions for supporting:**

- Acknowledge what the second victim is saying or feeling.
- Don't try to fix it — your supportive presence is all you need to give.
- Be there. / Practice active listening.
- Offer support. / Share your experiences.
- Reinforce that they make a difference.
- Provide a referral if needed.

**24/7 Pager ..... (573) 397-0044**

**Sue Scott, forYOU Team coordinator ..... (573) 397-9428**

**Chaplain pager ..... (573) 499-7533**

**WCH pager ..... Judi Massey (573) 441-7539**

**MRC cell phone .....Gail Getzendaner (417) 316-1977**

**SOM pager ..... Kristin Hahn-Cover (573) 876-1937**

**UHC pager ..... Laura Hirschinger (573) 397-9428**

**MOI pager ..... Kelly Butler (573)**

**MUPC pager ..... Kelly Butler (573)**

## Training Aids

**Responsibilities:**

- A. Monitor colleagues in your work area for second-victim experiences.
- B. Interaction — One-on-one support to mitigate symptoms of critical events
  1. Introduction
    - a. Introduce the goal of the ForYOU team.
    - b. Do not critique the incident. Allow time to express emotions in a confidential manner. Ask: "Are you OK?" and "What do you need?"
  2. Exploration
    - a. How do you feel about what happened?
    - b. What was your first thought after the situation?
    - c. What was the worst thing for you personally?
  3. Information "normalizing"
    - a. Validate normal reactions to an abnormal event.
    - b. Provide information (brochures, contact info, self-care ideas, etc.)
  4. Follow-up (referral, next discussion)
    - a. Determine if an additional visit is needed, and schedule it.
    - b. Refer to your facility team leader for resources:  
Patient Safety, Risk Management, Chaplain and EAP
- C. Documentation – Complete an encounter form. Return it to Laura Hirschinger at hirschingerl@health.missouri.edu or DC103.40.

## CASE STUDIES

### Case #1

#### Event:

A 64 year old diabetic was admitted with sudden onset of left sided weakness. Initial head CT scan was negative. The patient was admitted for observation. The RN noted increased drowsiness approximately 5 hours post admission. The MD was contacted but she was busy in the ER and was not available to re-assess the patient. An order was given to repeat the head CT scan. Repeat CT scan remained negative. 15 minutes later, the nurse tech found the patient unresponsive. The Rapid Response Team was activated. HR-86 BP 158/86. Patient transferred to ICU when the serum glucose was noted to be 25. The patient's condition stabilized but uncertain about permanent harm.

### Case #2

#### Event:

A 45 year old visitor collapsed in the main lobby after visiting his father in the ICU. He was transferred to the ER for assessment and diagnosed with acute MI. The patient was admitted to the ICU in critical, but stable condition. On hospital day # 2, the patient stated, "something is not right today..." The nurse re-enforced that everything was looking good and that he would more than likely be moved to a floor bed later that day. About 20 minutes later, the monitor alarmed with v-fib. A Code Blue was promptly called. After 60 minutes the patient was pronounced dead. The patient's wife, two children (8 & 5), mother, and hospitalized father were present when the code was initiated.

### Case #3

#### Event:

A 12 year old, involved in a motor vehicle accident, was en route to your ER. The family arrives prior to the ambulance and waits outside for patient arrival. The ambulance arrives with security present to assist with unloading. Upon arrival to the ER entrance, the patient went into cardiac arrest and chest compressions were initiated by paramedics. The mother was quite distressed and collapses. Members of the security team and receptionists assist the mother and other family members present. The child was pronounced dead within 30 minutes of arrival.

