

Care for the Caregiver: The Power of Peer Support

Katie Godfrey, PhD
Program Manager, Care for the Caregiver



Objectives

- 1. Learn about the second victim phenomenon in healthcare: symptoms and prevalence**
- 2. Hear about Care for the Caregiver, the peer support program at Christiana Care to support second victims after stress related to patient care or the workplace**
- 3. Discover how you can support second victims, including yourself or a colleague**

1. Learn about the second victim phenomenon in healthcare: symptoms and prevalence

A Christiana Care Caregiver's Story

A Christiana Care general surgeon was performing a routine surgery, a surgery he did for many years, hundreds of times, when something went wrong.

“In that moment, my mind went blank, and I realized that it was not safe for me to finish the surgery so I asked for help from a colleague in the OR to finish the procedure.”

After the surgery, he took some time in private to collect his thoughts.

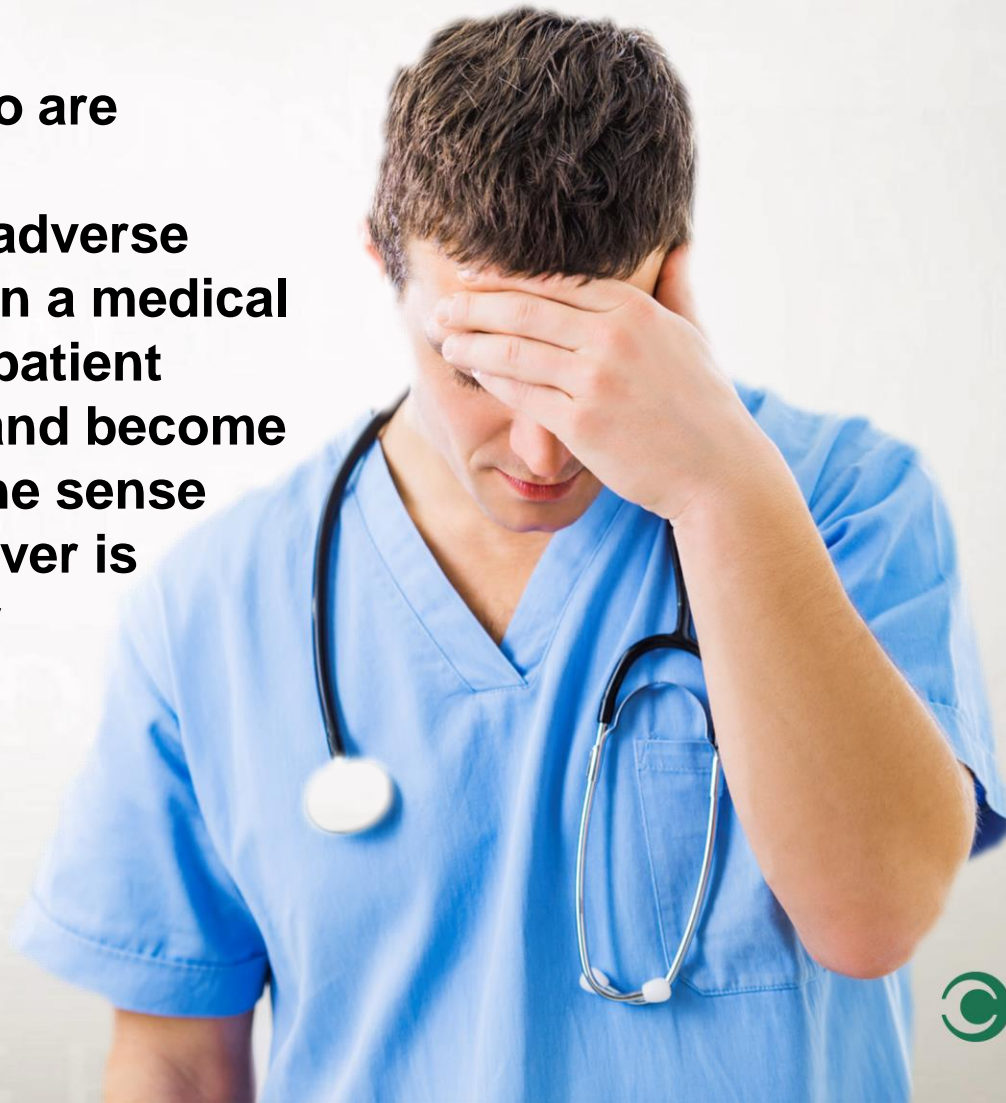
“I was feeling upset and confused about the event. I was having doubts about my abilities and had a sudden loss of confidence.”



