‘Second victim’ rapid-response team helps fellow clinicians recover from trauma

One Friday evening at University of Missouri Health System (MUHS) in Columbia, Missouri, Tony*, an RN with more than 17 years of critical care nursing experience, had a patient die unexpectedly during a routine procedure requiring moderate sedation. That weekend he was emotionally distressed, reliving the event and second-guessing his decisions.

On Monday, an investigation began that found no contributing errors, but this case—and others like it—had a far-reaching effect: They spurred the creation of the forYOU Team, a 24-hour rapid-response team to help clinicians known as “second victims.”

Second victims are those who experience trauma after being involved in an unanticipated patient event, stressful situation, or patient-related injury.

“These are clinically gifted providers,” says Sue Scott, MSN, RN, patient safety coordinator. “They come to work to help somebody. When that help turns to harm, or they can’t have the positive effect they want to have, it’s just devastating to them.”

A helping team

To determine how to better help second victims like Tony, Scott gathered a team including a social scientist, social worker, nurses, managers, and the director of the employee assistance program (EAP) at MUHS. Most were recovered second victims.

“We realized we have a rapid response team to help patients in trouble,” Scott says. “What if we developed a rapid response team for staff in trouble?”

The outcome was the forYOU Team, which deployed in 2009. Since then, the team has supported 639 MUHS faculty, staff, and volunteers; about 350 of the clinicians receiving support were RNs or LPNs.

The program received a Cheers Award from the Institute for Safe Medical Practices in 2012 and the MITSS (Medically Induced Trauma Support Services) HOPE award in 2009.

Most second-victim activations (56%) of forYOU relate to emotionally charged, unanticipated changes in a patient’s condition. Personal or professional events, such as the death of a coworker or personal injury on the job, are about 30%. Only 14% relate to a medical error.

Reluctance to seek help

Many clinicians are not familiar with the second victim concept or might be reluctant to admit they need help, which can be a challenge for organizations that want to start staff support programs.

Adrienne Mills, RN, nursing supervisor for preoperative care and the postanesthesia care unit (PACU) at MUHS’s Women’s and Children’s Hospital, was circulating on a case in the OR when she realized the child on the table resembled her daughter, who had been a patient in the pediatric ICU. She had to leave the room and ultimately transferred from the OR.

“I didn’t know I was a second victim until several months ago, when a young nurse circulated on a case of a young adolescent organ donation,” Mills says. “She wasn’t prepared for what she saw and sought out the forYOU Team.”
Mills originally planned to have the nurse share her experience in a meeting about forYOU, but when several coworkers said they didn’t need the team and were used to coping, the nurse declined.

The nurses’ reactions weren’t unusual, says Laura Hirschinger, MSN, RN, clinical improvement specialist for patient safety.

“In health care, we always ‘buck up’ because there is another patient. Sometimes we just need to pause. We need support.” In fact, judging by the MUHS experience, only about 15% of clinicians will seek help on their own.

Sharing experiences
As the forYou meeting progressed, the nurses in attendance started to share their emotional experiences with unexpected outcomes, remembering with great detail—the color of a patient’s hair, the tone of a voice—events that happened many years ago.

The experience spurred Mills to volunteer to serve on the forYOU Team. She and Jean Sword, RN, a staff nurse IV in the OR who has been part of forYOU since it started, have made inroads with the staff. When the OR started pediatric transplants, Sword says, “Staff weren’t prepared to see a lifeless child, especially those who have children about the same age. One surgery tech said, ‘I can’t do this anymore. I can’t deal with losing children at work.’”

Sword was able to provide much-needed support, and today that clinician is doing well in her role.

Embedded lifeguards
The forYOU Team is a network of nurses, physicians, respiratory therapists, and other clinicians who serve as “clinician lifeguards” for fellow health care professionals who are second victims.

“When the drama turns to trauma for the clinician, you need to have your life-guards,” says Scott. “They can help to reassure clinicians that they are human first and a clinician second and must take care of their basic needs.”

Staff can call a 24-hour pager for assistance. Team members embedded in high-risk clinical areas, such as operating rooms, ICUs, pediatric units, and emergency departments, form the backbone of the program.

The embedded team members “are the ones who know their colleagues best and can quickly pick up when something is wrong,” says Scott.

“The OR likes to take care of their own,” adds Mills. “They can more easily reach out to someone they know.”

Who are good candidates?
To identify candidates for clinician lifeguards, Scott recommends that managers consider those their staff naturally turn to—people like Sword.

“A lot of staff had naturally come to talk to me,” confirms Sword.