## 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

Peer Supporter:

**Activation:** ☐ New ☐ Mentoring (No direct support provided) **Date of Interaction:** **Length of Interaction:**
**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

Event Outcome		Risk Factors	
<input type="checkbox"/> No Harm	<input type="checkbox"/> Community high profile	<input type="checkbox"/> Palliative Care	
<input type="checkbox"/> Temporary Harm	<input type="checkbox"/> Death of a staff member or their spouse	<input type="checkbox"/> Patient known to staff members	
<input type="checkbox"/> Permanent Harm	<input type="checkbox"/> Failure to Rescue	<input type="checkbox"/> Patient that reminds staff of their family	
<input type="checkbox"/> Death	<input type="checkbox"/> First death under their "watch"	<input type="checkbox"/> Patient victim of violence	
<input type="checkbox"/> Other	<input type="checkbox"/> Litigation	<input type="checkbox"/> Pediatric case (21 years & younger)	
	<input type="checkbox"/> Long term patient	<input type="checkbox"/> Unexpected patient demise	
	<input type="checkbox"/> Medical error	<input type="checkbox"/> Young adult patients	
	<input type="checkbox"/> Multiple patients with poor outcomes	<input type="checkbox"/> Other	
	<input type="checkbox"/> Organ donation		

Referrals	Peer Reflections (No Specific Case Detail)
<input type="checkbox"/> No Referral Made	
<input type="checkbox"/> Chaplain	
<input type="checkbox"/> Clinical health Psychologist	
<input type="checkbox"/> Employee Assistance Program (EAP)	
<input type="checkbox"/> Personal Counselor	
<input type="checkbox"/> Risk Management/ Patient Safety Team	

Follow-Up #1	Date of Interaction:	Length of Interaction:
<b>Referrals</b>	<b>Peer Reflections (No Specific Case Detail)</b>	
<input type="checkbox"/> Not Needed		
<input type="checkbox"/> Chaplain		
<input type="checkbox"/> Clinical Health Psychologist		
<input type="checkbox"/> Employee Assistance Program (EAP)		
<input type="checkbox"/> Personal Counselor		
<input type="checkbox"/> Risk Management		

Follow-Up #2	Date of Interaction:	Length of Interaction:
<b>Referrals</b>	<b>Peer Reflections (No Specific Case Detail)</b>	
<input type="checkbox"/> Not Needed		
<input type="checkbox"/> Chaplain		
<input type="checkbox"/> Clinical Health Psychologist		
<input type="checkbox"/> Employee Assistance Program (EAP)		
<input type="checkbox"/> Personal Counselor		
<input type="checkbox"/> Risk Management		

## forYOU Team Impact – Second Victim

***“There is always a window of opportunity..... I had questioned myself, staying as a trauma nurse. The forYOU Team was able to intervene at appropriate timing and within my window of opportunity to stay as a trauma nurse. And today – a year later – I feel better than ever!”*** *Second Victim RN*



## 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

1. Who was your peer supporter?

2. Please respond to the below statements:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
In general, the peer support process was helpful to me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My peer supporter helped me feel less isolated:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting with a peer supporter helped me process the emotions I have been experiencing since the event:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. My peer supporter provided me with additional resources.

