

Second Victim
Phenomenon in
Healthcare: Adapting to
a Global Disaster

Learning Objectives

- At the conclusion of the session participants will be able to:
- define technical verses non-technical support systems in the workplace.
- describe how non-technical support systems plan a crucial role in their success in the workplace.
- consider the effects of a global pandemic on healthcare professionals in radiology. (Covid-19)
- design an ideal work environment for RT's
- to prepare for future global health issues.



Crisis

- **Definition of *crisis***
- **1a:** the turning point for better or worse in an acute disease or fever
- **b:** a paroxysmal attack of pain, distress, or disordered function
- **c:** an emotionally significant event or radical change of status in a person's
life
- **2:** the decisive moment (as in a literary plot)
- **3a:** an unstable or crucial time or state of affairs in which a decisive
change is impending
- **b:** a situation that has reached a critical phase



Disaster

Definition of *disaster*

1 : a sudden calamitous event bringing great damage, loss, or destruction

// natural disasters

broadly : a sudden or great misfortune or failure

// The party was a disaster.



Crisis Verses Disaster

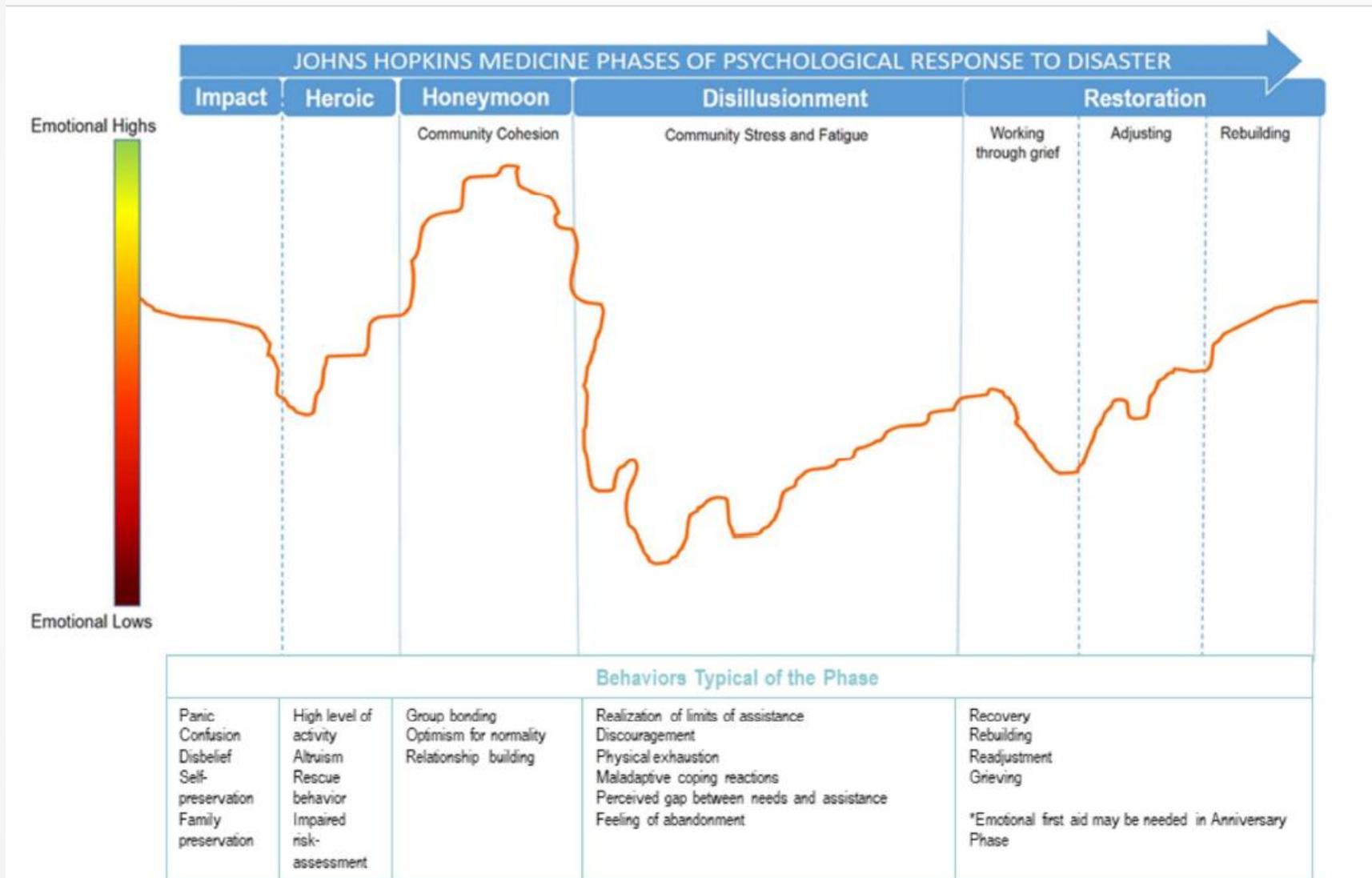


- Crisis is an emergency situation that poses a threat to human life, property or leads to large scale disruption of normal life
- Disaster results when a crisis is not properly managed resulting in large scale loss of life or property