The Second Victim

Caregivers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the Caregiver is traumatized by the event.

(Scott et al., 2009)



CHRISTIANA CARE
HEALTH SYSTEM

Being a Caregiver is challenging

Caregivers can become second victims after exposure to traumatic events related to patient care or the workplace



CHRISTIANA CARE
HEALTH SYSTEM

Second victims can feel...



Frustrated
Embarrassed
Doubtful Angry
Isolated
Incompetent
Anxious
Distressed Fearful
Shameful
Horrificed Guilty

(Jones & Treiber, 2017; Seyes et al., 2013)

Second victims tend to question...



Patient

- Are the patient and family okay?
- Did I cause permanent harm?

Peers

- What will my colleagues think?
- Will I ever be trusted again?

Me

- How did I let this happen?
- Was this all my fault?
- Will I be fired?
- Will I lose my license or be sued?
- Are my skills slipping?
- Do I still want to work in this job?

Next Steps

- What happens next?

Second victims commonly say...

This shook me to my core.

This has been a turning point in my career.

It just keeps replaying over and over in my mind.

I'm going to check out my options in retail. I can't mess that up.

I will never be the same.



Second victims may have...

Physical symptoms

- Extreme fatigue
- Sleep disturbances
- Headaches or muscle tension
- Changes in appetite

Cognitive symptoms

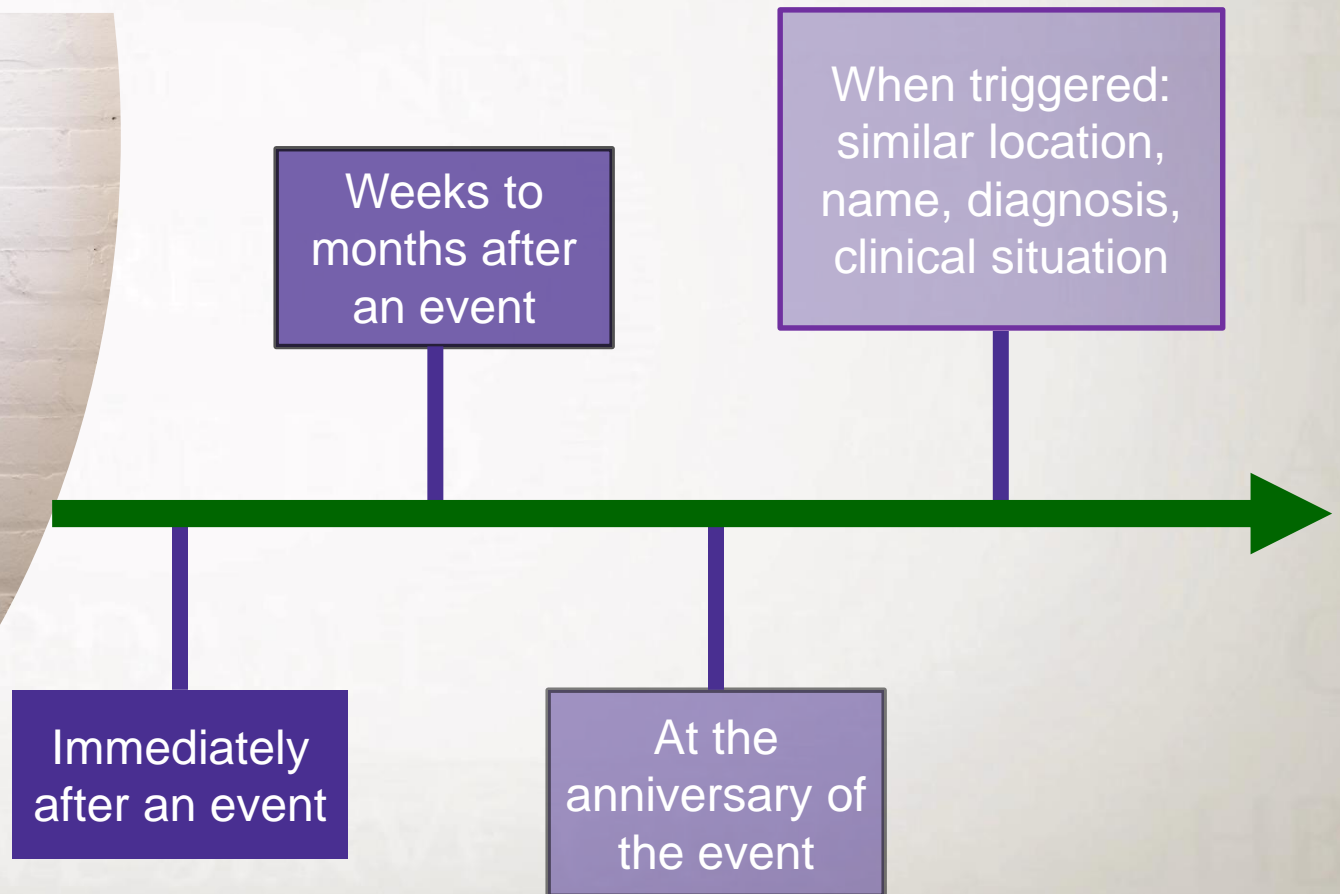
- Memory/concentration problems
- Flashbacks and nightmares