Scott calls these people natural supporters. Every unit has them, and they are the ones you should approach first, she says, adding that careful selection is key. “We don’t want just a warm body or someone looking for clinical ladder points.” Clinicians must have at least 2 years of clinical experience to serve on the forYOU Team.

Volunteer peer supporters complete a 6-hour training program that includes an explanation of the second victim concept, intervention strategies, and practice simulation. During the practice, volunteers pair up and share personal stories about their own events.
Three-tiered model

Interventions used by forYou Team members are based on understanding that each event is a unique experience, and each individual may require a different intensity or duration of support during their emotional recovery. The evidence-based Scott Three-tiered Intervenational Model of support structures rapid intervention when an event occurs, ranging from immediate one-to-one conversations through professional counseling for second victims.

Tier 1: Local support
This foundational support is at the unit or departmental level and includes identifying potential second victims and making sure the person is “okay” immediately after the event. About 60% of participants receive sufficient support at this level.

Tier 2: Peer-to-peer support
A specially trained peer intervenes with a second victim through a one-on-one or referral to other internal resources such as patient safety experts or risk management. Services here meet the needs of about 30% additional people.

Tier 3: Professional support
The person needs additional support beyond what the forYOU Team can provide. This includes, but is not limited to, a referral to clinical psychologists, chaplains, or EAP personnel. About 10% of second victims require this level of support.

Six stages of recovery
The 6 stages of recovery are:
1. Chaos and accident response
2. Intrusive reflections
3. Restoring personal integrity
4. Enduring the inquisition
5. Obtaining emotional first aid
6. Moving on.

“Because they are natural supporters, we wanted them to know they were doing something different with this program,” says Hirschinger.

“The training makes them more confident to walk up to someone they don’t know as well and reach out to them; that might be the housekeeper who cleans the OR, the pharmacy tech who preps the case, or someone else.”

Training is conducted every 18 months, and the team now has 100 members.

Ongoing connections
Sword says forYOU peer supporters participate in team meetings 1 hour a month for 10 months of the year (excluding August and December) by satellite feed in each institution.

Initially, these meetings focused on how to promote the program, which included presenting information in staff meetings, discussing it during nursing grand rounds, having booths at skills fairs and health fairs, mounting posters in elevators, placing


For more information about the forYou Team, go to http://www.muhealth.org/body_foryouteam.cfm?id=6843. Another resource is Medically Induced Trauma Support Services (http://www.mitss.org).
information in bathrooms, distributing magnets, and incorporating the program into new staff orientation. Other employees, physicians, and residents receive information about the program as well.

Now the meetings often focus on sharing cases (protecting the privacy of the second victim) so peer supporters can learn from one another. Hirschinger says the meetings sometimes include guest speakers on topics such as end-of-life issues, active listening, and grief and bereavement.

**Tools of the trade**

Team members use an evidence-based, three-tiered model to facilitate clinician support and help second victims transition through six stages of emotional recovery (illustration).

The forYOU Team provides printed resources to supplement personal intervention. A brochure for staff describes the program’s goals and services as well as common reactions to stressful events and ways to cope. Another brochure targets the team member’s family, describing how second victims feel and suggesting strategies for how to help. MUHS invites other hospitals to access the brochures at http://www.muhealth.org/secondvictim.

**Making the business case**

Costs for the program include education and 24/7 call. Call is rotated among the team leaders in each of the 6 MUHS facilities, although most of the time, the pager doesn’t sound because volunteers are embedded in the units. Scott is attempting to determine the effect of the program on staff turnover. In one case, an ICU nurse who had written a resignation letter before contacting the forYOU Team is still working and thriving a year after her second-victim experience.

Scott estimates it would cost about $150,000 to hire and train an ICU nurse in her geographic area, which means “If you save one nurse, you have paid for many years of expenses.”

**Starting a program**

OR directors who want to start a similar program should discuss the idea with managers and front-line staff, Mills says. “Pull some of the research on second victims and set up lifeguards in your own area.” Anesthesiologists, surgical technologists, and surgeons can also participate.

Another strategy is to hold group debriefings after an unexpected, negative outcome—that way, ICU, OR, and PACU staff can see how personnel were affected by the event and provide support. Scott cautions that it’s important to have someone with debriefing training, knowledge, and skills to facilitate the process.

**Caring for the caregiver**

The forYOU Team’s guiding principle of “providing care and support to our staff” is lived each day. “We want to have compassionate, caring caregivers,” says Hirschinger.

“Take care of your people so they can take care of your patients,” adds Mills.

—Cynthia Saver, MS, RN

*Cynthia Saver, a freelance writer, is president, CLS Development, Inc, Columbia, Maryland.*
References