COVID -19 Disaster

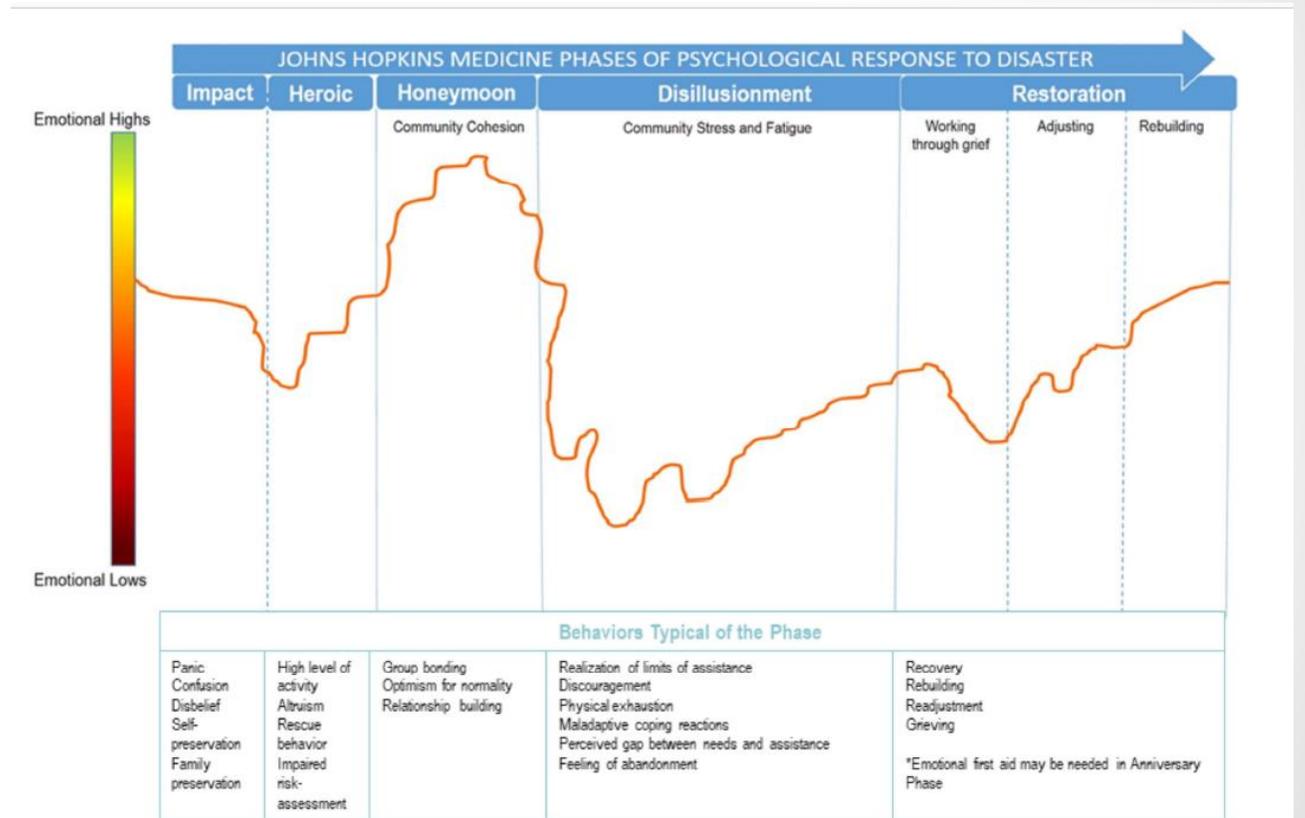


Psychological Response to Disaster



Healthcare Professional's Psychological Response

- Impact
- Heroic
- Honeymoon
- Disillusionment
- Restoration

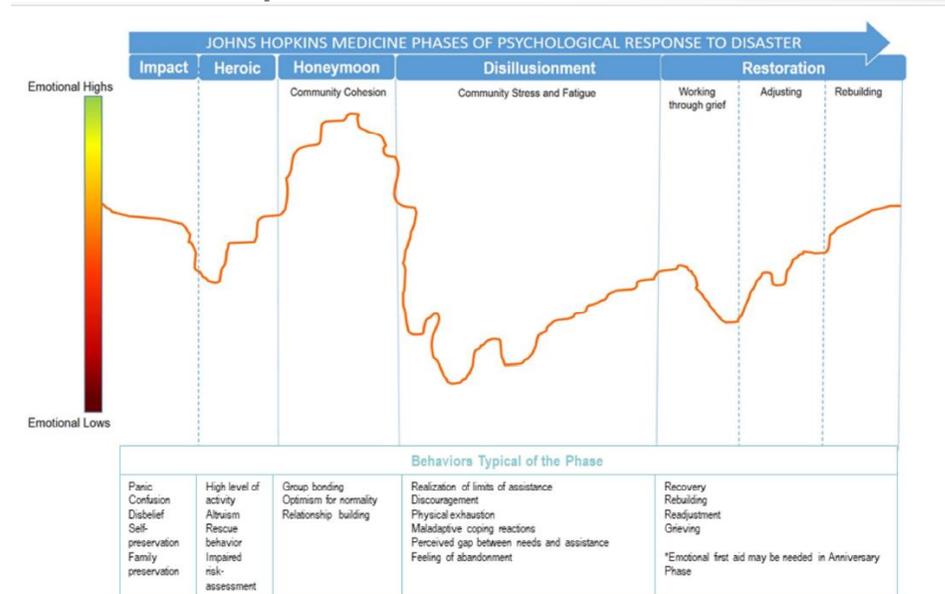


Healthcare Educator Response

- Institution's mitigation strategies
- Program response
 - Didactic
 - Clinical implication
- Continuity of learning

Healthcare student psychological response

- Fear
- Uncertainty
- First year Rad Tech (early phase of education)
- Second year Rad Tech (later phase of education)
- Preparedness for future



How Is The COVID Disaster Impacting Healthcare Professionals, Educators and Students?