Behavioral symptoms

- Increased alcohol use, drug use
- Social withdrawal, isolation
- Reduction in activity level



Second victim symptoms occur...



(Scott et al., 2009)



CHRISTIANA CARE
HEALTH SYSTEM

Prevalence of second victims

After an adverse event, 30-50% of healthcare professionals may be second victims (Waterman, 2007)



At some point during their career, an estimated 50% of all healthcare providers are second victims (Seys et al., 2013)



2. Hear about Care for the Caregiver, the peer support program at Christiana Care to support second victims after stress related to patient care or the workplace



Peer Support

One-on-one support for individual caregivers



- Self or colleague referral
- Trained peer supporters provide non-judgmental, empathetic, confidential emotional support and promote positive coping skills
- Peer support can occur in-person or over the phone
- Peer support sessions are typically 1-2 times for 15-60 minutes
- Caregivers are connected with resources for on-going support (e.g., EAP), as needed



Peer Support

Care for the Caregiver currently has 45+ trained peer supporters on our team



- **Attending physicians, residents, physician assistants, nurse practitioners**

Cardiology, Surgery, Medicine, Neonatology, Radiology, Pediatrics, Psych, OB, ED

- **Registered nurses**

NICU, CVCC, SCCC, MICU, ED, L&D, OR, PACU, inpatient floors

- **Other caregivers**

Respiratory, Constable Services, Pastoral Services



Group support

Support for groups is available if multiple individuals are affected by the same event



- **Groups are for emotional debriefing and processing**
 - Non-judgmental sharing and discussion of emotions
 - Assess coping and promote additional support resources
- **Groups are facilitated by a member of the Center for Provider Wellbeing and can be coordinated with and co-facilitated by Pastoral Services**
- **A group session might last around 1 hour and occur 1-2 times after an event**

A Christiana Care Caregiver's Story

He had heard about Care for the Caregiver before and self-referred to the peer support program the afternoon after the surgery. He connected with a physician peer that day.

"I was able to explore my feelings and the circumstances surrounding this difficult surgery. Being able to talk through a traumatic event like this with a peer who is neutral and empathetic helped me put the event into perspective."



The patient did well and was home on schedule with no permanent disability and had a good recovery.

"Care for the Caregiver gave me a chance to heal after this event as well."