☐ Yes

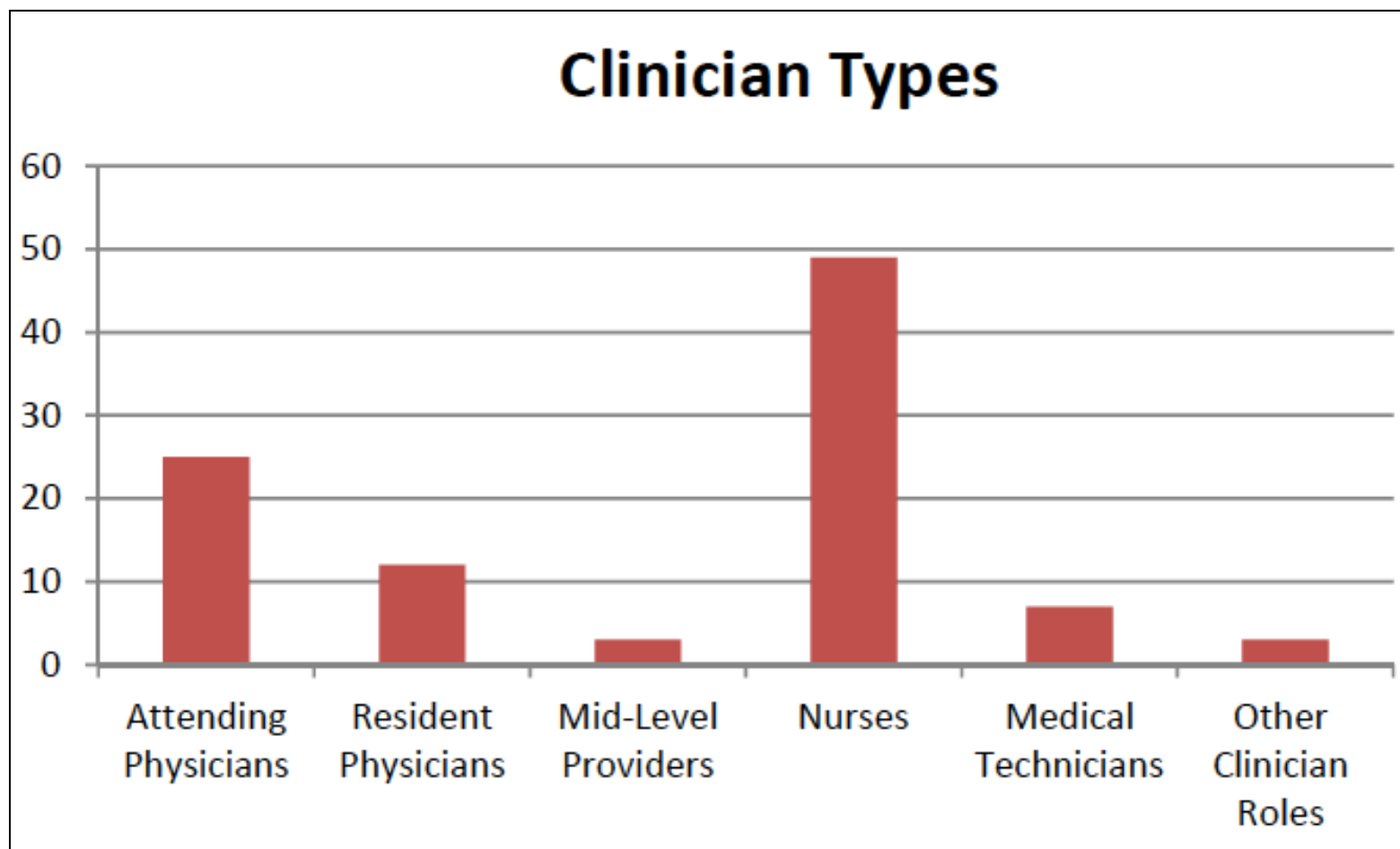
☐ No

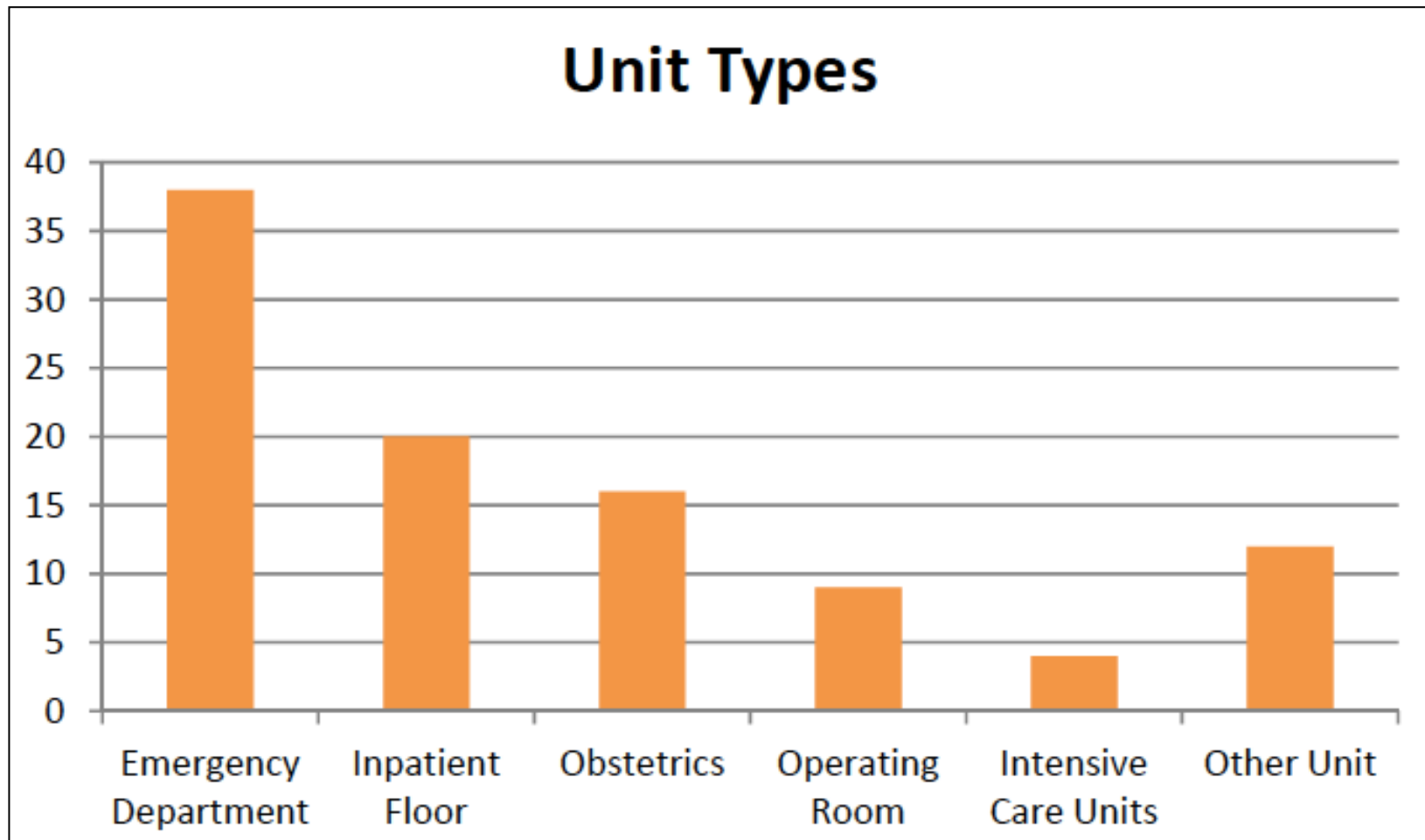
4. Please respond to the statement below:

	Very Unlikely	Unlikely	Not sure	Likely	Very Likely
How likely would you be to recommend the Care for the Caregiver peer support program to a colleague?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you have any suggestions for improvement in the peer support (Care for the Caregiver) program?







