Understanding the Effects of Emotional Trauma

Lauren Speakman, MBA, BSN, RN, CCRN
May 11, 2018
Today’s Objectives

– Understand the concept of the healthcare provider as a “second victim” after an adverse event.

– Recognize high risk clinical events which could expose clinicians to become emotionally traumatized.

– Gain knowledge and skills regarding effective support strategies and interventions after an adverse event.

– Understand the components necessary for the development and deployment of a clinician peer support program in your facility.
WARNING

Rated

E

Professional Rating

This content may contain Emotional Labor!!!!!
Successful Learning Tips

This is your day, make it count
  • Ask questions as they arise
  • Share experiences and examples

Respect the sharing
  • Courteous of each other
  • Tough discussions = Non-judgmental
  • Avoid case specific information
    (Facility, Clinician, Patient)
History of the Problem

- Adverse event investigations show individuals involved noted to be experiencing predictable behaviors post event
- Experience feelings of incompetence, guilt, shame, and inadequacy
Review of the Literature

“Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed..... You agonize about what to do...... Later, the event replays itself over and over in your mind”

What is a “Second Victim?”

Definition: "health care providers 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 provider is traumatized by the event."

What’s in a Name?

- Second victim
- Wounded healer
- Morally distressed
- Emotionally traumatized
Leads to:

✓ Feelings of personal responsibility for the unexpected outcome
✓ Sense of having failed the patient
✓ Second-guessing clinical skills and knowledge base
Commonly Heard Phrases

“This has shook me to my core.”

“This has been a turning point in my career.”

“It just keeps replaying over and over in my head.”

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

“I will never be the same.”
Staff Tend To ‘Worry’…

Patient
  o  Is the patient and family okay?
  o  Did I cause permanent harm?

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

Me
  o  Was this all my fault?
  o  Will I be fired? Sued?
  o  Will I lose my license?

Next Steps
  o  What happens next?
What Happens Next?

“In addition to feelings of guilt, anger, fear, these ‘second victims’ may doubt their clinical competence and even their ability to continue working as a health care provider.”

Bell, SK, Moorman DW, Delbanco T. Improving the patient, family, and clinician experience after harmful events: the “when things go wrong” curriculum. Acad Med. 2010; 85:1010-1017.
Who’s Affected?

• Over 3100 physicians from varied specialties surveyed
  – 57% reported being involved in a serious event
  – 61% increased anxiety about future errors
  – >40% sleeping difficulties and reduced job satisfaction

• How did they recover?
  – 82% expressed an interest in counseling after event
  – 10% felt their organization supported them

Who’s Affected?

• Most common error in healthcare is medication related
  – At least 1 death per day
  – 1.3 million injured annually
• Medical errors- 3rd leading cause of death
  – Up to 440,000 die annually from preventable medical errors

Risk Factors

High-Risk Clinical Areas

High-Risk Scenarios

Personal Risk Factors

Risk Factors

- Emergency Department
- Rapid Response Teams
- Oncology
- Obstetrics
- Pediatric
- Code Blue Teams
- Intensive Care Units
- Surgery
- Flight teams

Risk Factors

- Healthcare provider feels a connection with patient and family
- Pediatric cases
- Medical errors
- Failure-to-rescue cases
- First death experience
- Unexpected patient demise

Risk Factors

- Early Childhood traumas
- Depression
- Lack of Social Support

How to Identify the Emotionally Traumatized

Similar symptoms that are often reported:
- Extreme fatigue
- Sleep disturbances
- Memory/concentration problems
- Headaches or muscle tension
- Irritability
- Emotional numbing
- Flashbacks
- Loss of confidence
- Grief/remorse

Behavioral changes that can be more extreme:
- Changes in activity level
- Changes in appetite
- Social withdrawal
- Drug or alcohol abuse
Stages of Recovery

- Second victims often go through a range of experiences.
- Some experience just one or two stages of recovery.
- Others experience them all.
Stages of Recovery

1. Chaos & Accident Response
2. Intrusive Reflections
3. Restoring Personal Integrity
4. Enduring the Inquisition
5. Obtaining Emotional First Aid

Stages of Recovery

1. Chaos & Accident Response
2. Intrusive Reflections
3. Restoring Personal Integrity
4. Enduring the Inquisition
5. Obtaining Emotional First Aid

Common right after an event, described as being on autopilot.

Stages of Recovery

1. Chaos & Accident Response
2. Intrusive Reflections
3. Restoring Personal Integrity
4. Enduring the Inquisition
5. Obtaining Emotional First Aid

This can be the most serious stage as it is often includes self-bashing and self-isolation

Stages of Recovery

1. Chaos & Accident Response
2. Intrusive Reflections
3. Restoring Personal Integrity
4. Enduring the Inquisition
5. Obtaining Emotional First Aid

Concern about the hospital grapevine and what others are saying or thinking about them.

### Stages of Recovery

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chaos &amp; Accident Response</td>
</tr>
<tr>
<td>2</td>
<td>Intrusive Reflections</td>
</tr>
<tr>
<td>3</td>
<td>Restoring Personal Integrity</td>
</tr>
<tr>
<td>4</td>
<td>Enduring the Inquisition</td>
</tr>
<tr>
<td>5</td>
<td>Obtaining Emotional First Aid</td>
</tr>
</tbody>
</table>

The event review process might end up feeling more like an inquisition than an investigation.