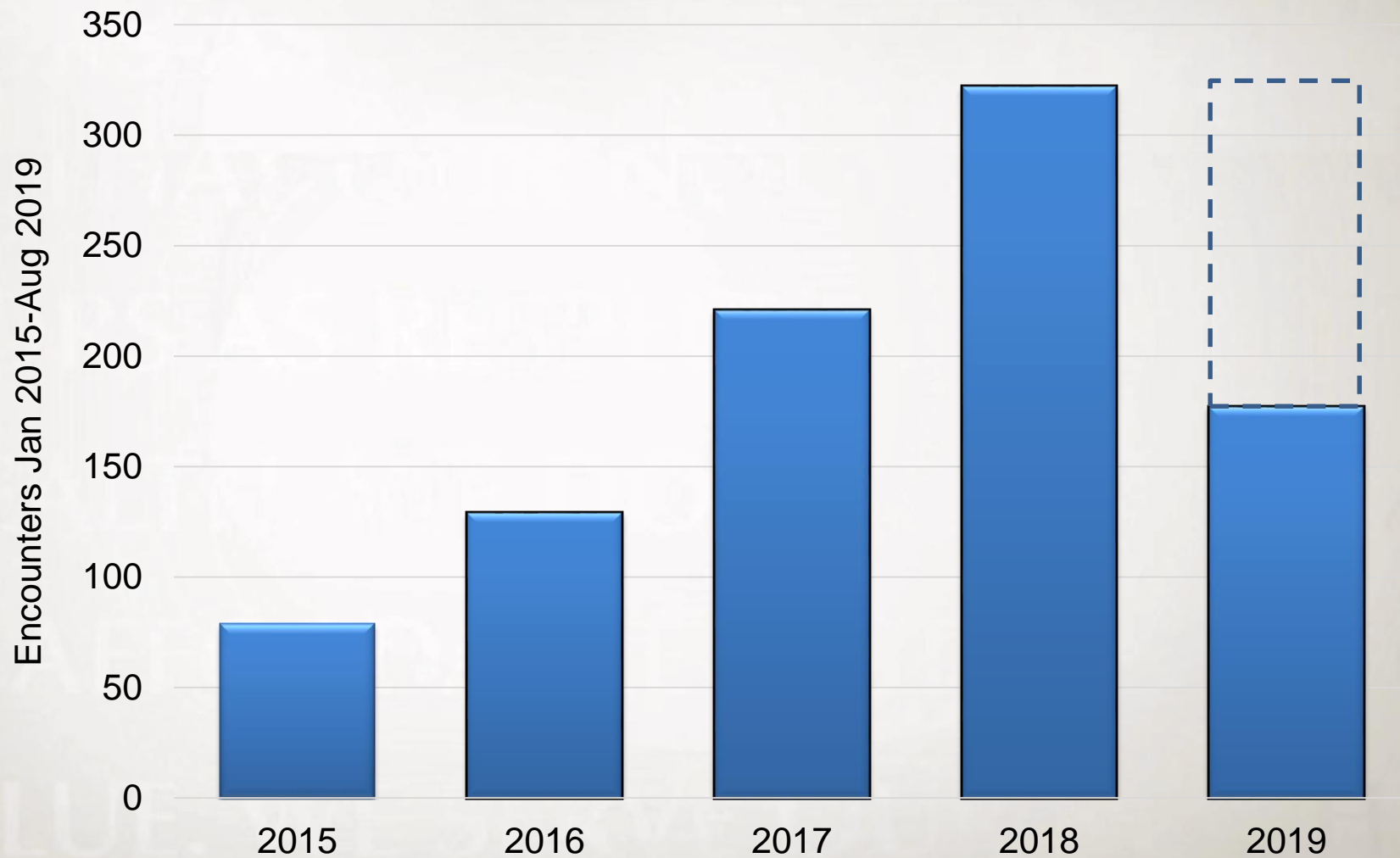
A Christiana Care Caregiver's Story

The same surgeon, ten days later was faced with the same exact operation.

