

INTRODUCTION

Healthcare workers often experience post-traumatic stress after a catastrophic event. These second victims may have a multitude of both physical and psychosocial symptoms that greatly impact their professional performance and personal well-being. A second victim, *et al.* (2022) highlighted the lack of institutional mechanisms to provide second

To better understand the second victim phenomenon, Scott et al. completed in-person interviews with thirty one healthcare workers. They identified a victim trajectory of six distinct stages of recovery and called for the development and deployment of appropriate support (Scott et al., 2022).

their experience with a second victim rapid response team. A needs assessment across six facilities was conducted with subsequent creation of a tiered interventional model of support. At the heart of this model is a network of trained clinicians readily available in high-pressure environments. This model, which second victims can discuss errors safely with compassionate,

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catastrophes. Results from this descriptive study indicated a high

The association between event details, respondent characteristics, and type of support that occurred is explored. Recovery was not associated with gender, practice setting or years of experience. Respondents who felt the event was expected recovered in a few days or less, while 63% of respondents perceived to be the result of an error or the anesthesiologist's fault.

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however, but must be offered within the framework of a culture that
promotes teamwork and wellbeing in holistic fashion. Toolkits have
been developed to assist organizations with implementation (Pratt,
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Since our study was conducted, literature describing second
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existence of programs to provide second victims with emotional
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