Chaos & Accident Response
Intrusive Reflections
Restoring Personal Integrity
Enduring the Inquisition
Obtaining Emotional First Aid

Not displaying obvious signs of distress, “hint and hope” that someone will reach out to them

Stages of Recovery

1. Chaos & Accident Response
2. Intrusive Reflections
3. Restoring Personal Integrity
4. Enduring the Inquisition
5. Obtaining Emotional First Aid
What Does Recovery Look Like?

Thriving:
• Able to accept that the event happened
• While the second victim most likely will never forget it, they are able to move past it
• Typically comes from receiving the right emotional support in a safe environment

Surviving:
• Recovery is being able to carry on routine day-to-day responsibilities
• Can’t necessarily move on from the negative feelings brought on by the event

Dropping Out:
• Recovery may mean moving on: whether that is to a new unit, new hospital, or possibly a new profession
Small Group Reflection

• Within a small group:
• Share a clinical experience when you were personally traumatized after a work-related incident
• Reflect on an event that you witnessed distress in a colleague

* De-identify all patient information*
Report Out

Your personal story:
- What happened?
- What reactions/feelings/emotions were present?
- What did you need in that moment?
- Did you get the right support?

Your colleague’s story:
- What happened?
- What reactions/feelings/emotions did you witness?
- What did you do for them?
- What do you think they needed?

*De-identify all patient information*
What Do They Need?

✓ Formal and informal emotional support
✓ Prompt debriefing for individual or team
✓ Opportunity to take time out from clinical duties
✓ Help communicating with patient and/or family
✓ Clear and timely information about review process
✓ Last but not least….Remain a trusted member of the team!
Path Forward: Addressing Barriers

- “In a medical culture in which errors pose risks to performance evaluations and liability claims, it can be difficult to seek emotional support”
- Lack of support and awareness of the problem
- Stigma to reaching out for help
- Fear a compromise of collegial relationships because of event
- High acuity areas have little time to integrate what has happened

Formal Organizational Support

Peer Supporters
Mentoring
Team Debriefings
Litigation Support
Psychologically Safe Event Review

Informal Department Support

Supervisors
Team Members

On-Going Support Resources

EAP/VITAL
Therapist
Chaplain
Social Work

Care for the Caregiver
Support Strategies Interventions

The Scott Three-Tiered Intervventional Model of Second Victim Support

Tier 3
- Expedited Referral Network
  - Established Referral Network with
    - Employee Assistance Program
    - Chaplain
    - Social Work
    - Clinical Psychologist
  - Ensure availability and expedite access to prompt professional support/guidance.

Tier 2
- Trained Peer Supporters
- Patient Safety & Risk Management Resources

Tier 1
- ‘Local’ (Unit/Department) Support

Trained peer supporters and support individuals such as patient safety officers, or risk managers who provide one on one crisis intervention, peer supporter mentoring, team debriefings & support through investigation and potential litigation.

Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.

Key Actions for Leadership

- Connect with clinical staff involved
- Reaffirm confidence in staff
- Consider calling in flex staff
- Notify staff of next steps- keep them informed
- Understand the benefits of a “stranger”
- Check on them regularly
- Create a safe space
- Set up a group debrief
- Consider the message when an error occurs
- Assume good intentions
Supporting a Colleague

- Listen and validate non-judgmentally
- Focus on how your colleague is feeling, rather than the details of the event
- Normalize his/her experience; don’t try to “fix it”
- Disclose one’s own experience if appropriate to reduce the sense of isolation
Say This

- You’ve had a tough break
- What are you doing to take care of yourself?
- How are you doing now?
- These things happen to all of us.
- Let me tell you about something that happened to me.

Not That

- Didn’t you realize what would happen?
- What were you thinking?
- I wouldn’t have done that!
- You need to get over it.
- It’s ok- you did nothing wrong.
- NOTHING
LISTEN = SILENT
Empathy vs. Sympathy

Link to Video
What if You’re Hurting?

- ASK for support
- Give yourself time and space to heal
- Show self-compassion
- Get or stay in a routine "back to normal"
- Do something personally meaningful for yourself on a daily basis
The Consequences

What is Burnout?

- Exhaustion that occurs when workers have low job satisfaction, feel powerless, and overwhelmed
- Impaired ability to experience positive emotions at work
- Does not necessarily mean one’s ability to feel compassion is compromised
What is Compassion Fatigue?

- Physical and emotional exhaustion that workers develop over the course of their careers
- Gradual erosion of empathy, hope, and self-compassion
- Can unknowingly contribute to a hostile work environment
- “a disorder that affects those who do their work well”

What is Resilience?

- Occurs in times of adversity
- Individuals can navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being
- Able to provide health resources and experiences in culturally meaningful ways
- Frequency of positive emotions is the best predictor for resilience

Burnout is contagious, but so is RESILIENCE!!

Who do you want be?

“Everyone thinks of changing the world, but no one thinks of changing himself.”

-Tolstoy
Next Steps

• Remember why you are here!!
• Self-awareness of your own needs
  – What are your “triggers?”
  – What are your “stressors?”
  – What are your “relievers?”
• Stress Vulnerability Test
Imagine This:

• You have $86,400 in your bank account and someone steals $30 from you
• Would you be so upset that you throw all of the remaining $86,370 away?
• We all have 86,400 seconds each day

• Don’t let someone’s negative 30 seconds ruin your remaining 86,370!
Why is This So Important?
Questions...

“The longer we dwell on our misfortunes, the greater is their power to harm us.”

- Voltaire
Break Time