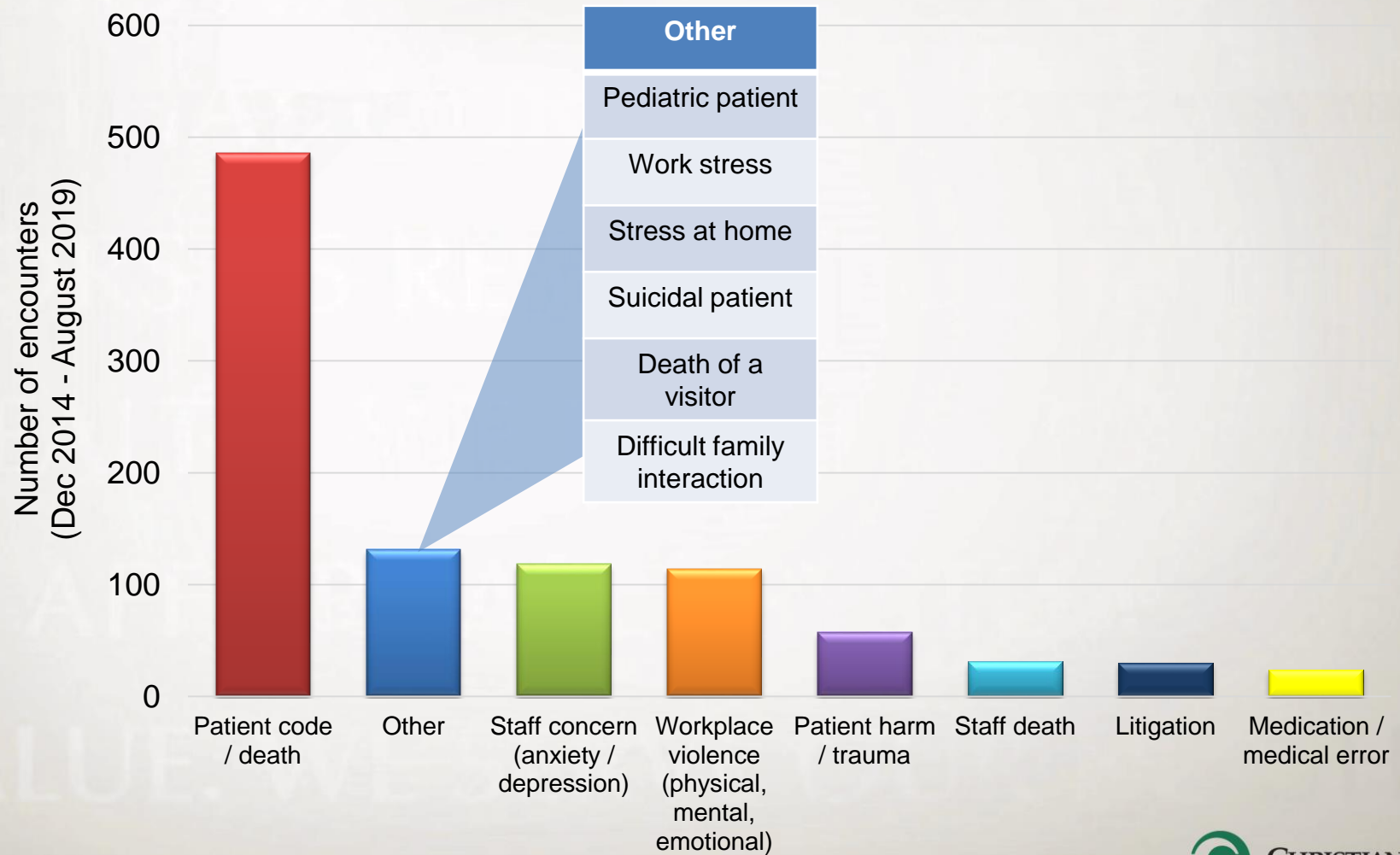
“After diligent preparation the night before, I went into the surgery with a clear mind and without apprehension. The surgery was smooth and successful.”



