



Caring for Our Own: Fundamentals of Creating an In-House Peer Support Program

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Conflict of Interest Disclosure

Heather Farley, MD, MHCDS, FACEP reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



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Presenter

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Dr. Farley's focus is on advancing the professional fulfillment and wellbeing of healthcare workers. She leads advocacy programs and initiatives aimed at optimizing the caregiver experience and fostering WorkLife meaning, connection, and joy.



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Objectives

- Describe the impact of adverse events on the healthcare provider and highlight the importance of providing peer support for members of the healthcare team involved in or affected by patient harm or other traumatic events.
- Identify how robust peer support can serve as one foundational component of a comprehensive staff wellbeing approach.
- Explain the role of empathic communication when providing emotional first aid to caregivers.
- Distinguish the components necessary for the development and deployment of an effective peer support program.



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WARNING!

Rated
E Professional Rating

This content may require emotional labor!!!!

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The Second Victim

Second victims may include “individuals working within an environment offering/providing care and who are professionally/personally traumatized by exposure to a challenging clinical case or event”

(Scott et al., 2022)



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Being a Caregiver is Challenging



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After stressful events we can feel...



Frustrated
Embarrassed
Doubtful Angry
Isolated
Incompetent
Anxious
Distressed Fearful
Shameful
Horrorified Guilty

(Jones & Treiber, 2017; Seyes et al., 2013)



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We Tend to Question...

Patient

- Are the patient and family okay?
- Did I cause permanent harm?

Peers

- What will my colleagues think?
- Will I ever be trusted again?

Me

- How did I let this happen?
- Was this all my fault?
- Will I be fired?
- Will I lose my license or be sued?
- Are my skills slipping?
- Do I still want to work in this job?

What happens next?



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Caregivers May Have...

Physical symptoms

- Extreme fatigue
- Sleep disturbances
- Headaches or muscle tension
- Changes in appetite

Cognitive symptoms

- Memory/concentration problems
- Flashbacks and nightmares

Behavioral symptoms

- Increased alcohol use, drug use
- Social withdrawal, isolation
- Reduction in activity level



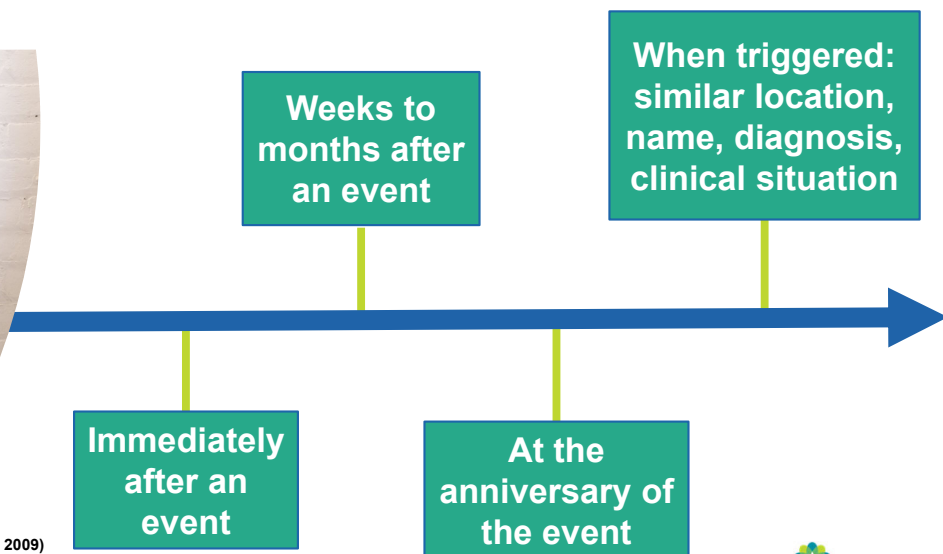
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Impact May Be Felt...



(Scott et al., 2009)



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Affected Caregivers May Say...

This shook me to my core.

This has been a turning point in my career.

It just keeps replaying over and over in my mind.

I'm going to check out my options in retail. I can't mess that up.

I will never be the same.



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“Regardless of sex, professional type, or years in the profession, the second victim phenomenon can be described as a *life-altering* experience that leaves a permanent imprint on the individual.”



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Prevalence of Second Victims

After an adverse event, 30-50% of healthcare professionals may be second victims (Waterman, 2007)



At some point during their career, an estimated 50% of all healthcare providers are second victims (Seys et al., 2013)



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What do Affected Caregivers Want?



Formal and informal emotional support

Prompt debriefing for individual or team

Opportunity to take time out from clinical duties

Clear and timely information about review process

Help communicating with patient and/or family

To remain a trusted member of the team

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Phases of Recovery

- Chaos & Response
- Intrusive Reflections
- Perceived Loss of Trust
- Enduring the Investigation
- Receiving Emotional Support



(Scott et al., 2009)



The Story of Kim Hiatt, R.N.



ChristianaCare

Nonprofit academic health system, serving Delaware, Maryland, Pennsylvania and New Jersey. Delaware's largest private employer and a Top 10 Philadelphia area employer.

➤ Acute Care

- Three hospitals and a freestanding emergency department.
- Level I trauma center.
- Level III neonatal intensive care unit.
- Comprehensive stroke center.
- Regional centers of excellence: heart & vascular care, cancer care and women's health.

➤ Research and Innovation

- Gene Editing Institute.
- Health & Technology Innovation Center.
- CareVio virtual care platform.
- Value Institute.

➤ Community Care

- Primary and specialty care.
- Home health care.
- Urgent care centers.
- Community health.

More than
14,000
Caregivers

More than
280
Residents & Fellows



19

We serve together guided by our values **Love & Excellence**

We anticipate the needs of others and help with compassion and generosity.

We embrace diversity and show respect to everyone.

We listen actively, seek to understand and assume good intentions.

We tell the truth with courage and empathy.

We accept responsibility for our attitudes and actions.

We commit to being exceptional today and even better tomorrow.

We use resources wisely and effectively.

We seek new knowledge, ask for feedback, and are open to change.

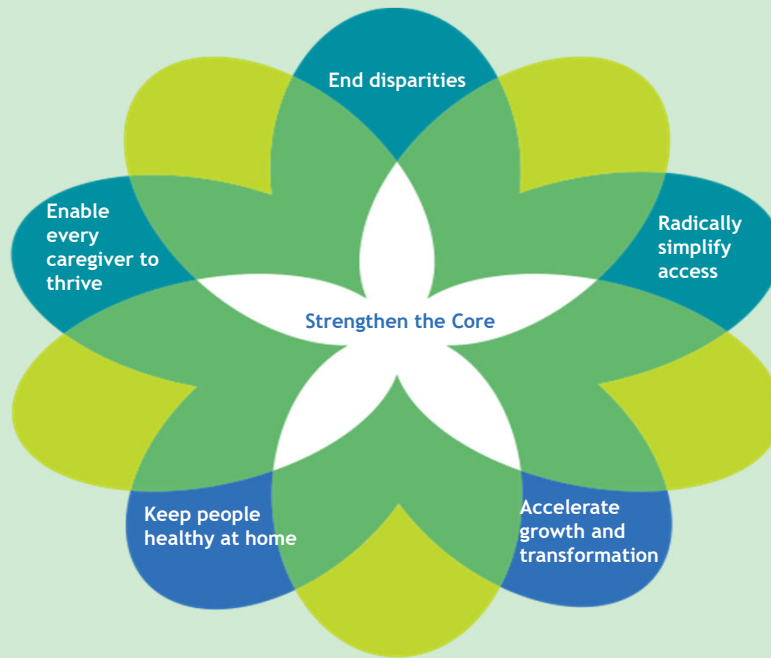
We are curious and continuously look for ways to innovate.

We are true to our word and follow through on our commitments.



