Domain IV: Care for the Caregiver
Section 1
Introduction to Care for the Caregiver

Every day, caring and dedicated healthcare providers come to work in clinically complex environments with the intent of providing safe quality care. At some point in their careers, providers may be faced with the harsh reality of an unanticipated and sometimes tragic patient harm event. Historically, organizational response toward clinicians involved in these events has been limited, frequently resulting in the expectation that the caregiver will promptly move on to the next patient without any acknowledgement of the emotional impact of the event on the individual. The fourth domain of BETA HEART seeks to increase the awareness of the physical and emotional toll that an unanticipated harm event has on healthcare providers and outline a process for providing emotional support and care for the caregivers.

Those affected by the emotional aftermath of a harm event may feel personally responsible or experience a sense of failure over the patient's outcome. Additionally, they may experience feelings of guilt, shame, depression, anxiety, difficulty sleeping, and loss of appetite, difficulty concentrating, humiliation, and social withdrawal. Without intervention, the individual may develop a lack of self-confidence leading to difficulty making decisions, second guessing clinical choices, and a sense of burnout. In fact, a study completed by University of Missouri Health Care found that regardless of one's professional experience and the amount of time since the event, some individuals could recall meticulously detailed accounts of the events. Organizations committed to a culture of patient safety must recognize this phenomenon and take active measures to render aid to the emotionally wounded team member.

Background

Early work surrounding the phenomenon was conducted by patient safety expert Albert Wu, MD, MPH, who coined the term of “second victims” in 2000. Wu's work was primarily focused on the effects of harm events on physicians. Others with early engagement who also pioneered efforts to address the need for peer support were: Brigham and Women's Hospital in Boston, Medically Induced Trauma Support Services (MITSS), and Critical Incident Stress Management (CISM). In 2006, the University of Missouri Health Care (MUHC) began a thorough evaluation of these prior bodies of work and began to conduct research deeper into this phenomenon of emotional trauma to determine and formalize the most effective approach to providing respect, compassion, and support to these caregivers. Largely due to the research conducted at MUHC, organizations across the country have established similar formalized programs to provide early intervention and emotional support for caregivers directly involved in patient safety events resulting in harm. The Agency for Healthcare Research and Quality compiled best practices from several leading institutions resulting in a Care for the Caregiver module within the Communication and Optimal Resolution (CANDOR) Toolkit. Much of BETA*HEART’s Care for the Caregiver domain is modeled after the CANDOR project.

The CANDOR Project

The creation of the CANDOR (Communication and Optimal Resolution) Toolkit was built upon expert input and lessons learned from the Agency for Healthcare Research and Quality’s $23 million Patient Safety and Medical Liability grant initiative launched in 2009. The project was designed to obtain evidence regarding the impact on patient safety and litigation rates of programs that feature improved communication with patients, transparency, disclosure of adverse events, early offers of compensation and learning from mistakes. The resulting toolkit was tested and applied in 14 hospitals across three U.S. health systems. The focus
was to develop a process to improve patient safety through an empathetic, fair, and just approach to the management of medical errors while promoting a culture of safety and learning; focusing on caring for the patient, family and caregiver. The process includes conducting an in-depth event investigation, analysis, process improvements and reaching a satisfactory early resolution. Understanding that CANDOR will not totally prevent those injured by a patient harm event from pursuing litigation; it does help administrators and designated staff to hold an open discussion with patients and families to resolve matters in a prompt and timely manner.

Research

Through thirty-one qualitative interviews (ten physicians, ten health professionals, and eleven nurses) the research team at MUHC identified six stages to describe the trajectory of the caregiver’s recovery process after a harm event. The stages include: Initial chaos and accident response, intrusive reflections, restoring personal integrity, enduring the inquisition, obtaining emotional first aid, and moving on by taking one of three separate trajectories: dropping out, surviving, or thriving. A detailed look at the stages, characteristics, common questions and institutional actions are provided in the table on page 10. Three escalating tiers of support are recommended to make available to individuals post harm-event:

- **Departmental support** by a fellow team member or supervisor to provide one-on-one reassurance.
- **Trained peer supporters** or equivalent to provide one-on-one crisis intervention, mentoring, conduct group debriefings, and provide support through the investigation and possible litigation.
- **Expedited Referral Network** to ensure availability and access to professional support/guidance. The three support levels are used to help the individual through the six stages of recovery.

Qualitative interviews with those identified as potentially suffering from the phenomenon found variables contributing to the severity of the caregiver’s response. These include:

- Patient reminds staff of their family
- Patient is known to the staff member
- Length of professional relationship
- Multiple patients with poor outcomes in a short period
- Pediatric cases
- Unexpected patient demise
- First patient death under “their watch”
- Medical error
Organizational Response

Organizations participating in BETA HEART will enrich their organizational culture to be more centered on patient safety; encourage open communication among the team and seek to identify and address risks before they lead to a patient harm event. Additionally, the organization commits to taking action to help reduce the suffering experienced by caregivers directly involved in harm events. Actions helpful to prevent the post-event phenomenon or assist a caregiver through the recovery process include:

- Receiving immediate and ongoing support and encouragement from peers and supervisors.
- Providing an opportunity to participate in an open discussion about the event; conducted in a nonjudgmental manner.
- Providing a menu of internal and external resources to assist individuals requiring more extensive support; or those who fear the potential stigma associated with the harm event and being seen by peers as weak or vulnerable in its aftermath.

The ultimate goal of the organization when caring for its caregivers should be to ensure that the individual involved or associated with a harm event does not go home feeling isolated or suffering alone; but rather is offered emotional support soon after the event.

Barriers to Successful Implementation

The most common barriers to successful implementation of a care for the caregiver program are:

- A perception that the organization responds punitively when addressing unanticipated or harm events.
- Inconsistent or incorrect application of the Just Culture model.
- Deployment requires individuals to ask for help.
- Lack of awareness of peer support availability and normalization of the experience.
- Organizational commitment to providing the necessary funds and resources for program development.
- Competing priorities within the organization.
- Fear of discoverability of discussion with peer supporter.
- Lack of a “safe place” to gather one’s thoughts and decompress or hold a discussion with a peer supporter.
- The absence of medical providers as peer supporters for fellow physicians.
- Limited hours of peer support availability and inconsistency with activation.

Liability and Exposure to Litigation

Some organizations have hesitated to create a care for the caregiver program due to a fear of increased exposure to liability. Peer supporters and care providers have also expressed concerns that their shared discussions could increase the risk of involvement in a lawsuit or be used against them in future litigation. The apprehension is understandable, but there is reassurance. According to a September 2015 whitepaper from the Center for Patient Safety, healthcare organizations with developed peer support programs who consulted with experts on this topic were advised that these conversations could be deemed confidential and protected as part of a patient safety policy or related activity. Notwithstanding these protections, the facts surrounding an adverse event cannot be changed and would already be shared between the parties through disclosure in BETA HEART. Although there is no guarantee that an adverse party would not attempt to discover the communications exchanged with a peer supporter, BETA Healthcare Group believes that the benefits certainly outweigh the risks and encourages member organizations to utilize this domain to structure their care for the caregiver programs. If organizations follow the guidelines of maintaining the focus of peer support communications on the feelings without judgement or conclusions, the program should not have a negative impact on its caregivers, peer supporters or the entity itself in litigation.
Recommended measures to mitigate discoverability risks include:

- Formal training program for all volunteer peer supporters to include simulation and return demonstration of listening skills.
- Embed the reporting structure for the Care for the Caregiver program within the organization's medical staff quality committee to trigger Evidence Code section 1157 protections.
- Provide close oversight of peer supporter volunteers to ensure discussions with affected personnel and physicians remains focused on their feelings and emotions and avoids event specific details.
- Review Peer Encounter forms to verify documentation is high-level and focused on documenting the individual’s coping situation and the referral resources provided.
- Closely monitor to ensure confidentiality of information shared in the discussions is maintained.
- Ensure peer support team members report any concerns about the affected individual's ability to perform his/her ongoing job functions through the appropriate organizational channel (wellness committee, human resources, etc.). An impaired caregiver, regardless of the cause of the impairment (Alcohol, substance use, depression, and stress) may be a threat to patient safety and need to be temporarily removed from direct patient care duties. These individuals require a high level of psychological counseling and support to regain a sense of wellbeing.

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Next Steps

BETA HEART strives to help members recognize the significant impact of unanticipated patient harm events on its care providers and support personnel and develop a process for responding to and supporting caregivers. BETA HEART has prepared a Care for the Caregiver Guideline to assist organizations with developing, implementing, and monitoring a Care for the Caregiver program within its institution. The following chapters will address: Getting Started, Training Your Peer Supporters, Organizational Rollout, and Program Evaluation.

Recommended Reading & Viewing

If this is your first exposure to the concepts of a Care for the Caregiver program; we recommend reading these articles and viewing these videos.

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<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Cite</th>
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<tbody>
<tr>
<td>Heal Workers as Second Victims of Medical Errors</td>
<td>Overview of the need for a Care for the Caregiver program.</td>
<td>Edrees HH, Paine LA, Feroli ER, Wu AW. Health care workers as second victims of medical errors. Pol Arch Med Wewn. 2011; 121: 101-108</td>
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<tr>
<td>Caring for Our Own</td>
<td>Excellent explanation of the Scott Model for rapid response for caregivers traumatized as a result of their involvement in an adverse event. Showcases the high response rate from across the spectrum of healthcare providers.</td>
<td>Scott SD, et. al. Caring for Our Own: Deploying a Systemwide Second Victim Rapid Response Team. Jt Comm J Qual Pat Saf. 2010; 36: 233-240</td>
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<tr>
<td>Assessing the Perceived Level of Institutional Support</td>
<td>Good discussion of the importance of proper application of Just Culture principles to drive institutional support after an adverse patient safety event.</td>
<td>Joesten L. Cipparrone N. Okuno-Jones S. DuBose ER. Assessing the perceived level of institutional support for the second victim after a patient safety event. J Patient Saf 2014;00: 00-00.</td>
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<tr>
<td>Abandon the Term “Second Victim” An appeal from families and patients harmed by medical errors</td>
<td>Provides insights as to how the term “second victim” is perceived by harmed patients and families. As a “victim” the individual bears no responsibility for causing the injury and therefore has no accountability to address it.</td>
<td>Clarkson, M, Haskell, H., Hemmelgarn, C. &amp; Skolnik, P. Abandon the term &quot;second victim&quot;: An appeal from families and patients harmed by medical errors. BMJ 2019;364:l1233 doi: 10.1136/bmj.l1233.</td>
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**Videos**

- **Introduction to Communication and Optimal Resolution (CANDOR) video**
  - Video developed by the Agency for Healthcare Research and Quality (AHRQ)

- **Peer Support Interaction- Physician**
  - CANDOR video of physician peer support

- **Peer Support Interaction- Nurse**
  - CANDOR video of nurse peer support

- **Voices of Caregivers, Schwartz Rounds**
  - The Schwartz Center for Compassionate Care introduces an approach to enhance the resilience of caregivers through daily stressors

- **Disclosure with No Support MITTS video**
  - [https://www.youtube.com/watch?v=Em0to04ZbHU](https://www.youtube.com/watch?v=Em0to04ZbHU)

- **Disclosure with Support MITTS video**
  - [https://www.youtube.com/watch?v=lyTiidNq0KU](https://www.youtube.com/watch?v=lyTiidNq0KU)

- **Physician to Resident Peer Support MITTS video**
  - [https://www.youtube.com/watch?v=eemh0ascA70](https://www.youtube.com/watch?v=eemh0ascA70)

- **Peer Support Follow-up MITTS video**
  - [https://www.youtube.com/watch?v=3XgIICu4Z_g](https://www.youtube.com/watch?v=3XgIICu4Z_g)

- **Suicidal Colleague MITTS video**
  - [https://www.youtube.com/watch?v=_IufJev0E50](https://www.youtube.com/watch?v=_IufJev0E50)

- **Group Debrief Harm Reached Patient MITTS video**
  - [https://www.youtube.com/watch?v=HKCwwacpufE](https://www.youtube.com/watch?v=HKCwwacpufE)

- **Group Debrief Trauma in ER MITTS video**
  - [https://www.youtube.com/watch?v=m0a-KR4pKk](https://www.youtube.com/watch?v=m0a-KR4pKk)

- **Facilitator Follow-up MITTS video**
  - [https://www.youtube.com/watch?v=2iAwpfpwlfM](https://www.youtube.com/watch?v=2iAwpfpwlfM)

- **Difficult Conversation Delayed Diagnosis MITTS video**
  - [https://www.youtube.com/watch?v=0kwD2lRPWaQ](https://www.youtube.com/watch?v=0kwD2lRPWaQ)
Section 2
Getting Started with Care for the Caregiver

This section of the domain provides a step-by-step guide to assist with the development of a strong foundation necessary to support a Peer Support program. Elements are consistent with the CANDOR Toolkit and include:

1. Internal Patient Safety Culture Preparedness
2. Identification of ‘Natural’ Peer Supporters
3. Establishing an Infrastructure for Your Program

An implementation guide/worksheet is provided at the end of this section to serve as a roadmap to lead your team through the implementation process. The action plan format will help ensure that all necessary components of your program are in place prior to your team's first deployment. Many items within the worksheet may be addressed simultaneously.

Internal Patient Safety Culture Preparedness

The success of a Peer Support program relies upon prompt recognition and notification of a patient harm or unexpected event. The goal is to trigger the response of a peer supporter simultaneously to the activation of the organization's Rapid Event Investigation Team when a patient harm event is identified. For this to happen, individuals must feel comfortable speaking up when such an event occurs. Organizations with a patient safety culture that views such events as opportunities to learn about system vulnerabilities and human factors while exhibiting Just Culture principles are more likely to engage providers and staff in prompt recognition and reporting of these events.

One of the best methods to gauge the organization's culture of patient safety is through the administration of a scientifically validated survey instrument. BETA HEART participants utilize the SCORE survey tool to meet this objective. More information about this tool and assessing your organization's culture is available in the first domain: Culture of Safety section of the BETA HEART Toolkit. Participants are also encouraged to implement Just Culture throughout the organization. BETA Healthcare Group provides complementary Train-the-Trainer education to its member organizations that opt-in to that program. Please contact your BETA Risk Director for more information.

Once a patient harm event is identified, it is crucial that the organization has a formal process for responding to the patient and family in a timely manner, the goal being within sixty minutes of the event. Reporting the event to the organization's Risk Management lead should trigger deployment of the Rapid Event Investigation Team and Peer Supporters. More information on BETA HEART's second domain, “Rapid Event Detection, Investigation and Early Determination” may be found in the BETA HEART Toolkit.

As you prepare to develop your Peer Support program, it is essential to possess a culture supportive of individual's reporting events and a clearly delineated adverse event investigation process. Refer to the Implementation Guide/Worksheet and complete the section titled “Internal Patient Safety Culture Preparedness” to assess your organization's current method for investigating serious patient harm events and your culture for reporting these types of events.
Steering Committee

Create a steering committee or team to be responsible for the development, implementation, and maintenance of your organization’s Peer Support program. The team will help identify and develop peer supporters and others to provide emotional first-aid to caregivers involved in a patient harm event. Recommendations for team composition include:

**Executive Champion:** This role should be filled by an individual who is passionate about the need to implement a Peer Support program. You may wish to consider the CMO, CNO, HR Director, etc.

**Team Lead(s):** Influential staff from Patient Safety and Risk Management involved in the overall implementation of BETA HEART throughout the organization and whose communication assessment findings exhibit empathy.

**Team Members:** Supporters can be those with a natural ability to demonstrate empathy and compassion, as exhibited through communication assessment results as well as those whom caregivers seek out for advice such as chaplains, employee assistance program personnel (EAP), social workers, mental health workers, department managers, and colleagues; etc.

It is important to establish and formalize role expectations once you have determined the steering committee’s members and leadership.

**Establishing the Program’s Infrastructure**

Peer Support program infrastructure should be based upon the availability of your organization’s personnel resources, local needs and assets. Building out the program infrastructure and determining the available resources will include establishing peer supporter expectations and providing clinicians with an understanding of what they can expect in terms of support from the organization if they or a colleague is involved in a patient harm or other serious patient safety event. The program infrastructure should include:

- Business case and budget for the program
- Policy and procedures providing a clear definition of triggers for activation of a peer supporter
- Template letters and agreements
- Development of training materials for peer supporters
- Program deployment timeline
- Process for recruitment of peer supporters
- Plan to market the program and communicate available services to caregivers
- Process for evaluation of the program

**The Business Case and Budget for the Program**

Organizations that do not recognize the importance of supporting caregivers after an emotionally charged or patient harm event may experience a cascade of unintended consequences. Emotionally traumatized caregivers frequently express feelings of isolation and wonder if others around them question their professional competence and judgment. The feelings of isolation can lead to a withdrawal from communication with their colleagues which can affect team engagement. When communication amongst team members suffers, morale declines, and patient safety is at greater risk. Ultimately, those suffering alone may experience an adverse impact personally and professionally; eventually resulting in burnout or leaving the profession altogether. Those leaving the workforce drive staff turnover, staffing shortages, and an increase in the percentage of inexperienced staff; all of which has a negative impact on staff morale, patient safety, and the organization’s bottom line.
Budget considerations should include estimated costs for peer supporter training (initial and ongoing), brochure development and marketing materials, pager or cell phone for use by on-call peer supporter(s), and possible shifting of a percentage of FTE for the program lead. BETA Healthcare Group members may utilize their Risk Management Resource Funds (RMRF) to help offset some of these expenses. For example, you may use funds to bring in a trainer or for training materials but cannot apply them to offset costs associated with staff salaries. Copy of BETA’s RMRF form available here to download.

Policies and Procedures
Developing a thoughtful policy and procedure to provide the formal structure for your Peer Support program is essential. While your organization provides a template for necessary elements for inclusion in all policies, there may be others you will want to consider.

