THE EUROPEAN RESEARCHERS' NETWORK WORKING ON SECOND VICTIMS (TheERNSTGroup) COST Action CA19113

Peer Support Program Implementation Guide

A Step-by-Step Guide to Launching a Second Victim Support Service at Your Institution

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I. Introduction

The ERNST COST Action CA19113 Mission

Patient Safety is a priority in Europe. However, every year between 8 and 12% of people admitted to hospitals and around 6% of those in primary care suffer from an adverse event (AE) while receiving healthcare. When an AE occurs, there is a secondary effect on healthcare professionals (the second victims) who suffer from the knowledge of having harmed their patients (the first victims). This second victim phenomenon increases the likelihood of further errors and suboptimal care as the second victim suffers emotional and physical disturbances following the patient safety event.

The overall aim of this Action is to facilitate discussion and development of scientific knowledge, perspectives, legislation, policies, and best practices concerning AEs in healthcare institutions in order to implement joint efforts to support second victims, and to introduce an open dialogue and discussion among stakeholders about the consequences of the second victim phenomenon based on a cross-national collaboration that integrates different disciplines and approaches, including legal, educational, professional, and socio-economic perspectives.

This Action will yield innovative solutions through enhancing our understanding of decision-making after patient safety events while caring for the care provider as a prerequisite for safety and quality of care, promoting debate among stakeholders involved in the understanding of clinical errors, creating new approaches to break the taboo around mistakes, enriching our knowledge of the factors that might contribute to transparency after mistakes, capturing the multi-dimensionality of the second victim phenomenon, and proposing recommendations and interventions useful for the European countries and overseas.

Document Purpose

This document outlines the steps required to launch and maintain a streamlined, centralized, and peer review protected Peer Support program at your institution. Peer Support is "emotional first aid" for healthcare providers who are involved in unanticipated adverse patient events, medical errors, or other stressful situations encountered through patient care. Providers involved in such events are often referred to as Second Victims, as they suffer significant emotional, physical, cognitive, and behavioral sequelae in the aftermath of such events. Peer Support is an effective tool in helping staff successfully manage difficult situations, increase resiliency, and decrease burnout.

Document Scope

This guide is meant to provide a generic framework for implementing a Peer Support program at your institution. The framework can be applicable to healthcare institutions of various sizes, settings, and specialties. Certain aspects of the guide will need to be customized based on your institution's particular needs, goals, and resources. Please also consider your local cultures, legal framework, and professional liability laws when implementing this guide.

II. What is Peer Support?

<u>Peer Support is "emotional first aid"</u> for healthcare providers who are involved in unanticipated adverse patient events, medical errors, or other stressful situations encountered through patient care. Providers involved in such events are often referred to as Second Victims, as they suffer significant emotional, physical, cognitive, and behavioral sequelae in the aftermath of such events.

Peer Support is provided by Peer Supporters — fellow colleagues who have been specially trained to effectively support their colleagues through difficult times. Peer Supporters have "been in your shoes"; they are in similar roles, and understand, empathize, and have knowledge to share. They provide a compassionate listening ear, coping skills, and resource information for additional support and/or treatment.

Peer Support is timely, nonjudgmental, and *strictly confidential*. It is a voluntary resource; a staff member is under no obligation to speak to a Peer Supporter. Peer Support is designed to support Peer Review Protection; any discussion with a Peer Supporter should not be included in any safety report summary, investigation, or Quality review.

In this document, the provider involved in an adverse event, or the Second Victim, will often be referred to as the *Peer*. This is the individual who receives Peer Support from Peer Supporters.

III. Why is Peer Support Important?

The Peer Support model has been recognized as an important component of Workforce Safety, Adverse Event Management, Safety Culture, and Patient Safety.

Workforce Safety
The expectation that clinicians deftly manage the stresses of practice often predisposes healthcare professionals involved in adverse events to experience isolation, blame, and shame. Adverse events and difficult situations commonly result in staff stress, burnout and, in severe situations, PTSD.

Signs and symptoms of an impacted clinician can include:

❖ **Behavioral**: Insomnia, inability to get things done, burnout, hypervigilance
❖ **Emotional**: Anxiety, fear, guilt, shame, anger, isolation, moodiness, depression, decreased self-worth, feeling out of control
❖ **Cognitive**: Indecision, confusion, inability to concentrate, obsessive re-play of event, loss of humor, loss of creativity
❖ **Physical**: Fatigue, nausea, backache, headache

There is a growing body of evidence that Peer Support is an effective tool in helping staff successfully manage difficult situations, increase resiliency, and decrease burnout. Peer Support helps mitigate the 3 components of staff burnout: emotional exhaustion, depersonalization, and reduced efficacy.

Studies have shown that support from fellow colleagues is the most preferred source of emotional support following an adverse patient-related event. The second most preferred source of emotional support following an adverse patient-related event is from managers/supervisors. The Peer Support model prepares both colleagues and managers/supervisors to effectively support clinicians involved in adverse patient-related events.

