Caring For Those Who Care For Others

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Call To Abandon Term “Second Victim”

Abandon the term “second victim”
An appeal from families and patients harmed by medical errors

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## Traumatized Clinician Concerns and Symptoms

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<th>CONCERNS</th>
<th>SYMPTOMS</th>
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<td>Rapid heart rate</td>
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<td>About me</td>
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<td>About the next steps</td>
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“The well-being of physicians is directly tied to the well-being of their patients.”

“Healthcare organizations must work to show and institutionalize that the leadership cares about each individual employee.”
Challenges to Providing Peer Support

- Stigma to reaching out for help.
- High-acuity areas have little time to integrate what has happened.
- Intense fear of the unknown.
- Fear of compromising collegial relationships because of the event.
- Fear of future legal issues.
How To Provide Emotional Support and Reassurance

• Adopt stance of curiosity, solidarity, and support
• Acknowledge & name emotional states
• Express empathy and regret about bad outcome
• Acknowledge strong emotional reaction is normal
• Invite elaboration on thoughts, emotions, and understanding about what happened
• Paraphrase to check understanding
• Acknowledge limits of language/empathy
What Not To Do/Say

• Tell them ”you understand how they feel”
• Offer advice, distraction or reassurance
• Offer condemnation or criticism
• Imply that the person’s feelings are not legitimate
• Tell the person how to feel
• Tell the person to forget about the situation
• Focus on your own feelings or experiences extensively
• Get over-involved in the person’s life or feelings, to the point of being suffocating or overbearing
Case Study

An internist at your hospital admitted a patient yesterday afternoon with a asthma. The doctor miscommunicates an insulin dose to a nurse who gives 100 units of insulin, 10 times the patient’s normal dose. The patient received 100 units of insulin last night and was found three hours later unresponsive with a blood sugar of 35. The patient was successfully resuscitated and transferred to the intensive care unit. This morning he is feeling well and is transferred back to the floor.
Enactment

• Situation – you are a member of the CC CFC team and have been asked to reach out to provide support for one of the team who was part of the insulin overdose.

• Setting – a quiet room off the unit. The person you are meeting knows the “peer supporter” who is NOT a supervisor and knows of the CC CFC program
It’s All About Planning
In Preparation: Questions to Consider in your huddle

• Feelings First!
• What are the goals of the interaction?
• When should you respond to the affected care giver?
• Who should respond to the care giver?
• What questions do you anticipate?
• What emotions do you anticipate, how will you name and validate them?
• What are you going to say?
• What will you recommend for follow-up or what resources will you provide?
Second case example

- Elderly gentleman with dementia and severe aortic stenosis [A.S.] falls at home
- Develops a subdural hematoma
- Taken to the operating room for burr hole placement
- Patient is prepped and draped
- Moderate sedation is given due to severe A.S.
- Incision is made
- Ten minutes in to procedure patient sits up
- Smoke escapes from under the drapes
- Flames are extinguished
- What next?
Fire Triangle

- Oxygen ($O_2$)
- Heat
- Chemical Reaction
- Fuel
Enactment

- Situation – you are a member of the CC CFC team and have been asked to reach out to provide support the surgeon who was involved with the fire in the OR.
- Setting – a quiet room off the unit. The person you are meeting knows the “peer supporter” who is NOT a supervisor and knows of the CC CFC program
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Debrief
Lessons Learned