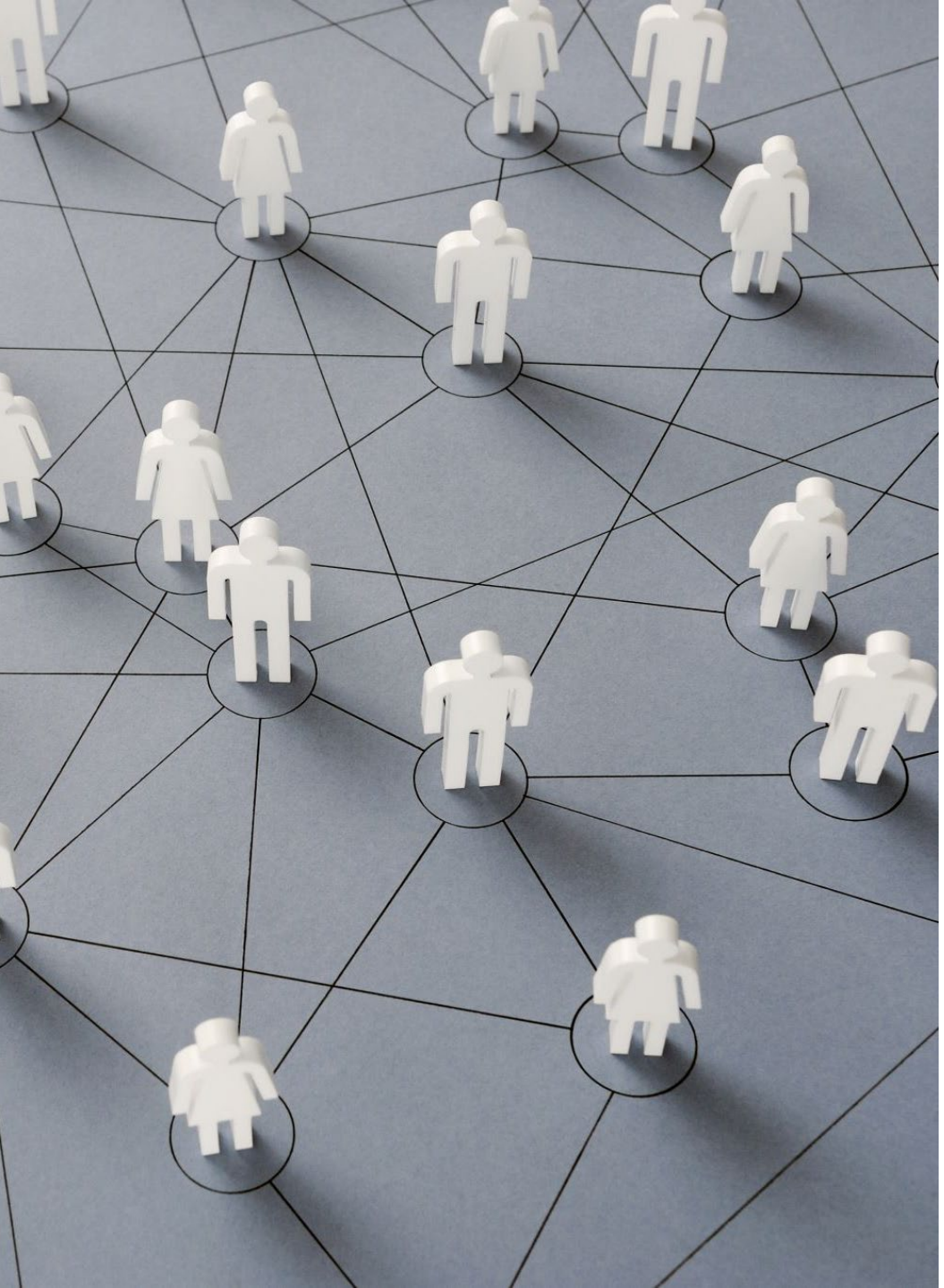

Peer Support Program

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What is Peer Support?

The basic concept is to be **present for a peer in an open and focused way** by someone who has “been there” and understands what a peer is going through

Support for peers impacted by **adverse events, medical errors, personal or otherwise traumatic events**

Peer Support…

- It does not need to be time-intensive
- Always an invitation, *never* an imposition
- **Confidential**
- Peer support needs to be **proactive**: clinicians rarely reach out for help
- The goal is for peer support to become part of our regular routines in whatever way it feels right for the group

Mindset

Before every session, I take a moment to remember my humanity.