- **The Purpose Statement:** should include the team’s values, goals and objectives.
- **Definitions:** at minimum, provide definitions for Triggering Event and Peer Supporter.
- **Peer Supporter Role Description:** will establish the responsibilities and obligations of the Peer Supporter to include:
  - Desirable traits for selection
  - Time commitment (to attend initial and ongoing training, debrief sessions, number of expected deployments per month, estimate of length of time required for each deployment, length of commitment)
  - Confidentiality
  - Expectations for team participation (being on-call, timely response when needed, etc.)
  - Commitment to attend continuing education and peer supporter debriefing sessions
  - Documentation expectations
  - Completion of the Voluntary Communication Assessment

- **Procedure to trigger and respond to qualifying events should:**
  - Define types of events triggering automatic deployment (e.g., only HEART events, all codes and rapid response team activations, code traumas, etc.)
  - Define who may activate a response for other events not included above
  - Identify who should serve as Intake Coordinator to receive the call and activate the peer supporter response. This individual or role should be available 24/7 and may require delegation to more than one individual or role for coverage. (House supervisor, on-call risk manager, patient safety officer, chaplain, social worker, etc.)
  - Method to contact the Intake Coordinator (cell phone, page, text, etc.)
  - Information to be obtained at the time of the call - type of event, unit, name of involved individual or number of individuals/roles if a team is involved, type of response requested (peer supporters vs. group debrief), effectiveness of tier one support, special concerns, and identification of others possibly impacted
  - Method for notifying peer support team/individual
  - Information to be provided in a hand-off report
  - Process for providing internal and external resources for ongoing counseling or need for a higher level of intervention (include method to obtain expedited appointment for caregiver when necessary)
  - Process for seeking emergent intervention for individual with suicidal ideation, psychosocial or medical needs
  - Management of peer supporter encounter forms

- **Method for determining program effectiveness:**
  - Identify individual responsible for sending out surveys to caregivers receiving services

- **Identify and list ‘Safe Space’ or calm areas throughout the facility**
A template Peer Support Program policy and procedure document is available in the Sample Documents section.

Template Letters and Agreements
The need to develop template documents will be driven by the scope and structure of your program. At minimum, you will need a Peer Supporter Agreement, Peer Support Encounter Form, User Survey, and Welcome letter. If you choose to utilize retired physicians and nurses from the community as volunteer peer supporters, you will need a letter of introduction to the program. Sample documents are available in the Appendix for this domain.

Development of Training Materials for Peer Supporters
Peer Supporter training is provided by BETA Healthcare Group. Training for peer supporters will need to be an ongoing process to account for attrition. Organizations choosing to develop their own education and training materials should include the following topics:

- Introduction of basic concept and background of the “Second Victim Phenomenon;” emotional impact on caregivers when involved in an event resulting in patient harm
- Role of the peer supporter
- Importance of confidentiality
- High risk clinical teams, areas and scenarios within the organization
- Stories and examples of individuals experiencing the phenomenon
- Identification of individuals experiencing or at risk of experiencing emotional trauma
  - Common symptoms/events
- The “Six Stages of Recovery” and emotional healing after involvement in an event resulting in patient harm
- Definition of “Emotional First-aid”
- Support strategies and interventions available at the organization
- Providing support to caregivers
  - The stress response
  - Stress management techniques
  - Progression of the interaction [Introduction – Exploration – Information ‘normalizing’ – Resources – Follow-up]
  - How to start the conversation with the caregiver
  - Active listening techniques
  - How to change direction of conversation when heading into specifics of the event
  - Process for expediting access to a higher level of care
  - Process for response to caregiver with suicidal ideation (how to assess for S.I.)
  - Requesting group debrief

Training is described in Section 3 “Training Your Peer Supporters” (and materials are included in the Appendix) for this domain.

Program Deployment Timeline
- The timeline for program deployment will differ significantly between organizations. This program requires a robust infrastructure that will take time to develop and implement. As a reference, CANDOR pilot organizations spent approximately 12-18 months in preparation for deployment. Your organization’s leadership is likely faced with many competing priorities, so it will be important to make realistic assignments and target dates for completion. As you review this domain, you will notice that several of the infrastructure elements can be worked on simultaneously to expedite the program launch. A template project timeline is provided in the Sample Documents section of this domain.
Recruitment of Peer Supporters
Prior to initiating the recruitment process you will want to determine hours of coverage and an after-hours response plan if other than 24/7 coverage. This information is necessary to calculate the number of peer supporters needed. It will take time to navigate the organization’s needs and train enough peer supporters to meet those needs. While you will likely wish at some point to expand your peer support coverage to other events resulting in emotional trauma or cumulative stress to staff; we recommend that you begin with a more limited focus toward patient harm events until you have had the time and experience to determine the number of trained peer supporters necessary for the expanded scope. Ideally, the trained peer supporters should not be called upon to respond to events more than two or three times per month. A review of the frequency of harm events and other events prompting a communication with the patient and family about the event will help you to determine a starting point for recruitment. More information about the recruitment and training of peer supporters is found in Section 3, Peer Supporter Recruitment and Training.

Marketing Plan
It is important to begin advertising for the Care for the Caregiver program early in the process so that clinicians and support personnel can start gaining comfort with this process. One way to begin is to have a hospital-wide contest to create a name for the team. Additional information about the marketing plan and materials is found in Section 4, Organizational Rollout.

Next Steps
With your infrastructure in place, you are now ready to begin recruitment and training of your peer supporters while initiating your Care for the Caregiver marketing campaign throughout the organization.

References
# Building Your Peer Support Program
## Implementation Guide/Worksheet

### 1. Internal Patient Safety Culture Preparedness

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Notes</th>
<th>Action Plan</th>
<th>Responsible Party/ Target Date</th>
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<tbody>
<tr>
<td><strong>Determine if your organization has a reporting culture</strong></td>
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</tr>
<tr>
<td>• Are policies currently in place that support reporting of adverse clinical events?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>• Does your facility review patient safety events openly and share lessons learned?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>• Has your facility adopted principles consistent with those of a Just Culture?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>• Does your organization value honest, transparent communication/disclosure when an unexpected serious patient harm event occurs?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>• Is the expectation for ongoing honest communication and transparency set by the board and supported by leadership?</td>
<td>☐ Yes ☐ No</td>
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</table>

<p>| <strong>Examine your Serious Adverse Event Investigation process</strong>                 |       |             |                                |
| • Is there an adverse event policy in place?                                | ☐ Yes ☐ No |             |                                |
| • Do you have an organizational response plan for use when a serious patient safety event occurs? | ☐ Yes ☐ No |             |                                |
| • If yes, does the plan allow for rapid response to harm events that includes outreach to patient/family within one hour of identification of event and initiation of investigation? | ☐ Yes ☐ No |             |                                |
| • Does your current culture support and encourage individuals to report adverse events? | ☐ Yes ☐ No |             |                                |
| • Do you have an event investigation process clearly outlined? | ☐ Yes ☐ No |             |                                |
| • Do you openly share case findings and lessons learned? | ☐ Yes ☐ No |             |                                |</p>
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<tr>
<td><strong>Organizational leadership recognizes the need for a peer support program</strong></td>
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<tr>
<td>• Senior leadership and the board have a general awareness that serious adverse events may cause significant emotional distress to clinician(s) involved.</td>
<td>□ Yes □ No</td>
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<tr>
<td>• There is an overall expectation that clinicians at the sharp end of events resulting in patient harm will be supported.</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>• These views are evidenced in organizational policies.</td>
<td>□ Yes □ No</td>
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<tr>
<td>• Leadership is willing to identify areas 'Safe Places' throughout the organization [near high-risk unity] for use by individuals after involvement in a patient harm event.</td>
<td>□ Yes □ No</td>
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<tr>
<td>• If 'Safe Places' have multiple uses; leadership is supportive of making the location available for staff on short notice.</td>
<td>□ Yes □ No</td>
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<tr>
<td><strong>Identify what department will be responsible to receive deployment requests</strong></td>
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<tr>
<td>• Department should be manned 24/7 or have plans for afterhours response.</td>
<td></td>
<td>Location where Care for the Caregiver program will be managed:</td>
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<tr>
<td>• Consider departments with individuals who routinely assist others.</td>
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### 2a. Care for the Caregiver Steering Committee

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<th>Action Steps</th>
<th>Notes</th>
<th>Action Plan</th>
<th>Responsible Party/Target Date</th>
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<tr>
<td><strong>Identify key individuals who routinely assist others during times of crisis</strong></td>
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<tr>
<td>• Is a team or process already established?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are there any individual units currently doing this informally? Which ones?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
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<tr>
<td>• Who within our organization has the skill set to support an individual in crisis? (may be formal or informal)</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Examples of individuals include</em> chaplain, social workers, EAP, colleague, etc.</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td><strong>Identify Executive Champion(s) for your Care for the Caregiver Network</strong></td>
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<tr>
<td>• Is there a member of the executive team who is passionate about providing care for the caregivers?</td>
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<tr>
<td>• Who should be the executive champion?</td>
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<tr>
<td><em>Consider the CMO, CNO, CQO, HR/Personnel Director, etc.</em></td>
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<tr>
<td><strong>Select a Lead and formalize that role</strong></td>
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<tr>
<td>• Who is the most appropriate person to spearhead this program?</td>
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<tr>
<td>Desirable traits: Someone who is passionate about the need to provide emotional support to caregivers and has strong leadership skills.</td>
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<tr>
<td><em>Consider Risk Manager, Patient Safety Officer, Human Resource Director, etc.</em></td>
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<tr>
<td><strong>Formalize the duties of this role</strong></td>
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<tr>
<td>• Responsible for only initial development?</td>
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<td>Responsible for ongoing oversight such as monitoring for effectiveness, ongoing recruitment, coordinating education and debriefing sessions for peer supporters, etc.</td>
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<td>Action Steps</td>
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<td>Action Plan</td>
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</tr>
<tr>
<td>Form a multi-disciplinary steering committee to assist with team design and deployment</td>
<td>Possible Steering Committee members: Role expectations of steering committee team:</td>
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<tr>
<td>Who should be invited to participate on the advisory group?</td>
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<tr>
<td>Backgrounds of potential group members include EAP, Chaplains, Social Worker, Employee Wellness Palliative Care, Risk Management, Patient Safety, Clinicians, Mental Health, etc.</td>
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<tr>
<td>Define expectations for those serving on the steering committee</td>
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<tr>
<td>Identify approach to naming the team</td>
<td>Team name:</td>
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<tr>
<td>• Hospital-wide contest</td>
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<tr>
<td>• Steering committee decides</td>
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<tr>
<td>• Organization’s marketing department</td>
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<tr>
<td>Begin branding</td>
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<tr>
<td>• Logo creation</td>
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<tr>
<td>• Colors/style</td>
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</table>
### 2b. Establish the Program Infrastructure

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<tr>
<th>Action Steps</th>
<th>Notes</th>
<th>Action Plan</th>
<th>Responsible Party/ Target Date</th>
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<tbody>
<tr>
<td><strong>Prepare a formal business plan for implementation of the program's infrastructure</strong> (Include operational steps and timelines, budget, and responsible individuals.)</td>
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<tr>
<td>- Seek administrative approval of the plan</td>
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<tr>
<td><strong>Define the team’s structure</strong> <em>(Trained peers, hired counselors, one responder for all events, EAP, clergy or social workers, etc.)</em></td>
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<tr>
<td>- What will the team structure look like?</td>
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<tr>
<td>- Who should we recruit to serve as peer supporters?</td>
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<tr>
<td>- What are their roles?</td>
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<tr>
<td>- What is the best way to ensure prompt access to support for caregivers working in high-risk areas?</td>
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<tr>
<td>- Who (what department) will have oversight?</td>
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<tr>
<td><strong>Determine methodology to provide peer support to individual caregivers and entire teams</strong></td>
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<tr>
<td>- How will we provide immediate support to an individual in distress?</td>
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<tr>
<td>- How will we provide immediate support for an entire team?</td>
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<tr>
<td>- How will we determine who will respond and provide the support</td>
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</table>
### Develop activation guidelines

- How will peer supporters be activated within the organization?
- Is the process the same for providing support to individuals and teams?

**Ideas:**
- Unit or house supervisor
- Quality and risk management
- Embedded peer supporters within high-risk clinical units
- Add: Request Peer Support Activation as a section on event report, review of event reports

(Note: Due to the stigma associated with seeking help; many organizations have determined that hotlines are ineffective.)

<p>| Activation ideas: |  |  |</p>
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Notes</th>
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<tbody>
<tr>
<td>• What types of events will trigger activation?</td>
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<tr>
<td>(Only patient harm events? Any emotionally traumatizing event? Etc.)</td>
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<tr>
<td>• Is there a way for peer supporters to be automatically deployed for certain events?</td>
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<tr>
<td>• What is the expectation for response? (time from activation to contact)</td>
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<tr>
<td>Examples: Peer Supporter immediately reports to the unit, Peer Supporter contacts the individual within 30 minutes to arrange a convenient time to meet, etc.</td>
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<tr>
<td>Create policies and procedures for peer supporter function</td>
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<tr>
<td>• Policy should include team objectives and goals, deployment, intervention, follow-up, process for hand-off, and documentation. Should reflect the provision of support before, during and after the disclosure process.</td>
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<tr>
<td>• Develop role description for peer supporter. Include: time commitment, responsibilities and obligations.</td>
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<tr>
<td>Create a target timeline for program deployment.</td>
<td>Team objectives and goals:</td>
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<tr>
<td>• Align action items with target dates on timeline</td>
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<tr>
<td>• Ensure all action items are assigned to an individual</td>
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<tr>
<td>• Consider items that can be completed simultaneously</td>
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<tr>
<td>Formalize a process to provide for immediate access to higher level support services when cases call for additional guidance/insights.</td>
<td>External resources with organizational agreement to expedite scheduling a caregiver in need:</td>
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<tr>
<td>• Identify internal (mentor supporters) and external referral options to professional counseling services</td>
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<tr>
<td>• How will we ensure adequate support and debriefings for complicated cases?</td>
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<tr>
<td>• Who could best provide this type of guidance to this group?</td>
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<tr>
<td>• What mechanism will be used to debrief the supporters?</td>
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<tr>
<td>• Develop a process to fast-track referral for individuals with immediate need</td>
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<tr>
<td>Action Steps</td>
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<td>Action Plan</td>
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<tr>
<td><strong>Create a proposed budget for program implementation.</strong></td>
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<tr>
<td>• Will there be on-call coverage?</td>
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<tr>
<td>• Will the team lead require cost shifting of percentage of FTE for ongoing team organization?</td>
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<tr>
<td>• Will there be some incidental expenses to support the team? (pager, training, marketing materials,</td>
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<td>brochure development)</td>
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<tr>
<td><strong>Recruit peer supporters</strong></td>
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<tr>
<td>• How will peer supporters be selected? (nominated on unit, volunteer, selected by steering committee)</td>
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<tr>
<td>• Will retired physicians and nurses in the community be sought to volunteer as peer supporters?</td>
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<tr>
<td>• Will selected individuals be required to complete a communication assessment?</td>
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<tr>
<td>• Is there an opportunity to embed peer supporters within high-risk units for first tier response?</td>
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<tr>
<td>• Will you require a sign-off by the individual's unit manager?</td>
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<tr>
<td>• How many peer supporters are needed? (Rule of thumb: there should be enough peer supporters so that</td>
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<td>none will be deployed more than two or three times a month.)</td>
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<tr>
<td>• Will there be organizational support to cover the individual's duties while deployed?</td>
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<tr>
<td><strong>Determine process for educating peer supporters</strong></td>
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<tr>
<td>• Who will develop the agenda and material?</td>
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<tr>
<td>• Who will present the material?</td>
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<tr>
<td>• How much time will you need for the training?</td>
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<tr>
<td>• What is the classroom and equipment need?</td>
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<tr>
<td>• Will meals or snacks be served?</td>
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</table>
### 3. Peer Supporter Recruitment and Training

<table>
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<th>Action Steps</th>
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<th>Responsible Party/ Target Date</th>
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<tbody>
<tr>
<td>Determine criteria for Peer Supporter Applicants.</td>
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<tr>
<td>Develop high-level program information to spark interest for potential applicants and begin introduction to frontline staff.</td>
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<tr>
<td>Determine approach for obtaining nominations from individual units.</td>
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<tr>
<td>Meet with unit supervisors to gather names of individuals believed to possess a high degree of emotional intelligence.</td>
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<tr>
<td>Contact individuals and request completion of the Peer Supporter Application and Agreement.</td>
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<tr>
<td>Provide reading materials and video list to help lay a foundation for the training.</td>
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<tr>
<td>Consider registering potential peer supporters to complete the voluntary communication assessment through BETA Healthcare Group and determine how the results will be used. (Results provided to Care for the Caregiver lead only when authorized by individual completing assessment)</td>
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<tr>
<td>Identify internal resources to assist with the development, training, and coordination of initial and ongoing Peer Supporter training. (Consider nurse educators, EAP personnel, Social Workers, etc.)</td>
<td></td>
<td>Available resources:</td>
<td></td>
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</tbody>
</table>
Designate individuals to attend BETA's Train-the-Trainer class or utilize BETA HEART's Peer Supporter training materials as a reference for your own training preparation. Include:

- Second Victim Phenomenon
- Providing supportive care following an unanticipated harm event
- Use of Peer Supporter Encounter form
- Review of policy
- Active listening techniques
- Crucial conversations

<table>
<thead>
<tr>
<th>Presenters:</th>
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<tbody>
<tr>
<td>Action Steps</td>
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<tr>
<td>• Stress management techniques</td>
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<tr>
<td>• Crisis intervention</td>
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<tr>
<td>• Indications for professional counseling</td>
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<tr>
<td>• Resources and process to secure expedited access to professional counseling</td>
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<tr>
<td>• Observing for suicidal ideation</td>
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<tr>
<td>• Process for emergent referral the suicidal provider</td>
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<tr>
<td>• Utilize role play/simulation</td>
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</table>

Develop supplemental reference tools for use by the Peer Support team. At minimum provide:
- Contact numbers for other team members
- List of resources
- Information about external professional counseling resources
- Process for expedited access

Information to provide to team members:

Develop mechanism to evaluate educational needs of team

Evaluation ideas:

Develop a plan for on-going education for team members
- Frequency of offering full training
- Update of new resources
## 4. Organizational Rollout