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ChristianaCare Strategic Aspirations



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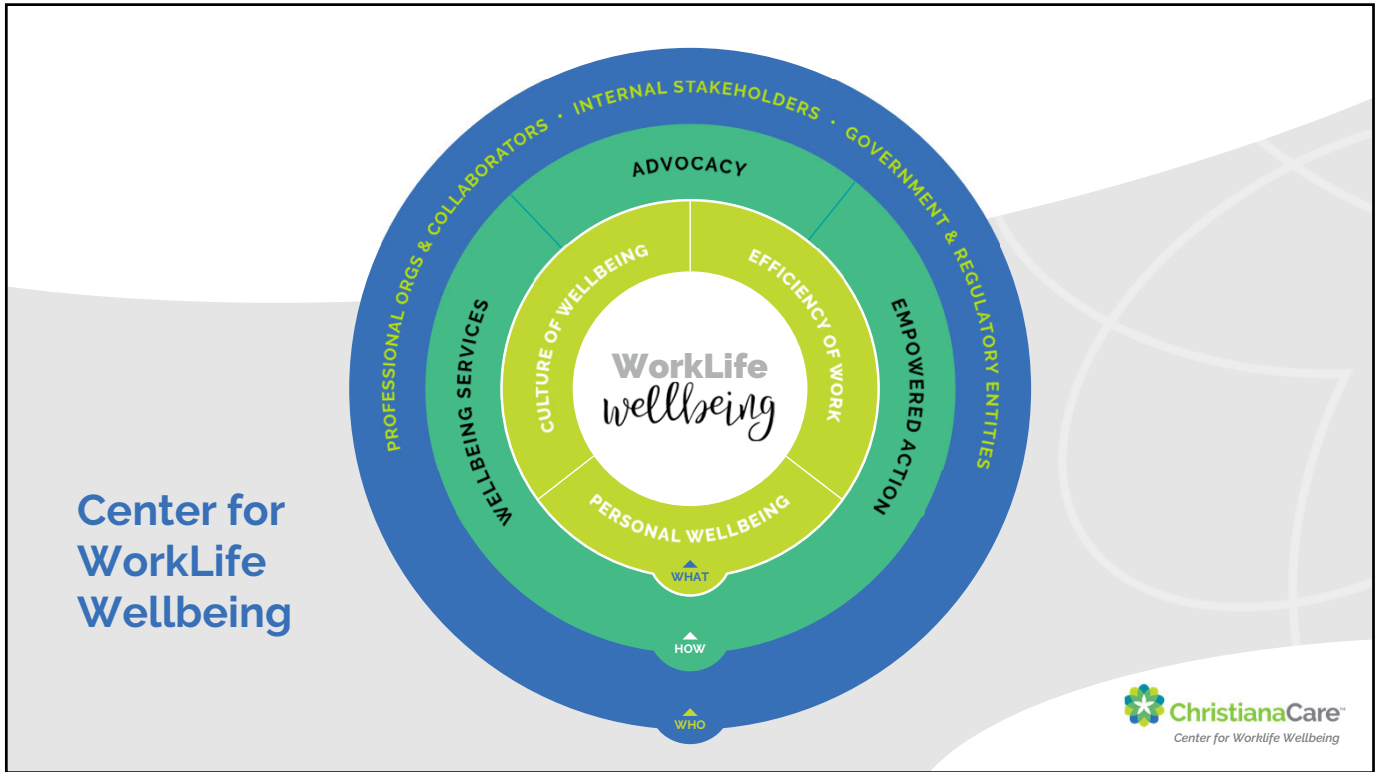
Center for WorkLife Wellbeing

OUR MISSION:

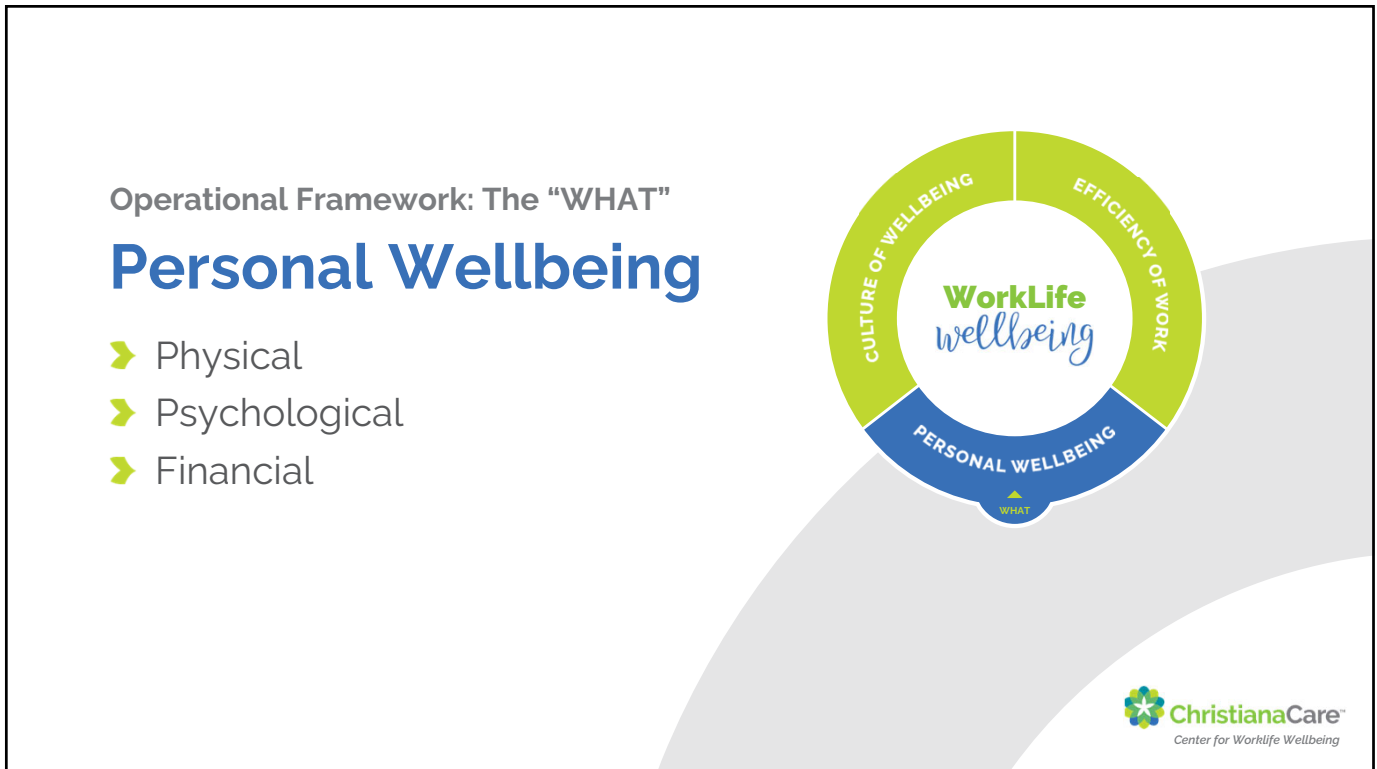
To foster WorkLife meaning,
connection, and joy.



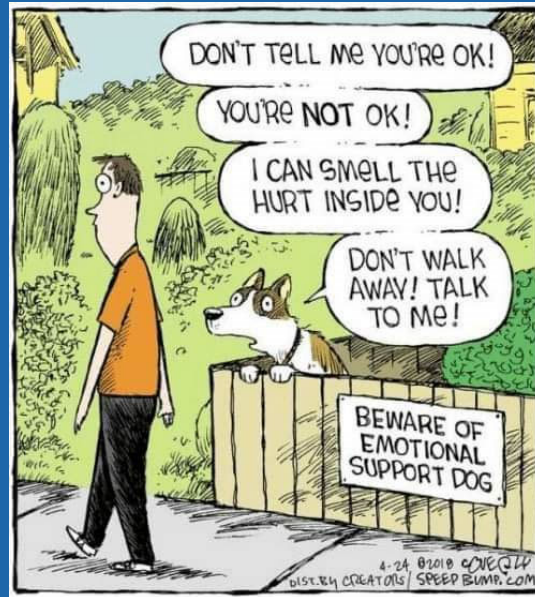
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Operational Framework: The “WHAT”
Culture of Wellbeing

- Safety (Physical and Psychological)
- Equity
- Connection and camaraderie
- Meaning and purpose
- Choice and autonomy



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Operational Framework: The "WHAT"

Efficiency of Work

- Administrative burden
- Efficiency of workflow
- EHR optimization
- Efficacy of work



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Center for
WorkLife Wellbeing
OPERATIONAL FRAMEWORK

The "How"



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“All the News That’s Fit to Print”

The New York Times

Late Edition
Today some countries have already
started to ease their borders, and
others have announced plans to
reopen them. The weather
forecast for the week of Sept. 27
is on page 12.

VOL. CLXXII No. 58,506 NEW YORK, SUNDAY, MAY 17, 2020 \$6.00

Why U.S. Arms Take Grim Toll In Yemen War

Trump Focus Is Jobs, Not Civilian Deaths

By MICHAEL LEWIS
In the Yemen war, the United States has been a leading force in providing military aid to the Saudi-led coalition, but the toll on civilians has been staggering. The United States has provided billions of dollars in military aid to the coalition, but the toll on civilians has been staggering. The United States has provided billions of dollars in military aid to the coalition, but the toll on civilians has been staggering.

There is a wave of depression, loneliness, true PTSD and a feeling of not caring anymore that is coming.

DR. MARK ROSENBERG, an Assistant Professor at the School of Medicine, N.C.

NEW CASES IN U.S. SLOW, POSING RISK OF COMPLACENCY

TRAJECTORY UNCERTAIN

Spikes Fanned as the Very Steps That Curbed the Virus Ate Laible’s

The arrival of a new wave of cases in the United States is a cause for concern, and new evidence on how the virus spreads in the United States has raised the stakes. The Centers for Disease Control and Prevention said on Sunday that the number of new cases in the United States has risen sharply, and that the virus is spreading more widely than it was in the first wave.

