



Case Stem and Questions Facilitator Guide

Adverse Events and Peer Support

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Learning Goals:

1. Discuss the concept of the second victim phenomena including triggering events, expected personal reactions, and widespread implications.
2. Discuss potential support mechanisms for second victims of adverse events, both personally and institutionally.
3. Discuss components of a peer support system and practice reflective listening as a peer supporter.

Case Stem:

Samuel is a junior pediatric anesthesiology attending in his first year of practice. He excelled as a fellow in a clinically robust fellowship and has transitioned into the role of attending with ease. Although working at a busy academic hospital and juggling the pressures of providing clinical care efficiently and teaching can be challenging, Samuel has begun to feel more comfortable in his role as an attending.

Working with a junior resident, he is assigned a 3-week-old patient for pyloromyotomy. On rapid sequence induction, the junior resident struggles to intubate the patient and the patient desaturates. Samuel quickly intervenes, bag mask ventilates without success and similarly struggles to obtain the patient's airway. Ultimately, the patient's condition worsens to a hypoxemic cardiac arrest. After several rounds of PALS resuscitation, ROSC is achieved. A senior colleague who responded to the code easily intubates the patient and the patient is transported to the ICU.

Following the event, Samuel has difficulty focusing on his next patient – he continues to replay the events of the code and questions every step of his medical decision making. He feels ashamed and wonders why he himself wasn't able to intubate the patient and questions his own skills. Is he capable of taking care of patients? He also feels immense guilt and worries about the patient's neurological outcome. These thoughts persist for weeks following the event.

Who are the victims in this scenario?

Describe the second victim phenomena. What constellation of emotional responses can the physician experience? What types of adverse events can trigger this type of response?

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How common are adverse events during anesthesia?

Does Samuel's experience resonate with you? How? Why?

Consider the time when you were involved in an adverse event, or imagine yourself in Samuel's shoes. What resources did/do you need to help you heal from this event? What kinds of resources did you wish you had? What elements could institutions use to support their staff?

What resources specific to your institution that are available to assist physicians after adverse events? What gaps exist in support at your institution?

What is the purpose of Peer-to-Peer Support?

What elements should be part of a Peer-to-Peer support conversation?

Reflective Listening Exercise

- Break off group into pairs.
- Provide a copy of the **Peer Support Best Practices Document** (below, also included as a separate document in the *For Facilitators* section) for pairs to have as a reference.
- Instructions for participants:
 - We are now going to practice participating in peer support both as someone who has been involved in an adverse event and someone who is a neutral peer supporter.
 - Take a few moments to review the Peer Support Best Practices Document for helpful suggestions on how to approach a conversation as a peer supporter. Remember, the purpose is to create space for sharing of the experience of being part of an adverse event, not for simply recounting facts or discussing medical decision making.
 - Using the event you reflected on during your pre-work journaling exercise, you will take turns assuming both roles:
 - Peer - Discuss the experience of being part of an adverse event
 - Peer Supporter – Ask, listen, validate, and connect.
 - Each participant should take 5-10 minutes in each role and 5 minutes to debrief about the experience with their partner.
 - What did that feel like as the peer?
 - What did that feel like as the peer supporter?

- Following the exercise, groups should share their insights about this experience with the group.

Closing: Ask each participant to share one thing they learned by participating in this session.



Peer Support Best Practices-Tips Sheet

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- Goals:
 - To foster a culture of support and well-being
 - To create an opportunity for sharing thoughts and emotions related to an event
 - To connect with others who have had similar experiences
 - To support the process of healing after an adverse event

- Elements needed for a peer support conversation:
 - Confidentiality
 - Validation of experience
 - Space and time for sharing
 - Closure with a plan

- How to Be a Good Peer Supporter:
 - Tone of voice: Warm, inviting, curious
 - Body language: Open, lean in, eye contact, active listening
 - Typical conversations: can be impromptu or formal

- Important Elements of the Conversation:
 - Encourage sharing
 - Begin with open-ended questions
 - “Can you tell me a little about what is going on?”
 - “How are you feeling now?”
 - Validate experience, including thoughts, emotions, unanswered questions
 - Examples
 - Repeat statement
 - “So you are saying that you are feeling...”
 - “It seems like you feel...”
 - Validate the emotion, not the facts
 - “I can imagine how difficult it is.”
 - “That’s quite a heavy load to carry.”

- Name the emotion/normalize
 - “I can imagine that could make you feel...”
 - Provide Support
 - Acknowledge shared humanity
 - Allow for silence and time for reflection
 - Elicit coping strategies
 - Stress importance of self-care
 - Share local and national resources
- What Peer Support is not:
 - Not meant to be an investigation of the facts
 - M&M
 - Formal QI/Safety investigation
 - Legal inquiry
 - Not meant to be formal therapy
 - Not meant to be “expert opinion”
- Pitfalls/ things to Avoid
 - Statements that discourage sharing:
 - “Don’t be so hard on yourself.”
 - “Don’t feel that way! You are such a good doctor.”
 - “It wasn’t your fault.”
 - Judgement:
 - Both in body language and word choice
 - Over-sharing:
 - Too many questions
 - Inserting personal experiences
 - Making assumptions about:
 - Emotions
 - Experiences
 - Level of Impact
 - Taking notes about the peer’s experience
 - No documentation of the content of the peer conversation should be taken
 - This is important from a risk mitigation standpoint