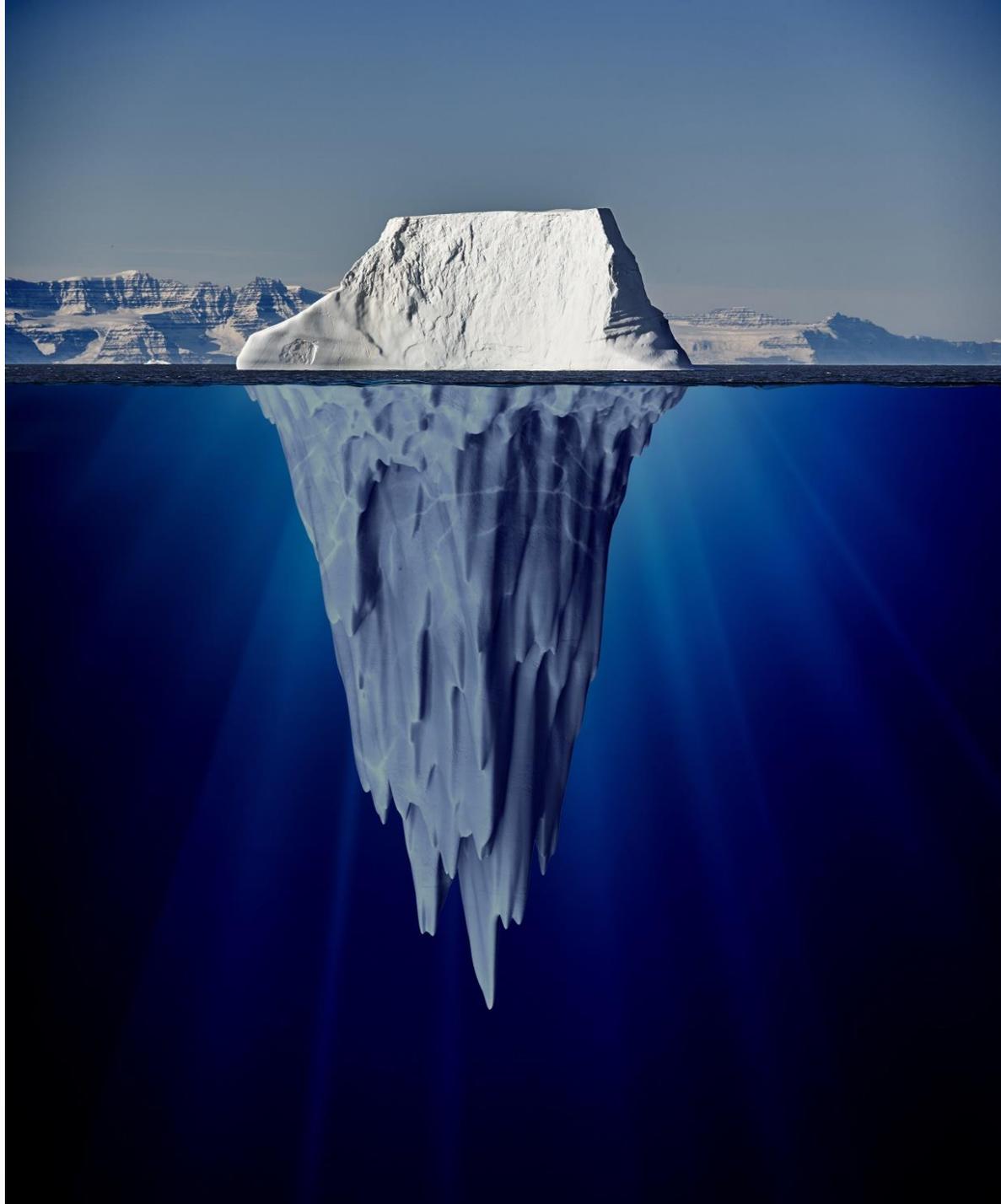
- Fear of exposure for the individual and for family
- Feeling guilty for ones own health
- Strained personal relationships, reduction in typical outlets for stress
- Grief from lost loved ones
- Homeschool, child care, elder care
- Anxiety over finances



How Is The COVID Disaster Impacting Healthcare Professionals, Educators and Students?

- Increased workload/shifts due to demand and call-outs
- Exhaustion-physical and mental
- Redeployment/unfamiliar assignments
- Increased stress about performance
- Anxiety/depression over the loss of patients or medical errors





Medical Errors

- The failure to complete the intended plan of action or implementing the wrong plan to achieve an aim.
- An unintended act or one that fails to achieve the intended outcome.
- Deviations from the process of care, which may or may not result in harm.
- When planning or executing a procedure, the act of omission or commission that contributes or may contribute to an unintended consequence
- Medical errors are a serious public health problem and a leading cause of death in the United States.*

● *Oyebode F. Clinical errors and medical negligence. Med Princ Pract. 2013;22(4):323-33.