There is no experience that they have that I cannot share with them, no fear that I cannot understand, no suffering that I cannot care about, because I too am human.

No matter how deep their wound, they do not need to be ashamed in front of me. I too am vulnerable. And because of this, I am enough.

Whatever their story, they no longer need to be alone with it. This is what will allow their healing to begin.

— Carl Rogers, Ph.D.

What does a Peer Supporter do?

- NORMALIZES peer's feelings
- VALIDATES competence of a peer
- ASSESSES peer's need for additional resources
- DIRECTS peer to other resources as needed
- FOLLOWS UP to check-in

What Peer Support is NOT

- Fixing: we cannot fix someone's pain, but we can help
- Psychotherapy
- An assessment or investigation of the individual or situation (QI process, Risk Management)
- Conflict resolution
- Critique of care
- Substance abuse coaching

Academic Medical Center/Patient Safety Organization list of “Must Meet” events

- Unexpected death of a patient
- Unexpected death/suicide of a co-worker or co-worker’s family member
- Unexpected cardiac arrest/resuscitation
- Aggressive, disrespectful, physical workplace violence episode (verbal or physical)
- Adverse or traumatic event with media attention
- Personal life situations (divorce, malpractice)

Characteristics Of An Effective Peer Support Program (Wuthnow et al.)

- Immediacy
- Proximity
- Expectancy
- Brevity

Always an invitation, never an imposition

- Many exposed to a traumatic event will not need any formal intervention
- Resources should be offered to all
- Denial can be healthy (for a while at least)
- No one should be made to talk about an event
- Debriefing could be harmful (PTSD literature)

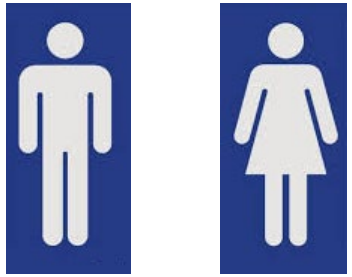
Intention of a Peer Support Program

Stabilize and minimize	Stabilize and minimize escalating distress
Mitigate	Mitigate acute signs and symptoms of distress
Restore	Restore adaptive independent functioning or facilitate access to a higher level of care

Physician Suicide

40% ↑

The suicide rate among male doctors than among men in general



130% ↑

The suicide rate among female doctors than among women in general

Schernhammer E. NEJM 2005

RESIDENTS

28% of residents experience a major depressive episode during training versus 7-8% of similarly aged individuals in the U.S. population

Overall, suicide is the #2 cause of resident death: #1 for male and #2 cause for female residents

The greatest proportion of residents that died by suicide are PGY1s

Burnout

"Burnout is a syndrome characterized by exhaustion, cynicism, and reduced effectiveness."

Shanafelt, TD, Noseworthy, H.
Mayo Clin Proc., 2016

"We believe that burnout is itself a symptom of something larger: our broken health care system. The increasingly complex web of providers' highly conflicted allegiances — to patients, to self, and to employers — and its attendant moral injury may be driving the health care ecosystem to a tipping point and causing the collapse of resilience."