<table>
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<th>Action Steps</th>
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</table>
| Develop a Care for the Caregiver awareness strategy for organizational-wide dissemination. How can we partner with individual departments to inform caregivers of the ‘emotional trauma’ phenomenon and available support?  
• Health Fairs  
• Newsletters  
• Screensavers  
• Raffles  
• Safety huddles  
• Staff meetings  
• Committee meetings  
• Town Hall meetings                                                                                                    |       |             |                                 |
| Identify high-risk clinical areas for evoking a peer support response within your facility. Consider ED, ICU, OB, OR, Pediatrics, etc.                                                                                       |       |             |                                 |
| Identify high-risk teams to be monitored closely by supervisory personnel for evidence of emotional trauma, such as:  
• Rapid response  
• Code blue  
• Trauma                                                                                                                                  |       |             |                                 |
| Establish ‘real time’ methods for assessing clinicians for signs of emotional trauma during routine clinical tasks such as:  
• Team huddles  
• Post event debriefings  
• Shift handoffs                                                                                                                       |       |             |                                 |
<p>| Develop an informational brochure on the phenomenon of emotional trauma and the availability of the peer support team.                                                                                          |       |             |                                 |</p>
<table>
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<tr>
<th>Action Steps</th>
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<tbody>
<tr>
<td>Develop 'just in time' tools to remind supervisors and clinicians of the availability and contact information for Peer Support Activation.</td>
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<tr>
<td>• Magnets</td>
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<td>• Screen Savers</td>
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<tr>
<td>• Badge-buddies</td>
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<td>• Stickers for phones or scribe clipboards</td>
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<td>• Posters in staff lounges</td>
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## 5. Program Evaluation

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<tr>
<td><strong>Develop an encounter form to capture general information regarding team activations.</strong>&lt;br&gt;See Section 2 documents for template</td>
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<tr>
<td><strong>Establish a dashboard overview of general team performance for administrative review and surveillance.</strong>&lt;br&gt;See Section 2 documents for template</td>
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<tr>
<td><strong>Develop an evaluation tool for caregivers receiving assistance to provide feedback on team and program effectiveness.</strong>&lt;br&gt;See Section 2 documents for template</td>
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<tr>
<td><strong>Develop a team member satisfaction tool.</strong></td>
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Building Your Peer Support Program Checklist

Section 1: Internal Patient Safety Culture Preparedness
1. Evaluate your culture survey results to determine staff perceptions regarding identification and reporting of adverse events.
2. Assess organizational leadership’s recognition of the need for a peer support program
3. Identify what department will be responsible to receive deployment requests

Section 2a: Care for the Caregiver Steering Committee
1. Identify key individual who routinely assist others during crisis
2. Identify Executive Champion(s) for the program
3. Select a Lead and formalize that role
4. Form a multi-disciplinary steering committee to assist with team design and deployment
5. Name the team

Section 2b: Establish the Program Infrastructure
1. Prepare a formal business plan
2. Define the team’s structure
3. Determine methodology to provide peer support to individuals and teams
4. Develop activation guidelines
5. Create policies and procedures for peer support function
6. Create timeline for program deployment
7. Formalize process for immediate/expedited access to external higher levels of emotional support
8. Create a proposed budget
9. Develop the approach for recruiting peer supporters
10. Determine process for initial and ongoing education of peer supporters

Section 3: Peer Supporter Recruitment and Training
1. Determine criteria for applicant selection
2. Develop high-level program introduction to spark interest of potential peer supporters
3. Determine approach for obtaining unit specific nominations
4. Meet with unit supervisors to obtain list of prospects with high degree of emotional intelligence
5. Contact interested individuals and request completion of application
6. Provide pre-educational materials to applicants for review
7. Consider registering applicants to complete a voluntary communication assessment through BETA & determine how results will be used (if released)
8. Identify internal resources to assist with development of training materials and conducting training
9. Designate individuals to attend a Train-the-Trainer session or utilize BETA HEART’s training materials
10. Develop supplemental reference tools for peer supporters
Section 4: Organizational Rollout

1. Develop a Care for the Caregiver awareness strategy for organization-wide dissemination
2. Identify higher-risk clinical areas for evoking a peer support response
3. Establish ‘real time’ methods for assessing clinicians for signs of emotional trauma following a harm event
4. Develop informational brochure on phenomenon of emotional trauma and availability of peer support team
5. Develop ‘just in time’ tools to remind supervisors and clinicians of availability and contact information for Peer Support Activation

Section 5: Program Evaluation

1. Develop an Encounter form to capture team activation information
2. Establish a dashboard overview of general team performance for administrative review and surveillance
3. Develop evaluation tool for caregivers receiving assistance
4. Develop a team member satisfaction tool
Unexpected or emotionally traumatizing event occurs

Patient harm?

YES

Automatic deployment or *Contact Peer Support Intake

Is Unit Peer Support Available?

YES

Initiate investigation & hold bills

NO

NO

Is higher level of support needed?

YES

Deploy on-call Trained Peer Supporter(s)

Consider need of Critical Incident Stress Debrief if entire team involved

NO

NO

Follow-up with individual next day

Regardless of Peer Support activation, involved caregivers should be relieved of duties as necessary and allowed time to go to the designated Safe Place to decompress.
Important

Some individuals may appear to be coping well right after the event. Continue to monitor these individuals over time as their coping mechanisms may become exhausted resulting in the need for referral to higher levels of support at a later time.

Peer Supporter receives call → Unit Peer with caregiver? → YES → Contact Unit Peer for handoff → Provide resources-expedite access as needed

NO → Immediate response indicated? → YES → Meet with caregiver

NO → Reach out to caregiver and arrange time to meet → Meet with caregiver and provide resources if needed

Emergent intervention needed?

Call 911 or MET Team
Section 3
Training Your Peer Supporters

This section of the domain provides an overview of topics and concepts recommended for inclusion in your peer supporter training program. While there may be an inclination to develop peer supporter education in an online format, BETA Healthcare Group strongly urges BETA HEART participants to recognize the intensely personal and relational content of this education and recommends live training with simulation to enhance recollection of the material and build communication skills.

The Importance of Peer Support

Most clinicians involved in an adverse event resulting in patient harm would benefit from some form of emotional support. Institutions leading in the research and implementation of peer support programs such as Brigham and Women's Hospital, University of Missouri Health System, and Christiana Care Health System, have found that most individuals involved in a patient harm event do not seek out professional help but may be responsive to talking with a colleague. Without help, many feel personally responsible or experience a sense of failure over the patient's outcome. Feelings of guilt, shame, depression, and anxiety may lead to difficulty sleeping, loss of appetite, and difficulty concentrating. Self-confidence may become so shaken that the individual has difficulty making decisions, begins second guessing clinical choices, and develops burnout. Peer supporters are in a unique position to provide emotional support to these colleagues by helping them normalize the thoughts and emotions continuously looping through their minds.

Fundamental Understanding

Since many of your peer supporter volunteers possess vastly different backgrounds, developing a shared mental model of key concepts and definitions is critical to the success and reliability of your peer support encounters. Developing a common understanding of terms is a good place to start.

**Adverse/Harm Event:** An unanticipated event that may have or did result in harm. The event may or may not have resulted from an error.

**Burnout:** A cumulative process marked by emotional exhaustion and withdrawal associated with increased workload, institutional stress, and feeling powerless and unable to achieve work goals.

**Compassion Fatigue:** The emotional residue or strain of exposure to working with those suffering from the consequences of emotionally traumatic events. It can occur due to exposure to a single case or because of cumulative emotional trauma. Compassion fatigue can result in a loss of morale, decreased productivity, loss of joy, and depression, which can interfere with one's ability to feel and care for others.
Cumulative Stress: A state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations. Stressors can come from a variety of different areas such as heavy workload, changing shifts, poor teamwork, and the need to deal with situations in which you are powerless.

Distress: Negative stress that causes feelings of anxiety or concern, feels unpleasant, can be short or long-term, and can lead to mental and physical problems. Distress is perceived as falling outside of one's coping abilities.

Emotional First Aid: Providing comfort and emotional support during particularly challenging times when normal coping mechanisms may be overwhelmed.

Eustress: Positive stress that is characterized by focused energy, feelings of motivation and excitement, is generally short-term, and within one's ability to cope.

Harm: Any measurable amount of physical, psychological, or financial injury.

Humble Inquiry: Creating positive relationships by demonstrating humility. Ceasing to presume to know what the other individual is thinking, feeling or needs; instead, asking questions to find out the answers.

Normalization: Validating normal reactions and emotions to help individuals process their feelings and put them into perspective.

Peer Supporter: Individual trained to respond and provide emotional first aid to a person(s) following a harm, adverse or emotionally traumatic event.

Second Victim Phenomenon: Feelings of personal responsibility for a patient's outcome after involvement in an unanticipated patient harm event. Many feel as though they have failed the patient, second-guessing their clinical skills and knowledge base. It is important to note there is general concern surrounding the use of the term "second victim" as it may connote passivity, a loss of control or stigmatize involved clinicians. In addition, some patient advocates take exception to the term feeling that it deemphasizes the impact and experiences of patients and families. For this reason, except where the term is part of published materials referenced, BETA attempts to avoid use of it in our Care for Caregiver tools and resources.

Stress: Psychological reaction to pressure and the body's physical response to it.

Traumatic Events: An experience in the workplace that causes emotional upheaval or has the potential to impact the well-being of staff/employee(s) in the work environment. Examples of traumatic events include but are not limited to the following:

- Severe injury or death to a patient, employee, or visitor
- Medical error
Events with high emotional impact trigger Flashbulb memory that allows the event to be recalled years later in vivid detail.

- Unanticipated patient harm or death when the age or other characteristics remind the individual of a family member or loved one
- Workplace violence event
- Sudden loss of a co-worker
- Collective, significant personal loss
- Multiple deaths or emotionally traumatic events in a clinical area
- Seriously troubled employee creating havoc with several staffmembers
- Actual suicidal or homicidal attempts by a patient, employee, or visitor

Role of the Peer Supporter in the Caregiver Response Phenomenon

The role of the peer supporter is to assist the individual with normalizing the feelings and emotions that result from a flashbulb memory moment. Peer supporters must be clear that their role does not include trying to ‘fix’ the care provider.

Flashbulb memory is a highly detailed, exceptionally vivid 'snapshot' of an emotionally significant event. These events have such a high emotional impact that the event can be recalled many years later with remarkable clarity. These memories can evoke both positive and negative responses and can have a powerful impact on how one sees the world and events around him. The caregiver response phenomenon occurs when healthcare providers experience a patient harm or other emotionally traumatizing event triggering their flashbulb memory. As a result, the individual's thoughts are continuously occupied by replaying the experience. At times providers may feel they failed the patient which can lead to second guessing clinical decisions and destroying self-confidence. The newfound uncertainty of one's ability to "do no harm" can evoke feelings of guilt, shame, depression, and anxiety; any of which could result in difficulty sleeping, loss of appetite, and difficulty concentrating.

Peer supporters are most effective when they maintain strict confidentiality, engage in active listening, and provide enough information to the caregiver such that the individual understands that he/she is not alone in the feelings and emotions experienced and that such feelings and emotions are a normal part of working through the event. Effective peer supporters will listen, reflect, reframe, and help the individual make sense of the emotions being experienced to expedite the return to normal activities.

Risks and Manifestations of Emotional Trauma

Common Triggering Factors: Providers can experience the adverse effects of emotional trauma even in cases where no adverse event or medical error occurred. Triggering events may include those when a staff member connects with the patient or family in some way, cases involving pediatric patients, a first death experience, inability to rescue a deteriorating patient, or an event, like the suicide or death of a colleague. We are human beings working in a profession filled with emotionally traumatizing events. Experiencing an emotional impact when these events occur is normal and expected.
High-Risk Units or Teams: Due to the nature and acuity of patients treated in certain areas of the hospital, some units and teams are at an increased risk of exposure to triggering or cumulative events. Among the high-risk units and teams are the emergency department, intensive care unit, neonatal intensive care unit, obstetrics, oncology, pediatrics, surgery, and individuals serving on rapid response or code-blue teams. Particular care should be taken to monitor providers working in these areas for signs of emotional trauma affecting their ability to cope. Organizations may wish to consider embedding trained peer supporters in these areas to boost ongoing emotional health or provide opportunities for open discussion of common experiences through formal forums such as Schwartz Center Rounds.

Manifestations of Emotional Trauma: As mentioned earlier, individuals who have triggered and perhaps exhausted their coping mechanisms after a patient harm or other emotionally traumatizing event often display common signs. While you may not initially know what emotions the provider is experiencing, you will be able to observe many of the behaviors that can prompt you to ask questions to see how you can help. A summary is provided in the table below.

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Physical &amp; Mental Responses</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilt</td>
<td>Rapid heart rate</td>
<td>Cry</td>
</tr>
<tr>
<td>Shame</td>
<td>Rapid respirations</td>
<td>Avoid eye contact</td>
</tr>
<tr>
<td>Sadness</td>
<td>Diaphoresis</td>
<td>Isolate from others</td>
</tr>
<tr>
<td>Grief</td>
<td>Tears</td>
<td>Change in tone or volume of voice</td>
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<tr>
<td>Depression</td>
<td>Facial flushing or pallor</td>
<td>Change in activity level</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>Nausea</td>
<td>Change of sleep patterns</td>
</tr>
<tr>
<td>Humiliation</td>
<td>Headache</td>
<td>Change of affect</td>
</tr>
<tr>
<td>Anger</td>
<td>Muscle tension</td>
<td>Change in use of alcohol or drugs</td>
</tr>
<tr>
<td>Frustration</td>
<td>Difficulty concentrating</td>
<td>Change of eating habits</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Loss of appetite</td>
<td>Change in communication</td>
</tr>
<tr>
<td>Fear</td>
<td>Shaking/Tremors</td>
<td>[silence, rapid speech, yelling]</td>
</tr>
<tr>
<td>Apathy</td>
<td>Dry mouth</td>
<td>Change in confidence level</td>
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<tr>
<td></td>
<td>Lip quiver</td>
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<tr>
<td></td>
<td>Extreme fatigue</td>
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<tr>
<td></td>
<td>Flashbacks</td>
<td></td>
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<tr>
<td></td>
<td>Second guessing decisions</td>
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</tbody>
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Common Triggering Factors:
- Staff connects with the patient or family in some way
- Cases involving pediatric patients
- Provider’s first death experience
- Inability to rescue a patient
- Unexpected death or suicide of a colleague
The Six Stages of Recovery

The University of Missouri Health System is one of the organizations responsible for much of the research surrounding the need to care for the healthcare providers after a patient harm event. Like Elizabeth Kubler Ross’s stages of grief, they found six common stages of healing after an unanticipated patient harm event referring to it in the literature as the Recovery Trajectory.

The first three stages may occur individually or simultaneously and may present with physical and psychosocial symptoms. Throughout stages two through six, the individual may relive the initial experience when exposed to a similar clinical situation referred to as a ‘triggering’ event.

Stage 1: Chaos & Accident Response

The chaos and accident response stage is the point at which the event is first identified. Events may be recognized by organizational channels or by the care provider telling someone about the error or event as their way of seeking help. Involvement in these events can be surreal for those involved who are immediately focused on trying to stabilize the patient and limit the damage; often relying on muscle memory. If the event was caused by the action or inaction of one of the team members, that individual might not be able to continue caring for the patient and request a reassignment. At times, the provider can be so emotionally affected that it results in the inability to concentrate on the tasks at hand or make decisions.

If the peer supporter engages during this stage, it will be important to have a high-level understanding of the event. It is essential to determine the number of affected individuals and whether additional peer supporters are needed for greater 1:1 coverage, or if a total team debrief is appropriate. It is also important to look for individuals who are incapacitated and unable to continue providing patient care due to the emotional impact of the event. These observations should be brought to the attention of the unit supervisor so that attempts to obtain relief can be secured, allowing the individual a chance to leave the unit and begin to process his emotions.

Stage 2: Intrusive Reflections

Throughout this stage, the event continues to replay itself over and over in the providers’ minds, much like a broken record. Individuals may get swallowed up in the constant re-evaluation of their role in the event, leading to second-guessing decisions made and even questioning their knowledge and competence. These feelings and loss of self-confidence can result in the individual socially isolating himself from colleagues.

As a peer supporter, it can be helpful to acknowledge the feelings the care provider is experiencing and normalize them. Affirm with the individual that it is common to have these thoughts. At times, rethinking the event can help to identify system or process issues that need correcting. Revisiting the event also helps identify opportunities to implement ‘hard
Encourage providers to share their story to raise awareness of the issues and help reduce the likelihood that a similar event could happen again. Doing so may help restore personal integrity.

There may be times when the error made was preventable or avoidable which can make it more difficult to reassure the involved provider. You will want to remember that it is not your role to reassure the individual that “everything will be okay, it will all work out,” as it might not. What you can do is reassure the individual that we are not defined by a single moment in time. Help put the event into context with all the good that has been done; all the hundreds to possibly thousands of individuals that have been helped and are better off today because of the provider's involvement in their care. It may be helpful to remind the individual that the only certainty in this profession is that we are humans and infallibility is not an option. While you cannot guarantee what the future holds, you can assure that the individual will not be alone through this process and that you are there with him. If additional assistance is desired, you will work to make sure he gets access to that help.

Follow-up with this individual to ensure there are no lingering physical or psychosocial symptoms that should be addressed through other resources.

**Stage 3: Restoring Personal Integrity**

As time passes and the unit begins to return to routine operations, the individual should start to realize that gossip is being managed and is minimized. While there may be a greater sense of acceptance in the unit, they may begin to experience anxiety from fear of the unknown about what is going to happen next and whether the level of respect by their colleagues will ever be fully realized again. A high-reliability organization or one that has embedded Just Culture principles will be in an excellent position to assist the individual through this stage.

The peer supporter may help someone through this phase by encouraging the individual to share his/her story with others as an opportunity to learn from the mistake, raising awareness of the issues and shielding others from making similar mistakes that could also lead to harm. By sharing the story, the individual can provide additional facts that would likely be omitted in a gossip circle. Providing the facts will eliminate any need for speculation, suppressing the need for gossip. It is truly noble to be willing to share these lessons with others to advance safe patient care! Some individuals taking this approach will experience a shift from feelings of being a victim of their circumstance to being crusaders for change.