Most Common Medical Errors

- Misdiagnosis
- Delayed diagnosis
- Medication error
- Infection
- Failure to account for surgical equipment
- Improper medical device placement or device malfunction
- Wrong exam site
- Poor technique
- Sub Optimal images



Most Common Root Causes for Medical Errors

- Fatigue
- User Error
- Inexperience
- Human Error



Medical Errors

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- Fatigue
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Medical Errors- Victims

- First victims of medical errors are the patients who are harmed and their families.
- The second victims are the caregivers and staff who sustain complex psychological harm when they've been involved in errors that injure patients in their care
- The second victim phenomenon can occur to any healthcare provider or student, in any organization

Second Victims

- Feel personally responsible for the unexpected patient outcomes
- Feel as though they have failed the patient
- Second-guess their clinical skills
- Second-guess their knowledge base
- Each second victim (even those involved in the same event) will have unique experiences and needs

A Reflection From A Second Victim

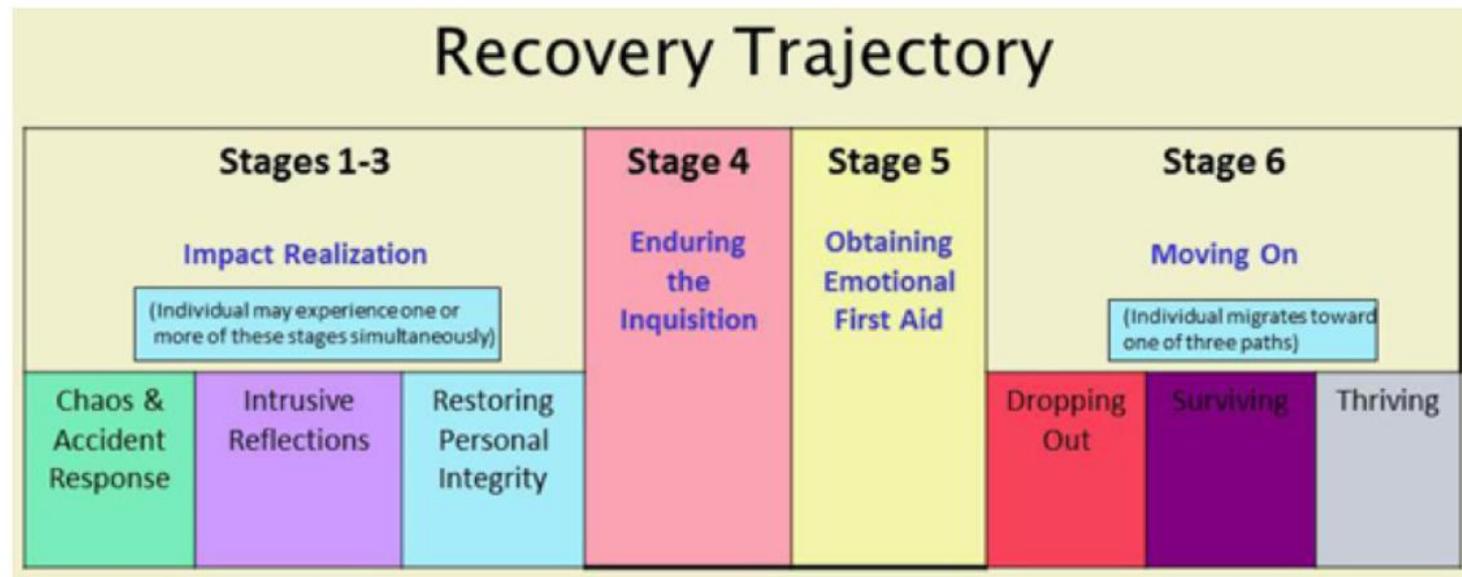
“The patient had a poor reaction; he dropped his blood pressure dangerously low...I felt awful...I went to the bathroom and vomited. I remember crying all the way home during my drive. All I could think about was how one brief lapse in concentration and I could have killed my patient. I was nervous at work for years afterward. I’m better now but even typing this is making me anxious again.”



Stages of Second Victim Syndrome

- Chaos and accident response
- Intrusive reflection
- Restoring personal integrity
- Enduring the inquisition
- Obtaining emotional first aid
- Moving on — dropping out, surviving or thriving

Healing and recovery occurs in a predictable manner.



