

Staging	Stage Characteristics	Common Questions	Proposed Institutional Actions
<b>Stage 1</b> <b>Chaos &amp; Accident Response</b>	Error realized/ event recognized. Tell someone ⇨ get help Stabilize/treat patient May not be able to continue care of patient Distracted Experience a wave of emotions	How did that happen? Why did that happen?	Identify second victims Assess staff member(s) ability to continue shift Activate” ForYOU Team” support as needed
<b>Stage 2</b> <b>Intrusive Reflections</b>	Re-evaluate scenario Self isolate Haunted re-enactments of event Feelings of internal inadequacy	What did I miss? Could this have been prevented?	Ensure “forYOU Team” Support Observe for presence of lingering physical and/or psychosocial symptoms
<b>Stage 3</b> <b>Restoring Personal Integrity</b>	Acceptance among work/social structure Managing gossip/grapevine Fear is prevalent	What will others think? Will I ever be trusted again? How much trouble am I in? How come I can’t concentrate?	Provide management oversight of event. Ensure PSN completion if necessary. Manage unit/team’s overall response-“rumor control” esp. Evaluate if emotional event debrief is indicated
(Stages 1-3 may occur individually or simultaneously)			
<b>Stage 4</b> <b>Enduring the Inquisition</b>	Realization of level of seriousness Reiterate case scenario Respond to multiple “why’s” about the event Interact with many different ‘event’ responders Understanding event disclosure to patient/family Litigation concerns emerge	How do I document? What happens next? Who can I talk to? Will I lose my job/license? How much trouble am I in?	Identify key individuals involved in event Interview key individuals Develop understanding of what happened Begin answering ‘why did it happen?’
<b>Stage 5</b> <b>Obtaining Emotional First Aid</b>	Seek personal/professional support Getting/receiving help/support	Why did I respond in this manner? What is wrong with me? Do I need help? Where can I turn for help?	Ensure emotional response plan in progress if needed.  Ensure Patient Safety/Risk Management representatives are known to staff and available as needed.
<b>Stage 6</b> <b>Moving On</b>  (One of Three Trajectories Chosen)	<b>Dropping Out</b> Transfer to a different unit or facility Consider quitting Feelings of inadequacy	Is this the profession I should be in? Can I handle this kind of work?	Provide ongoing support of the second victim.  Support second victim in search for alternative employment options within institution.
	<b>Surviving</b> Coping, but still have intrusive thoughts Persistent sadness, trying to learn from event	How could I have prevented this from happening? Why do I still feel so badly/guilty?	Provide ongoing support Maintain open dialogue
	<b>Thriving</b> Maintain life/work balance Gain insight/perspective Does not base practice/work on one event Advocates for patient safety initiatives	What can I do to improve our patient safety? What can I learn from this?	Provide ongoing support Support second victim in ‘making a difference’ for future. Encourage participation in case reviews involving event Encourage staff feedback on practice modifications.

Throughout all stages individuals may experience physical and/or psychosocial symptoms. Triggering of symptoms and repetitive thoughts regarding the event can occur anytime during stages 2-6.  
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