The Center for Patient Safety is pleased to host the following workshop with presenter, Sue Scott...

SECOND VICTIM
TRAIN-THE-TRAINER WORKSHOP

“Healthcare team members involved in an unanticipated patient event, a medical error and/or a patient related injury can become victimized in the sense that they are traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.”

WHO CAN BENEFIT:
When patients suffer an unexpected clinical event, health care clinicians involved in the care may also be impacted and are at risk of suffering as a “second victim”. Understanding this experience and recognizing the need for supportive interventions is critically important. This workshop will provide insights into the experience as well as interventions of support. This workshop will provide instruction for each participant to return to their organization with the knowledge, skills, and techniques necessary to support and train their peers.

PRESENTED BY
The Center for Patient Safety
Susan D. Scott, PhD, RN, CPPS, FAAN
Most health care providers adjust well to the multitude of demands encountered during an unexpected or traumatic clinical event. Providers often have strong emotional defenses that carry them through and let them “get the job done.” Yet sometimes the emotional aftershock (or stress reaction) can be difficult. Signs and symptoms of this emotional aftershock may last a few days, a few weeks, a few months, or longer.

WHO IS A SECOND VICTIM?  
Second victims are “healthcare providers who are involved in an unanticipated adverse patient event, medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.”

Frequently, Second Victims...  
- Feel personally responsible for the unexpected patient outcomes  
- Feel as though they have failed the patient  
- Second-guess their clinical skills  
- Second-guess their knowledge base

Second Victim Fast Facts  
- Each second victim (even those involved in the same event) will have unique experiences and needs  
- Regardless of job title, providers respond in predictable manners. The six stages of second victim recovery explain how the second victim is impacted by the clinical event  
- There are some events that are high risk for inducing a second victim response  
- First tendency of providers is self isolation  
- Providers tend to ‘worry’ in a predictable pattern  
- Sometimes the entire team is impacted by a clinical event

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<thead>
<tr>
<th>WORKSHOP AGENDA:</th>
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<tbody>
<tr>
<td>8:00 a.m. to 8:30 a.m.</td>
<td>Registration and Continental Breakfast</td>
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<td>8:30  a.m. to 8:50 a.m.</td>
<td>Welcome/Course Logistics</td>
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| 8:45 a.m. to 10:00 a.m. | Second Victim Overview  
  - Defining  
  - Stages of healing  
  - Support strategies |
| 10:00 a.m. to 10:15 a.m. | BREAK |
| 10:15 a.m. to 11:15 a.m. | Skill Building  
  - Critical conversations  
  - Stress reaction  
  - Peer support encounter |
| 11:15 a.m. to 12:00 p.m. | Lessons Learned and Outcomes |
| 12:00 p.m. to 12:30 p.m. | LUNCH (Provided) |
| 12:30 p.m. to 1:15 p.m. | Active Caring |
| 1:15 p.m. to 2:00 p.m. | Team Implementation Strategies - Special Considerations  
  - Points to consider  
  - A toolkit guide  
  - Classroom considerations and beyond |
| 2:00 p.m. to 2:30 p.m. | Integrating Second Victims into Your Safety Program |
| 2:30 p.m. to 3:00 p.m. | Questions and Answers/Wrap-UP |

PROGRAM OBJECTIVES:  
1. Describe the ‘second victim’ phenomenon and high risk clinical events.  
2. Describe the six stages of second victim recovery.  
3. Utilize components of the Scott Three tier model of support to design a plan for your organization.  
4. Develop a plan to deploy peer support team training.