Peer supporters embedded on a unit as well as other leaders on the unit should quell any gossip about an event from the first utterance. Gossip is a behavior that is inconsistent with a culture of safety and should not be tolerated.
Stage 4: Enduring the Inquisition
As with any unanticipated event occurring in a healthcare facility, there will undoubtedly be an investigation searching for answers to many 'why' questions. The goal of the investigation is to identify any systems or process issues, the impact of human factors, and determine if any behavioral choices contributed to the event. When the investigation is focused on an event involving the error of a single person it can be very stressful for that individual to participate, regardless of any reassurances that the organization is focused on systems and process issues and not placing blame. Healthcare organizations participating in BETA HEART will have an early detection and rapid investigation process in place to ensure that involved individuals are interviewed soon after the event using cognitive interviewing techniques to walk the investigator through the course of the shift/day leading to the patient harm event. Interviewing in this manner will help the caregiver begin to reflect on the event while the facts are still clear, which helps to provide the most accurate information while reducing anxiety and allowing the caregiver to start the healing process more promptly.

Another aspect of this stage is the individual's understanding that the event will be communicated to the patient and family. A sense of anxiety may develop due to concerns about the family's possible response. Depending on the nature of the event, the patient or family may demonstrate grace, be angry, or threaten to sue the organization as well as the individual personally. This fear of what is to come may be the ultimate stressor that overwhelms the provider's ability to cope.

The peer supporter can be helpful during this stage by encouraging the individual to talk about his feelings, emotions, and fears with confidants and loved ones. The importance of asking people what type of support would be most helpful to them cannot be overstated. The desired level and form of support will vary from person to person, and it should never be assumed that what was desired by one individual will be wanted by the next person.

Note regarding discoverability: One concern that frequently arises is that of the peer supporter being subpoenaed to testify as a witness in a lawsuit, subsequently divulging the conversation between the involved individual and peer supporter as it is not 'protected' from discovery. First, the peer supporter will not be taking any notes of the discussion so direct recall will be minimal at best. Second, it is the telling of the event that helps the individual begin to process emotions and start the healing process. It is hard to have a fully effective peer support program while prohibiting discussion of the actual event. To date, we are unaware of any peer supporters who have been called to serve as witnesses.

Important!
The need for peer support may last well beyond the initial event. Follow-up and being available throughout the course of recovery is an essential part of peer support.

Warning!
Peer supporters should not take notes of the peer encounter. Any writings by the peer supporter are not protected from discovery during litigation proceedings.

BETA Healthcare Group members participating in BETA HEART are utilizing the Care for the Caregiver peer support as one component of their communication, transparency, and early resolution culture. With the
transparency of these other components in place, BETA believes that the benefits of allowing the individual to talk through the event far outweighs the risk of discoverability.

**Stage 5: Obtaining Emotional Support**

Many of the organizations that have been early adopters of a peer support program have found that very few individuals will make any effort to seek help; but when offered to all, many will accept and appreciate the help. Most people involved in a harm event will make some initial effort to manage their emotional trauma on their own. Many of those will be successful. For those who are unsuccessful, the peer supporter is truly a lifeline. For some, the need for emotional support will exceed the expertise of the trained peer supporter and require professional assistance. Peer supporters must be aware of the various resources available at and through their organization.

The peer supporter may be most useful by following up with the affected providers to check in and see how they are progressing with their emotional recovery. Additionally, the peer supporter may help by recognizing when the individual requires a higher level of support than that available through the trained peer supporter and assisting the individual with accessing those professional services.

**Stage 6: Trajectory for Moving On**

Moving on is comprised of three paths; drop out, survive, and thrive. The ultimate goal of the peer supporter is to help expedite the recovery process so the individual can begin to flourish.

**Drop Out:** May be reflected when the provider transfers to a different unit or facility, considers quitting the profession and continues to have feelings of inadequacy. This individual might only be looking for the opportunity to get a fresh start. The peer supporter can assist these caregivers by providing ongoing support, which may include connecting them with an individual who can help them search for alternative employment within or outside of the organization.

**Survive:** Even when the involved provider has an adequate coping mechanism, there may still be intrusive thoughts and persistent sadness, and continued learning from the event. This provider may have come to grips with the fact that an error was made, and the lessons learned will serve to prevent it from happening again but have difficulty letting go of the guilt. They are hanging in there, but a cloud still hovers over them. The peer supporter should continue providing ongoing support and maintain an open dialogue with these individuals.

**Thrive:** These caregivers can maintain a work/life balance, gain insight and perspective on the event, advocate for patient safety initiatives, and not base their practice or work on the event. These providers may process the event and come out with the belief that the insights gained made them better people. Peer supporters should work to recruit these individuals into the peer supporter program so that they can share their stories with others and help give them a more positive outlook.
Support Strategies and Interventions

Every individual will vary in her need or desire for support after an emotionally traumatizing event. The ultimate desire is to provide the support necessary to reduce the harmful effects of stress by normalizing the feelings and emotions experienced after a patient harm event to expedite return to normal routines and promote the continuation of productive careers while fortifying healthy stress management behaviors. The Scott Three-Tiered Interventional Model of Second Victim Support recommends three separate tiers for helping to achieve this goal.

**Tier 1: Support by Colleagues or Unit Level Leadership.** Every unit has certain individuals whom others just naturally turn to for advice and solace. These staff members are in an excellent position to provide day to day encouragement. Unit supervisors and managers should make every effort to connect with an individual soon after an event to reaffirm their confidence in the individual. Consideration should be given as to the necessity to call in flex staff to allow the involved individuals to leave the unit and have some time to process their emotions about the event. It is important for these official and unofficial leaders within the department to regularly check on the providers to see how they are doing and request the response of trained peer supporters as necessary. [BETA Healthcare Group recommends that trained peer supporters respond to 100% of unanticipated harm events to help reduce the stigma associated with receiving help.]

**Tier 2: Trained Peer Supporters.** The trained peer supporters are colleagues from all areas of the organization who have attended the required training necessary to administer emotional first aid while monitoring for the need to expedite referral to professional assistance.

**Tier 3: Expedited Referral Network.** Some individuals involved in a patient harm or other emotionally traumatizing event will require help from other trained professionals, inside and outside of the organization. Some may benefit from talking to the in-house chaplain or a social worker while others would best benefit with a referral to the Employee Assistance Program or an external therapist or psychologist. The Care for the Caregiver program steering committee will develop a list of resources as well as a mechanism to expedite outside referrals.

**Tools for the Effective Peer Supporter**

**Conduct a Self-check:** It is important to recognize that peer supporters are already utilizing personal coping strategies throughout the day both in their personal and professional lives. Peer supporters would be wise to conduct a self-check before inserting themselves into the emotionally charged state of others. Remember that we all have flashbulb memories and it is possible that some aspects of an event may evoke an unanticipated emotional reaction in the individual providing support. If the individual is not in a state of good emotional health, he/she should communicate that to the Peer Support Coordinator who can then request another trained team member to respond.
Make every attempt to clear your mind of any biases you may have regarding the event as you understand it. Doing so will maximize your ability to hear what the individual is saying and help you to elicit what they need you to know without directing the conversation. Remember that your attitude and motives will reveal themselves quickly as the conversation progresses. The care provider will rapidly conclude whether you are truly interested in them and what they have to say.

**Situational Awareness:** Being observant of subtle changes in dynamics of individuals and teams is key to prompt recognition and early intervention when stress levels begin to exceed coping strategies. As mentioned earlier, triggers are not necessarily major events involving errors resulting in harm; but may also be triggered by ongoing high-stress situations. For example, a heavy workload, poor team interaction, the frequent need to deal with situations in which they are powerless, and even ongoing personal stress regardless of whether it is eustress or distress can wear on one's coping mechanisms.

**Active Listening:** Engaging in active listening is a crucial element for providing emotional support to a peer.

**Environment:** The peer supporter will need to ensure the environment is conducive for holding a serious conversation to maximize effectiveness. The location should be quiet, free from distraction, and isolated enough so that the individual will feel free to talk and express emotion without concern of others observing the encounter.

**Physical Postures:** Research has shown that certain postures help to show interest through non-verbal communication. Sitting sends the message that you are not in a hurry and are ready to be in the moment with the other person. Leaning forward, nodding your head and maintaining eye contact also help to support this message. It is wise to be aware of your facial expression and that it will likely reflect what you really think about the information you are receiving.

**Verbal Responses:** While it may seem counterintuitive, verbally responding to information received helps demonstrate your interest and active participation in the discussion. Four ways to maximize the effectiveness of your verbal responses are in the table below.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Purpose</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Ask Questions | • Clarify information  
                  • Advance the dialogue  
                  • Shows a desire to understand | • “So, how are you doing now?”  
                  • “How can I best support you right now?”  
                  • “When would be a good time for us to reconnect?”  
                  • “Can you give me an example?” |
| Mirror                  | Calls out any disconnects between the verbal message and the non-verbal | "I know you said you are fine; I respect that. I just couldn’t help but notice your hands are trembling and you have tears in your eyes. I would really like to help; is there another time we could get together and talk?"
|------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------
|                        | Allows for further discussion when one may be masking how they truly feel |                                                                                  |
|                        | Conveys empathy                                                            |                                                                                  |

| Paraphrase (This is not a "repeat back") | Checks the accuracy of understanding | "So, what I understood you to say is …"
|                                          | Allows the individual to further clarify any misunderstandings             | "It sounds like …"
|                                          |                                                                               | "So, in other words…"

| Prime                  | When the conversations stops and needs a little help to re-start.           | "I want to assure you that I will make every effort to keep this conversation totally confidential."
|                        | Make a tentative statement                                                  | "I’m wondering if you think that sharing your feelings with me will affect our relationship."
|                        | Helps gain information and understanding                                     |                                                                                  |

**Humble Inquiry:** This phrase was coined by Dr. Edgar H. Schein addressing the role of demonstrating humility to create positive relationships. Dr. Schein describes a concept of *Here and Now Humility* as "resulting from our being dependent from time to time on someone else to accomplish a task that we are committed to." In other words, regardless of any position of power or authority the peer supporter may have over the involved care provider, the peer supporter's success relies on the willingness and trust of the care provider to engage in conversation. Humble inquiry is an excellent way to demonstrate respect while enhancing more candid and open discussion.

This demonstration of humility comes when one does not presume to know what the other individual is thinking, feeling or needs; but instead, asks questions to find out the answers. It involves doing less telling, a better job of listening and acknowledging, and humbly inquiring to discover additional meaningful information. Peer supporters must recognize that when they tell someone information that is common knowledge for an individual with this level of education and training, it can come across as condescending; implying that the other person doesn't already know this information. When we ask questions, it empowers the other person and makes us momentarily vulnerable since it reflects that we don't have all the answers. Asking questions also sends the message that we are here, invested in this conversation, interested in what they have to say and seeking to learn. By proceeding in this manner, a seed of trust is planted. This trust will continue to grow as you remain invested in the conversation, listen and try to understand.

**Rules to live by:**
1. When establishing a relationship of trust, the best questions are personal, not technical or medical.
2. Don’t jump in giving answers until you know what the other person actually needs to know.
3. If we want to hear the other person’s real story, we must avoid inadvertently steering the conversation.
4. Don’t assume that the other person has asked the right question.
The Encounter Process

The encounter process consists of six phases: Introduction, Exploration, Normalization and Reframing, Discussion of Coping Strategies, Provision of Resources, and Determination of the need for follow-up.

**Introduction:** The introduction may take place face-to-face on the unit, via email, or by phone. Timeliness of the contact will be driven by the facility's policy and process. Organizations serving as early adopters for creating peer support teams have found that it is beneficial to reach out to everyone involved in a harm event. This serves to remove any stigma that might be associated with a care provider engaging in a private conversation with a peer supporter.

Phrasing for the introduction should include the peer supporter's name, position and unit; identification with the peer support team, and acknowledgment that the team reaches out to everyone involved in an event. The peer supporter should also be clear that this is not counseling, and the supporter is not there to fix or cast judgment on anything that happened; just to be there to support them in any way they can.

**Exploration:** Be sensitive to timing. The provider is likely overwhelmed by adrenalin (fight or flight) and may not be able to explore thoughts at that moment. Consider arranging another time to meet if the individual is not able to talk about the event immediately afterward.

Talking through the experience allows individuals a chance to discuss their experiences surrounding the event. Remember that this is not counseling, problem-solving, giving personal advice, interrogating or questioning another person, judging another person, imposing one’s own beliefs on another person, or providing false hope. Instead, this step involves listening to the story, helping the provider put the incident in perspective while focusing on their feelings and reactions to the event, not just the details of the event.

Avoid questions that start with “Why.” If this is a human error, the answer to the “why” question may be unknown. The primary focus is on the person's feelings and helping through this difficult time. Allow periods of silence and be sure to listen more than you talk. Be mindful that the individual may be so emotionally traumatized by the event that “reliving” it could be more harmful to them. Never pressure the individual to talk about the experience if they do not wish to do so.

**Normalization and Reframing:** In this phase, the peer supporter's focus is on validating the provider's normal reactions to the abnormal event and helping the individual to put the event into perspective. Many providers will feel empowered when encouraged to use their lessons learned to help prevent the same thing from ever happening again. While the information shared with the provider in this phase will help to expedite the healing process, it is important to recognize that

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Best Practice Tip:

Proactively reach out to all involved in a patient harm event. Do not require a formal request to trigger peer supporter response.

Beware of the impact of adrenalin

Some providers will prefer to speak with someone shortly after an event. Others may need some time for the effects of adrenalin to subside before they can process their thoughts.

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the recovery process takes time and it is unlikely that anything you say will serve as the "magic bullet" to make them instantly whole.

Reframing the occurrence and helping providers put the error into perspective when viewed in the totality of all the procedures performed, medications administered, and people helped throughout their careers is vitally important. One bad case does not in and of itself serve as any indication that the individual is a bad care provider. It is more likely that the provider had an acute encounter with his/her human fallibility.

**Discussion of Coping Strategies:** As discussed earlier, stress is a part of life and throughout our lives we all develop our own unique ways of managing that stress. During periods of distress, perhaps reaching the point of dysfunction, individuals may need encouragement to continue with their normal coping strategies and may need to consider adding some additional strategies. This is one area where the peer supporter may have the greatest impact.

Recognizing the tremendous amount of adrenalin expended during and after a patient harm event, the individual will naturally feel emotionally and physically drained. In the presence of depression, it can be overwhelming for the provider to feel any motivation to get out of bed much less make the effort to exercise and eat well. With this in mind, the peer supporter can help the provider set short-term goals and agree to follow-up to see how the provider is doing. The peer supporter will also want to warn against destructive behaviors for coping that should be avoided during this time. While a glass of wine to unwind at the end of the day may be appropriate for some to manage their daily stress, drinking several glasses of wine to blunt the emotional impact of the event will serve to prolong the recovery process and may lead to other unintended consequences.

**Provision of Resources & Referrals:** It is a best practice to provide every individual involved in a patient harm event with a pamphlet providing information about normal experiences, emotions, and concerns after involvement in an adverse event resulting in harm. This information can give insight to significant others as to what their loved one is going through and how they can help. The pamphlet should also guide healthy coping strategies and indicate when to seek help and how to access that help.

Peer supporters must be equipped with a mechanism to expedite access to professional services on behalf of a provider in need. There may be times, as in the case of a provider expressing thoughts of suicide, that the peer provider must act immediately to secure the safety of the individual. This may be through contact with a mental health response unit or by calling 911.
Determination of Degree of Follow-up: Every individual involved in an adverse event resulting in patient harm should have at least one follow-up conversation. This is an excellent opportunity to check-in to see how they are doing, if their coping strategies are effective, and identify any change in symptoms.

The peer supporter must be mindful of the individual’s privacy and need for space. When determining the timeframe and frequency for follow-up, ask the individual if she has a preference. Depending on the severity of the event and the emotional impact on the individual, you may wish to follow-up the next day or perhaps the following week. There is no right answer as the frequency will be driven by the provider’s journey through the stages of emotional recovery.

Special Circumstances

Unanticipated events resulting in patient harm come in all shapes and sizes. Those affected by such events may range from a single individual or team to multiple departments, disciplines, and outside entities being impacted. Dealing with emotional trauma in the aftermath of a harm event is a personal experience and preferences for coping with this stress is unique for everyone. Some individuals will prefer to speak with a given person in private, while others desire to be with their team and work through the emotional trauma together. A variety of approaches may be beneficial.

Post-event Huddle: These huddles frequently occur in the area where the event occurred and are led by the team leader. The benefit of the huddles is that it is a normal routine that commonly occurs after a stressful event that doesn't result in harm as a method of determining what went well and what could be improved upon for the next event. Familiarity with the huddle helps to reduce any additional tension that may occur from being introduced to a new process during a time of heightened stress. The difference with the huddle conducted after a patient harm event is that the focus is on the team. It provides the team with the opportunity to express their emotions and frustrations and presents an opportunity to take a moment of silence for self-reflection.

Pre-shift Briefing: Whenever possible it is desirable to conduct a pre-shift briefing advising individuals of the essence of the event, information they should be aware of throughout their shift (special relationship of harmed individual to staff, risks or threats made, special precautions to take, etc.) It is best when the briefing is conducted before staff enters the department so that they can be prepared for the emotional heaviness they may sense immediately upon entering through the doors.

Formal Debrief: A formal debrief is usually conducted approximately three days after an event. The debriefing is generally a larger group than that of the huddle and may include both clinical and non-clinical staff. Following the Critical Incident

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**Early Signs You May Benefit from Help:**

- Inability to sleep
- Extreme fatigue all the time
- Socially isolating self from friends and family
- Intrusive, repetitive thoughts of the event
- Dread going to work
- Unable to make decisions
- Overwhelming fear of making mistakes
- Loss of appetite
- Reliance on substances or alcohol
Stress Management structure, care should be taken to ensure an adequate number of peer supporters are present to serve as "lifeguards" should any individuals become too emotionally charged to remain in the meeting and choose to leave.

This approach is helpful for normalizing the experience and emotional responses. Hearing the impact on another colleague frequently serves to empower others to engage in the discussion as well when they may not have otherwise felt strong enough to do so.

