OPINION STUDIES







PI13/0473 - PI13/02120

QUESTIONNAIRE FOR PROFESSIONALS. SECOND VICTIMS STUDY

Clinical practice is not free from risk. Research carried out in Spain show frequencies of Adverse Events (AE) of around 10% in primary health centres (ENEAS Study) and 1.8% in primary care (APEAS Study). A conservative estimate would suggest that, annually, around 15% of health professionals are involved in some AE. These professionals are referred to as "second victims" of AEs.

In second victims AEs can have emotional, professional and family consequences, even in those cases in which the AE is the result of a fault in the system or the AE could not have been predicted.

In this study, funded by the *Fondo de Investigación Sanitaria* (FIS; Fund for Health Research) and by ERDF Funds, we set out to analyze the consequences of AEs for professionals as second victims, with a view to proposing alternatives for them to cope with such consequences.

- RECORD: With the Record Scores button you can record your scores without sending them definitively, in case you want to continue with the questionnaire later.
- SUGGESTIONS: In case you think of options other than those offered in the questionnaire.

Adverse Event (AE) with serious consequences is defined as: unforeseeable or unexpected event that causes in the patient (or group of patients) harm that is difficult to repair (requiring new treatment with uncertain outcome or a hospital ingress) or impossible to repair (surgery in the wrong place, permanent disability or death) and which is a consequence of the healthcare and not of the patient's original illness.

AEs are considered to have occurred regardless of whether the event could have been avoided or was inevitable.

This definition includes: organizational faults, wrong diagnoses and errors of prescription, of medication use or of communication between professionals or with the patient, as long as they result in harm to the patient that is difficult to repair (requiring new treatment with

uncertain outcome or a hospital ingress) or irreparable (surgery in the wrong place, permanent disability or death).

This questionnaire is made up of 51 questions grouped in nine blocks. Estimated time needed for filling it out is 15 to 20 minutes.

1. With regard to the last 5 years, please choose the answer that best reflects you personal experience. In my primary health centre			
1 We have an annual patient safety training plan with two different levels: raising awareness and specific training (workshops or courses).	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
2 We have a system for the anonymous reporting of incidents and AEs that permits the collection of information that is useful for avoiding risks to patients.	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
3 When an AE with serious consequences for a patient is detected, there always follows an analysis of its causes and how to avoid the same thing happening in the future (we learn from experience in systematic fashion).	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
4 The majority of clinical errors I have heard of are due to faults in the organization, and not to human mistakes.	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
5 The majority of AEs with serious consequences could be avoided.	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
6 Professionals who find themselves involved in an AE have Access to psychological help from the primary health centre for reducing the impact on them as second victims.	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
7 I have received training in how to inform a patient that he/she has been the victim of an AE.	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
8 When a clinical error occurs that affects a patient, he/she or his/her family is always contacted.	 Totally disagree Disagree Neither agree nor disagree Agree Totally agree Don't know/No answer 		
9 Informing patients about errors or faults that have no relevant	○ Totally disagree○ Disagree		

1. With regard to the last 5 years, please choose the answer that best reflects yo personal experience. In my primary health centre				
	O Agree O Totally		r disagree inswer	
10 Informing a patient about a clinical error can cause a highly negative reaction that affects his or her subsequent relationship with the professionals attending to them.	 ○ Totally disagree ○ Disagree ○ Neither agree nor disagree ○ Agree ○ Totally agree ○ Don't know/No answer ○ Totally disagree ○ Disagree ○ Neither agree nor disagree ○ Agree ○ Totally agree ○ Don't know/No answer 			
11 When a serious AE occurs, the professional (or professionals) involved receive support from their own team.				
	. 41	2 4		
2. Please indicate how probable you think it is that in the next 1 1 There will be an AE with serious consequences at your primary health centre.		O High O Mode	erate	
		O Not a	t all probable	
3. In the case of a clinical error occurring, how likely would happen (from 0 = Highly unlikely to 10 = Highl	-	think th	·	
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5. From your own experience or what you have heard from others, what were the consequences of informing a patient about an avoidable AE that has affected him/her?:				
1 The patient did not accept the explanations.	○ Yes ○ No			
2 The relationship with the patient suffered as a result of the conversation.	○ Yes			
3 The patient filed a lawsuit.	O No			
4 The patient reacted aggressively.	○ No ○ Yes			
	○ No			
6. In the case that you or any professional you know has been involved in an avoidable AE with serious consequences, please indicate whether or not you have observed the following symptoms:				
1 Bewilderment, confusion, difficulties for concentrating on one's job in the days	O Never O Sometimes			
following the AE.	Almost always			
	O Always			
2 Feelings of guilt.	NeverSometimes			
	O Almost always			
	○ Always			
3 Pessimism about life, sadness.	NeverSometimes			
	O Almost always			
	O Always			
4 Tiredness.	○ Never ○ Sometimes			
	○ Almost always			
	○ Always			
5 Anxiety.	○ Never ○ Sometimes			
	O Almost always			
	O Always			
6 Insomnia, difficulties for getting proper sleep.	○ Never○ Sometimes			
	○ Almost always			
	○ Always			
7 Reliving the event over and over again.	○ Never			
	○ Sometimes○ Almost always			
	O Always			
8 Anger and mood swings at work.	○ Never			
	○ Sometimes			
	Almost alwaysAlways			
9 Anger and mood swings at home.	○ Never			
	○ Sometimes			
	Almost alwaysAlways			
10 Constant doubts about what one must do in each case and whether the clinical	○ Never			
decisions one makes are the right ones.	○ Sometimes			
	○ Almost always			
11 Loss of professional reputation among one's co-workers.	○ Always ○ Never			
	○ Sometimes			
	○ Almost always			
	O Always			

1 You/He/She has needed time off from work. 2 You/He/She has applied for a transfer to another department, uninstitution/health centre. 3 You/He/She has given up the profession. 8. Please indicate whether or not you would be interested in training in: 1 How professionals can cope better with the consequences of AEs. 2 How to inform a patient that he/she has been the victim of an AE. 9. Finally, please state your: 1 AGE 2 SEX 3 PROFESSION C. C	Loss of professional reputation with patients.	○ Never
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If you would like to make any suggestions, please write them in this space	SEX PROFESSION O DO NU NU NU PROFESSION UNIT OR DEPARTMENT O M SU Ce O OT YEARS OF PROFESSIONAL EXPERIENCE Le 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	orse orsing assistant orter her edical orgical ontral hers ss than 1 year 3 years