‘I Can’t Turn My Brain Off’

As Medical Workers Bear the Unbearable, the Burnout Is Smoldering

By DAN BRONKHORST
The coronavirus pandemic, a 75-year-old nurse, and a 30-year-old doctor have found themselves in a similar situation. They are both medical workers who are struggling to cope with the stress and burnout of the pandemic. The nurse, who has worked in the hospital for 30 years, says she is having trouble sleeping and is feeling exhausted. The doctor, who has worked in the hospital for 10 years, says he is feeling overwhelmed and is struggling to keep up with his work.

The New York Times

Subscribe Now Account

‘I Can’t Turn My Brain Off’: PTSD and Burnout Threaten Medical Workers

Before Covid-19, health care workers were already vulnerable to depression and suicide. Mental health experts now fear even more will be prone to trauma-related disorders.

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AMA
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Health System Recognition Program

Practice Transformation

Solutions to Increase Joy in Medicine™

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a program of

The Center for WorkLife Wellbeing

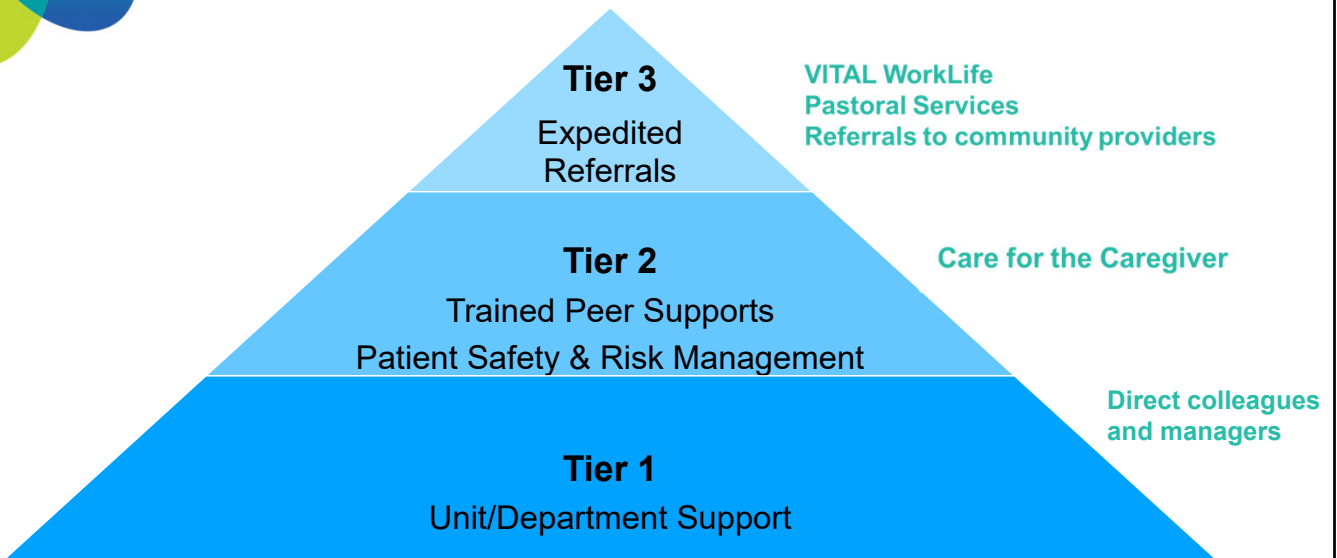
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Defining Peer Support



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Defining Peer Support (cont.)

What it is

- Witnessing, sitting with suffering, tolerating others' distress
- Present-oriented
- Identifying how the clinician is coping with the event
- Exploring and processing clinicians' feelings and reactions
- Normalizing the reactions, feelings, thoughts
- Meeting the clinician where they are, respecting their reactions and beliefs
- Helping the clinician identify their needs, connecting them to resources

What it is NOT

- Therapy, counseling
- Correcting facts about past events
- Drilling for details about the event
- Knowing, mind-reading
- Cheering up, persuading, reassuring
- Imposing own beliefs ("Everything happens for a reason")
- Advice giving, solving problems

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Empathy vs Sympathy



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Peer Support



One-on-one support for individual caregivers

- Trained peer supporters provide non-judgmental, empathetic, confidential emotional support and promote positive coping skills
- Focus is on how you are doing, NOT the details of what happened
- Peer support can occur in-person or over the phone
- Peer support sessions are typically 1-2 times for 15-60 minutes
- Caregivers are connected with resources for on-going support (e.g., EAP), as needed

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Peer Support

Care for the Caregiver currently has over 65 trained peer supporters on our team



- Attending physicians, residents, physician assistants, nurse practitioners
Cardiology, Surgery, Medicine, Neonatology, Radiology, Pediatrics, Psych, OB, ED
- Registered nurses
NICU, CVCC, SCCC, MICU, ED, L&D, OR, PACU, inpatient floors
- Other caregivers
Respiratory, Constable Services, Pastoral Services

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Group Support

Support for groups is available if multiple individuals are affected by the same event

- Groups are for emotional debriefing and processing
 - ✓ Non-judgmental sharing and discussion of emotions
 - ✓ Assess coping and promote additional support resources
- Groups are facilitated by a member of the Center for WorkLife Wellbeing and can be coordinated with and co-facilitated by Pastoral Services
- A group session might last around 1 hour and occur 1-2 times after an event



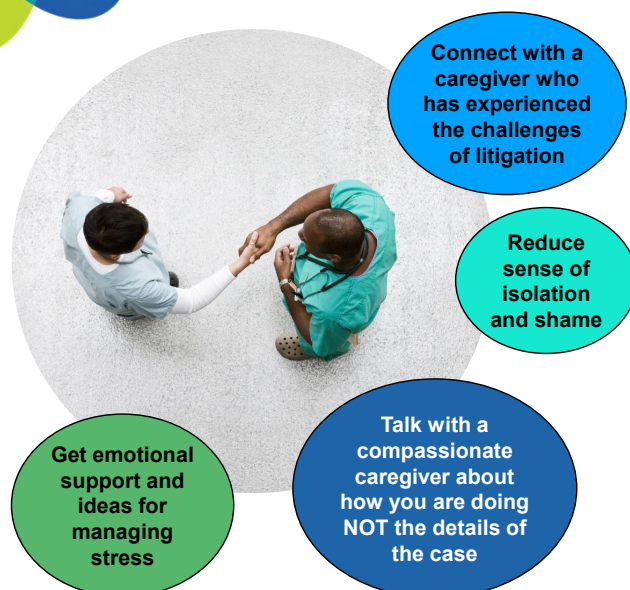
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Litigation Support

Litigation Support with Peer Mentors



- ChristianaCare physicians and nurses who have faced litigation themselves
- Chat in-person, over the phone, or Q&A with mentors through intermediaries

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Litigation Support (cont.)

ChristianaCare Caregiver Litigation Support Resources

Contents

Useful Strateg

Recommend

Helpful Websit

Q&A with Chri

ChristianaCar

Useful :

Obtaining social s

- Discuss feelings abo

Regaining control

- Become informed ab
- Schedule the necess
- During periods of inc
- Avoid situations that
- Reevaluate time com
- Participate in leisure
- Take regular vacator
- experiences

Changing the mea

- Nourish the convic
- Recognize that the
- Be kind to yourself

Recommend

Best detail about litigation stre
[Physicians Survival Guide to Li](#)

Good for preparing your defen

- 1) [When Good Doctors Ge Lawsuits](#) by Angela Doc
- 2) [Deposition Dissection-a](#)

Good for understanding and cr
[Adverse Events, Stress, and Lif](#)

Good for overall understanding
[The Medical Malpractice Survi](#)

“Good understanding of the lit
[How to Survive a Medical Malpr](#)
R. Brenner MD.

Helpful

<http://physicianlitigationstress>

<https://www.kevinmd.com/bj/lawsuits.html>

<https://thelword.podbean.com>

Q&A with ChristianaCare Litigation Mentors:

Heather Farley

How did being involved in litigation impact your life and your work

I lost my enthusiasm for work, time felt like it stood still on every shift, I distrusted my patients. I wanted to quit medicine. I had massive amounts of shame.