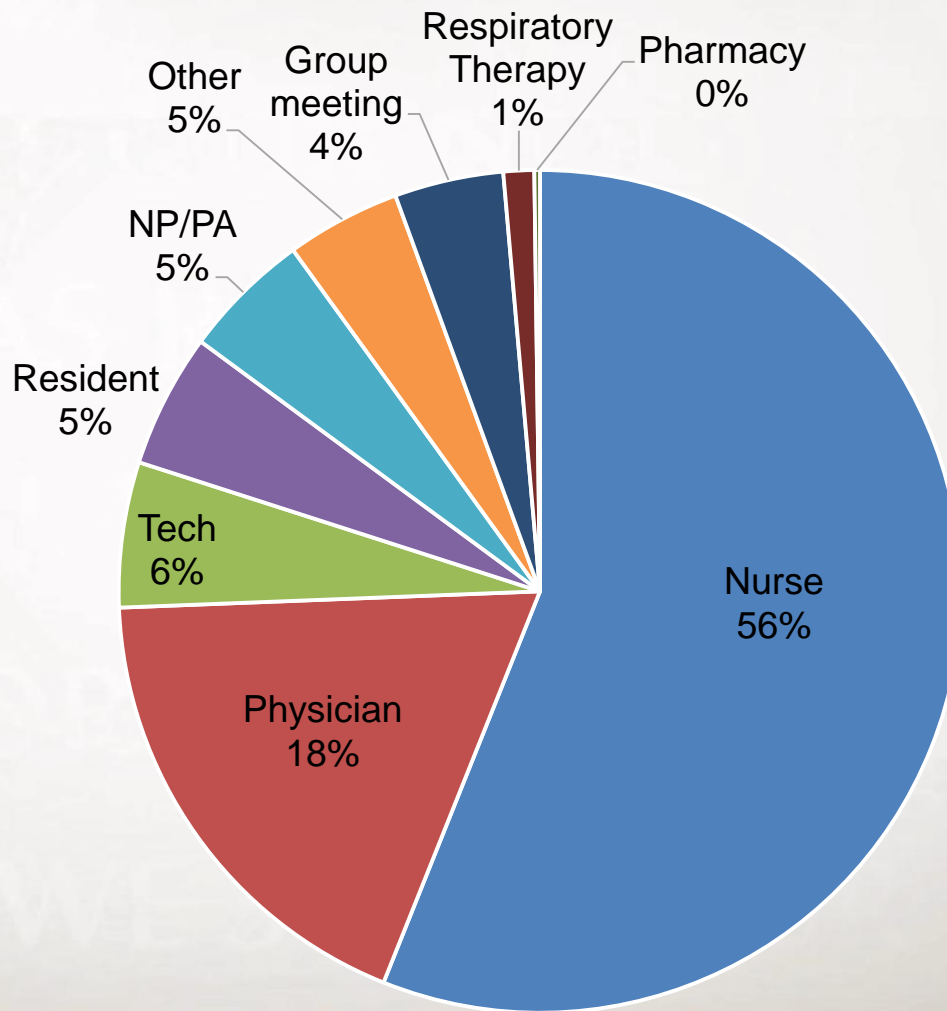
Encounters



