Training Healthcare Providers on Second Victims: Four Empirically-Supported Recommendations

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Recommendations

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When errors or near-misses occur in healthcare, the consequences are widespread including patient and organizational harm. Involved healthcare providers, referred to as *second victims*, also face harm and as a result, may not be psychologically fit to work. We synthesize the literature on second victims, integrating the science of training and the TeamSTEPPS framework to provide four empirically-supported recommendations for second victim intervention programs.

(1) Train all healthcare providers within an organization on the identification of second victims.

Safety is a shared responsibility among all healthcare providers within an organization. Healthcare workers must understand that safety includes the wellbeing of all involved healthcare providers (e.g., Firth-Cozens, 2001).

(2) Remove organizational barriers to the implementation of second victim identification training.

Training is often not enough to ensure effective transfer of newly acquired knowledge and skills. Oftentimes, organizational changes are necessary to enable transfer of training (e.g., Alliger et al., 1997).

(3) Identify second victims during pre-action briefs.

Team members need to recognize if their teammates are not well enough to perform, due to being a second victim (e.g., Tanksley et al., 2016). By incorporating identification of second victims into the pre-brief, teams create stronger mental models of teamwork functioning.

(4) Identify potential second victims during debriefs.

Teams should debrief after performance episodes, particularly those that had errors or near-misses. The identification of second victims should ideally occur during this period, ensuring swift provision of resources for those healthcare providers who may need them (e.g., Scott et al, 2009).