**Taking Care of Yourself**

Peer supporters must be mindful of the effects that caring for others may have on their levels of stress. Helping others work through their emotional recovery can have a cumulative effect on personal coping strategies and therefore may go unnoticed. It may be a significant other who is first to notice subtle changes. The approach for coping with stress, identifying signs when coping strategies are becoming overwhelmed, and recognizing when to seek help is much the same as for those the peer supporter is helping. The importance of attending and participating in Peer Support Team Meetings cannot be over-emphasized.

**Next Steps**

Attend BETA Healthcare Group’s HEART workshop addressing Care for the Caregiver. Travel and attendance at these workshops are compliments of BETA Healthcare Group for those facilities that have opted-in to BETA HEART.

Request BETA’s Peer Supporter Train-the-Trainer course to be conducted at your organization.

**Acknowledgements**

The BETA Healthcare Group Care for the Caregiver team would like to thank the following organizations and individuals for their contributions to the research and information included in this domain.

- Nikki Centomani Loyola University Health System
- Cheryl Connors John's Hopkins Medicine
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- Jim Pickert Vanderbilt University Medical Center
- Sue Scott University of Missouri Health System
- Dr. Heather Farley Christiana Care Health System
- Marsha Nichols Ascension Health
References


Ongoing Training for Peer Supporters

The importance of conducting ongoing peer supporter training and team meetings cannot be over-emphasized. Trained peer supporters share a common bond that is unique to those who have engaged in this journey. Team meetings allow peer supporters to connect as a group with others who understand the challenges and stressors of caring for caregivers after patient harm events.

**Frequency of Meetings:** The frequency with which the group meets should be determined by the steering committee with input from the peer supporter program leads and frontline peer supporters. Organizations with few to no deployments within several months may choose to hold quarterly meetings while organizations with highly active teams may determine that monthly meetings offered on multiple shifts are a better fit for meeting the needs of their team.

Questions to ask when determining the frequency for team meetings:

- What is the purpose of the team meetings?
  - Debrief the team
  - Offer opportunities to learn from each other
  - Introduce new team members and promote team building
  - Provide deployment and program effectiveness information
  - Evaluate competency
  - Practice encounter scenarios and receive coaching
  - Obtain input to further enhance the program
- How frequently should peer supporters be required to attend?
- When should meetings be offered to capture all peer supporters regardless of primary shift worked?
- Will there be a mechanism in place to trigger additional meetings as activities may dictate; such as when there is a series of unanticipated harm events extending over multiple departments, concentrating on a single patient unit, or requiring the broad sweeping deployment of all peer supporters?

**Meeting Agendas:** The meeting agenda will largely be driven by the purpose as identified above. Be sure to allow adequate time for debriefing the team, engaging in discussion, and building skills. Depending on the number and types of deployments, it might be wise to keep the agendas flexible so that the most important needs such providing a safe environment to debrief the peer supporters is a constant with other items as time allows. Should you find that you are frequently running out of time to address all agenda items during your quarterly team meetings, you may be better served to schedule meetings monthly or bi-monthly (every other month).

**Debriefing the team:** When reviewing the sample agenda provided at the end of this section, you will note that the bulk of the meeting time is allocated to promoting open discussion amongst peer supporters regarding their experiences and how they are managing the effects of vicarious trauma. Debriefing in this sense is referring to the process as well as the individual’s experience. This is perhaps the most important function of the ongoing peer supporter meetings. There are many approaches to initiating discussion; one example is:
1. Remind everyone that while we are all committed to emotionally supporting our peers, as compassionate human-beings, our tendency is to take on some of that pain upon ourselves. This is a natural response and is to be expected to some degree.

2. Remind participants of the confidential nature of this discussion.

3. Provide an overview of some of the emotionally traumatizing events occurring throughout the organization since the previous meeting. [Be mindful that some of the peer supporters may have been involved in those events as part of their routine job duties.]

4. Extend an open invitation for anyone who would like assistance with managing the emotional trauma they continue to experience to reach out to the team leader after the meeting.

5. Reinforce that at times our personal coping mechanisms may be on the edge of being overtaxed and it is okay to refuse a deployment if you are in such a stressful state that the deployment could do harm.

6. Open the discussion for those choosing to share (avoid going around the room and forcing input).

7. Questions to consider:
   - In those deployments, what do you believe went well?
   - In retrospect, what would you like to have done or had the opportunity to have done differently?
   - What was most challenging for you when you responded to the unit(s)?
     - Do you have any recommendations for how this challenge could be mitigated?
   - When you first heard about the event and that you were being deployed, what was your first thought or what concerned you most?
     - Is there anything that we can do as a team to be better prepared for those concerns?
   - At the completion of the encounter, what emotions were you experiencing? [Acknowledge that as compassionate individuals, it is normal to have an emotional response after caring for others undergoing an emotional trauma.]
   - What did you find as the most effective way to manage those emotions?

It is important for peer supporters to remember that even good stress such as that when planning a wedding, graduations, moving, getting a promotion, having a baby, becoming empty nesters, etc. are still stressors that can overwhelm one’s otherwise healthy coping mechanisms. Peer supporters must be exceptionally mindful of their current stress levels before accepting deployment. Individual stress level assessments are addressed further in the Skills Development section below.

**Skills Development:** Peer support teams frequently want to focus their limited time on improving the skills necessary for actual encounters through engagement in role-playing exercises. Nevertheless, there are some essentials that should be reinforced, especially early in the team’s development. You are encouraged to work each scenario through from the beginning of the deployment process so that those skills become an ingrained part of the encounter.

**Steps in the peer support encounter include:**
1. Self-check
2. Introduction
3. Exploration
4. Normalization and Reframing
5. Discussion of Coping Strategies
6. Provision of Resources & Referrals
7. Determination of Necessity or Degree of Follow-up

Self-check: Conducting a self-check allows the peer supporter to determine if he/she is the best person for deployment at a given time or for a specific event. This time should be spent reflecting on current coping capacity or stress level, workload, type of event and any personal triggers or biases. It is recommended that the peer supporter takes a few moments to get centered mentally and emotionally upon completion of the self-check and before responding to the unit.

As with any other healthcare providers, peer supporters can fall prey to the normalization of work-related emotional stress resulting in accepting deployments when perhaps others might be in a better emotional state to respond. Some facilities have found the use of “Stress Assessment Tools” helpful for providing a more objective self-assessment of current stress levels.

The introduction: One of the most awkward steps of the peer support encounter for an inexperienced peer supporter is the initial introduction. With practice, this step will become more natural and comfortable. The first impression derived from the introduction will likely be a determining factor of whether the affected worker feels comfortable enough to openly share emotions with the peer supporter.

Exercise:
- Divide your attendees into groups of three. Individuals will rotate roles.
  - (affected worker, peer supporter, observer)
- Provide a generic event- [Example: On the day of discharge, an 85-year-old female patient slipped on mashed potatoes on the floor and fell resulting in a subdural hematoma. The patient is unconscious and not expected to recover. You are responding to meet with the unit housekeeper.]
  - Be sure to offer a variety of examples to reflect the varying roles of your peer supporters to include non-clinical staff.
  - Review common event reports for scenario ideas and take them to the level of harm.
- Request that the affected worker provide feedback about how the introduction was delivered and offer suggestions
- The observer’s role is to ensure that all the information for an introduction was provided.
  - Name; peer supporter
  - Question if aware of the peer support program and fill in any knowledge gaps
    - Reach out to everyone and why (can be stressful times and helpful to talk about it)
    - Reinforce not here to judge or to fix anything; just listen
**Other skill-building activities:** It is important to avoid restricting skills building to repetitive role play. There are many educational opportunities available to assist with enhancing fundamental skills such as approaches to active listening and empathic communication. Your team may find value in watching TED Talks, YouTube videos, discussing new studies and approaches when dealing with emotional trauma, and participating in activities to address the effects of personal stress. **Links to a few of these resources are provided below.**

<table>
<thead>
<tr>
<th>Topic/Title</th>
<th>Description</th>
<th>Ideas for use</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Power of Vulnerability</td>
<td>Discussion of what gives meaning and purpose to our lives.</td>
<td>Play the TED Talk and engage in discussion. Ideas provided <a href="https://www.ted.com/talks/brene_brown_on_vulnerability?referrer=playlist-the_most_popular_talks_of_all">here</a></td>
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<tr>
<td>Brené Brown</td>
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<td>Run time: 20:13</td>
<td></td>
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<td></td>
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<tr>
<td>The Surprising Science of Happiness</td>
<td>Happiness is not a “thing” to be found, it can be synthesized.</td>
<td>Play the TED Talk and engage in discussion. Ideas provided <a href="https://www.ted.com/talks/dan_gilbert_asks_why_are_we_happy?referrer=playlist-the_most_popular_talks_of_all">here</a></td>
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<tr>
<td>Dan Gilbert</td>
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<tr>
<td>Run time: 21:00</td>
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<tr>
<td>How to Make Stress Your Friend</td>
<td>Changing how you view stress can change your body’s response resulting in a healthier you.</td>
<td>Play the TED Talk and engage in discussion. Ideas provided <a href="https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend?referrer=playlist-the_most_popular_talks_of_all">here</a></td>
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<tr>
<td>Healthcare’s Compassion Crisis</td>
<td>Discussion of what patients involved in a major bus accident five years prior recall most about their traumatic experience. Explores the medical benefits of compassion.</td>
<td>Play the TED Talk and engage in discussion. Ideas provided <a href="https://www.ted.com/talks/stephen_trzeciak_how_40_seconds_of_compassion_could_save_a_life">here</a></td>
<td></td>
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<tr>
<td>Dr. Stephen Trzeciak</td>
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<td>Run Time: 15:00</td>
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<tr>
<td>Why Doctors Kill Themselves</td>
<td>Abused medical students may eventually become abused physicians who abuse their patients. How you can help.</td>
<td>Play the TEDMED and engage in discussion. Ideas provided <a href="https://www.tedmed.com/talks/show?id=528918">here</a></td>
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<tr>
<td>Dr. Pam Wible</td>
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<tr>
<td>Unmasking the Invisible Wounds of War</td>
<td>Explores ways for those suffering from PTSD-like symptoms to express feelings when words fail.</td>
<td>Play the TEDMED and engage in discussion. Ideas provided <a href="https://www.tedmed.com/talks/show?id=526823">here</a></td>
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Section 4
Organizational Rollout

The time to begin planning for your organization’s rollout is shortly after forming your steering committee. There is much to be done in this area; with proper delegation and referencing the tools provided through BETA HEART you are well on your way! In this section, we will look at materials needed to address your rollout needs.

Determine a Name for Your Peer Support Team

Your team will need a name. Some organizations have found great success sparking interest and spreading the word about the upcoming program by holding a contest allowing individuals organization-wide to submit options for the team’s name. You will want to select an enticing prize for the winner and may wish to seek options already available through your marketing department. The flyer announcing the contest will need to include enough information about the program to allow for proper submissions. Please see the sample flyer in the domain Appendix for ideas.

Recruit Peer Supporter Applicants

Now that there is some level of familiarity with the terms ‘Care for the Caregiver’ and ‘Peer Supporter,’ you will want to provide another layer of understanding to spark enough interest to inspire individuals to complete an application for consideration to join your peer support team and receive formal training. This information may be provided in a script that is read to staff during a team huddle or staff meeting, presentations at Town Hall meetings, leadership committees, or even by having a little fun and posting a “Wanted” poster describing the desirable qualities of a peer supporter. You may also choose to implement more than one approach to cast a broader net for eligible applicants. Sample recruitment documents are located at the end of this domain in the Appendix.

Provide Formal Education for Staff and Physicians

Formal education for staff and physicians should be conducted shortly before the official launch. It’s a good idea to have your plan and materials at the ready but be careful to not jump the gun and conduct the education too far ahead of the program’s launch or it is likely to be forgotten. Consider coordinating the rollout date with the medical staff calendar to ensure that physicians receive the information at a time when most are gathered together such as during an annual medical staff meeting or at a Lunch & Learn. Remember to include departments that are not necessarily on the radar as having need for these services such as housekeeping, dietary, security, and biomed. Those attending the education should be provided with information they can take with them advising when and how to request peer support and the process for after-hours activation. Materials may include brochures, magnets, stickers, or even posters for staff lounges.

One approach we found that was different from the others came from Ascension Health. Their Provider/Associate Care Team (peer support team) is referred to as PACT. Upon completion of the peer supporter training, each graduate is provided with a PACT lanyard/clip and badge buddy in which the “PACT” shows beneath the other items on the employee identification badges. All peer supporters carry a small stack of educational cards with them and when asked, “What is PACT?” they provide a brief description and hand the individual an educational card reinforcing the discussion and providing contact information. This ongoing 1:1 education is supplemented by the use of small marketing items such as lip balm and heart-shaped stress relievers bearing the team’s name that are provided at employee health fairs and lunch & learns.
Develop an Education and Training Plan for Orientation
All new hires and medical staff will require initial onboarding and training that includes an introduction to the peer support program. Consider using the same materials as in the formal rollout or perhaps inviting a peer supporter to speak for a few minutes during orientation. If utilizing an online module such as HealthStream, think about embedding a couple of the recommended videos to help demonstrate how the program works.

Surveillance Training for Supervisors and Managers
Frontline surveillance is one of the best tools available to identify severe or cumulative stress beginning to manifest on the unit. Unit leaders are frequently able to provide peer support locally without formally activating the Care for the Caregiver program. As such, it is recommended that department leadership with around the clock presence on the unit/department receive formal peer supporter training and have ready access to referral resources.

Ongoing Training
It is our hope that with time, your peer support program will become rooted in your organization's patient safety culture. Frontline peer supporters should be embedded within the units, responding to ongoing department stressors. Until your program has matured, you will need to draw upon your experience from previous successful campaigns to determine the best approach to maintain awareness of the availability of the peer support program. Consider screen saver messages, reminders presented during shift huddles, periodically changing the color or look of phone stickers or magnets or including the program as an agenda item for staff and committee meetings. Use stories whenever possible.

Taking Care of Yourself
One of the goals of your peer support program should be to educate employees and medical staff to recognize signs that they are under severe stress and how to manage that stress in a productive way. Consider providing information about the signs of severe or cumulative stress that can lead to burnout and the importance of taking care of oneself through brochures and at the organization's health fairs or annual events.

Next Steps
You are nearly ready to launch! Take some time to review the Building Your Peer Support Program Checklist and verify that you have completed all the recommended steps.
Evaluating Program Effectiveness

When gauging the effectiveness of your program, it is important to recognize that its success is not only determined by the impact it has had on clinicians using this resource, but also by the impact upon the organization and those trained to provide peer support. As with any other performance improvement activity, you will need to establish measurable goals before creating tools and dashboards to obtain and display feedback.

The Caregiver's Perspective

It is integral to the long-term success of the peer support program to have multiple means of measuring how well it is serving caregivers and whether improvements can be made. In addition to tracking peer encounters to determine the effectiveness of team activation and response, organizations should contact participating caregivers to learn about their experience and perceptions of the process and any benefits received. These surveys may also be a means of determining individual Peer Supporters’ helpfulness and opportunities for additional training.

Questions should focus on the process activation, utilization, accessibility and effectiveness of resources, and include an overall quality rating that expresses the clinician’s perception of the program and its benefit. Peer Support interactions are intended to be confidential. As such, you should not be keeping a list with the names of individuals receiving peer support. We recommend that you embed the survey within an anonymous tool such as Survey Monkey to enhance ease of survey submission and alleviate any hesitation to provide honest feedback. The letter of invitation to complete the survey should be sent to all staff and providers on a regular basis to eliminate any association with a specific event, department, or individual. A sample eb-blast survey cover letter and Care for the Caregiver Survey questions are provided in the domain Appendix. For best results, select between 5-10 quality questions for your survey. Regardless of the number of questions, it should not take the respondent more than 5 minutes to complete.

The Peer Supporter's Perspective

One of the barriers to maximizing a program’s resources and expanding to meet a broader range of stressful events, is the availability of trained peer supporters. At the time of application, those seeking to serve as peer supporters should commit to at least one-year of service. Many may wish to continue beyond that commitment, while others may find that the demands and stressors of this role are greater than anticipated resulting is some attrition. Ongoing recruitment and training for new peer supporters due to a significant turnover within the pool can be costly and deprive the program of some of the richness that comes with a well-developed and seasoned team.

Many comments and concerns may be provided by the peer supporters during monthly team debrief sessions; however, it is possible that some will not feel comfortable expressing their feedback in a group. Conducting periodic surveys is one approach to further ensuring team members’ training and emotional and psychological needs are being met. A sample of the Peer Supporter Survey tool is available in the Appendix.
## Program Effectiveness Goals and Measures

As with any organization-wide program that requires human and financial capital, you will want to monitor your peer support program's overall effectiveness (ease of use and responsiveness of the activation, response and follow-up processes) through objective means. Here are some suggestions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Measure</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the program being utilized?</td>
<td>• # Activations per month / number of identified harm events</td>
<td>• Are caregivers aware of the program?</td>
</tr>
<tr>
<td></td>
<td>• # Events requiring a debriefing</td>
<td>• Is there a barrier making it difficult to activate?</td>
</tr>
<tr>
<td></td>
<td>• # Peer supporter encounters/month</td>
<td>• Is there a stigma when caregivers speak with a peer supporter?</td>
</tr>
<tr>
<td></td>
<td>• # Interactions by department/unit</td>
<td>• Are you waiting for caregivers to seek help or are you responding to all qualifying events and offering?</td>
</tr>
<tr>
<td>Is response timely?</td>
<td>• Time from activation call to contact with peer supporter</td>
<td>• Do you have an adequate number of trained peer supporters to meet the need?</td>
</tr>
<tr>
<td></td>
<td>• Time from contact with peer supporter to contact with caregiver</td>
<td>• Is the process for team activation efficient?</td>
</tr>
<tr>
<td></td>
<td>• Time from contact with caregiver to encounter</td>
<td></td>
</tr>
<tr>
<td>Are referral resources adequate and accessible?</td>
<td>• # referrals to external resources per # of encounters</td>
<td>• Do we have internal resources available to meet most needs?</td>
</tr>
<tr>
<td></td>
<td>• # referrals to Level 3 support (internal or external) per # of encounters</td>
<td>• Is our expedited access process working?</td>
</tr>
<tr>
<td></td>
<td>• # encounters resulting in need for emergent intervention</td>
<td>• Are most emotional support needs being met at the unit level?</td>
</tr>
<tr>
<td></td>
<td>• Time from expedited referral to appointment</td>
<td>• How frequently are trained peer supporters utilized?</td>
</tr>
<tr>
<td>What is the effect of program on the organization?</td>
<td>• Staff retention rates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increase in corresponding scores within safety culture/engagement survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reduction in staff time-off related to stress</td>
<td></td>
</tr>
<tr>
<td>Who is requesting team activation?</td>
<td>Self-activated, unit supervisor, risk manager, chaplain, social worker</td>
<td>• Are there others you would expect to be triggering activation who are not?</td>
</tr>
<tr>
<td>Who is utilizing the program?</td>
<td>Category of user: Physician, nurse, RT, pharmacist, other</td>
<td>• Is there a barrier?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Is your peer support team diverse enough to meet the need?</td>
</tr>
</tbody>
</table>

**Next Steps**

Take advantage of BETA HEART workshops and be on the alert for emails advising of new additions to this and other BETA HEART domains; and don’t forget to sign-up for the HEART Talk Listserv!
Domain IV: Care for the Caregiver

Appendix
Section 1: References


8. Joesten L. Cipparrone N. Okuno-Jones S. DuBose ER. Assessing the perceived level of institutional support for the second victim after a patient safety event. *J Patient Saf* 2014;00:00-00.

