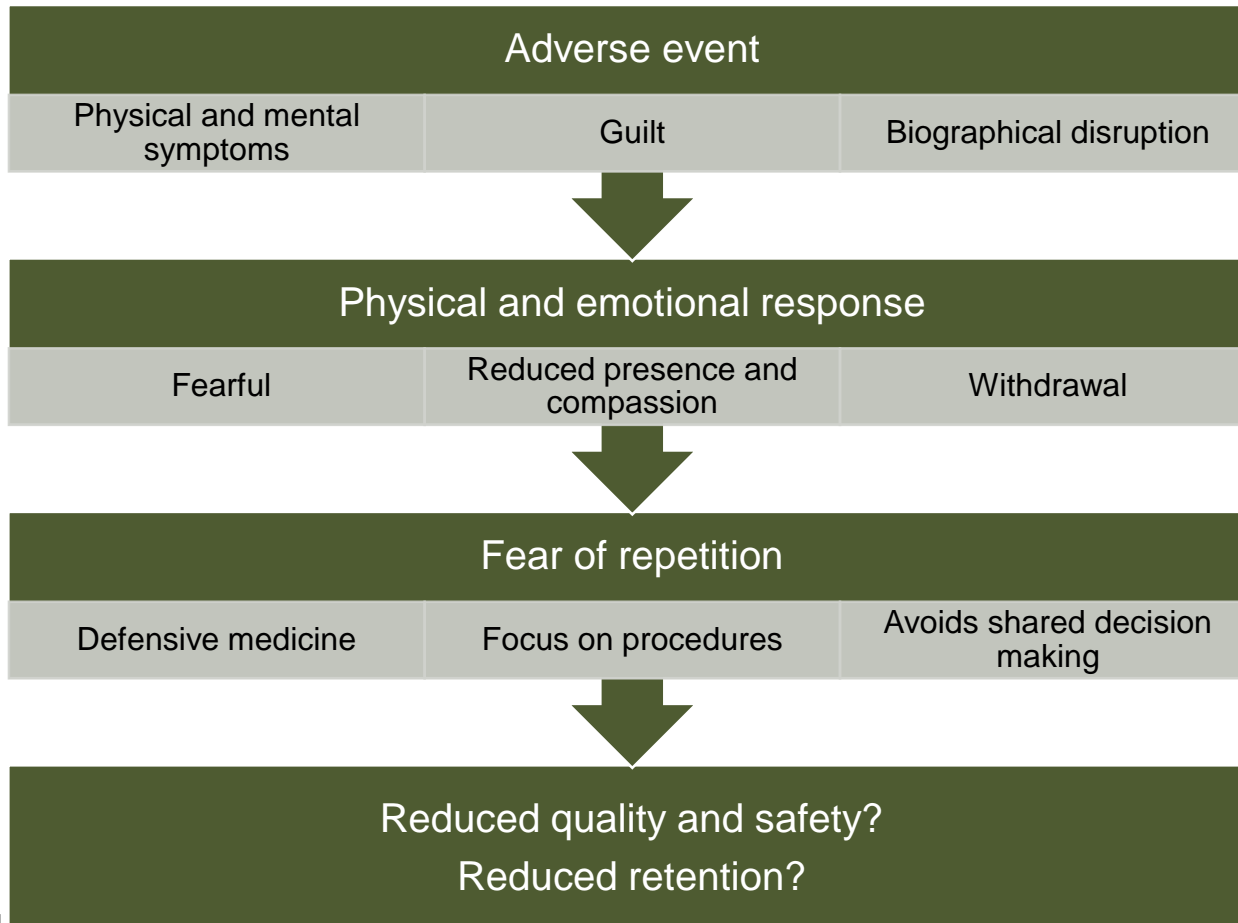


When things go wrong in healthcare...

...we need to handle the aftermath →



Adapted model from Schrøder, 2022

The Buddy Study

Evaluation of a peer support program for healthcare professionals after adverse events

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Background

Second victims are healthcare professionals (HCPs) involved in an unexpected adverse event, in a medical error or a patient-related injury. They may experience psychological and physical distress, loss of self-esteem, guilt, fear of continued practice, and even post-traumatic stress disorder in the aftermath of the event.

The health and wellbeing of HCPs may impact the level of quality and safety of patient care. Accordingly, investment in second-victim support programmes may prove to be an investment in a safer and more resilient healthcare organisation.

Aim

This study evaluates a formalised peer support program, 'the Buddy Study', for midwives and physicians in two Danish university hospital departments.

Methods

A cross-sectional survey along with two open-ended questions and individual interviews for more elaborated answers.



Underlying principles for the support program

1. Recognition of exposure to adverse or traumatic events as a fundamental condition for HCPs
2. Organisational responsibility towards all employees every time
3. Relationships are of central importance
4. Build on existing resources in the departments
5. Research-based evaluation of the intervention

Conclusion

The overall evaluation of the Buddy Study program was positive, suggesting that this type of formalised peer support may contribute to a rapid and accessible second-victim support program in healthcare institutions.

A key principle for the Buddy Study program is that relationships are crucial, and all buddy relationships are based on self-selection. This seems to offer a safe space for HCPs to share emotional vulnerability and professional insecurity after an adverse event.

Content of the Buddy program



Results

Benefits of the program	Condensations of descriptions
Encouragement of an open and compassionate culture	Contributes to an increased awareness about the implications of adverse events. Enforces a sense of being part of a team, combats loneliness. Communicates openness to share difficult experiences and emotions. Legitimises feelings of vulnerability in the aftermath and encourages to reach out.
Attentiveness to the wellbeing of colleagues	Knowing that someone will reach out to you in case of an adverse event provides a sense of safety. Establishes an awareness that it can happen to all. Greater willingness to talk about errors in general. Rewarding to be able to help a colleague (as a buddy). May give reason to reflect on (and heed) own previous experiences with an adverse event.
Self-selected relationships create a safe space for sharing	It is easier to share emotional distress with someone you know and trust. Evaluation of clinical decisions happens in a safe space. This facilitates learning without triggering defensive responses.

Challenges or shortcomings of the program	
Peer support is valuable but should not stand alone	Support from management is crucial. Organisational follow-up can still be deficient, even with a buddy system.
Informal peer support is already in place	A formalised system is unnecessary, especially in smaller units.
The Buddy system requires continuous updating and viability	The turnover of staff in large departments is a challenge. It was unclear when to activate the buddy system.