

Peer Support for Second Victim Syndrome

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1. Background

Second Victim Syndrome (SVS) is when a health care team member becomes traumatized by an adverse medical event; the patient is the primary victim, but the clinician is affected secondarily. SVS is known to affect the entire clinical team; however, it also impacts research professionals. Research professionals are patient-facing and share patients' experiences, including patient deaths. SVS can lead to stress, burnout, anxiety, and potentially staff resignations. In more extreme cases, SVS can result in depression, post-traumatic stress disorder, and/or suicidal thoughts/attempts. Our Clinical Trials Office (CTO) internal advisory committee identified the need for emotional first aid to support our teams and mitigate the risk of SVS.

2. Goals

We sought to implement a Peer Support Program (PSP) to provide emotional aid in the CTO.

3. Solutions and Methods

The first step was to provide easy access for staff to be trained as Peer Supporters (PSs). Online trainings were explored; however, we chose the internal PSP training offered for personnel through our partnering hospital, Froedtert, because it was free and conveniently scheduled. Thirteen CTO staff members obtained formal training as PSs. This training began with online videos explaining second victim syndrome, including real stories from hospital staff about their experiences with second victim syndrome. Then, an in-person training allowed staff to explore different tactics and language that peer supporters can use to assist their colleagues through potentially distressing experiences. The PSP program includes certified counselors (CC) if further emotional aid is necessary, beyond PS intervention.

To access the PSP in the CTO, a Qualtrics submission form was created that allows staff to choose either a PS or CC; it is received by the CTO PSP lead and triaged to the applicable PS/CC no later than one business day. This form inquires how urgently they need support, and the general topic. These topics may include distressing medical events/notes, disease progression, or a patient's death. Since the staff member's needs can change over time, the PS reaches out the next day, and one and two weeks after the event.

4. Outcomes

Establishing this program within the CTO is an ongoing process. We plan to follow metrics through originating Qualtrics submission forms. These metrics will allow us to track the number of staff members that ask for support, what topics were discussed, and if escalated aid is required.

5. Lessons Learned and Future Directions

While PSPs are utilized often by clinicians, there is a need among non-clinician staff, such as research professionals. As this CTO PSP is used, PSs will meet monthly to critically review metrics and identify potential changes to this clinician-focused PSP that may be helpful in a CTO setting. We hope that providing research professionals with emotional aid will lead to decreased stress amongst staff and a more supportive work environment. Our innovative journey to implement this hospital-based PSP in a CTO setting has potential applications among other research medical centers for oncology.