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Peer Support Programs Give Critical Care to Providers

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Healthcare providers involved in serious adverse events can experience a painful array of emotions that may include fear, grief, shame, and anger. While these emotions may be magnified when patients are harmed by an adverse event, they can be triggered even in cases where a provider did not deviate from the standard of care. After an adverse event, the patient and their family are considered the first victims. Healthcare providers are now being considered second victims—"healthcare providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become…traumatized by the event" (Scott, et. al., 2009).

Supporting providers after adverse events is not only a personal concern, but also a patient safety concern. Second victims often feel personally responsible for harm to patients during care, which may cause them to doubt their clinical skills and knowledge. After an adverse event, the providers involved are at greater risk for burn-out, depression, and delivering suboptimal patient care that may result in additional patient harm (Schwappach & Boluarte, 2009).

Peers and other professionals who are close to a provider are the most likely people to recognize a second victim and play a crucial role in supporting a provider in the aftermath of an adverse event. After an adverse event, the second victim experience is marked by a predictable, six stage trajectory: (1) chaos and accident response, (2) intrusive reflections, (3) restoring personal integrity, (4) enduring the inquisition, (5) obtaining emotional first aid, and (6) moving on (dropping out, surviving, or thriving) (Scott, et. al., 2009). As a provider moves through this trajectory, trusted colleagues are in the best position to help a second victim name and normalize their experience and understand that that they are not alone.

Proactively and compassionately supporting distressed providers can reduce the emotional responses that may lead to future patient harm. A handful of programs around the country have been developed specifically to address feelings that arise after an adverse event and to help providers move past them. The successful peer support programs at University of Missouri Health Care, Brigham and Women's Hospital, Boston Children's Hospital, and Kaiser Permanente implement approaches tailored to their own needs, but are useful examples for organizations interested in developing their own programs. In addition, Medically Induced Trauma Support Services (MITSS) has published materials on the need for peer support programs and also offers a robust Toolkit for Building a Clinician and Staff Support Program.

Extensive peer support resources are also available at https://edr.oregonpatientsafety.org/reports/content/providerResources.