

Toolkit: Developing a Peer Support Program

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Every academic medical center has challenging moments, unexpected outcomes, patient deaths, and difficult clinical experiences that cause distress. Vanderbilt University Medical Center (VUMC) offers structured interventions, including peer support, to provide emotional support to physicians. The peer support program focuses on health-promotion, collegiality, and trust. It is a step away from a culture that has sometimes applauds invulnerability and isolation.

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What are Peer Support Programs?

Simply put, a peer is an equal, or someone with equal standing. Peers often have similar, shared experiences and easily connect because they are “like us.” A peer support program is a system of giving and receiving help founded on the key principles of respect, shared responsibility, and agreement of what is helpful.¹

A formal peer support program in a healthcare setting is a standardized system of providing peer to peer outreach using trained, whether, following an adverse event, a challenging case, or a critical event.² A critical incident is “an event that has the potential to overwhelm one’s usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning.”²

Peer Support programs started with recognizing medical errors are an inevitable reality in medicine. Errors can seriously impact the well-being and performance of those involved. Healthcare providers are often ill-prepared to cope with repercussions, a scenario referred to as second victim syndrome.⁴ The physician who makes an error needs help. Left unsupported, may consider changing careers, become depressed, or even contemplate suicide.³ Studies have shown physicians prefer talking to a peer rather than a professional counselor in these situations.⁴

Physician peer support programming has the following characteristics:

- Peer supporters often have a similar clinical background to physicians they support, providing credibility and a sense of safety.
- Peer supporters receive specialized training regarding the parameters of peer support. They offer one-on-one aid by listening, offering perspective and emphasizing self-care. Peer supporters are also knowledgeable of other resources, should more specialized support, like Risk Management or the Faculty and Physician Wellness Program, is necessary.
- Peer support is voluntary and confidential. No physician is required to work with a peer supporter.⁵
- In some programs, an internal system alerts the trained supporter of an event and they reach out to the peer involved. In other programs, physicians in distress reach out directly to the trained peer supporter in their area.

Steps to Build Peer Support within your Work Unit at VUMC

(based upon Kotter's 8-Step Change Model (1995, 2012)⁶)



1. Create a sense of urgency for a peer support program
 - a. Determine if there is gap in the existing support to clinicians who experience work related critical incidents
 - b. Define the opportunity to fill the gap
 - c. Identify the group of clinicians you want to target for this support (physicians, residents, fellows, APRNs, PAs, multidisciplinary team, etc.) This will guide you in identifying potential peer support team composition
2. Build a guiding coalition

- a. Empower a Champion to serve as the point person who organizes the program within the work unit and leads the work unit support team
 - b. Secure the endorsement of key work unit leaders and influencers
 - c. Seek interested clinicians (based upon your targeted groups) who want to become trained to reach out and provide emotional peer support following a stressful event
3. Form a strategic vision
 - a. Define protocol that includes steps to operationalize the response within your unit
 - b. Ask for assistance
 - Work/life Connections – EAP can support development of a peer support model customized to meet the work units needs and connect you with champions from other VUMC peer support programs, who are knowledgeable resources
 - c. Consult with other peer support champions and teams within VUMC. Each work unit has unique issues that should be considered when creating and implementing the support team
 - d. Assemble a core team to determine the best way to identify when there is a critical incident (adverse event, unexpected outcome, or case that involved significant challenges) that affected a clinician or a team and assign a peer supporter
4. Enlist volunteer peer supporters
 - a. Communicate the vision as to how this team will function and enhance the work group
 - b. Publicize the program to gain buy-in and acceptance within the work unit via department meetings, discussions, grand rounds, or other opportunities
5. Enable and empower action
 - a. Implement the Program
 - a. Provide general educational training modules for peer supporters
 - b. Those who have completed the educational modules are encouraged to recruit others who might wish to participate in the program
6. Generate short term wins
 - a. Communicate the situations where peer support has been utilized
 - b. Encourage clinicians to share how the program impacted them if they are willing
 - c. Recognize the individual and collective efforts of the peer support volunteers at departmental meetings
7. Sustain the momentum
 - a. Encourage the Champion and other team members to meet with other work peer supporters to improve skills and discuss best practices
 - b. The champion and team members should establish an evaluation plan to monitor effectiveness and impact of the program on the clinicians and the work unit
 - c. Interventions should be modified as indicated by the plan indications and outcomes