### Second Victim Trajectory

<table>
<thead>
<tr>
<th>Staging</th>
<th>Stage Characteristics</th>
<th>Common Questions</th>
<th>Proposed Institutional Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td>Error realized/ event recognized</td>
<td>How did that happen? Why did that happen?</td>
<td>Identify second victim Assess staff member(s) ability to continue shift Activate “ForYOU Team” support as needed</td>
</tr>
<tr>
<td>Chaos &amp; Accident Response</td>
<td>Tell someone → get help Stabilize/treat patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May not be able to continue care of patient Distracted Experience a wave of emotions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stage 2</strong></td>
<td>Re-evaluate scenario Self isolate Haunted re-enactments of event Feelings of internal inadequacy</td>
<td>What did I miss? Could this have been prevented?</td>
<td>Ensure “ForYOU Team” Response Observe for presence of lingering physical and/or psychosocial symptoms</td>
</tr>
<tr>
<td><strong>Stage 3</strong></td>
<td>Acceptance among work/social structure Managing gossip/grapevine Fear is prevalent</td>
<td>What will others think? Will I ever be trusted again? How much trouble am I in? How can I’t concentrate?</td>
<td>Provide management overnight of event Ensure incident report completion Manage unit/team’s overall response “tumor control” esp. Evaluate if event debrief is indicated</td>
</tr>
<tr>
<td>Restoring Personal Integrity</td>
<td></td>
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</tbody>
</table>

(Stages 1-3 may occur individually or simultaneously)

**Stage 4**
- Realization of level of seriousness
- Reiterate case scenario
- Respond to multiple “why’s” about the event
- Interact with many different ‘event’ responders
- Understand event disclosure to patient/family
  - Litigation concerns emerge


- Identify key individuals involved in event Interview key individuals Develop understanding of what happened Begin answering ‘why’ didn’t happen

**Stage 5**
- Seek personal/professional support
- Getting/receiving help/support

- Why did I respond in this manner? What is wrong with me? Do I need help? Where can I turn for help?

- Ensure emotional response plan in progress if needed Ensure Patient Safety/Risk Management representatives are known, staff and available as needed

**Stage 6**
- Dropping Out
  - Transfer to a different unit or facility
  - Consider quitting
  - Feelings of inadequacy

- Is this the profession I should be in? Can I handle this kind of work?

- Provide ongoing support of the second victim Support second victim in search for alternative employment options within institution

- Survival
  - Coping, but still have intrusive thoughts Persistent sadness, trying to learn from event

- How could I have prevented this from happening? Why do I still feel so badly/guilty?

- Provide ongoing support Maintain open dialogue

- Thriving
  - Maintain life/work balance Gain insight/perspective Does not base practice/work on one event Advocates for patient safety initiatives

- What can I do to improve our patient safety? What can I learn from this?

- Provide ongoing support Support second victim in ‘making a difference’ for future. Encourage participation in case reviews involving event Encourage staff feedback on practice modifications

Throughout all stages individuals may experience physical and/or psychosocial symptoms. Triggering of symptoms and repetitive thoughts regarding the event can occur anytime during stages 2-6.
# Sample Care for the Caregiver Program Implementation Timeline

## Pre-Work (3 – 6 Months)
- Conduct assessment of internal patient safety culture preparedness
- Develop/modify policies and processes as necessary
- Obtain organizational leadership support for program
- Determine executive champion and program lead
- Identify Steering Committee members
- Establish Care for the Caregiver program infrastructure
- Develop activation guidelines, policies/procedures, and support documents
- Create peer supporter training materials
- Develop marketing plans and tools
- Determine method for recruiting peer supporters

## Begin Marketing & Training (3 – 9 Months)
- Begin recruitment process
- Finalize training program
- Schedule peer supporter education
- Launch marketing campaign throughout the organization

## Launch Program & Monitor for Effectiveness (6 – 12 Months)
- Deploy peer supporters
- Monitor for effectiveness
- Conduct huddles as necessary to work out process issues
- Identify additional training needs
- Schedule peer supporter debriefing sessions
Section 2: Sample Documents

Peer Supporter Application

Individuals interested in joining the Care for Caregiver team and supporting their colleagues as a trained peer supporter are requested to complete this application for review by the Team Steering Committee.

I. Personal Information

Name ___________________________

Address ___________________________

City ___________________ State _____ Zip Code ____________

Phone (Home/Cell) _______________ Phone (Work) _______________

II. Employment Information

Current unit/department _______________ Current title ______________________

Primary shift worked _______________ Years clinical experience ____________

III. Clinical Experience

Do you have any experience providing any of the following? (Check all that apply)

□ Individual Counseling/Coaching □ Small group work

□ Stress Management □ Leading debriefing

□ Other: (please specify)

How did you hear about the Peer Support Team? _____________________________

Why would you like to become a member of this team? __________________________

Additional information you would like for us to know about you ________________________

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

Applicants Signature ______________________ Date ________________

I endorse this applicant's request to join the peer support team.

Manager Signature ______________________ Date ________________

Submit completed application to:

__________________________________________________________
Peer Encounter Tracking Form
(for IRB Research)

Name of Peer Supporter:

Activation: [ ] New  [ ] Refuse  [ ] Unit level support adequate  [ ] Data/Time of activation:
Contact Number: [ ] Cell  [ ] Work  [ ] Pager  [ ] Best time to call:
Referred by: [ ] Self-referral  [ ] Supervisor  [ ] Risk Manager  [ ] Other:
Clinician Type: [ ] MD/DO/Resident  [ ] RN/LVN  [ ] Respiratory Therapy  [ ] Pharmacist  [ ] Other:
DateTime contact made with caregiver:
Case Topic:

Event Type: [ ] Unanticipated Patient Outcome  [ ] Adverse Event  [ ] Other
Level of Response: [ ] Unit/Department Support  [ ] Trained P.S.  [ ] Defusing  [ ] Critical Incident Stress Debriefing

<table>
<thead>
<tr>
<th>Event Outcome</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Harm</td>
<td>Pediatric case (21 years &amp; younger)</td>
</tr>
<tr>
<td>Temporary Harm</td>
<td>Patient that reminds staff of their family</td>
</tr>
<tr>
<td>Permanent Harm</td>
<td>Patient known to staff members</td>
</tr>
<tr>
<td>Death</td>
<td>Community high profile</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Multiple patients with bad outcomes</td>
</tr>
<tr>
<td></td>
<td>Long Term Patient</td>
</tr>
<tr>
<td></td>
<td>Palliative Care</td>
</tr>
<tr>
<td></td>
<td>First death under their &quot;watch&quot;</td>
</tr>
<tr>
<td></td>
<td>Unexpected patient demise</td>
</tr>
<tr>
<td></td>
<td>Organ donation</td>
</tr>
<tr>
<td></td>
<td>Young adult patients</td>
</tr>
<tr>
<td></td>
<td>Death of a staff member or their spouse</td>
</tr>
<tr>
<td></td>
<td>Victim of violence</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

Referrals

[ ] Not Needed
[ ] Chaplain
[ ] Social Worker
[ ] Employee Assistance Program (EAP)
[ ] External professional: __________________________
[ ] Clinical health Psychologist
[ ] EMERGENT REFERRAL for Suicidal Ideation

Follow-Up Date (not required):

Comments:

Activation: [ ] Follow-Up  [ ] Date of Interaction:
Length of Interaction:

Referrals

[ ] Not Needed
[ ] Chaplain
[ ] Social Worker

Brief Summary of Encounter: [Do not take notes of discussion]
<table>
<thead>
<tr>
<th>Employee Assistance Program (EAP)</th>
<th>Follow-Up Date (not required):</th>
</tr>
</thead>
<tbody>
<tr>
<td>External professional:</td>
<td>Comments:</td>
</tr>
<tr>
<td>Clinical health Psychologist</td>
<td></td>
</tr>
<tr>
<td>EMERGENT REFERRAL for</td>
<td></td>
</tr>
</tbody>
</table>

This document is based upon the University of Missouri Health Care’s for YOU team - Encounters form
NOTE: This sample policy was developed to offer suggestions for content consideration and should be customized to reflect your specific program and organizational structure. (Rev. 4/12/19)

<table>
<thead>
<tr>
<th>DEPT/OPS AREA:</th>
<th>POLICY NAME:</th>
<th>POLICY NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT FOR THE CAREGIVER AFTER AN ADVERSE/HARM EVENT</td>
<td></td>
</tr>
<tr>
<td>EFFECTIVE (ORIGINAL) DATE:</td>
<td>REVISED DATE(S):</td>
<td></td>
</tr>
<tr>
<td>MOST RECENT APPROVAL DATE(S):</td>
<td>DATE(S) REVIEWED:</td>
<td>REVIEWED/APPROVED BY:</td>
</tr>
</tbody>
</table>

APPLIES TO: ALL PERSONNEL AND PHYSICIANS [INSERT SCOPE E.G., ORGANIZATION-WIDE, EMERGENCY DEPARTMENT, AND ALL INPATIENT SERVICES, AMBULATORY CLINICS, HOME HEALTH]
POLICY STATEMENT:
[Organization] recognizes the potential emotional and psychological impact adverse, harm and emotionally traumatic events can have on employees and physicians. To that end, this organization is committed to providing support and care for our caregivers, staff and physicians, impacted by emotionally traumatic events. The Peer Support process is part of the Patient Safety and Risk Management Program. As such, all program related referrals and encounters are maintained in a confidential manner. The effectiveness and evaluation of the Peer Support program is reported up through/to the [organization’s reporting structure; example: Patient Safety Committee, Medical Staff Quality Committee, or Wellness Committee].

PURPOSE:
To provide guidelines and structure for offering emotional first aid and support of staff and physicians after a harm/adverse or traumatic event.

DEFINITIONS:

Adverse/Harm event: An unanticipated event that may have or did result in harm.

Peer support: Emotional first aid provided to a person who is involved in an unexpected health care or other emotionally traumatic event.

Debriefing: Process of holding a post-event discussion about what happened during the event. The discussion may include input from participants regarding what occurred, what worked well, what could be improved upon, or personal feelings associated with the event. The scope and purpose of the debriefing should be established in the opening comments. A debriefing is not an investigation and is separate and apart from a peer supporter interaction.

Harm: Any measurable amount of physical, psychological, or financial injury

Peer supporter: A trained member of the Peer Support Team who is available to respond to physicians or personnel to offer and provide emotional first aid following a harm, adverse or emotionally traumatic event.
**Traumatic event:** An experience in the workplace that causes emotional upheaval or has the potential to impact the well-being of staff/employee(s) in the work environment. Examples of a traumatic event include but are not limited to the following:

- Workplace violence event
- Severe injury or death to a patient, employee, or visitor
- Medical error
- Unanticipated patient harm or death (especially when the age or other characteristics remind the individual of a family member or loved one)
- Sudden loss of a co-worker
- Collective, significant personal loss
- Multiple deaths in a clinical area
- Seriously troubled employee creating havoc with multiple staff members
- Actual suicidal or homicidal attempts by a patient, employee, or visitor

**PROCEDURE:**

1. The Peer Support program can be activated by anyone in response to a harm or emotionally traumatic event that triggers the need for emotional support of employees or physicians.

2. Activation of the program may be accomplished automatically or through communication to the program coordinator.
   
   a. The [ ] will function as Peer Support Intake Coordinator. The Peer Support Intake Coordinator will be reached via [insert mechanism for contact].
   
   b. Upon activation, the Peer Support Intake coordinator may need to contact the involved individual or their supervisor/manager to determine the level of post-event support and resources needed. Resources and referrals may include but are not limited to a trained Peer Support Team member, Employee Assistance Program, Chaplain/Pastoral Services, or external access to a higher level of psychological support.

3. **Tier One Activation:** Department/Unit level support will be provided by the unit manager, fellow team member/colleague, supervisor, or department chair. Support may be provided any time peers appear to be experiencing levels of stress that exceed their ability to cope whether it is due to a patient harm event, emotionally traumatizing experience, or cumulative stress. Support includes:
   
   a. Connect with affected individual(s)
   
   b. Provide one on one reassurance and/or professional support
   
   c. Reaffirm confidence in the individual
   
   d. Assist with contacting the Peer Support Intake coordinator, to determine if additional resources are needed
   
   e. Assist the individual to temporarily leave the unit and go to the designated ‘Safe Space’ to emotionally process the event
   
   f. Consider relieving involved individuals of duties for the balance of the shift or longer if necessary, through collaboration with the Human Resources or staffing office; call in flex staff if available and/or request oncoming employees to come in early, etc.)
g. Check in on staff member regularly after initial interaction
h. Notify individual of next steps, if any

4. **Tier Two Activation**: Upon receipt of notification, the intake person will gather initial information, triage the call, and provide a handoff report to a trained peer supporter or resource as needed.
   a. Intake information includes: Date and time of request, name of involved staff member, unit, type of event, effectiveness of tier one support, any special concerns, etc.
   b. Trained peer supporter may receive a request for peer support from anyone; however, the peer supporter should notify the intake coordinator if the request is made outside of the formal activation process,
   c. The on-call peer supporter will respond 24/7 by phone to provide support to the involved employee/physician; and be prepared to respond to the unit if immediate personal response is needed

5. Peer supporter will (in addition to support provided in Tier One):
   a. Provide one-on-one crisis intervention
   b. Maintain confidentiality
   c. Avoid writing or keeping any notes regarding the encounter other than name, contact information and date/time of any agreed upon follow-up contact
   d. Demonstrate active listening techniques
   e. Offer support
   f. Redirect conversation as needed to focus on the individual rather than the event
   g. Be attentive and “in the moment” with the staff member
   h. Evaluate and determine the need for referral to Tier 3 support for additional assistance as needed
   i. Document in the Peer Support Log
   j. Participate in ongoing team meetings and education

6. **Tier Three Support** may be triggered by the peer supporter, supervisor, a colleague or the individual when needed. Additional resources include but are not limited to:
   a. Employee Assistance Program
   b. Social Work
   c. Chaplain
   d. Clinical Psychologist
   e. Other as designated by organization

7. Expedited access to external resources will be provided when needs arise. [organizations list external resources such as clinical psychologist and the process to be used to arrange for individual to obtain a timely appointment]

8. Individuals manifesting signs consistent with impairment will be managed according to the organization’s process for evaluating potentially impaired physicians/employees. The peer supporter shall notify [ ] immediately when it is believed the individual may be affected to the point of impairment regardless of when there is concern in the recovery process.
PROGRAM EVALUATION:

1. Peer supporters will complete a confidential Peer Support Log within 72 hours of interaction.

2. Invitations to provide feedback will be sent out electronically to all providers and staff every [ ] months, requesting participants in the Peer Support program provide feedback regarding their experience and include any recommendations for improvement.

3. Evaluation of the program will be achieved through volume statistics (number and frequency of deployments over the number of patient harm events) as well as qualitative analysis through post-encounter surveys.
   a. Program statistics will be reported up through the [organization’s reporting structure]
   b. Data detailing the effectiveness of the Peer Support program will be shared via a dashboard.
[date]

[Type the sender company name]
Address
City, State, Zip Code

Physicians Name
Address
City, State, Zip Code

Dear Dr. [Name of Doctor],

We are writing to inform you that [Hospital Name] is embarking on a new program called Care for the Caregiver. The goal of the program is to provide timely emotional support to providers directly involved in a patient harm event; sometimes referred to as the "second victim." As you may already be aware, direct involvement in a patient harm event can be emotionally devastating; causing depression, questioning one's knowledge and skill as a clinician, lack of sleep and withdrawal from social interaction with colleagues further heightening the sense of isolation. This emotional phenomenon frequently results in shaking the provider's confidence; resulting in a loss of professional fulfillment and sometimes to the point of leaving the profession altogether. Our belief is that a fellow physician is best positioned to provide peer support with a greater depth of empathy and understanding of the broad array of emotions and frustrations the provider may be experiencing. It is our hope that the peer supporter will help to normalize those emotions and serve as a mentor to assist the provider through his/her emotional recovery. It is for this reason that we are writing to you and inquiring if you would be interested in learning more about volunteering as a Peer Supporter to those physicians involved in a patient harm or other emotionally traumatizing event.

As a volunteer Peer Supporter, you would provide emotional support and resources to help the physician process the event in a healthy and lasting manner while teaching skills to build resilience. We anticipate that the time commitment for our peer supporters will be approximately XX hours for the initial training, participation in monthly debrief sessions and that you are available to respond between X to X hours per month.

Care for the Caregiver is a wonderful opportunity for you to provide a level of emotional support and understanding that can only come from one who has experienced similar thoughts and feelings. We need you to help heal our healers. If you are interested in learning more about serving as a Peer Supporter please contact (Name), at (Phone). We thank you for your time and hope that you will consider being a part of this integral program.