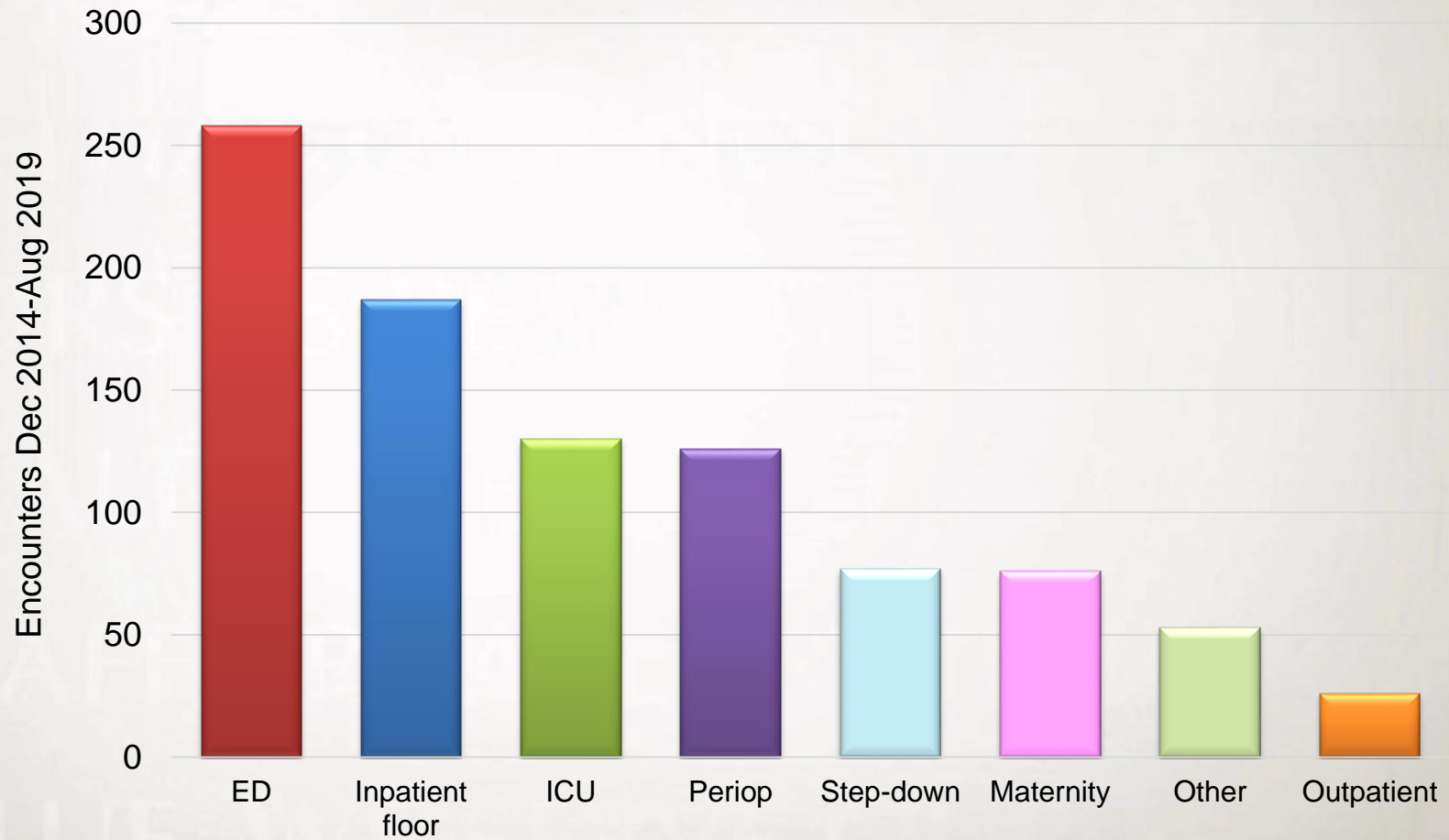
Referrals for . . .