Second Victims

- Psychological “casualties” **outnumber** physical casualties in all disasters
- Research indicates 25-30% of those directly affected by an event could benefit from acute psychological support
- Don’t assume that people are doing well simply because they are not complaining
- Second Victims often suffer in silence

Students as Second Victims



ORIGINAL ARTICLE | [Full Access](#)

Experiences and responses of nursing students as second victims of patient safety incidents in a clinical setting: A mixed-methods study

Huanhuan Huang MS, RN, Jiaojiao Chen MS, RN, Mingzhao Xiao MM [✉](#), Songmei Cao MS, PhD, RN, Qinghua Zhao MS [✉](#)

First published: 12 July 2020 | <https://doi.org/10.1111/jonm.13085>

Results

- The quantitative results showed that nursing students in the clinical setting suffered second victim-related distress and that the most significant influences were psychological distress and professional efficacy.

Conclusion

- Being a second victim for nursing students in a clinical setting is psychological suffering, and although they can be expected to recover, an impact on professional efficacy is inevitable.

Implications for Nursing Management

- Nursing managers must be aware that nursing students in a clinical setting might experience difficult situations after patient safety incidents and that developing appropriate programs to support at-risk students is important.

Ways to Support Second Victims

- Develop a crisis management plan that includes a formal infrastructure for second-victim support before it is needed.
- Provide a second-victim rapid-response team in the immediate wake of a harmful error (Psychological First Aid)
- Be sure to identify all Second Victims and provide the same level of support

• Caring for our own: deploying a systemwide second victim rapid response team.
Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, Phillips EC, Hall LW
Jt Comm J Qual Patient Saf. 2010 May; 36(5):233-40.

Ways to Support Second Victims

- Instill a just culture for learning from system defects and communicating lessons learned
- Engage all team members in the debriefing process and sharing of the lessons learned from the event analysis
- Provide guidance on how staff can support each other during an adverse event

Components of a Second Victim Program

- A strong patient safety culture, which is an essential foundation for implementation of a clinician support program
- Obtain buy-in from organization leadership and the board
- Engage executive champions
- Develop an educational campaign to introduce the second victim concept, reduce stigma and biases, increase awareness and the utilization of services. Staff should know exactly what to expect if they are involved in an adverse event and how to access support

Components of a Second Victim Program

- Develop policies and procedures, including guidance for direct first responders
- Develop the program using evidence-based guidance, and ensure that the program is applied fairly toward all staff
- Identify the current confidentiality protections designed for the support program
- Create additional tiers of service for those who do not recover with peer support or who endure litigation

Second Victim Programs Take Time, Planning and Resources- Was Your Organization Ready?