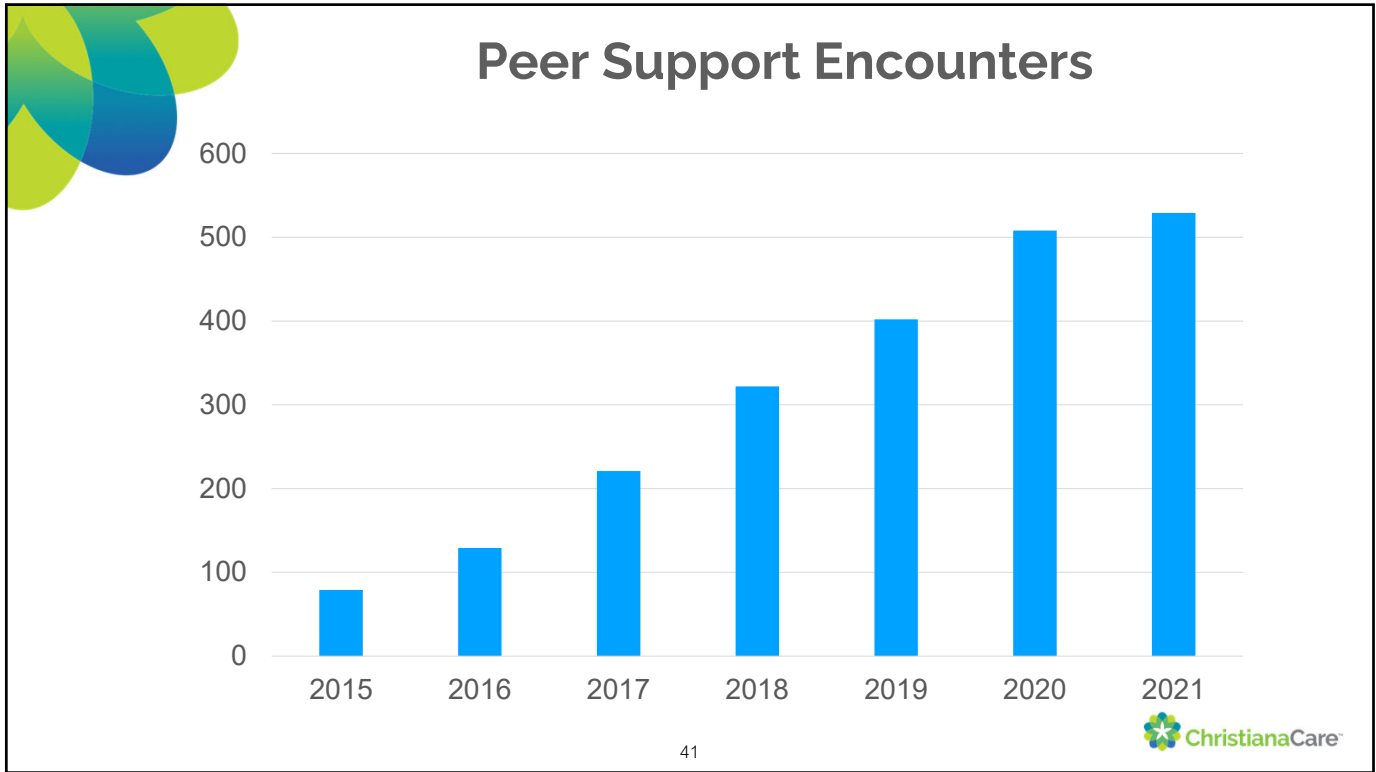
Feeling this way negatively impacted my ability to connect or have energy when I came home. Nobody really understood what I was going through. It strained my marriage.

What was the hardest thing for you about the process?

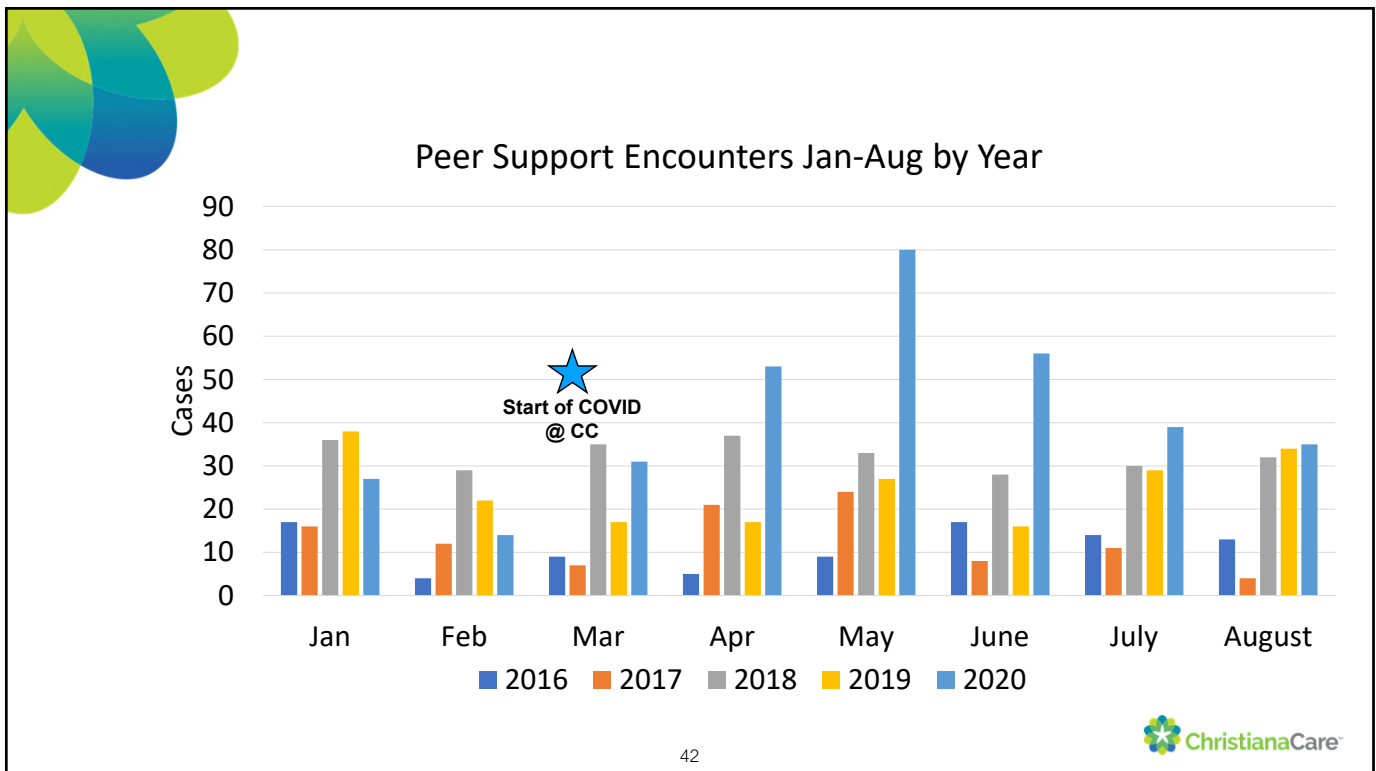
Not knowing what other people were thinking about me and the self-doubt.

Sounds awesome, but are people actually USING it?

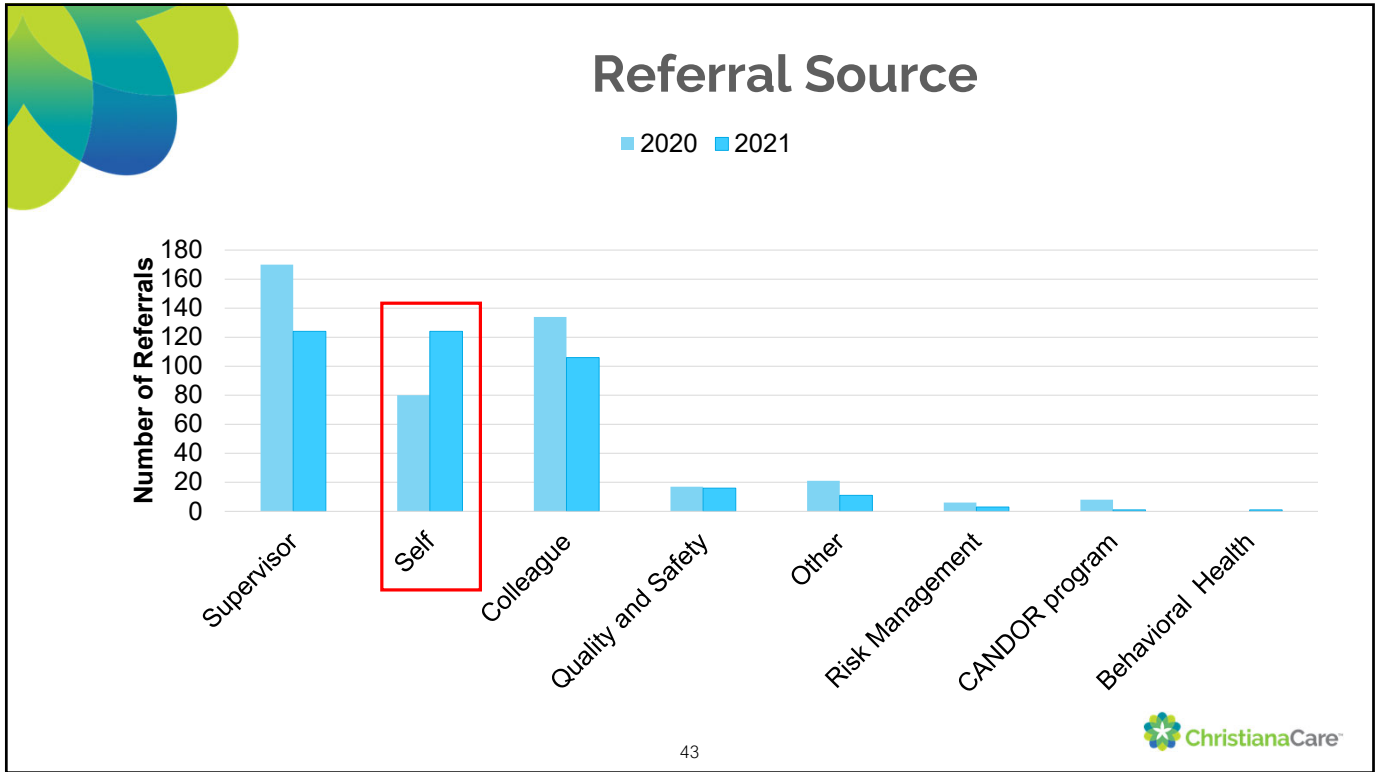
YES!!!