[Type the sender title]
[Type the sender company name]
## Peer Support Team Activation Log

<table>
<thead>
<tr>
<th>Month Shift</th>
<th>Notification Source</th>
<th>Unit(s) Involved</th>
<th>Event Type</th>
<th>Clinician Type &amp; number Involved</th>
<th>Tier 1 Support Available?</th>
<th>Deployment Acuity</th>
<th>Responding Peer Supporter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Notification Source
- HS = House Supervisor
- RM = Risk Management
- C = Code
- P = Provider
- UD = Unit Director
- O = Other

### Event Type:
- U = Unanticipated outcome
- A = Adverse event
- E = Emotionally charged

### Clinician Type:
- MD
- RN
- Pharm
- RT
- Other

### Deployment Acuity:
- 1 = Immediate response to unit
- 2 = Critical Incident Stress Debrief
- 3 = Immediate contact by phone
- 4 = Contact within 48 hours
**Invitation to Complete a Voluntary Communication Assessment**

Thank you for expressing interest in joining your organization's Care for the Caregiver Peer Support team. The team, developed as a part of BETA HEART®, will serve to provide immediate and empathic support to caregivers involved in a patient harm event. One of the principle tenets of BETA HEART is a commitment to honest, transparent, and empathic communication and support for caregivers after such an event. We are seeking to identify those professionals within our organizations who possess the characteristics that will be of most benefit to other caregivers who have been impacted by patient harm events.

As a potential Peer Supporter, we invite you to take a voluntary Communication Assessment. The assessment will be used to measure communication styles and messaging characteristics; and will take no more than twenty minutes to complete. You may access the assessment at: [https://www.surveymonkey.com/r/GWW83PX](https://www.surveymonkey.com/r/GWW83PX)

Completed assessments will only be accessible to members of BETA Healthcare Group’s Risk Management team responsible for reviewing, scoring, and providing written results and feedback to you within approximately two weeks. Results are confidential unless you provide authorization for their release to the Care for the Caregiver lead. Assessment results are not the determining factor in selecting who will participate on the peer supporter team. Rather, results will be used to identify those with a natural leaning toward empathetic communication and will help identify areas of focus for future team training.

Thank you for your willingness to voluntarily participate in the communication assessment and for your interest in becoming a member of your organization's peer support team.

Sincerely,

BETA Healthcare Group's Risk Management Team
### Sample Peer Supporter Meeting Agenda

**Date & time**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700 – 0705</td>
<td>Introductions</td>
<td></td>
</tr>
<tr>
<td>0705 – 0715</td>
<td>Program Update, Follow-up, &amp; Feedback</td>
<td></td>
</tr>
<tr>
<td>0715 – 0745</td>
<td>Team Debrief</td>
<td></td>
</tr>
<tr>
<td>0745 – 0755</td>
<td>Skill Building - Name of Activity</td>
<td></td>
</tr>
<tr>
<td>0755 – 0800</td>
<td>Final Thoughts</td>
<td></td>
</tr>
</tbody>
</table>
Perceived Stress Scale 4 (PSS-4)

INSTRUCTIONS The questions in this scale ask about your feelings and thoughts during THE LAST MONTH. In each case, please place an “X” over the square representing HOW OFTEN you felt or thought a certain way. Don’t dwell on your responses, go with your feelings.

Never   Almost Never  Sometimes  Fairly Often  Very Often
0                  1                     2                      3        4

1. In the last month, how often have you felt that you were unable to control the important things in your life?

2. In the last month, how often have you felt confident about your ability to handle your personal problems?

3. In the last month, how often have you felt that things were going your way?

4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Scoring for the Perceived Stress Scale 4:       Total Score: ______

Questions 1 and 4       Questions 2 and 3

0 = Never 4 = Never
1 = Almost Never 3 = Almost Never
2 = Sometimes 2 = Sometimes
3 = Fairly Often 1 = Fairly Often
4 = Very Often 0 = Very Often

Lowest score: 0
Highest score: 16

Higher scores are correlated to more stress.

Stress Vulnerability Questionnaire

Peer Supporters may find benefit in periodically evaluating their stress vulnerability. Read each statement carefully and reflect upon your typical behaviors. Then write the appropriate number indicating how often the statement applies to you using the following scale.

1 - Always  2 - Most of the Time  3 - Sometimes  4 - Almost Never  5 - Never

___ I eat at least one hot balanced meal a day.
___ I get seven to eight hours of sleep at least four nights a week.
___ I give and receive affection regularly.
___ I have at least one relative within 50 miles on whom I can rely.
___ I exercise to the point of perspiration at least twice a week.
___ I smoke less than half a pack of cigarettes a day.
___ I take fewer than five alcoholic drinks per week.
___ I am the appropriate weight for my height.
___ I have an income adequate to meet basic needs.
___ I get strength from my religious beliefs.
___ I regularly attend club or social activities.
___ I have a network of friends and acquaintances.
___ I have one or more friends to confide in about personal matters.
___ I can speak openly about my feelings when angry or worried.
___ I have regular conversations with the people I live with about domestic problems such as chores, money, and daily living issues.
___ I do something for fun at least once a week.
___ I am able to organize my time effectively.
___ I drink fewer than three cups of coffee (or tea or cola) a day.
___ I take quiet time for myself during the day.
___ I am in good health, including eyesight, hearing, dental health, etc.

Total Your Score: ______
(Scores will range from 20 to 100).

< 50 You are not vulnerable to stress currently.
> 50 Indicates vulnerability to stress. Use caution with accepting deployment. Evaluate the reasons for the stress and identify strategies for dealing with it.
70 to 95: Indicates a serious vulnerability to stress. Do not accept deployment and notify your peer support program lead as you may benefit from peer support, debriefing, or counseling yourself.
>95 Seek help.

The direct source of this questionnaire is the Center for Advancement of Learning’s Learning Strategies database © 1998 University of Muskingum College at http://muskingum.edu/~cal/database/Stressquest.html
Caregiver Self-Care Assessment

How frequently do you do the following?

<table>
<thead>
<tr>
<th>Never = 0</th>
<th>Rarely = 1</th>
<th>Sometimes = 2</th>
<th>Often = 3</th>
</tr>
</thead>
</table>

**Physical Self-Care**
- ____ Eat regularly (ex. breakfast, lunch, & dinner)
- ____ Eat healthy meals
- ____ Get regular medical check-ups
- ____ Obtain medical care when needed
- ____ Take time off to rest and recuperate when you are sick
- ____ Get a massage
- ____ Exercise/engage in a physical activity you enjoy
- ____ Get enough sleep
- ____ Take vacations
- ____ Other: ________________________________________________

**Psychological Self-Care**
- ____ Take a day trip/mini-vacation
- ____ Make time away from your telephone/office
- ____ Make time for self-reflection—Listen to your thoughts, beliefs, feelings
- ____ Read literature unrelated to your work
- ____ Allow others to know different aspects of who you are
- ____ Ask others for help/support when you need it
- ____ Say no to extra responsibilities sometimes
- ____ Try a new activity at which you are not an expert or in charge
- ____ Other: ________________________________________________

**Emotional Self-Care**
- ____ Spend time with people whose company you enjoy
- ____ Stay in contact with important people in your life
- ____ Provide yourself with praise for your accomplishments
- ____ Love yourself
- ____ Find things that make you laugh
- ____ Allow yourself to cry
- ____ Make time to play and/or relax
- ____ Other: ________________________________________________
Never = 0  Rarely = 1  Sometimes = 2  Often = 3

**Spiritual Self-Care**

_____ Make time for reflection  
_____ Find a spiritual connection or community  
_____ Be open to inspiration  
_____ Cherish your optimism and hope  
_____ Be open to not having all the answers  
_____ Identify what is meaningful to you and notice its place in your life  
_____ Meditate  
_____ Pray  
_____ Sing  
_____ Contribute to causes in which you believe  
_____ Listen to music  
_____ Other: ________________________________

**Workplace or Professional Self-Care**

_____ Take your fully allotted time for lunch/breaks  
_____ Take time to chat with co-workers  
_____ Make quiet time to complete tasks  
_____ Identify projects or tasks that you find exciting and rewarding  
_____ Set limits with colleagues and consumers  
_____ Balance your workload so that no one day or part of a day is “too much”  
_____ Arrange your work space so it is comfortable and comforting for you  
_____ Get regular supervision or consultation  
_____ Have a support group with your peers/colleagues  
_____ Negotiate for your needs (ex. benefits, pay raise, time off)  
_____ Other: ________________________________

**Balance**

_____ Make efforts to have balance in your professional life and work day  
_____ Strive to achieve balance among work, family, friends, play, and rest  
_____ Other areas of self-care that are relevant for you: ________________________________

If you found you are neglecting yourself in one or more of these areas, set a goal for at least one area of self-care that you want to improve. Decide the first step that you will take and commit yourself to a date to complete that first step.  
Post-Traumatic Stress Disorders (PTSD)
Quick Check

If you have experienced, witnessed, or learned about an event that caused you to feel intense fear or helplessness, then answering these questions will help determine whether you might have PTSD.

INSTRUCTIONS: Below is a list of problems and complaints that people may have in response to an emotionally traumatic experience. Please read each one carefully. Circle the response that indicates how much you have been bothered by that problem in the past month.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated, disturbing memories, thoughts, or images of a stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Repeated, disturbing dreams of a stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling very upset when something reminded you of a stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Avoiding activities or situations because they reminded you of a stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Trouble remembering important parts of a stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Loss of interest in activities that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling as if your future will somehow be cut short?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Trouble falling or staying asleep?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling irritable or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Being &quot;super-alert&quot; or watchful or on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling jumpy or easily startled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Scoring:

Total up the score by adding together the numbers that correspond with the responses you circled. Possible scores range from 17 to 85. Research has identified cut-off scores that indicate possible PTSD, ranging from 44 to 50, depending on the type of trauma experienced.

If you scored 44 or higher it is likely that you may have PTSD. Scores approaching 40 may indicate partial PTSD. So, if you scored higher than 40 and have not done so already, we strongly recommend that you contact EAP or the Peer Support Program for referral to a counselor where you can receive specialized help and treatment for trauma-related symptoms.

It is important to keep in mind that this self-assessment doesn’t confirm whether you have PTSD. Only a trained mental health professional can provide you with a valid diagnosis of any mental health condition. Instead, it can help you determine the nature and extent of your symptoms and whether you might best seek advice from a mental health professional knowledgeable about PTSD.

* Created by Weathers, Litz, Huska, and Keane (1994): National Center for PTSD - Behavioral Science Division. This is a government document in the public domain.
I’m Safe Checklist

Peer supporters must be mindful of their abilities to engage mentally and emotionally with those they are deployed to assist. Using this self-assessment tool may assist to determine if an individual is in a healthy place to provide peer support to others.

<table>
<thead>
<tr>
<th>I</th>
<th>Illness</th>
<th>Are you suffering from any symptoms of illness that might interfere with your ability to perform your role as a peer supporter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Medication</td>
<td>Are you taking any medication (prescription or over-the-counter, that may interfere with your ability to pay attention and be fully present with the individual to whom you are providing the support?</td>
</tr>
<tr>
<td>S</td>
<td>Stress</td>
<td>Are you worried about anything in your personal or professional life that is resulting in a greater than usual amount of anxiety?</td>
</tr>
<tr>
<td>A</td>
<td>Alcohol/Drugs</td>
<td>Do you currently have any ETOH or drugs in your system?</td>
</tr>
<tr>
<td>F</td>
<td>Fatigue</td>
<td>Have you been getting enough sleep/hydration/ nutrition? Being hangry (Anger stemming from hunger) is a real issue and may hinder your ability to be fully mentally and emotionally present during a peer supporter deployment</td>
</tr>
<tr>
<td>E</td>
<td>Emotions</td>
<td>Have you fully recovered from any emotionally traumatizing events, including vicarious trauma from providing peer support to others?</td>
</tr>
</tbody>
</table>
Peer Supporter Skill Building Exercise
Facilitator Guide

TED Talk:
The Power of Vulnerability
Presenter: Brené Brown
Run time: 20:13
https://www.ted.com/talks/brene_brown_on_vulnerability?referrer=playlist-the_most_popular_talks_of_all

Discussion:
Connection is what gives purpose and meaning to our lives
Shame is the fear of disconnection. Is there something about me that if others knew, they would not see me as
worthy of connection? I’m not ____ enough.
Excruciating vulnerability- in order to connect, we need to be vulnerable enough to be seen.
Two groups of people- Those with sense of worthiness and those who struggle with it
People who have a sense of love and connection are those who feel worthy of it.
Those who live wholehearted lives have a sense of worthiness:
- Courage- Tell the story of who they are with their whole-heart (good and bad) Courage to be imperfect
- Compassion- Kind to self-first, and then to others. Can’t demonstrate compassion towards others
  unless we have demonstrated it toward ourselves
- Connection- Willing to let go of who they thought they should be and settled for who they were.
  Willing to say “I love you” first.

Issue: We cannot selectively numb emotion without numbing everything. If we numb sorrow, we numb joy and
happiness.
Fix: Practice gratitude and lean into joy- Understanding that to feel vulnerable means you are alive.
Peer Supporter Skill Building Exercise
Facilitator Guide

TED Talk
The Surprising Science of Happiness
Presenter: Dan Gilbert
Run time: 21:00
https://www.ted.com/talks/dan_gilbert_asks_why_are_we_happy?referrer=playlist-the_most_popular_talks_of_all

Discussion:
Happiness is not a “thing” to be found, it can be synthesized.
Two types:
Happiness experienced when we get what we think we want
Happiness we create when we don’t get what we want

Is there anything we can do as peer supporters to help individual's synthesize happiness until they can naturally experience it again?
TED Talk
*How to Make Stress Your Friend*  Presenter: Psychologist Kelly McGonigal  Run time: 14:25

**Discussion:**
Changing how you think about stress can change your body's response to stress and make you healthier. Encourage thinking of stress response as helpful. Pounding heart is preparing you for action. Increased respirations are helping to get more oxygen to your brain so you can think more clearly, etc. In-so-doing, cardiac blood vessels to not contract but instead stay relaxed. A similar response to that of when experiencing joy.
Stress releases oxytocin, a neuro hormone that primes you to do things that strengthens close relationships. It enhances empathy, makes you crave physical contact, makes you more willing to help and support those you care about. Oxytocin also motivates you to seek support.
When you as peer supporters reach out to others during their times of stress, this hormone is released within you to help you be more empathetic. In fact, caring for others helps to enhance your resilience to stress.

Is there a way that the peer support program can share these concepts with colleagues?
Do you think that an awareness of this information could make colleagues more willing to reach out to peer support?
Peer Supporter Skill Building Exercise
Facilitator Guide

TED Talk
*Healthcare's Compassion Crisis*  
Presenter: Dr. Stephen Trzeciak  
Run time: 15:00  
[https://www.ted.com/talks/stephen_trzeciak_how_40_seconds_of_compassion_could_save_a_life](https://www.ted.com/talks/stephen_trzeciak_how_40_seconds_of_compassion_could_save_a_life)

Discussion:
Five years after a massive bus accident, survivors were asked what two things they remember. 1) pain, 2) lack of compassion of healthcare providers.
Physicians tend to miss 70% of opportunities to make a personal connection with their patients/families.

Effects of compassion:
When providers are more engaged, they are less likely to make errors. Patients demonstrate increased compliance with their plans of care (80% for diabetics) and enhanced immune response with a lower severity of symptoms.
The use of patient centered care decreases discretionary diagnostics, thus reducing healthcare costs. Studies have shown that if more time is spent talking with the patients, the provider may not need as many tests.

Approximately 56% of providers surveyed stated they don’t believe they have the time for compassion. How long does it take to exhibit compassion towards another? Saying something like, “I know this is a tough time for you, we are in this together. I am here with you…” takes approximately 40 seconds. Demonstrating compassion is also a powerful therapy for the provider. When burnout calls for the provider to pull back, that’s the time to make themselves lean in. This may initially be a purposeful decision but will result in a decrease in feelings of burnout and a return of some joy.

How can you as a peer support group, spread this information to your colleagues?
Discussion:
Understanding the emotional trauma experienced by many physicians while surviving medical school may help to recognize the struggle behind the behavior. It may be helpful to provide peer support once there is a better understanding of why physicians tend to not seek help.
Abused medical students can become abused physicians who eventually abuse their patients.

How can we use this information to enhance our abilities to provide peer support?
Peer Supporter Skill Building Exercise
Facilitator Guide

TEDMED
Unmasking the Invisible Wounds of War  Presenter: Melissa Walker  Run time: 10:00 minutes
https://www.tedmed.com/talks/show?id=526823

Discussion:
Individuals experiencing post-traumatic stress disorder can find it difficult to express their thoughts in words, yet the thoughts are strong, and the movie continues to play over and over again in their minds. Walter Reed National Military Medical Center works with service members suffering from traumatic brain injury and psychological health conditions to express their deep thoughts and emotions in a creative environment through art.
While peer supporters are not there to conduct therapy or to “fix” anything, is there a way that the peer support program can use these concepts to promote wellness with their care-providers? (Quarterly art workshops available throughout the day?)
Section 4: Sample Documents
Are You the One?

- Do colleagues turn to you when they just need someone to listen and not judge?
- Are you discreet and able to maintain confidentiality?
- Are you willing to participate on an on-call roster to respond when a colleague needs emotional support?

...You may be the one we are looking for...

Contact [ ] at [ ] for more information about joining our Care for the Caregiver Peer Support Team.
Huddle Announcement

SEEKING APPLICANTS TO SERVE AS PEER SUPPORTERS

The Care for the Caregiver Peer Support program was developed to provide emotional support to individuals impacted by a traumatizing event such as an unanticipated adverse event resulting in patient harm, medical error, or ongoing exposure to emotionally charged situations. We recognize that clinicians and other personnel may experience a flood of thoughts and emotions after such an event and could benefit from having a colleague/peer to just listen and be there to provide emotional support.

For this program to be effective, we need volunteers to serve as peer supporters. Desirable applicants will:

- Be excellent communicators
- Utilize active listening techniques
- Be empathetic and non-judgmental
- Be able to be discreet and maintain confidence
- Be willing to attend training and team meetings
- Be able to participate in the on-call rotation
- Have the support of the department supervisor
- Be reliable and committed to the team and their peers

If you or someone you know is interested in completing a Peer Supporter Application, please contact [ ]
Need to talk about a case that is bothering you? You’ve cared for our patients, now let us care for you! For confidential peer support, contact the Care for the Caregiver team pager

(302) 884-9321
Need to talk about a case that is bothering you?