Christiana Healthcare System

## **Spreading the word**

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

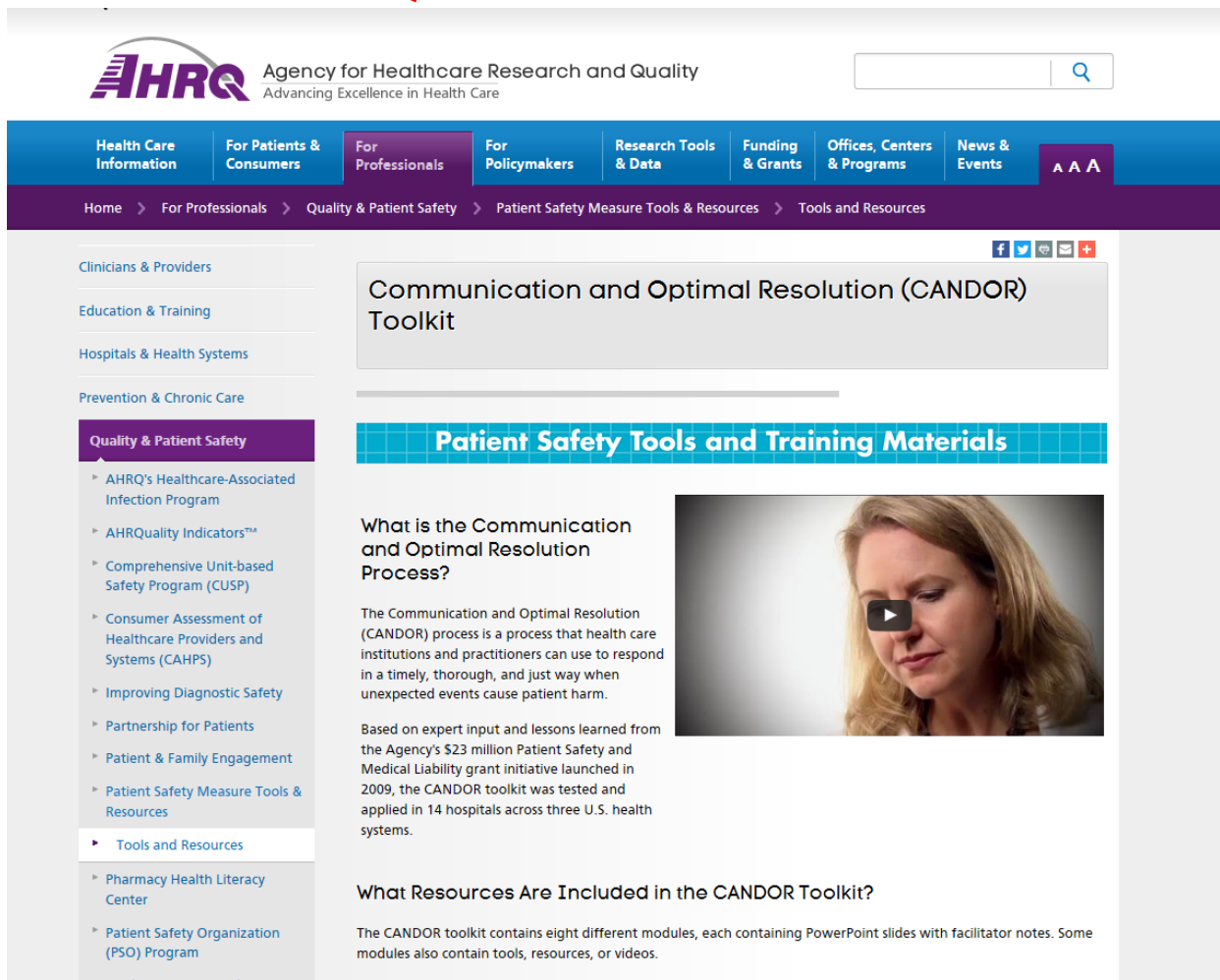
## **Encounter discussions**

- 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

# AHRQ – CANDOR Tool



The screenshot shows the AHRQ website's navigation and content for the CANDOR Toolkit. The header includes the AHRQ logo and the tagline "Agency for Healthcare Research and Quality Advancing Excellence in Health Care". A search bar is located in the top right. The main navigation bar has tabs for "Health Care Information", "For Patients & Consumers", "For Professionals", "For Policymakers", "Research Tools & Data", "Funding & Grants", "Offices, Centers & Programs", and "News & Events". Below this is a breadcrumb trail: "Home > For Professionals > Quality & Patient Safety > Patient Safety Measure Tools & Resources > Tools and Resources".

The left sidebar contains a list of categories: "Clinicians & Providers", "Education & Training", "Hospitals & Health Systems", "Prevention & Chronic Care", and "Quality & Patient Safety". Under "Quality & Patient Safety", there is a list of resources including "AHRQ's Healthcare-Associated Infection Program", "AHRQuality Indicators™", "Comprehensive Unit-based Safety Program (CUSP)", "Consumer Assessment of Healthcare Providers and Systems (CAHPS)", "Improving Diagnostic Safety", "Partnership for Patients", "Patient & Family Engagement", "Patient Safety Measure Tools & Resources", "Tools and Resources", "Pharmacy Health Literacy Center", "Patient Safety Organization (PSO) Program", and "Quality Measure Tools & Resources".

The main content area features a section titled "Communication and Optimal Resolution (CANDOR) Toolkit". Below this is a blue banner for "Patient Safety Tools and Training Materials". The section "What is the Communication and Optimal Resolution Process?" explains that the 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. It mentions that the toolkit was tested and applied in 14 hospitals across three U.S. health systems. A video player with a play button is shown next to this text. The section "What Resources Are Included in the CANDOR Toolkit?" states that the toolkit contains eight different modules, each containing PowerPoint slides with facilitator notes, and some modules also contain tools, resources, or videos.

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor>

[www.mitss.org](http://www.mitss.org)



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# A Closing Thought....

**“Any is Too Many<sup>♥</sup>.....”**



scotts@health.missouri.edu  
[www.muhealth.org/foryou](http://www.muhealth.org/foryou)