Wendy Dean and Simon Talbot, 2018

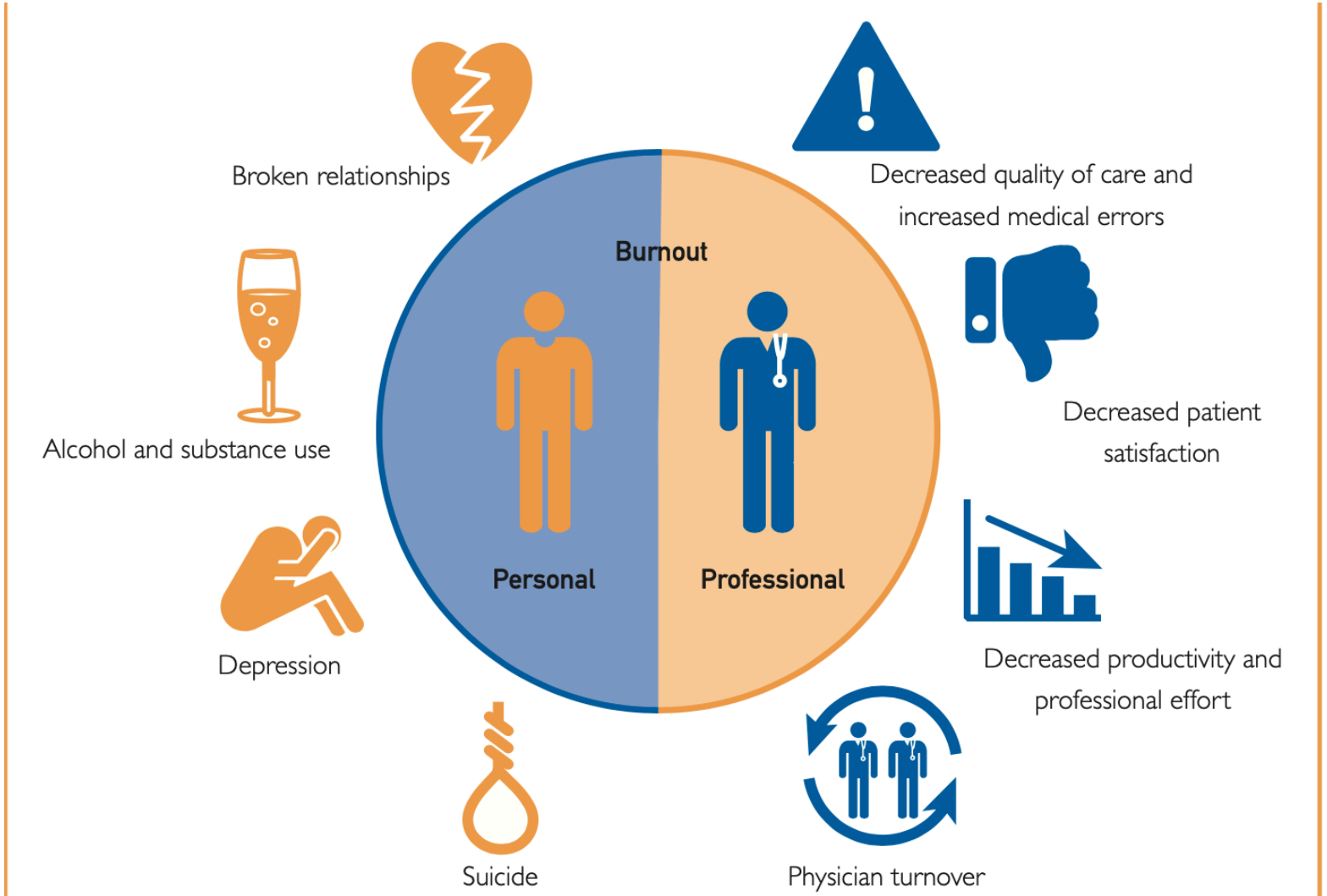


FIGURE 1. Personal and professional repercussions of physician burnout.

Most common reasons for needing Peer Support at BWH

Medical errors and adverse events-they affect patients, families, physicians, teams, institution and they ALL need support

Litigation

Personal issues (family death, divorce)

COVID-19 crisis (group support)

Who do peers want to talk to after an adverse event?

- There is a significant uncertainty about with WHOM to discuss clinician's experience
- Most clinicians report that "the most desired option was a 'respected peer to discuss the details of what happened.'"

Burlison JD, Scott SD, Browne EK, Thompson SG, Hoffman JM. The Second Victim Experience and Support Tool: Validation of an Organizational Resource for Assessing Second Victim Effects and the Quality of Support Resources. J Patient Saf. 2017 Jun;13(2):93-102.

