

Staging	Stage Characteristics	Common Questions	Proposed Institutional Actions
<b>Stage 1</b> <b>Chaos &amp; Accident Response</b>	Error realized/ event recognized. Tell someone ⇒ get help Stabilize/treat patient May not be able to continue care of patient Distracted Experience a wave of emotions	How did that happen? Why did that happen?	Identify second victims Assess staff member(s) ability to continue shift Activate” ForYOU Team” support as needed
<b>Stage 2</b> <b>Intrusive Reflections</b>	Re-evaluate scenario Self isolate Haunted re-enactments of event Feelings of internal inadequacy	What did I miss? Could this have been prevented?	Ensure “ForYOU Team” Response Observe for presence of lingering physical and/or psychosocial symptoms
<b>Stage 3</b> <b>Restoring Personal Integrity</b>	Acceptance among work/social structure Managing gossip/grapevine Fear is prevalent	What will others think? Will I ever be trusted again? How much trouble am I in? How come I can’t concentrate?	Provide management oversight of event. Ensure incident report completion. Manage unit/team’s overall response-“rumor control” esp. Evaluate if event debrief is indicated
<b>(Stages 1-3 may occur individually or simultaneously)</b>			
<b>Stage 4</b> <b>Enduring the Inquisition</b>	Realization of level of seriousness Reiterate case scenario Respond to multiple “why’s” about the event Interact with many different ‘event’ responders Understanding event disclosure to patient/family Litigation concerns emerge	How do I document? What happens next? Who can I talk to? Will I lose my job/license? How much trouble am I in?	Identify key individuals involved in event Interview key individuals Develop understanding of what happened Begin answering ‘why’ did it happen
<b>Stage 5</b> <b>Obtaining Emotional First Aid</b>	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 to staff and available as needed.
<b>Stage 6</b> <b>Moving On</b>  (One of Three Trajectories Chosen)	<b>Dropping Out</b> 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.
	<b>Surviving</b> 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
	<b>Thriving</b> 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.

# Recognizing and Helping the “Second Victim”

## Common Second Victim Physical Symptoms

- Uncontrolled crying/sharing
- Increased blood pressure
- Extreme fatigue/exhaustion
- Abdominal discomfort
- Sleep disturbances
- Nausea, vomiting, diarrhea
- Muscle tension
- Headaches

## Key Phrases that indicate coping difficulty

- “..sickening realization of what has happened.”
- “This will alter the way I work from now on.”
- “I don’t deserve to be a nurse or physician.”
- “This has been a career-changing event for me.”
- “This event shook me to the core. I’ll never be the same.”
- “This is a turning point in my career.”

## Key Actions for Supporting Individual Peer/Colleagues

- “Be there” – Practice active listening skills and allow the second victim to share his or her story. Offer support as you deem appropriate.
- If you have experience with an adverse event or bad patient outcome yourself, share it. “War stories” are powerful healing words.
- If you don’t have experience with an adverse event or bad patient outcome, be supportive and predict the victim’s needs.
- Avoid condemnation without knowing the story – it could have been you!
- Let your peer know that you still have faith in his or her abilities, and that he or she is a trusted member of your unit.
- Determine a way that you can make an individual difference.

## Common Second Victim Psychosocial Symptoms

- Extreme guilt, grief
- Repetitive, intrusive memories
- Difficulty concentration
- Loss of confidence, self-doubt
- Return to work anxiety
- Frustration, anger, depression
- Second-guessing career
- Fear of damage to professional life
- Excessive excitability
- Avoidance of patient care areas

## Key Words to Stimulate Conversation with Second Victims

- “Are you OK?”
- “I’ll help you work through this.”
- “You are a good nurse/physician working in a very complex environment.”
- “I believe in you.”
- “I’m glad that we work together.”
- “Please call me if you would like to talk about it again.”
- “I can imagine what that must have been like for you. Can we talk about it?”
- “I’m here if you want to talk.”

## Key Actions for Department Leaders

- Talk with the employee as soon as you become aware of the incident.
- Reaffirm your confidence in him or her as a staff member.
- Consider calling in flex staff to allow time to compose thoughts, prepare if an investigation is anticipated.
- Keep the second victim informed of likely next steps in the event of an investigation.
- Check on second victim regularly.
- Be visible to all staff; physical presence during post-event helps decrease anxiety and shows accessibility.