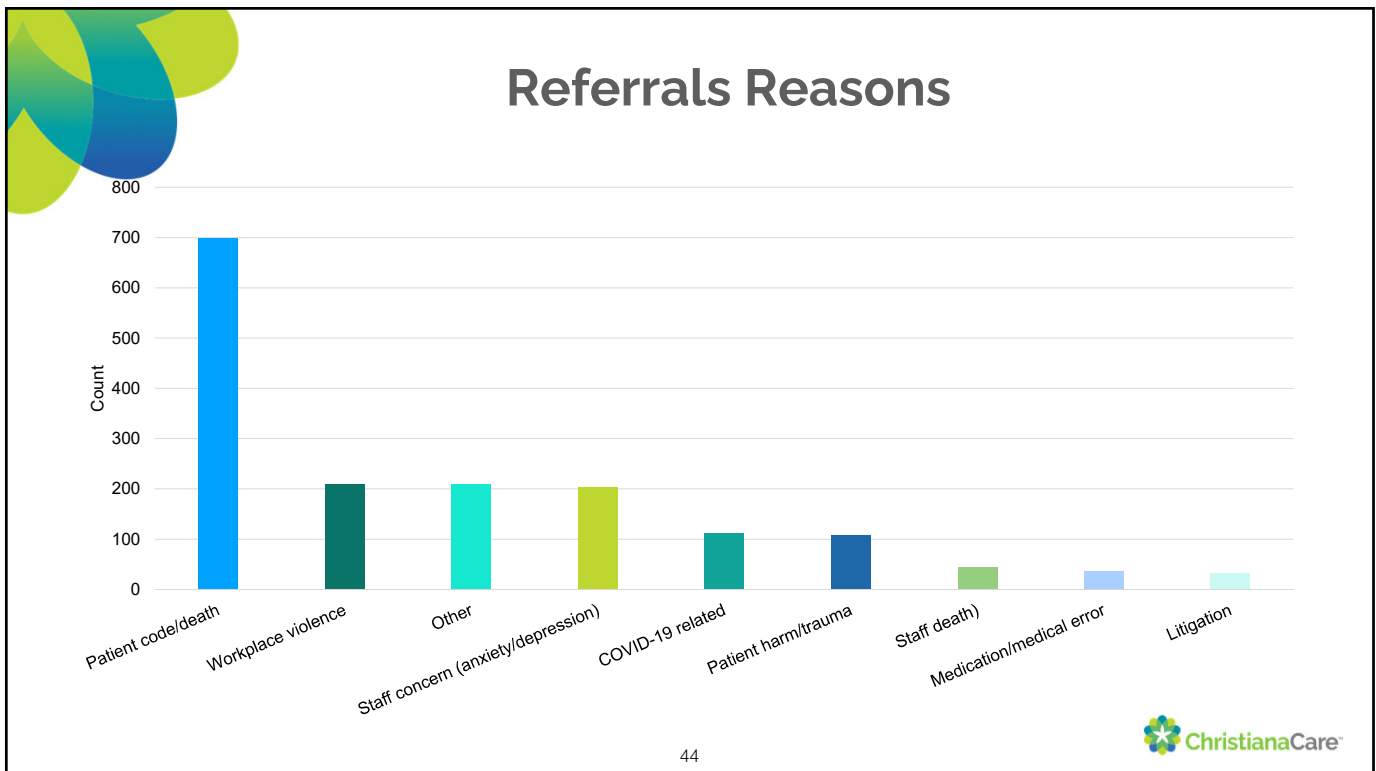
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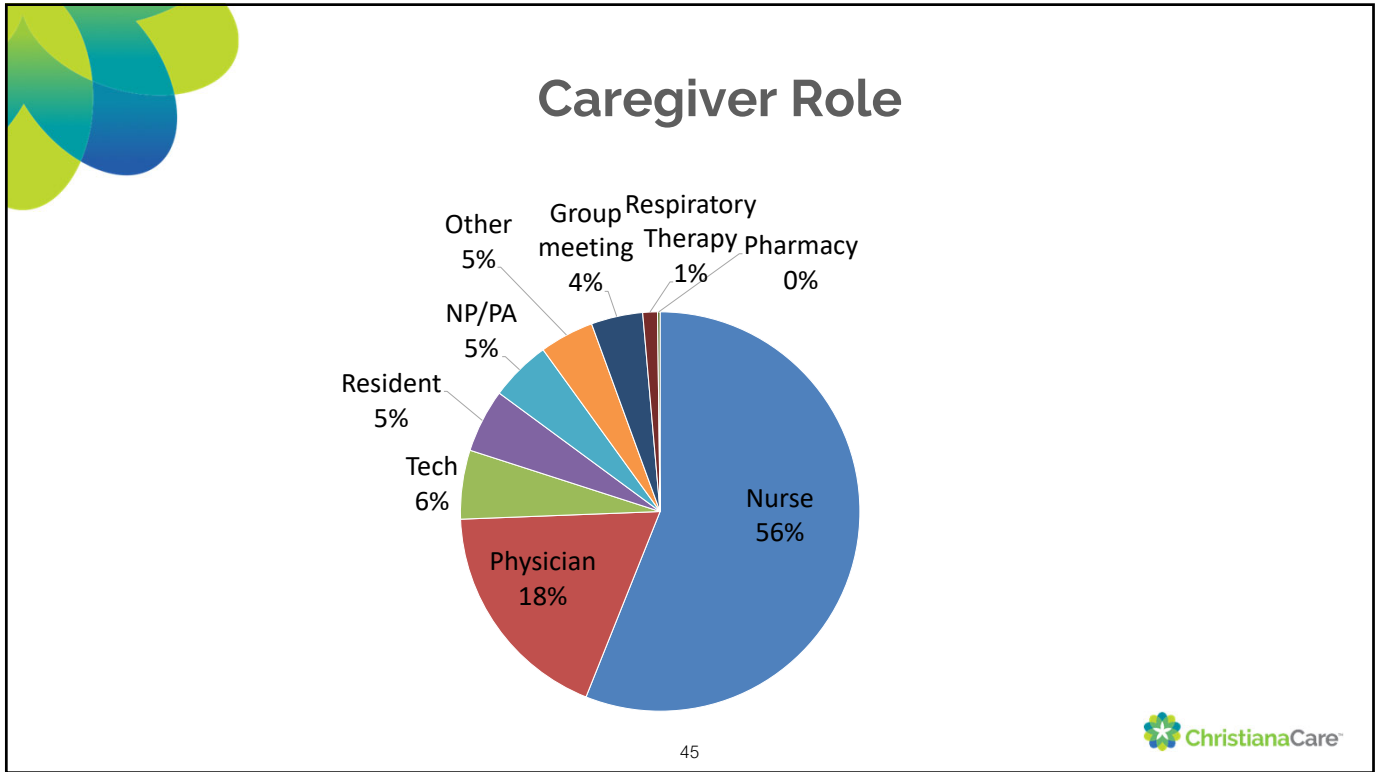
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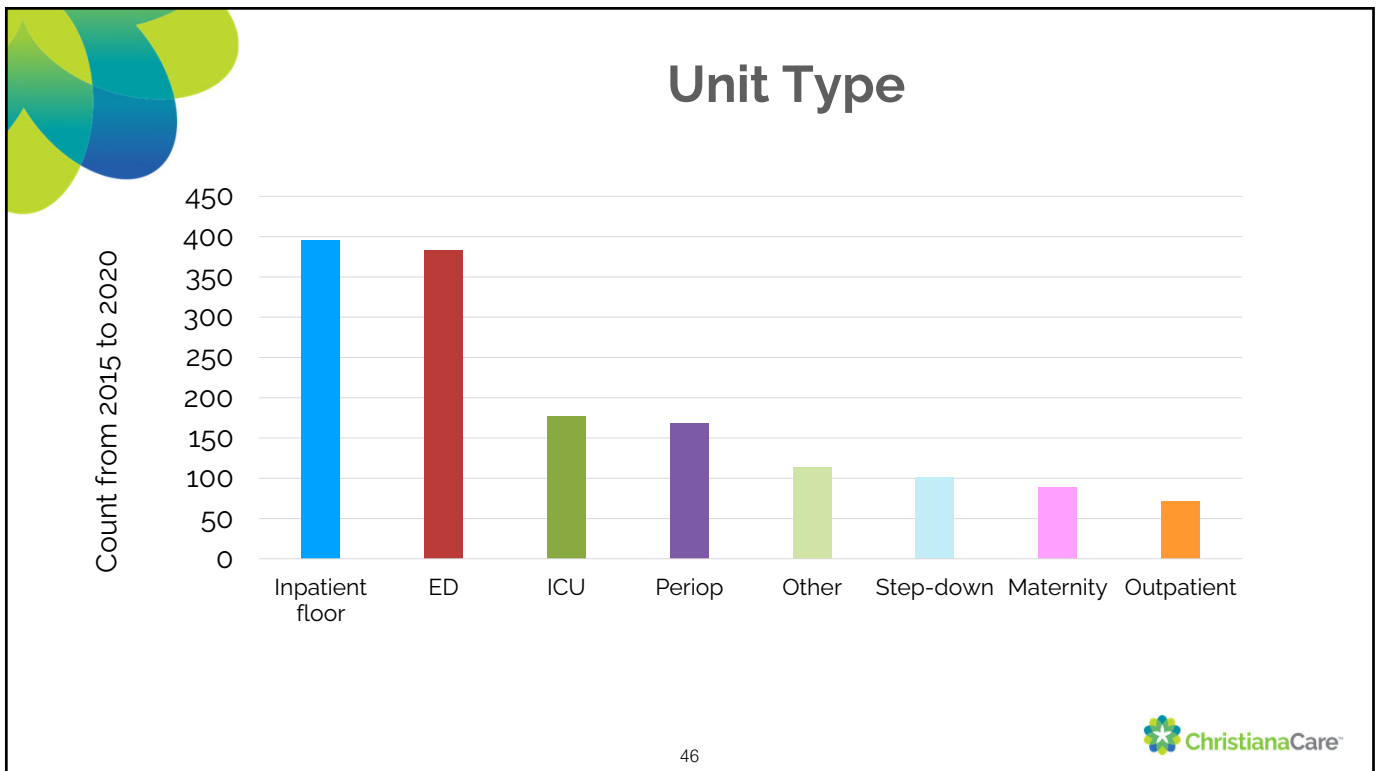
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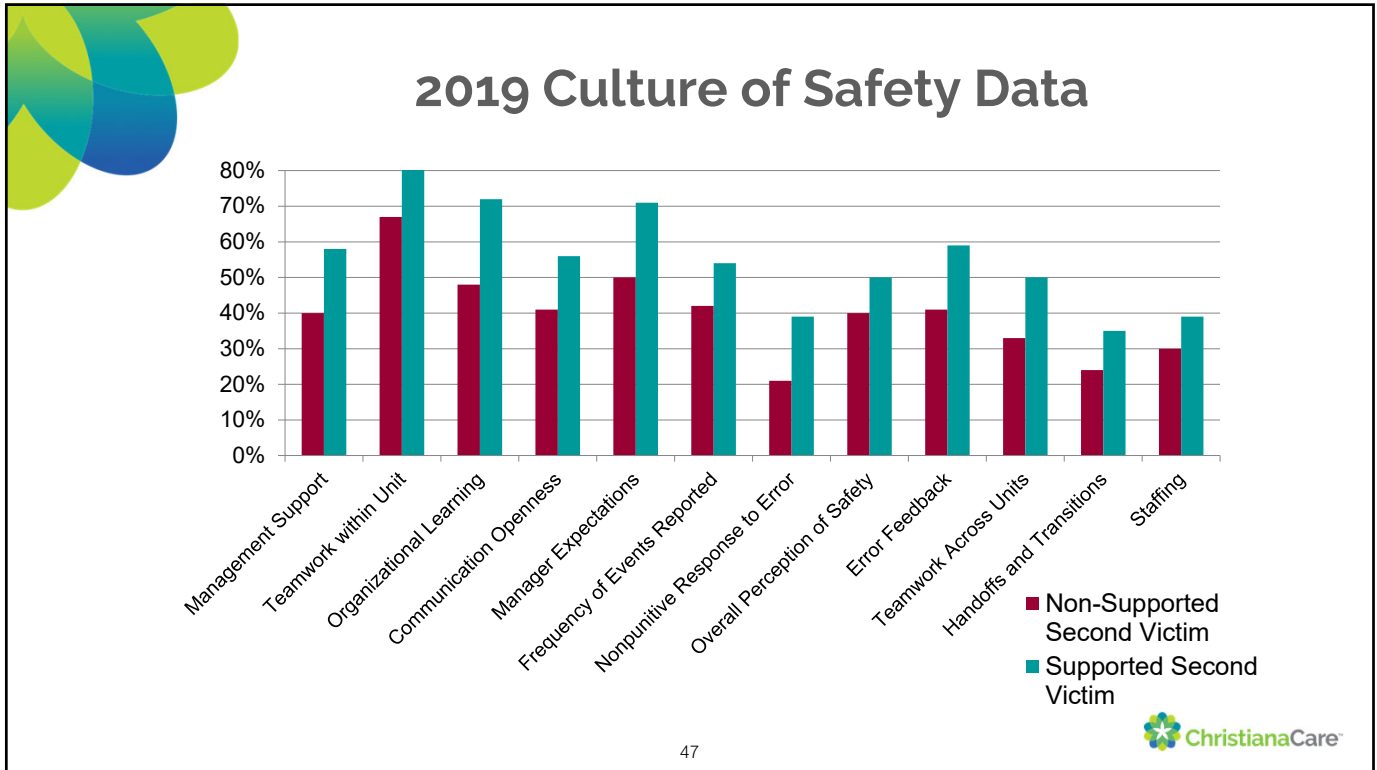
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How Did We Do It??

