### **Peer Review Report**

# Review Report on The European Researchers' Network Working on Second Victim (ERNST) Policy Statement on the second victim phenomenon for increasing patient safety

Policy Brief, Public Health Rev

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### **EVALUATION**

### Q 1 What are the main findings and conclusions reported in this manuscript?

The manuscript provides a series of statements with the aim of setting guidelines for addressing the phenomenon of second victims. As far as I know, nothing similar exists, and the initiative, backed by an European COST action, is commendable.

### Q 2 Please highlight the limitations and advantages.

The authors claim a consensus-building process, but do not provide any details on the methods used to obtain consensus. Not all of the statements provided refer to the phenomenon of second victims, but some of them correspond to universally accepted premises, such as points 1.1, 1.2, 1.3, which should serve as a preamble or general justification. Some of the statements are limited to providing data and are supported by bibliographical references 2.1, 2.2, 3.1, 3.3. Others do not. Some are actionable and can be translated into measurable objectives, others are not.

The grouping into categories is not justified, and some of the statements could fall into different categories. It would make more sense to group them in relation to the identification of second victims, their prevention, how to deal with them, the resources needed for all of these at local and national level.

### Q 3 Are there objective errors or fundamental flaws? If yes, please detail your concerns.

As a consensus document it should be adapted to the ACCORD guideline for reporting consensusin biomedical research and clinical practice.

It would be interesting if the authors could provide a table with the expertise of each of the participating experts and their possible conflicts of interest.

### Q 4 Check List

Is the English language of sufficient quality?

Yes.

Does the manuscript provide an appropriate context for a non-technical audience?

Does the manuscript use language that can be understood by a non-technical audience?

Is the quality of figures and/or tables satisfactory? No.

Is the evidence presented appropriate, sound and objective? No.

Are the action points provided based on the evidence? No.

Are the action points provided reasonable and feasible? Yes.

Are there any ethical issues with the recommendations provided? No.

## Q 5 Please provide your detailed review report to the editor and authors (including any comments on the Q4 Check List):

This document presents a concise overview of principles, , and actionable strategies aimed at diminishing the repercussions of the second victim phenomenon while simultaneously bolstering patient safety.

This is a very interesting initiative, which should be translated into a set of actionable recommendations aimed at improving the understanding, detection, prevention and treatment of the phenomenon of second victims. To this end, it would be interesting to remove the part referring to the conceptual framework from the consensus and limit the statements to those directly related to the phenomenon of second victims that are truly actionable.

To reinforce the credibility of the recommendations, information should be provided on the consensus methods used and the percentages of agreement reached.

# Q4 Originality Q7 Rigor Q8 Significance to the field Q9 Interest to a general audience Q10 Quality of the writing Q11 Overall quality of the study REVISION LEVEL Q12 Please take a decision based on your comments:

Major revisions.