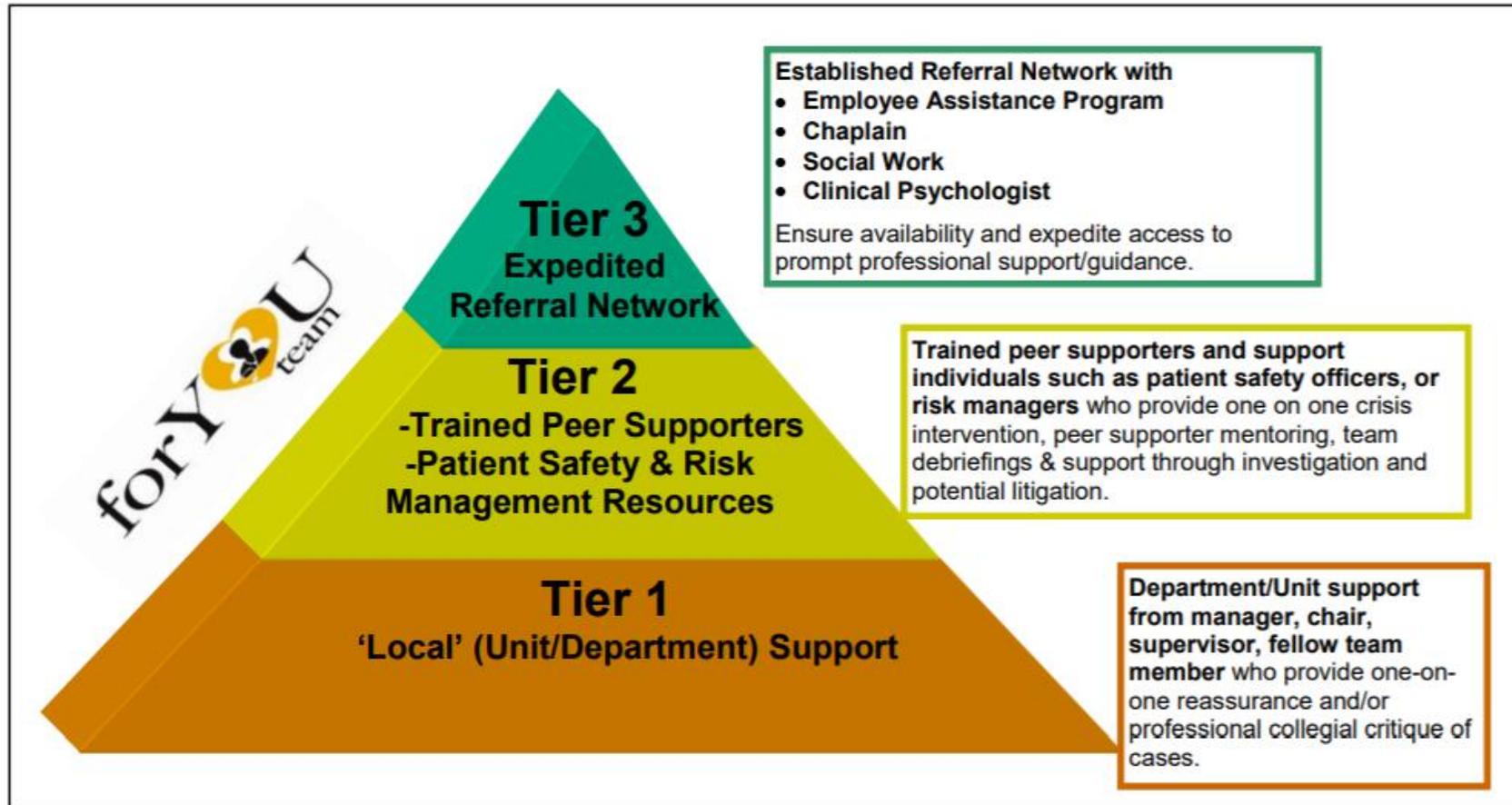
- What can you do if your organization's second victim program is not robust enough to provide all of the support needed because of COVID?
- What can you do if your organization does not have any type of established infrastructure?
- How can we ensure students receive the support they need?

Preserve the Five Rights of Second Victims- TRUST

- Treatment that is just
- Respect
- Understanding and compassion
- Supportive care
- Transparency and opportunity to contribute

Limited or No Infrastructure?

The Scott Three-Tiered Interventional Model of Second Victim Support



What Did We Learn From COVID?

- The continuing onslaught of COVID-19 is pushing health care organizations to their limits and workers beyond physical exhaustion. COVID-19 is inflicting emotional damage among those who care for patients, according to a recent article in *The Atlantic Monthly*.
- Due to the unprecedented scale and nature of the COVID-19 pandemic, organizations are challenged to develop ways to respond quickly and effectively to the truly unique nuances of COVID-19.

The COVID Toll

- “To be a nurse, you really have to care about people but when an ICU is packed with COVID-19 patients, many of whom are likely to die, to protect yourself, you just shut down. You get to the point when you realize that you’ve become a machine. There’s only so many bags you can zip.” (Anonymous RN, Iowa)

