



Second Victim Syndrome (SVS)

The Second Victim Phenomenon and How Peer Coaching Helps

By Susan Wilson, MD, CPC

The COVID-19 pandemic has impacted everyone, and with yet another wave upon us, it is hitting those of us in healthcare especially hard. Our way of practicing medicine has been changed; some would say forever. We find ourselves not only affected clinically, but also emotionally.

As a result, clinicians are experiencing more stress and anxiety than ever before. These feelings are not new but have been heightened in the face of the pandemic. As we enter September, which is [Suicide Prevention Awareness Month](#) and [National Physician Suicide Awareness Day on September 17, 2021](#), this topic becomes even more timely. Physicians and providers are perceived as self-reliant, emotionally stoic and pillars of the medical community. Society expects perfection from our healthcare system and turns to us in times of medical crisis. However, we as clinicians need to recognize our humanity; doctors are people too. We have the same emotional needs as any other individual. In fact, one could argue the demands of medicine require an even greater level of emotional support than other professions.

It is important to acknowledge where our emotional stress comes from, so we can understand how to deal with it.

Second Victim Syndrome (SVS)

The term “Second Victim Syndrome” (SVS) was first coined by Dr. Albert Wu in 2000. It refers to the phenomenon of a clinician becoming victimized by an unanticipated adverse medical event; the patient is the primary victim, but the clinician is affected secondarily. SVS can impact all members of the healthcare team—it is estimated that up to 50% of healthcare professionals will experience SVS at some point in their careers. A recent survey of surgeons revealed that within the last year, 80% experienced SVS symptoms related to an adverse event in the O.R. Examples include sudden death, missed diagnosis, medication error, complication of procedure and malpractice lawsuits. These events trigger physical and emotional reactions, which in turn impacts the clinician’s ability to perform at their optimal level.

SVS Symptoms

Physical symptoms include fast heart rate, rapid breathing, diarrhea, sleep disturbance, nausea and vomiting, headache, muscle tension and eating disturbance. Psychological symptoms include inability to concentrate, anger, irritability, anxiety, depression, fear, flashbacks and loss of confidence. SVS has been compared to Posttraumatic Stress Disorder (PTSD), and is associated with increased rates of burnout, substance abuse, and even suicide. SVS has a well-recognized natural history, with six discrete stages described by Dr. Susan Scott:

1. Chaos and accident response
2. Intrusive reflections
3. Restoring personal integrity
4. Enduring the inquisition
5. Obtaining emotional first aid
6. Moving on

Video on Second Victim Syndrome (6 Minutes)

This video shares a powerful story and offers compassionate insights about SVS. It highlights how to support a practitioner who is experiencing SVS by offering a strong sense of community and ensuring supportive resources (such as Peer Coaching) are available.

Watch the video here:

<https://www.youtube.com/watch?v=YeSvCEpg6e>

How do we address SVS?

Obtaining emotional first aid is a crucial step in the recovery process. This is where Peer Coaching becomes an important part of the picture. As the name implies, Peer Coaching includes emotional support from an external colleague to help the clinician navigate through the signs and symptoms of SVS.

This assistance is provided through confidential, non-judgmental sessions wherein the clinician is afforded a “safe space” to discuss their feelings and experiences. Peer coaches are medical professionals and certified coaches, and use techniques of active listening and open-ended questions, allowing the clinician to debrief, often gaining insight into their emotional state. The goal is to buoy the clinician through the acute event, providing “emotional first aid” as the initial step to recovery.

Where can we find Peer Coaching?

Peer coaches with VITAL WorkLife are trained to provide this support and can be available on an urgent basis. Acknowledging that we are not invincible super humans is an important first step towards achieving the emotional fitness that we all deserve. Remember, our responses as “second victims” are the normal reactions of human beings, and as such deserve compassion and support!

We Can Help

As part of your Well Being Resources from VITAL WorkLife, you have access to *Peer Coaching, face-to-face or virtual counseling* and *in-the-moment phone counseling*, which can help you if you are experiencing SVS. Your organization provides these resources to you (and your family members) to support your well being and help with any challenge you are experiencing in your work or life.

Contact us at **877.731.3949**, through the **VITAL WorkLife App** or [contact us online](#) to access your resources today.

National Suicide Prevention Lifeline

If you’re thinking about suicide, are worried about a friend or loved one, or would like emotional support, the National Suicide Prevention Lifeline is available 24/7 across the United States. **Call 800.273.TALK (8255) or CLICK HERE TO CHAT with a counselor.** For more information, visit <https://suicidepreventionlifeline.org/>.

Susan Wilson, MD, CPC

Dr. Wilson has been practicing Emergency Medicine in the greater Milwaukee area since 1994. Having experienced Second Victim Syndrome in her own career, she knows firsthand how important peer support can be. Now retired from clinical practice, Dr. Wilson is a certified physician peer coach for VITAL WorkLife, devoting herself to issues of burnout, job satisfaction and peer support for her clients. She can be reached at <https://www.sjwprofessionalcoaching.com/>.



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