- Commitment from the top
- Key stakeholder engagement
 - ✓ Legal/risk
 - ✓ Quality and safety
 - ✓ Chairs, NMs, other key leaders
- Careful design of referral process
- Robust peer support training

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Referral Sources



Direct activation

- Email, secure messaging
- Caring colleagues/supervisors
- Self referral

Hard-wired into Event Review

- Care for the Caregiver manager embedded in debriefs
- Activation reminder included in debrief checklist
- Activation prompt in workplace violence reports

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The Culture



“You don’t forget these things because you are human. You don’t talk about them (or your feelings) because you work in healthcare.”

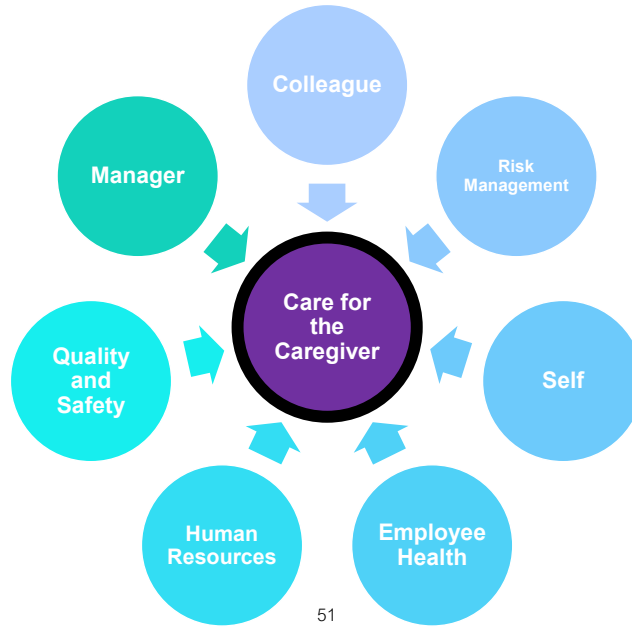
- Adam Kay

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Referrals and Confidentiality