Ways to Support Health Care Professionals, Educators and Students During COVID

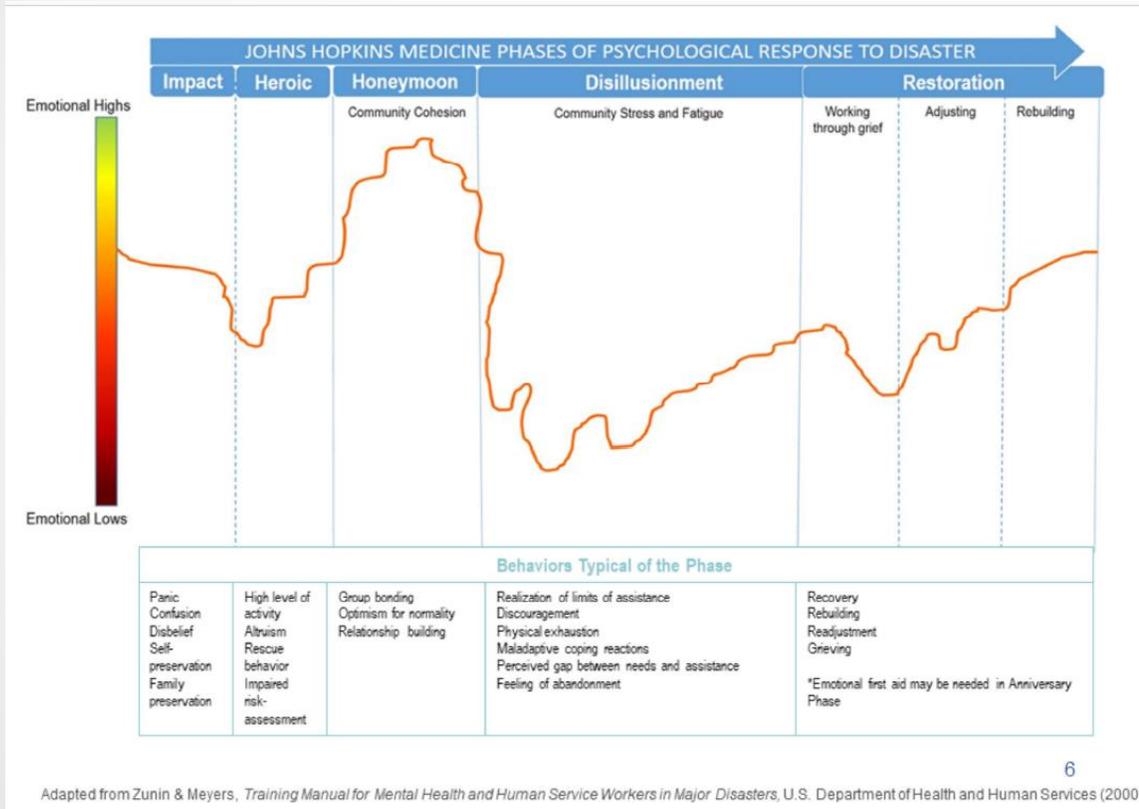
- Foster open and transparent communication to build trust, reduce fears, build morale, and sustain an effective workforce
- Remove barriers to health care workers seeking mental health services and develop systems that support institutional, as well as individual resilience
- Protect workers' safety using the National Institute of Occupational Health and Safety (NIOSH) Hierarchy of Controls framework
- Develop a flexible workforce; evaluate the work being performed and determine if it can be performed remotely
- Provide clinicians and others with opportunities to collaborate, lead and innovate



Ways to Support Health Care Professionals, Educators and Students During COVID

- Implement policies including: flexible scheduling options; monitoring how much time each employee is working in high-risk or stressful situations
- provide transparent sick and return-to-work policies
- limit all nonessential emails, calls and staff requirements for those working in crisis situations.
- Identify community support – child care, meals, hotel rooms, on-line yoga/meditation programs

Recognize Second Victim Syndrome In the Midst of Ongoing Psychological Response



- Chaos and accident response
- Intrusive reflection
- Restoring personal integrity
- Enduring the inquisition
- Obtaining emotional first aid
- Moving on — dropping out, surviving or thriving

Healthcare Educator Checklist

THEN.....

- Remote Learning platforms
- Secure testing online
- Communication
- Instructor online teaching skills
- Student access to internet
- Clinical site
- Online support from institution

NOW.....

- Institution checklist
- Planning and Coordination
- Resources

Will you be ready?



THANK YOU!



Stay calm and X-ray on!

Resources

- CDC IHE Guidance
- [Considerations for Institutions of Higher Education | CDC](#)

- Human Health Services
- dhhs.gov)
- State Level (Maryland) Maryland Higher Education Commission
- [Information for Postsecondary Institutions on Coronavirus \(COVID-19\) \(maryland.gov\)](#)