8. Institute the program as part of the work unit culture
 - a. Continually refine the program based upon feedback and evaluations
 - b. Communicate the resources
 - c. Incorporate peer support into the work unit culture

Training the Peer Support Team

Two one-hour modules provide general training for peer supporters. The training objectives are provided.

1. Module One: Introduction to Peer Support
 - a. Review the goals of a peer support program
 - b. Define the roles of the peer supporters
 - i. Active Listening
 - ii. Responding without judgement
 - iii. Psychological debriefing
 - c. Discuss the limits of confidentiality
 - d. Define reasons for utilizing Peer Support Programs
 - i. stress due to a traumatic or critical incident event
 - ii. second victim syndrome
 - iii. primary and secondary trauma
 - iv. compassion fatigue
 - e. Identify vulnerable career milestones
 - f. Discuss methods for psychological debriefing
 - i. Peer Support
 - ii. Post event huddle
 - iii. Individual coaching and counseling
 - iv. Group Critical Incident Debriefing
 - g. Review skills for coping with stress and building resilience
2. Module Two: How to Provide Peer Support in Your Work Unit
 - a. Review the protocols for your work unit program
 - b. Define the role of the team members
 - c. Prepare for the conversation
 - d. Review skills for active listening
 - i. Active Encouragers
 - ii. Open-ended questions
 - iii. Reflection of content
 - iv. Empathetic response
 - v. Clarification
 - vi. Summarization
 - e. Critique a video clip demonstrating specific active listening techniques
 - f. Share how critical incidents may impact clinicians
 - g. Review available resources

Peer Support Models at VUMC

1. The Pulse Pause

- Department: Perioperative Services and Office of Advanced Practice
- Champion: Buffy Krauser Lupear, DNP, CRNA, APRN Sr. Quality and Patient Advisor in the Department of Anesthesiology,
- Target for Support: Physicians (surgery and anesthesiology), CRNAs, RNs and surgical technicians
- Peer Supporters: Physicians, APRNs, RNs and CRNAs
- Program Overview: Pulse Pause consists of a team of peer supporters who share similar work experience and understand the stresses of providing patient care in the operating arena. Peer volunteers complete the 2-hour training through Work/Life Connections-EAP. When there is a critical incident, the Champion or designee is notified and dispatches a peer supporter who will reach out to the clinician(s) impacted by the event and offer a time to talk. When indicated additional resources are provided.
- Website: <https://ww2.mc.vanderbilt.edu/nursingoap/53688>

2. Resilience Rapid Response Team R3T

- Department: VUMC Department of General Surgery
- Champion: Paula Marincola Smith, M.D. and Kyla Terhune, M.D.
- Target for Support: Faculty and Residents
- Peer Supporters: Surgery Faculty and Residents
- Program Overview: The Resilience Rapid Response Team (R3T) began in 2017 to talk to residents or faculty who may be struggling with a work or non-work-related challenge, and direct them to appropriate resources quickly. Peer volunteers complete the 2-hour training through Work/Life Connections-EAP that prepares peer supporters with the knowledge to support their colleagues following critical incidents.
- Website: <https://ww2.mc.vanderbilt.edu/gsr/52086>

3. Safe Faculty

- Department: VUMC Department of Medicine
- Champions: Shannon Skinner, M.D, and John McPherson, M.D.
- Target for Support: Residents
- Peer Supporters: Faculty
- Program Overview: The program provides confidential support to any Internal Medicine resident experiencing career concerns, events that shake their confidence, a need for affirmation, and/or the need to process an adverse event. Faculty who were already deemed approachable and safe by the residents were asked to undergo Peer Support training. The list of trained faculty is posted in all resident workrooms and the resident library allowing residents to e-mail any faculty member they prefer to request a meeting for discussion and support. Launched in 2018, the Medicine Safe Faculty Peer Support expands support for the resident.

