

Peer Support for Second Victim Syndrome

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Background

- Second Victim Syndrome (SVS) is when a health care team member becomes traumatized by an adverse medical event; the patient is the primary victim, but the clinician is affected secondarily.¹
- SVS can lead to stress, burnout, anxiety, and potentially staff resignations. In more extreme cases, SVS can result in depression, post-traumatic stress disorder, and/or suicidal thoughts/attempts.¹
- SVS is known to affect the entire clinical team; however, it also impacts research professionals. Research professionals are patient-facing and share patient's experiences, including patient deaths.
- Two separate research organizations conducted studies regarding stress levels within research teams and found there was a high level of burnout for clinical research professionals^{2, 3}
- Our Clinical Trials Office (CTO) internal advisory committee identified the need for emotional first aid to support our teams and mitigate the risk of SVS.
- Similar programs have been established and found to have improved burnout in clinical professionals within NCI centers^{2, 3}

Innovative Approach

- Tier 1 includes entire care team
- Optimal patient care, optimal support & recovery requires a team
- Promotes team recovery
- Promotes future team functioning and culture of safety

Tier 3:
Expedited Referral Network:
Employee Assistance Program
Mental Health Services
Spiritual Services

Tier 2:
Trained Peer Supporters
Patient Safety and Risk Management Resources

Tier 1:
Local Support:
(Unit/Departmental)
Peer-to-Peer Support:
Clinical Research Assistants,
Coordinators, Nurses

Goals



We sought to implement a Peer Support Program (PSP) to provide emotional aid in the CTO. This program aims to provide staff with mental health support when they experience potential effects of SVS.

Solutions and Methods

- PSP offered through CTO partnering hospital, Froedtert; the program was developed by Dr. Alicia Pilarski and Dr. Timothy Klatt based on the work of Dr. Susan Scott (University of Missouri)¹
- 13 staff were trained to be Peer Supporters (PSs)
- Training consisted of two parts:
 - online training included videos with personal accounts from hospital staff about their experiences with SVS
 - in-person training allowed staff to explore different tactics/language that PSs can use to assist their colleagues through potentially distressing experiences
- Qualtrics submission form was created to access the PSP in the CTO; it is received by the CTO PSP Lead and triaged to the applicable PS no later than one business day
- Since the staff member's needs can change over time, the PS reaches out the next day, and one and two weeks after the event

Submission Form: Scan to view



Outcomes

Establishing this program within the CTO is an ongoing process. We plan to follow metrics through originating Qualtrics submission forms. These metrics will allow us to track the number of staff members that ask for support, what topics were discussed, and if escalated aide is required.

Lessons Learned

- While PSPs are utilized often by clinicians, there is a need among non-clinician staff such as research professionals.
- As this CTO PSP is used, PSs will meet monthly to critically review metrics and identify potential changes to this clinician-focused PSP that may be helpful in a CTO setting.
- We hope that providing research professionals with emotional aid will lead to decreased stress amongst staff and build a more supportive work environment.

Future Directions

- We would like to optimize a streamlined process where research staff can request mental health support and be provided with resources within the same business day if necessary.
- Our innovative journey to implement this hospital-based PSP in a CTO setting has potential applications among other academic medical centers.
- This program has the potential to grow and become more personalized to each research department depending on what each team needs.



References

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