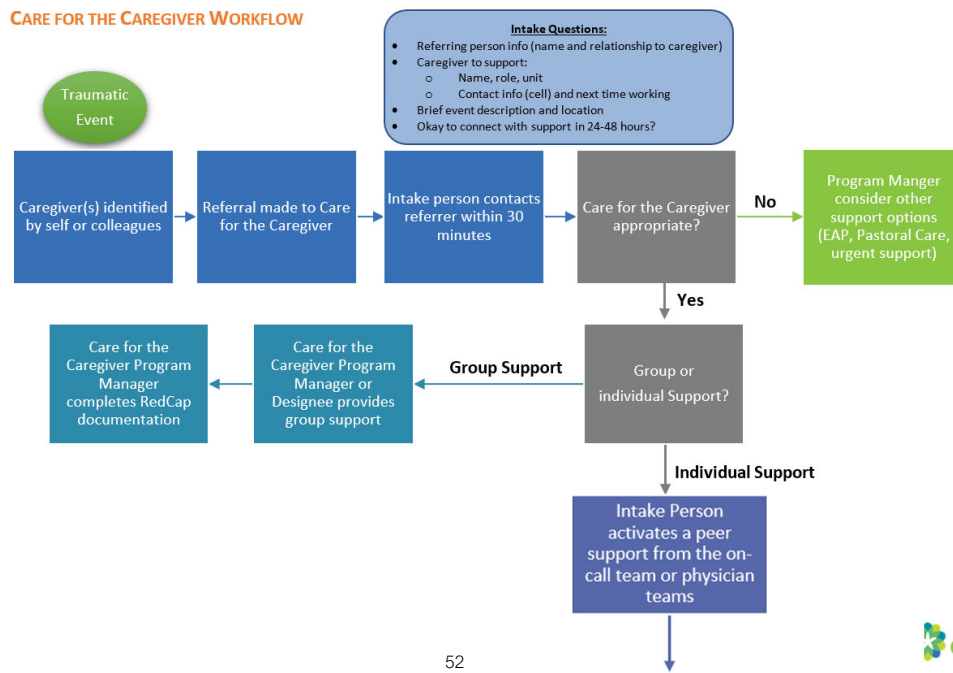
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Incoming Referrals

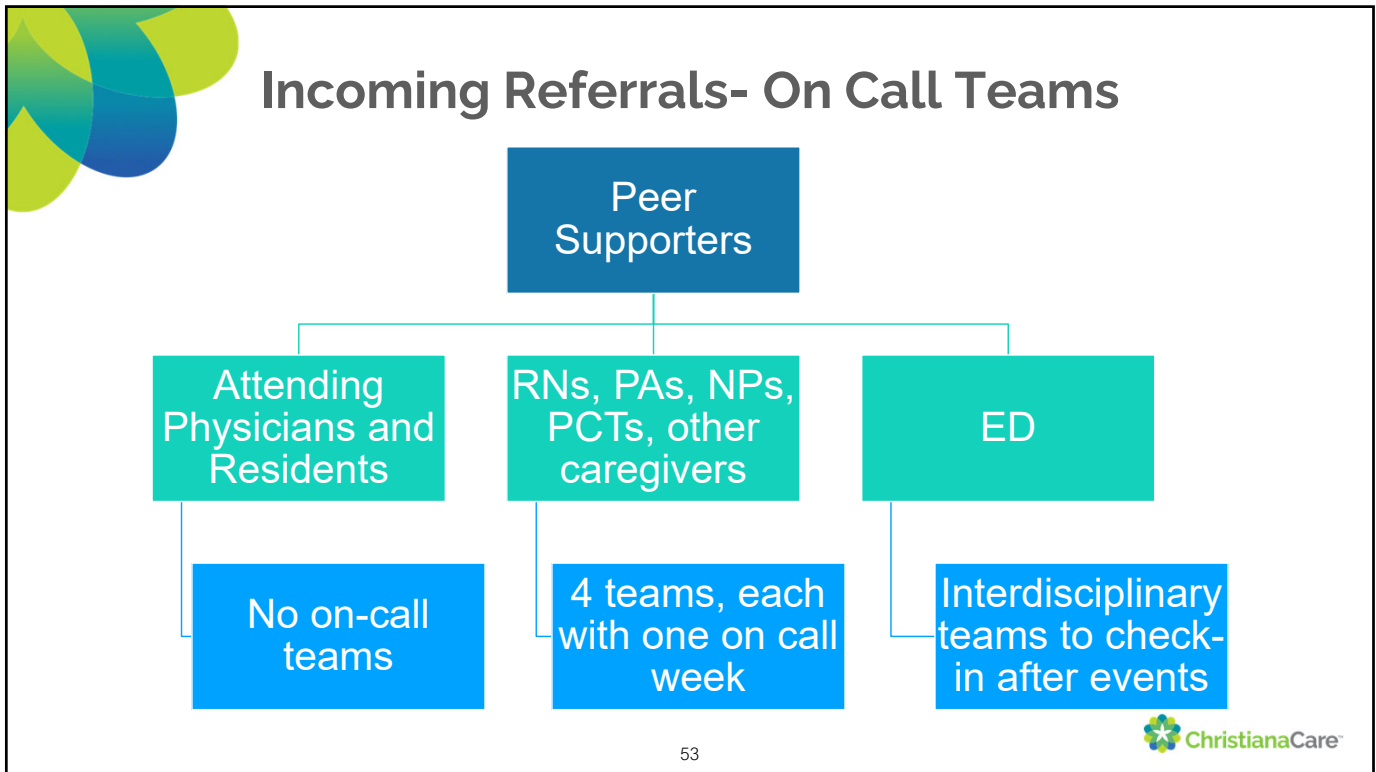
CARE FOR THE CAREGIVER WORKFLOW



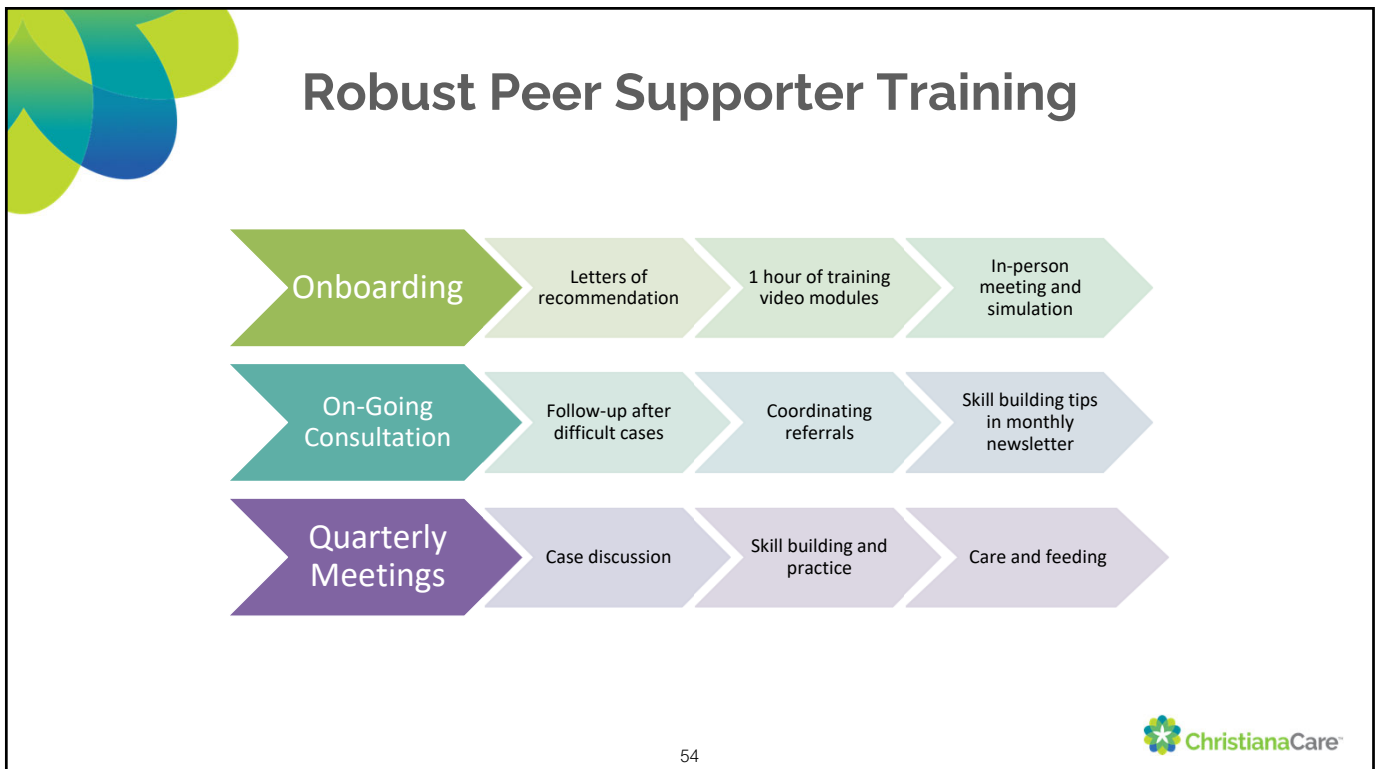
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Anne Gets an Important Message

Stages of Recovery

Click each item to learn more about common experiences after an adverse patient event from actual second victims.