Other available support for faculty and staff to

Peer support augments other VUMC resources but does not serve as a substitute for other VUMC support entities, i.e. Critical Incident Stress Management, counseling/coaching and incident debriefing.

- Critical Incident Stress Management (CISM) through Work/Life Connections- EAP:
 - Target: Faculty and staff at Vanderbilt who have experienced a critical incident that impacts a team or group of employees in the workplace
 - Program Description: The goal is to facilitate a team discussion by examining a situation and the accompanying thoughts, feelings, and reactions. This facilitated group allows those impacted an opportunity to “tell their story” and be able to process the incident. CISM and peer support work well in tandem offering immediate outreach from a trusted peer, a possible referral for supportive counseling, and a group psychological debriefing, when indicated.
 - Contact: To schedule a CISM intervention, a leader or work unit should contact Work/Life Connections-EAP at 615-936-1327
 - Website: <https://www.vumc.org/health-wellness/news-resource-articles/critical-incident-stress-management>
- Counseling and Coaching through Work/Life Connections – EAP Programs (Faculty and Physician Wellness, Nursing Wellness, and Employee Assistance Program)
 - Target: Vanderbilt faculty, postdocs, staff, and spouses
 - Program Description: VUMC’s internal employee assistance program has been providing clinician support following adverse event through psychological debriefings for over 20 years utilizing a team of trained mental health EAP professionals.
 - Services:
 - onsite group psychological debriefings
 - “defusing” (immediate group interventions provided in the work unit)
 - 1:1 event-focused counseling to process the emotional impact a critical incident that overwhelms one’s usual coping abilities.
 - 1:1 coaching
 - Contact: Work/Life Connections-EAP 615-936-1327
 - Website: <https://www.vumc.org/health-wellness/worklife-connections>
- Incident Debriefing through Risk and Insurance Management
 - Target: VUMC faculty and staff
 - Program Description: The Office of Risk and Insurance Management exists to support the Medical Center's missions of research, education, and the delivery of excellent patient care through a combination of risk financing, risk prevention, and risk control activities.
 - Services:
 - When adverse events (any less-than-expected or bad outcomes) occur, everyone's best interest is served when the incidents are immediately and carefully evaluated to determine if any legal liability might exist. Early intervention enables the Medical Center to treat the involved persons fairly.

- Contact: Risk Manager at 615-936-0660
- Website: <https://www.vumc.org/risk-management/>

For additional information about peer support training, contact: Jim Kendall
james.kendall@vumc.org at Work/Life Connections-EAP

References

- ¹ Mead S, Hilton D, & Curtis L. Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141. 2001. <http://dx.doi.org/10.1037/h0095032>. Accessed May 3, 2019.
- ² Everly GS, Mitchell JT, Critical incident stress management (CISM): A new era and standard of care in crisis intervention. Ellicott City, MD: Chevron. Chevron Pub Corp; 2nd edition. April 13, 1999.
- ³ Jordan DB, Lillemoe KD, Mort EA, Kaafarani HM. When Things Go Wrong: The Surgeon as Second Victim. *Annals of Surgery*. 2017; 24(6): 1048-1056.
- ⁴ Van Pelt F. Peer Support: healthcare professionals supporting each other after adverse medical events. *Quality and Safety in Health Care*. 2008 Aug;17(4):249-52. doi: 10.1136/qshc.2007.025536.
- ⁵ Kotter. 8-Steps to Accelerate Change in Your Organization. ©Kotter 2018. <https://www.kotterinc.com/wp-content/uploads/2019/04/8-Steps-eBook-Kotter-2018.pdf>. Accessed May 3, 2019.