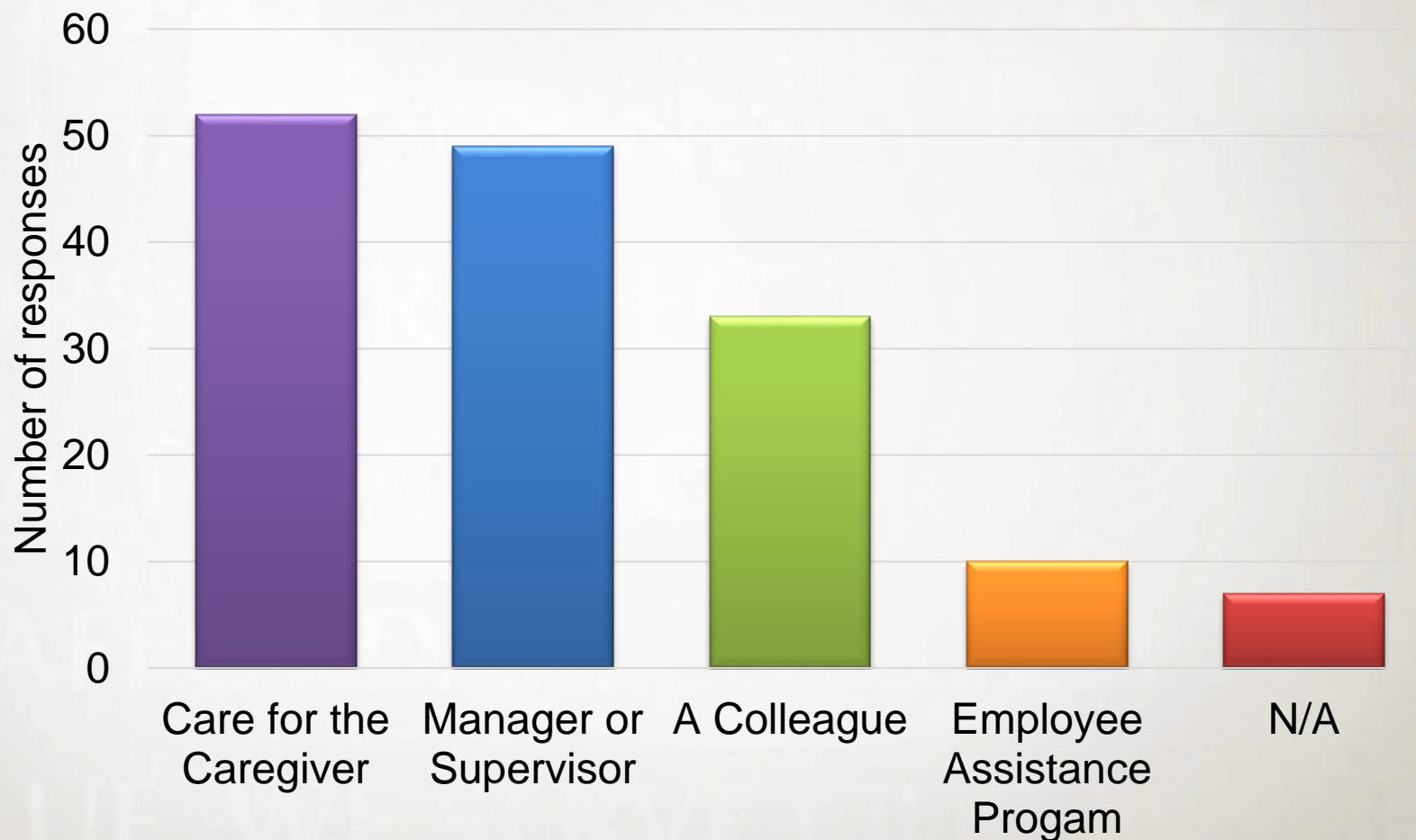
Caregiver Type



Unit Types



Support Available in Health System



3. Discover how you can support second victims, including yourself or a colleague

What if you are the second victim?

- **Give yourself time and space to heal**
 - Time to eat, sleep, restore after the event
 - Time off of work
- **Get support**
 - Connect to caring colleagues or a peer support program
 - Reach out to friends, family, colleagues
- **Practice self-compassion**
- **Do something personally meaningful for yourself on a daily basis**



After an event or difficult case, how do I support a colleague?



- **Listen actively**
- **Be non-judgmental**
- **Recognize and accept their emotions and reactions**
- **Focus on their feelings, rather than event details**
- **Don't try to "fix it"**
- **Disclose your own experience, if it would help . . .**
 - normalize the experience
 - reduce the sense of isolation
- **Encourage them to seek peer support or EAP**

After an event, how to I support my employee?



- Connect with clinical staff involved in a safe space to check-in with reactions and needs
- Look for ways to reduce stress exposure and allow needs to be met (offer time off, longer/more frequent breaks, overstaff unit)
- Check on staff regularly in the days and weeks after an event
- Notify staff of next steps—keep them informed
- Help staff feel supported by each other
- Reaffirm confidence in staff and assume good intentions
- See if your EAP can set up a group debrief, if many caregivers are affected

Thank you!

Any Questions?

Email me:

Kathryn.Godfrey@christianacare.org



CHRISTIANA CARE
HEALTH SYSTEM

References

Hill, C. E., & O'Brien, K. M. (2004). *Helping skills: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.

James, J.T. (2013). A new, evidence-based estimate of patient harms associated with hospital care. *Journal of patient safety*, 9(3), 122-128.

Jones, J, & Treiber, L. More than 1 million potential second victims: How many could nursing education prevent? *Nurse Educator* 2017.

Scott S.D., et al.: The natural history of recovery for the health care provider “second victim” after adverse patient events. *Qual Saf Health Care*. 2009;18:325-330.

Seys D, Wu AW, Van Gerven E, et al. Health care professionals as second victim after adverse events: a systematic review. *Eval Health Prof*. 2013;36(2):135-162.

Waterman A.D. The emotional impact of medical errors on practicing physicians in the US and Canada. *UC Journ of Qual an Patient Safety* 2007; 33(8): 467-76