- Chaos & Accident Response
- Intense Reflections
- Restoring Personal Integrity
- Enduring the Inquisition
- Obtaining Emotional Support


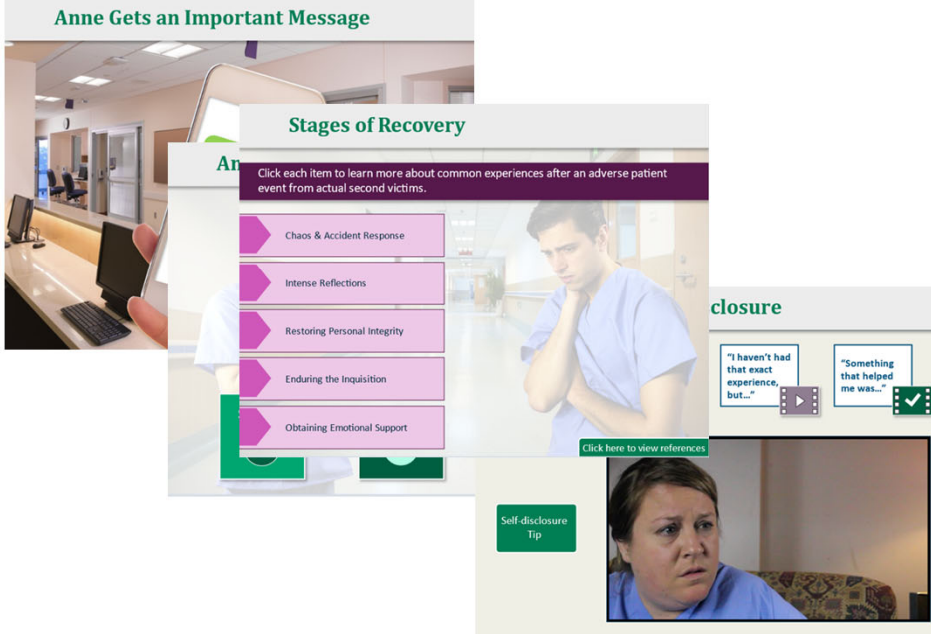
closure

"I haven't had that exact experience, but..."

"Something that helped me was..."

Click here to view references

Self-disclosure Tip



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Goals of Peer Support



Peer support = a different kind of relationship



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Peer Supporter Training



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After an Event, How do I Support my Staff?



- Explore holding a group debrief with EAP
- Connect with staff in a safe space
- Reaffirm confidence, assume good intentions
- Notify staff of next steps- keep them informed
- Check in regularly
- Increase staff mutual support
- Decrease stress exposure- offer time off, breaks

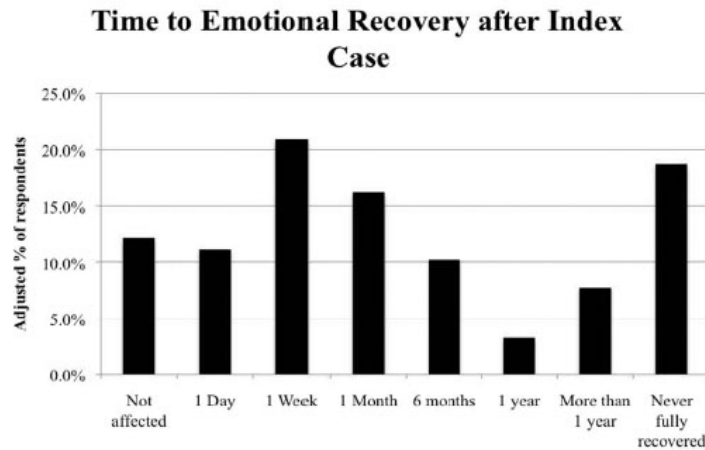
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How Long Does it Take to Recover?

Figure 3. Time to emotional recovery after index case. Respondents were asked how long after the event it took to recover emotionally. Adjusted percentage of respondents who chose each of the time periods is shown.



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(GaZoni et al., 2012)



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Lessons Learned and Keys to Success

- Colleague and automatic referrals spark culture change and reduce stigma
- Proactive outreach, consistent with disaster mental health
- Connect with leadership to support them and their teams
- Group support may be more in-demand during crises
- Train and sustain peer supporters to meet new challenges
- Find quality, affordable, trusted long-term support options

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A ChristianaCare Caregiver's Story

"In that moment, my mind went blank, and I realized that it was not safe for me to finish the surgery so I asked for help from a colleague in the OR to finish the procedure."

"I was feeling upset and confused about the event. I was having doubts about my abilities and had a sudden loss of confidence."



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A ChristianaCare Caregiver's Story (cont.)

"I was able to explore my feelings and the circumstances surrounding this difficult surgery. Being able to talk through a traumatic event like this with a peer who is neutral and empathetic helped me put the event into perspective."

"Care for the Caregiver gave me a chance to heal after this event as well."



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A ChristianaCare Caregiver's Story (cont.)

The same surgeon, ten days later was faced with the same exact operation...

“After diligent preparation the night before, I went into the surgery with a clear mind and without apprehension. The surgery was smooth and successful.”



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Shame & Blame



Mutual Support



Self Compassion

PROFOUND CULTURE CHANGE



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Summary and Next Steps

- Raised awareness of the impact of adverse events on the healthcare provider and the importance of:
 - ✓ Creating “safe spaces” to talk about emotional fallout of delivering care
 - ✓ Deploying a robust peer support system as part of a comprehensive organizational wellbeing infrastructure
- Explored the role of empathic communication when providing emotional first aid to caregivers
- Discussed the components necessary for an effective peer support program



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“A large portion of the health care workforce has been suffering in relative silence unsupported during career-related anxiety, stress, and sometimes even shame or guilt...it is our moral imperative to design and deploy a readily accessible and effective support infrastructure for all health care providers.”



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Team Performance

Question of interest	Outcomes tracked	Additional considerations
Is the program being used?	<ul style="list-style-type: none"> # of referrals per month, compared to relevant events # of encounters per month # of referrals and encounters by unit or department 	<ul style="list-style-type: none"> Do caregivers and leaders know about the program? What barriers are there to making referrals? Are stigma or confidentiality concerns in the encounter? Could there be proactive referrals or opt-out procedures versus waiting for caregivers to seek support themselves? Are most emotional support needs being met at the unit-level?
Is response timely?	<ul style="list-style-type: none"> Time from referral to peer support activation Time from peer supporter activation to initial contact with caregiver Time from initial contact to peer support encounter 	<ul style="list-style-type: none"> Are there enough trained peer supporters to meet demand? How can the process for referrals, activation, initial contact, or encounters become more efficient?
Are resources for long-term support adequate and accessible?	<ul style="list-style-type: none"> # of referrals to long-term support or other resources per total encounters # of encounters needed emergency intervention or crisis support Time from referral to resources to appointment 	<ul style="list-style-type: none"> Do we have internal (e.g., EAP) and external resources (MH/BH referral network) available to meet needs for long-term support? Is the process for emergency support working?

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Team Performance (cont.)

Question of interest	Outcomes tracked	Additional considerations
Who is making referrals for peer support?	<ul style="list-style-type: none"> Self-referral, supervisors, risk managers, chaplain, behavioral health colleagues 	<ul style="list-style-type: none"> Who is missing that you would expect to make referrals for peer support? What barriers might exist?
Who is receiving peer support?	<ul style="list-style-type: none"> Caregiver role (nurse, MD, RT, etc.) Hospital campus Unit or department 	<ul style="list-style-type: none"> Is the peer support team diverse enough to meet the need? Are there needs for program promotion?
What is the effect of the program on organizational metrics?	<ul style="list-style-type: none"> Culture of safety scores <i>Staff retention</i> <i>Time off related to stress</i> 	<ul style="list-style-type: none"> What are the upstream metrics (versus downstream metrics) that are mostly closely tied to peer support? What are metrics that peer support can realistically influence?

**Who is reporting/collecting data? Are these data reliable and valid?
What barriers are there to data collection?**

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Team Performance (cont.)

As the peer supporter, I felt confident offering the caregiver additional resources or referrals.

Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

5 being the highest score, 1 the lowest reset

Suggestions For Improving the Process



Team Performance (cont.)

Feedback about Care for the Caregiver

Thank you for giving us valuable feedback about Care for the Caregiver!

We use this information to ensure we meet the needs of caregivers and to make improvements to our program through training and program development.

To maintain confidentiality, please do not enter your name or the name of a peer supporter anywhere on this survey.

If you have any questions or concerns, you can reach the Care for the Caregiver Program Manager at 302-733-4943 or careforthecaregiver@christianacare.org.

In my work at ChristianaCare, I am a:

Physician
 Resident
 NP/PA
 Nurse
 Tech
 Pharmacy
 Respiratory Therapist
 Prefer not to say
 Other

How distressing was the event(s):

Very distressing
 Distressing
 Somewhat distressing
 Slightly distressing
 Not at all distressing

The peer support I received from Care for the Caregiver was:

Very beneficial
 Beneficial
 Somewhat beneficial
 Slightly beneficial
 Not at all beneficial


How satisfied were you with your peer support experience (peer supporter responsiveness, availability, empathy, skill):

Very satisfied
 Satisfied
 Somewhat satisfied
 Slightly satisfied
 Not at all satisfied

I would recommend a colleague connect with Care for the Caregiver for peer or group support:

Yes
 No

How can we improve the experience of receiving peer support?



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Questions



Thank you

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