Affected clinicians often:

- Feel personally responsible for unexpected outcome
- Feel they have failed the patient
- Second-guess their clinical skills and knowledge base
- Tend to worry in a predictable pattern
- Self-Isolate as the first tendency

Factors associated with resilience after adverse events

- Talking to a peer
- Disclosure and apology
- Forgiveness (disclosure and apology make this a possibility)
- A moral context (ethical code, spirituality)
- Dealing with imperfection (while not relaxing high standards)
- Learning/becoming an expert
- Preventing recurrences
- Helping others

Plews-Ogan et. al., Wisdom in Medicine: What Helps Physicians After a Medical Error? Acad Med 2015 Sep 4

How it works: **Proactive Outreach**

Identify peer in need via

- Colleagues/clinical leadership/QI/QA process
- Peer supporters: leads in each dept
- Mortality Review Form: peer support check box

Activate Outreach

- Peer support program alerted via email
- Peer supporter assigned, usually department-based
- Peer supporter reaches out

Program Backbone

Peer Support Training

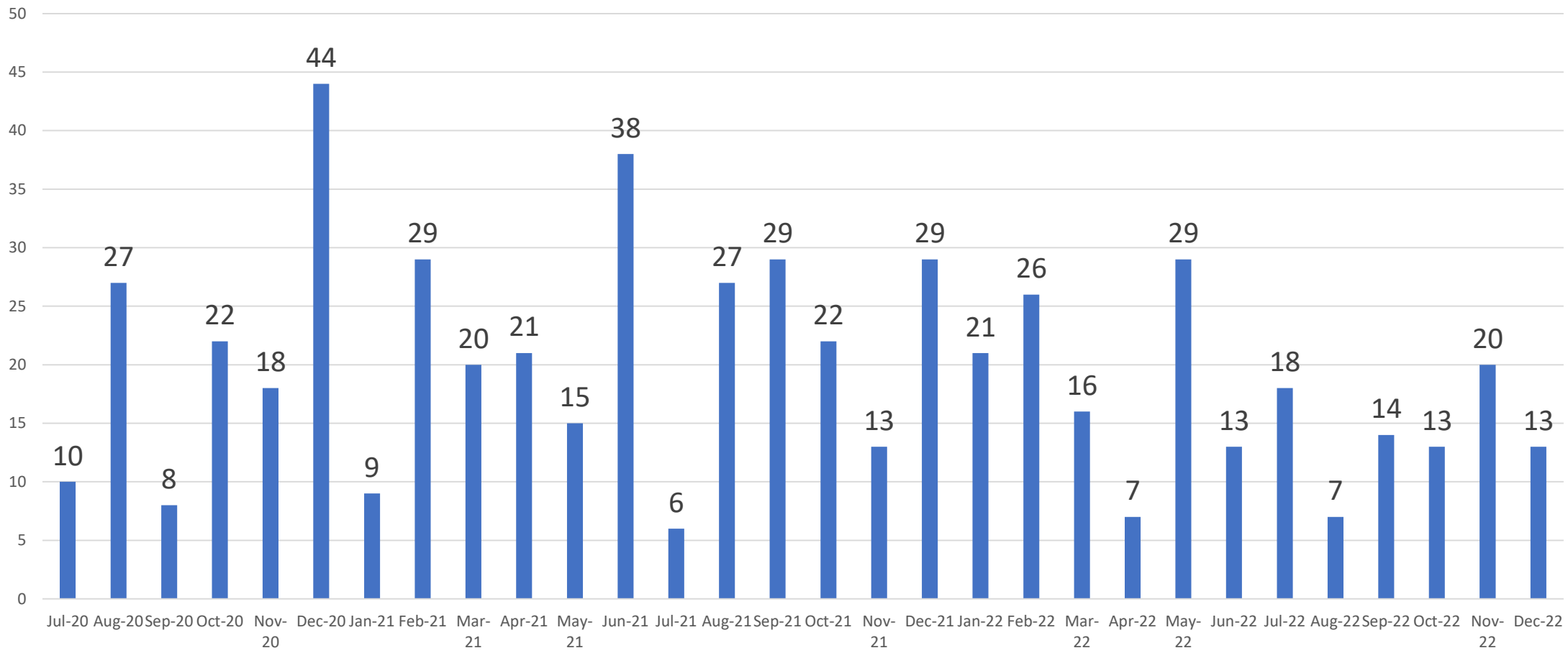
- 2 x per year
- Clinicians nominated by peers/leaders

Peer Supporters meet quarterly to

- Provide community of practice
- Reinforce learning
- Support one another

Peer Support Outreach Data

Monthly Average: 20



Other forms of Peer Support

TEAM	TEAM: part of daily routine in whatever way it makes sense for the group. It is an opportunity to change the culture
GROUP	GROUP (virtual) SUPPORT SESSIONS: the main goal is to help people connect and cope (cohesiveness)
SUPPORT	SUPPORT THE PEER SUPPORTERS meetings