You’ve cared for our patients,
Now let us care for you!
Contact the forYOU team at 573-397-0044
The forYOU team is a peer-support team developed to address the needs of second victims at University of Missouri Health Care (UMHC).

Who is a “second victim?”
A healthcare provider involved in an adverse patient event or medical error and who is traumatized by the event.

Why is support specific for our second victims important?
- Second victims may feel personally responsible for the unexpected patient outcome.
- They often believe they have failed the patient, and second-guess their clinical skills and knowledge base.
- They may experience a professional crisis, seeking to change job assignments or career paths.

What situations are risky for evoking a second victim response?
- Pediatric or young adult patients
- Patients who have personal connections with staff members, or “connect” the second victim with his or her own experiences, co-workers or family
- High-profile community event victims
- One in a series of similar adverse patient outcomes in a short period of time on the same unit
- First death the second victim has experienced as a care provider
- Organ donors
- Chronic, long-term patients

What support is available?
- 95 clinicians (12 MDs) have been trained in crisis and critical incident stress management intervention techniques. These clinicians span “high risk” areas, and represent several health care professions.
- 24-hour pager access to a ForYOU team leader.
- Informational brochures for second victims and their loved ones.
- Additional resources for professional counseling when peer support is not sufficient.

The ultimate goal of the forYOU team is to help health care professionals at UMHC return to a high level of performance following a traumatic patient event.

forYOU team leaders
  Coordinator  Sue Scott
  WCH   Judi Massey
  MUPC  Kelly Butler
  MRC   Angela Williams
  SOM   Kristin Hahn-Cover
  UHC   Laura Hirschinger

forYOU team pager: 573-397-0044
A shoulder for “second victims”

A grassroots effort aims to bolster the resources available to Hopkins caregivers who are involved in harmful medical errors.

Several years ago, Laurie Saletnik witnessed how a medical error can devastate not only families and patients, but fellow clinicians as well. After an improperly assembled medical device led to a patient death during a procedure, the Hopkins Hospital assistant director of surgical nursing tried for weeks to comfort a distressed nurse on the patient’s care team.

“I called her many times and tried to support her and say, ‘It’s not your fault,’” recalls Saletnik, who also suggested that the nurse speak with a counselor. “I know she heard me and I know she appreciated it, but I felt at a loss. I wasn’t sure how to help her.”

The seasoned, well-respected nurse returned to the hospital several weeks later, but in a different role.

This past summer, the memory of that experience led Saletnik to join a new Johns Hopkins Medicine committee that hopes to more effectively assist “second victims”—caregivers who are traumatized as the result of unexpected patient death or injury. The Second Victim Committee wants not only to raise awareness of these caregivers’ needs, but to leverage existing resources for coping with adverse events, such as the Faculty and Staff Assistance Program (FASAP), and to develop new resources. One of the group’s first steps, still taking shape, is training a team of faculty and staff who respond to serious events and help colleagues to heal.

The need is acute, says Albert Wu, a Hopkins internist who delivered a plenary address on second victims at this summer’s Johns Hopkins Medicine Patient Safety Summit.

These caregivers may worry that they have lost colleagues’ trust. Images from the event can replay in their minds for months. They may have trouble focusing on their clinical duties—increasing the risk of future errors—or experience symptoms of post-traumatic stress disorder, such as hyperactivity, nightmares...
and headaches.

Compounding this stress, the culture of medicine treats errors as deviant acts, Wu notes. “In health care, we don’t always handle people sensitively or kindly who we perceive as transgressors,” he says. “Caregivers internalize those reactions and beat themselves up” if they are involved in errors.

Wu, who coined the term “second victim” in a journal article a decade ago, also speaks on the topic to groups around Hopkins.

“Whenever I give a talk about this, it’s inevitable that several people come up to me afterwards and reveal cases that, sometimes, they’ve been carrying around with them for decades. They say I’ve never talked to anyone about this. And then they relate a heart-rending story.”

Need is real

The idea for the committee evolved from discussions with pediatric nurses who still feel pain over the death of 2-year-old Josie King at Hopkins Hospital in 2001 and the publicity that followed it. Risk Manager Jeff Nattekrnan, Patient Safety Director Lori Paine and Director of Pediatric Nursing Shelley Baranowski, who all took part in these talks, recognized the need for a better system to support second victims.

Since they formed the group this year, more than 25 interested people—including physicians, nurses, a medication safety specialist, a chaplain and a FASAP leader—have joined.

“It’s not like we’ve been charged by anybody to do this,” Paine says. “This has been a grassroots, whoever’s interested-comes kind of group.”

A survey of safety summit participants hinted at the extent of the second victim phenomenon. Of 140 respondents, 60 percent recalled an event in which they were second victims. Among that group, 55 percent reported that, as a result of the incident, they experienced problems such as anxiety, depression or concern about their ability to perform their jobs.

And while roughly half of them received some support—from colleagues, friends or supervisors—44 percent reported getting none at all.

“Although some individual providers do a wonderful job of handling these situations when they come up, it’s kind of ad hoc,” Wu says.

Baranowski, a Second Victim Committee member, says that when a pediatric nurse has been involved in a serious error, the nurse manager often seeks help from palliative care experts or chaplains, if available, or FASAP. While they make use of the resources at hand, more is needed, Baranowski says.

Providing support should happen “as part of our built-in processes, but that’s not the way it happens today,” she says. “Right now, it depends on who thinks about it.”

Baranowski is excited about the committee’s concept of trained peer supporters who serve as “first responders to second victims.”

“We need the ability for someone to come in—even at 2 in the morning—to meet with a clinician who was involved in a patient injury,” Baranowski says.
While few hospitals have such programs, one model exists at University of Missouri Health System, where a network of peer counselors is available around the clock to provide confidential “emotional first aid” to providers following adverse events. A call to a dedicated pager prompts the team to determine the nature of the incident and to identify appropriate peer supporters to respond.

**More outreach needed**

In addition to developing a similar peer-support infrastructure, Hopkins’ Second Victim Committee hopes that an outreach effort will improve knowledge of, and sensitivity to, medical errors’ effect on caregivers.

Risk manager Natterman, who often interviews distraught caregivers for his investigations of adverse events, says these clinicians sometimes have severe crises of confidence that can make them question their career paths. He has seen how the attitudes of supervisors—nurse managers or attending physicians, for instance—can profoundly affect how the caregiver reacts to the situation.

“If you have compassionate, motherly or fatherly types of supervisors or nurse managers, it can really make or break whether someone stays in the profession or makes another mistake,” he says.

Responses from the recent survey are guiding the committee on its plan of action. For instance, the survey revealed that, of those respondents who identified themselves as second victims, most sought help from colleagues on the unit and, to a slightly lesser extent, managers.

“We need to do more education of people on the front lines to make sure that when they’re counseling folks, they know what to say and what to look for,” Paine says. “Everyone’s afraid of saying something wrong in these situations, so we need to educate people on the right things to say.”

— Jamie Manfuso

To comment on this article, e-mail change@jhmi.edu.
Common reactions to a stressful event

Physical symptoms:
- Sleep disturbance.
- Difficulty concentrating.
- Eating disturbance.
- Headache.
- Fatigue.
- Diarrhea.
- Nausea or vomiting.
- Rapid heart rate.
- Rapid breathing.
- Muscle tension.

Psychological symptoms:
- Isolation.
- Frustration.
- Fear.
- Grief and remorse.
- Uncomfortable returning to work.
- Anger and irritability.
- Depression.
- Extreme sadness.
- Self-doubt.
- Flashbacks.

Ways to cope with stress:

- Physical exercise, along with relaxation, will help alleviate some physical reactions to stress.
- Remind yourself that it is OK that you are experiencing expected reactions to a stressful event.
- Keep your life as routine as possible.
- Avoid alcohol and drug use.

Help is only a call away!
The Care for the Caregiver team is free, confidential and available 24-7 whenever you want or need it! If you or a colleague need assistance, Veera web page “Care for the Caregiver” (page ID #1239).
What is a second victim?
A second victim is a healthcare team member who is involved in an unanticipated patient event, stressful situation or patient-related injury and who becomes hurt in the sense that he or she is traumatized by the event.
Second victims often:
- Feel personally responsible for the patient outcome.
- Feel as though they have failed the patient.
- Second-guess their clinical skills and knowledge base.

The Care for the Caregiver team will:
- Provide additional resources for the management team to effectively support second victims.

The Care for the Caregiver team
The Care for the Caregiver team is comprised of volunteers from a variety of disciplines. The team includes attending physicians, resident physicians, nurses, social workers and chaplains. The Care for the Caregiver team members have been trained in second victim support techniques and were selected because of their high level of competence in helping second victims.

The Care for the Caregiver team has been created to help:
- Increase institutional awareness of the second victim phenomenon.
- Provide consistent and targeted system-wide guidance and support of the second victim.

We are here for you
Among the hallmark behaviors of The Christiana Care Way are respect and compassionate care for every person. This holds true when it is one of our own colleagues who is grieving due to the experience of a traumatic or unanticipated event. In these moments, Christiana Care responds with outreach and compassion when a colleague becomes a “wounded healer” or “second victim.”
The Care for the Caregiver team responds 24/7. If you are experiencing stress following an adverse patient event, we can help. Our goal is to help our health care team members understand what is known about the wounded healer phenomenon and help employees quickly return to their satisfying professional practice. The program is open to any Christiana Care employee or medical dental staff member working at any of our facilities.
Common reactions to a stressful event

Physical symptoms:
- sleep disturbance
- difficulty concentrating
- eating disturbance
- headache
- fatigue
- diarrhea
- nausea or vomiting
- rapid heart rate
- rapid breathing
- muscle tension

Psychological symptoms:
- isolation
- frustration
- fear
- grief and remorse
- uncomfortable returning to work
- anger and irritability
- depression
- extreme sadness
- self-doubt
- flashbacks

Ways to cope with stress:
- Physical exercise, along with relaxation, will help alleviate some physical reactions to stress.
- Remind yourself that it is OK that you are experiencing expected reactions to a stressful event.
- Keep your life as routine as possible.
- Avoid alcohol and drug use.
- Give yourself permission to react: don't try to hide your feelings.
- Eat regularly. Minimize the use of sugar and caffeine.
- Do something nice for yourself!

Help is only a call away!

The forYOU team is free, confidential and available 24-7 whenever you want or need it! Page (573) 397-0644.

For additional assistance, you may also call University of Missouri Employee Assistance at (573) 882-6701.

Providing care and support to our staff

Health Care
University of Missouri Health System

forYOU team
We are here for you

The forYOU team provides 24-hour care to you, the staff and physicians at University of Missouri Health System. If you are experiencing a normal reaction to a stressful event or outcome (also called "second victim"), we can help.

Our goal is to help our health care team members understand what is known about this phenomenon and help employees quickly return to their satisfying professional practice. The program is open to any University of Missouri Health Care employee or University of Missouri Health Sciences faculty member working at a hospital or clinic.

What is a second victim?

A second victim is a health care team member who is involved in an unanticipated patient event, stressful situation or patient-related injury and who became hurt in the sense that he or she is traumatized by the event.

Second victims often:
- feel personally responsible for the patient outcome.
- feel as though they have failed the patient.
- second-guess their clinical skills and knowledge base.

The forYOU team

The forYOU team is comprised of volunteers from a variety of disciplines. The team includes physicians, nurses, respiratory therapists, social workers and chaplains. The forYOU team members have been trained in critical incident stress management and were selected because of their high level of competence in helping second victims.

The forYOU team has been created to help:
- provide additional resources for the management team to effectively support second victims.
- provide the second victim with a "safe zone" to express thoughts and reactions to enhance coping.
- ensure that information shared is strictly confidential.
- provide one-on-one peer support and explore the staff member's normal reactions and feelings that often occur after a stressful or traumatic event.
- provide the employee assurance that he or she is experiencing a normal reaction.

The forYOU team will:
What are common reactions people may experience after an unanticipated event?

**Physical symptoms**
- sleep disturbance
- difficulty concentrating
- eating disturbance
- headache
- fatigue
- diarrhea
- nausea or vomiting
- rapid heart rate
- rapid breathing
- muscle tension
- weight loss or weight gain
- isolation
- frustration
- fear
- grief and remorse
- uncomfortable returning to work
- anger and irritability
- depression
- extreme sadness
- self-doubt
- flashbacks
- poor attention span

Who is helping my loved one?
The forYOU team is comprised of volunteers from a variety of disciplines. The team includes physicians, nurses, respiratory therapists, social workers and chaplains. The forYOU team members have been trained in critical incident stress management and were selected because of their high level of competence supporting second victims.

**Help is only a call away!**
The forYOU team is free, confidential and available 24-7 by paging (573) 397-0044.

For additional assistance, you may also call University of Missouri Employee Assistance at (573) 882-6701.
The forYOU team

This program was created to help University of Missouri Health Care staff members who may be considered “second victims.” A second victim is a health care team member who is involved in a unanticipated event or stressful event who becomes victimized in the sense that he or she is traumatized by the event.

Our goal is to educate and offer assistance to providers who are experiencing the second victim phenomenon. Recognizing that family members and friends may also be affected by what happens to a loved one at work, we want to provide you information about second victims. This information is to help you understand the situation and allow you to provide support to your loved one. This brochure contains tips and frequently asked questions. If you have concerns or would like more assistance, please contact the forYOU team by pager at (573) 397-0044.

What are second victims feeling and experiencing?

Second victims may:

- feel personally responsible for a stressful event
- feel as though they have failed the patient
- second-guess their clinical skills and knowledge base
- experience a wide variety of symptoms related to stress
- feel numbness or an absence of response
- not want to discuss the case for fear of breaking confidentiality requirements
- become less tolerant of normal interactions that occur outside of work

How can family members help loved ones who have experienced a traumatic event at work?

- Listen carefully; this can be more meaningful than talking.
- Do not say things like “everything will be OK” or “this is fate” or “just quit.” These expressions will not fix or improve the situation.
- Do not take their anger or frustration personally.
- Give them time to work through their feelings.
- Understand their reactions are normal.
- Encourage plenty of rest and a well-balanced diet.
- Offer your sincere sorrow.
- Give them space and time to be alone.
- Understand that their stress reaction may last days or weeks.
- Become more familiar with their symptoms (refer to the back of this brochure).
- Help with everyday tasks like cleaning, cooking and caring for the family.
- Call the forYOU team if you feel your loved one is not coping well within a few weeks following the event.
- Consider encouraging your loved one to speak with a professional counselor if his or her symptoms do not lessen within a few weeks.
Section 5: Sample Cover Letter
Template E-blast Cover Letter for the Care for the Caregiver Survey

If you received emotional first-aid by one of our trained peer supporters within the past [number] months, please take a moment to complete this brief survey. [Place link here]

It is our hope that you found the peer support process helpful. We recognize that the physical and psychological symptoms that can occur after an adverse event can be difficult for any of us to navigate. Your feedback is crucial for ensuring our peer support program is as beneficial to our caregivers as possible. Please continue to take care of yourself, lean on your support system, and contact me if there is anything else we can do for you.

Thank you!

Program Lead
Contact Information
Section 5: Care for the Caregiver Survey

Please take a moment to help us improve the peer support process. This survey should take only a few minutes to complete, and your responses will remain confidential. Thank you!

Who was your peer supporter? (First Name, Last Name or Both is acceptable)

<table>
<thead>
<tr>
<th>Please respond to the statements below:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, the peer support process was helpful to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My peer supporter helped me feel less isolated.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Meeting with a peer supporter helped me process the emotions that I have been experiencing since the event.</td>
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</tr>
<tr>
<td>I feel like my needs were met during this process.</td>
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<td></td>
</tr>
<tr>
<td>The peer supporter’s approach was adequate to the task of helping me through this process.</td>
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</tr>
<tr>
<td>My peer supporter provided me with additional resources.</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I was aware that there were additional resources available to me in addition to the peer support program.</td>
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<tr>
<td>The peer supporter contacted me soon after the event.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My peer supporter was available to me as needed.</td>
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</tbody>
</table>

Please respond to the statements below if external resources were utilized:

The external resource was helpful and met my needs.

The peer supporter assisted me with scheduling a timely appointment with the external resource.

<table>
<thead>
<tr>
<th>Please respond to the statements below:</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Sure</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely would you be to recommend the Care for the Caregiver peer support program to a colleague?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I would utilize the program again in the event I’m involved in a patient harm event.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Do you have any suggestions for improvement in Care for the Caregiver peer support program?
### Section 5: Peer Supporter Program Evaluation

Please complete the Peer Support Program survey. Share your name/contact info if you're comfortable discussing your answers later.

<table>
<thead>
<tr>
<th>Clinician Type (Nurse, Physician, Social Worker, etc.):</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How many times have you been activated as a peer supporter in the past 6 months?</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Please respond to the statements below:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, I believe that my role as peer supporter is helping my colleagues.</td>
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<tr>
<td>I have adequate training to continue serving in this role.</td>
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<tr>
<td>The debriefings for the peer support team are productive and helpful.</td>
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<tr>
<td>I understand the different levels of support and referrals that are at my disposal.</td>
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<tr>
<td>I am activated as a peer supporter too often.</td>
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<tr>
<td>I was not activated as a peer supporter in situations I feel I should have been.</td>
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<tr>
<td>I am seldom activated and would like to be used more.</td>
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<tr>
<td>I was the appropriate “peer” for the colleague that needed me.</td>
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<tr>
<td>I had ready access to the designated ‘safe place’ to meet with my colleague</td>
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<tr>
<td>I want to continue to serve as a peer supporter.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Please respond to the statements below if external resources were utilized:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The available external resources are adequate to meet the needs of my colleagues.</td>
<td></td>
</tr>
<tr>
<td>The expedited referral process worked as planned.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please respond to the statements below:</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Sure</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely are you to recommend the Care for the Caregiver peer support program to a colleague?</td>
<td></td>
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<tr>
<td>How likely are you to recommend that a colleague apply for consideration as a peer supporter?</td>
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</tbody>
</table>

| Do you have any suggestions for improvement in Care for the Caregiver peer support program? |  |