How to Set Up a Peer Support Program & Be a Good Peer-Supporter
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Peer Support occurs when someone who understands your general circumstances offers non-judgmental support during a moment of work-related emotional distress. It is a form of emotional first aid and provides psychological safety during a vulnerable moment.

**What are the facts about adverse events?**
- When thinking back on a perioperative catastrophe, most anesthesiologists (88%) required time to recover emotionally, many never recovered (18%), and some considered changing careers entirely (12%).
- Peer support programs are the most utilized/effective methods of support for anesthesia residents following adverse events.
- The range of typical physical and psychosocial responses to adverse events is very broad.

**What questions need to be answered in order to create a peer support program?**
When setting up a peer support program, the local culture, fiscal constraints and organizational complexities must be accounted for. This is best accomplished by a core small group of dedicated departmental or group members. They can begin answering the following 3 questions:
1. **What is an event?** Is it the same for everyone? How do we create a catch-net so that traumatic events and suffering colleagues don’t fall through the cracks?
2. **Who provides support?** Who supports who? Do they receive formalized training? How do you guard against professional exposure or medicolegal liability?
3. **How do you help someone return to duty?** What is the mechanism for providing more formalized support? Are there automatic relief events? How do you provide longitudinal support after the initial event?

**What are the principles of effective peer support?**
- Validate the normality of being offered peer support
- Begin the conversation open-ended, then listen
- Reflect on what you heard (more validation & normalizing of experiences & responses)
- Put the event into perspective
- Help the involved clinician make sense of the experience – e.g. positive systems improvements
- Encourage active self-care and healthy coping mechanisms (these are acts of professionalism)
- Close the conversation by reiterating the affirmations, validations and normalizing statements
- Provide resources, including formal support (err on the side of offering formal support)

**What can I say after an adverse event?**

1. “This happens.” “We work in a mine field.” These statements will **normalize the event** for someone wondering “why did this happen to me?”
2. “This hurts.” “This is a gut punch.” These statements **normalize the response to the event** when the clinician may be feeling overly sensitive or not cut-out for the job.
3. “But you’re a good ___ (MD, CRNA, etc.)” “I’d trust you with my family member.” These statements **validate the role** of the clinician involved when they may be feeling self-doubt.
4. “I’m going to be here for you – now and in the future.” This statement **reassures the clinician they will not be alone** in dealing with the event fall-out.

**References**