Active Listening (Dr. Carl Rogers)

Listening with **complete, uninterrupted engagement**

Promotes **psychological safety** and when we feel safe and heard, we tend to open up

PURPOSE: to help us **understand** information the other person is sharing

END GOAL: **Cognitive empathy**, which sets foundation for emotional empathy

Five Basic Steps of Active Listening

1. Keeping an **open mind** and listening without judgment
2. Listen for a total meaning of the speaker's message
3. Seek more information
4. Feed back to the speaker what you think they've said
5. Utilize your understanding

Hindrances to Active Listening

Our opinions and beliefs about the topic
Our inability to imagine how they might be feeling
Preconceived ideas about what they are thinking/feeling
Biases
Confusing statements, inadequate information
Conflicting verbal and non-verbal communication

What Great Listeners Actually Do by Jack Zenger and Joseph Folkman, HBR, July 14 2016

- People's appraisal on their listening ability is much like their assessment of their driving skills
- Analyzed data describing behavior of 3492 participants in a development program designed to help managers become better coaches and their coaching skills were assessed by others in 360-degree assessments
- Identified those who were perceived to be the top 5% of listeners and identified 20 items showing the largest significant differences between great and average listeners

What Great Listeners Actually Do by Jack Zenger and Joseph Folkman, HBR, July 14 2016

1. Good listening is much more than being silent

2. Good listening included interactions that built the speaker's self-esteem

3. Good listening was perceived as a cooperative conversation

4. Good listeners tended to make suggestions

5. Good listeners are like trampolines

What do I do if a peer shares something I do not know how to handle?

- Losing the battle with sleep
- Experiencing persistent nightmares
- Experiencing persistent thoughts of despair (a week or longer)
- Experiencing breakdowns and not being able to bounce back
- Reaching a breaking point
- Suicidal thoughts

Support Sources for Peers

KNOW AND RESPECT YOUR LIMITS!

Available resources:

- **Peer Support**: one-on-one confidential conversation with a peer.
- Mental Health Resources for clinicians and employees
- **Medical Malpractice Support Resources**
- **Suicide Prevention Hotline 1-800-273-8255:** Lifeline with 24/7, free and confidential support for people in distress, prevention, and crisis resources.
- **Page Psychiatrist On Call**

Discoverability

The Peer Support Program is covered by peer review protection at BWH. In other words, protection would be asserted for a peer support conversation as it would be for an M&M conference. The difference is that peer support conversations have never been litigated in MA courts, which leaves this issue untested

Best to check with your legal team

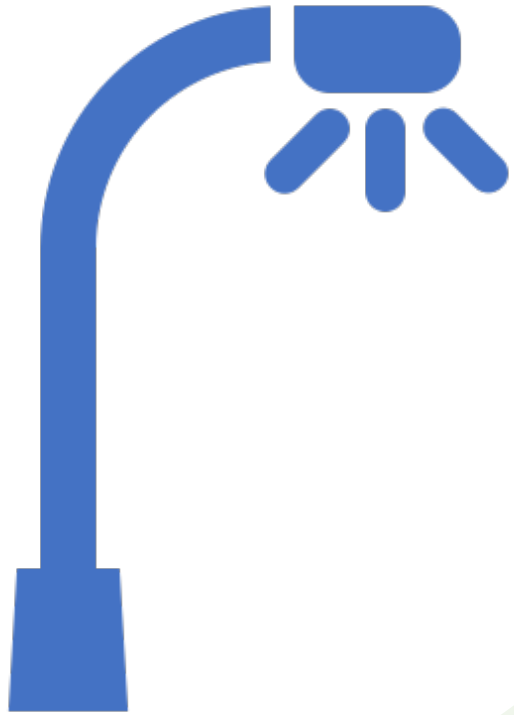
It has never been an issue in over 15 years of experience

How to set up a Peer Support Program?

- Start with a pilot department or two
- Organize a training
- Understand the barriers/culture of your specific group/department and spread the word
- Remember the proactive nature of the process
- Ally with local mental health experts
- Create and support the community of peer supporters

- “If you light a lamp for someone else, it will also brighten your path.” Buddha

- THANK YOU!




Peer
Supporter