



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.

<p>What are the facts about adverse events?</p>	<ul style="list-style-type: none"> • 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%).¹ • Peer support programs are the most utilized/effective methods of support for anesthesia residents following adverse events.² • The range of typical physical and psychosocial responses to adverse events is very broad.³
<p>What questions need to be answered in order to create a peer support program?</p>	<p>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:</p> <ol style="list-style-type: none"> 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?
<p>What are the principles of effective peer support?</p>	<ul style="list-style-type: none"> • 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)⁴
<p>What can I say after an adverse event? 4 steps for a lay peer-supporter.</p>	<ol style="list-style-type: none"> 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

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