Preferred Sources of Emotional Support for Healthcare Providers After an Adverse Event
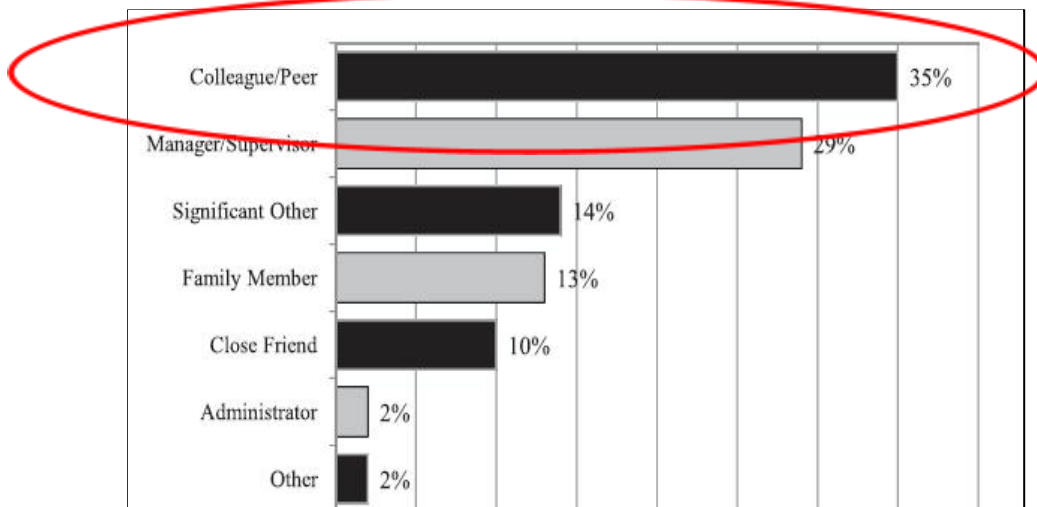
Scott, S. Jt Comm J Qual and Pt Safety. Caring for Our Own: Deploying a Systemwide Second Victim Rapid Response Team. May 2010

Adverse Event Management

Peer Support is a major part of every step of Adverse Event Management, from immediate actions, to the investigation, to the resolution process.

Recommended Steps for Adverse Event Management

1. Immediate Action	2. Investigation	3. Resolution
Immediate mitigation Patient/family communication **Provider support**	Root Cause Analysis (RCA) Patient/family communication Regulatory/financial reporting **Provider support**	Case resolution Manage claims Patient/family council **Provider support**

Safety Culture

A Peer Support program guides an institution away from a culture of invulnerability, isolation, and shame and toward a culture of open communication, clinician well-being, and Patient Safety. When staff know that a Peer Support program has been established to support them, the shame and fear staff may otherwise experience when involved in an AE is mitigated. Experiences are normalized and blame is shifted away from the individual. A culture is fostered in which staff can comfortably disclose errors, and processes and policies can be put into place to prevent these errors from reoccurring.

Patient Safety

Workforce Safety is a prerequisite for Patient Safety. How can staff care for others when they themselves are enduring a crisis? The second victim phenomenon increases the likelihood of medical errors and suboptimal care as the second victim suffers emotional and physical disturbances following a patient-related AE. Peer Support facilitates workforce readiness, ensuring that patients remain safe while under the care of healthcare providers.

IV. How do I Establish a Peer Support Program at My Institution?

Building your Peer Support program will require an upfront commitment of time and resources. However, once established, this program is designed to run in an automated and streamlined way, while benefiting from ongoing maintenance and support. Below are 8 steps to establish and maintain your Peer Support program.

A. Peer Support Program Structure

The first step in creating your Peer Support program is to establish the program structure, including the program model, budget and funding sources, location(s) within the institution, peer review privileges, and documentation.

Program Model

Hospital and unit/department leadership can decide between a local, centralized, or hybrid Peer Support program model. Which model you select will depend on your institution's size, goals, and resources.

1. **Centralized**
    The Peer Support program is housed exclusively in a centralized location, such as the Department of Quality. Clinicians and unit/department leadership can request Peer Support services and resources through the centralized program. Peer Supporters are deployed, managed, and tracked by central leadership.

2. **Local**
    Local unit/department leadership establish their own local Peer Support programs. For example, the Nursing Director of the Surgical Intensive Care Unit, or the Chief of Pharmacy, can create their own local Peer Support programs. Peer Supporters are deployed, managed, and tracked by local leadership.

3. **Hybrid** (*Recommended*)
    Both centralized and local programs exist. Local leadership manage their local Peer Support programs as above, while the centralized program ensures the hospital-wide success of the program, and deploys Peer Supporter for staff who belong to units/departments where there are no local Peer Support programs, thereby ensuring accessibility to Peer Support for the entire institution. Local leadership can utilize the centralized program resources until their local programs are fully developed.

Program Budget and Funding

Leadership should also determine the budget and funding sources for the program. Some costs to take into consideration when developing a program budget include:

❖ Staff payroll
❖ Contract fees (e.g. outside contracts with marketing, graphic design, IT, videographer, or legal professionals)
❖ Survey and data collection software (e.g. RedCap, SurveyMonkey, Microsoft Suite)
❖ HIPAA compliant Zoom account(s) for use during Peer Support Discussions
❖ Website domain and hosting
❖ Registration platform for scheduling Peer Supporter trainings

Program Location(s) Within the Institution

Leadership should determine where the central and/or local Peer Support program(s) will be housed/piloted. For example, the central Peer Support program can be housed in the Department of Quality and Safety, and local Peer Support programs can be piloted in willing nursing units and/or clinical departments.

Peer Review Protection

Peer Support is designed to provide Peer Review Protection, which prevents patient-plaintiffs from obtaining any records prepared in connection with adverse event management and quality review proceedings. This empowers Peers to discuss the details of adverse events or difficult situations without fear of professional or legal repercussions.

Below are steps to build Peer Review Protection into your Peer Support program:

- ❖ Triage and track Peer Support deployments within your secure safety reporting system or other HIPAA-compliant/encrypted software
- ❖ Program responsibilities should fall under a department or group that has peer review protection privileges, and such roles, responsibilities, and privileges should be documented in your QAPI (Quality Assurance and Performance Improvement) Plan or other institutional document
- ❖ Train Peer Supporters on the importance of confidentiality and protected conversations
- ❖ **Disclaimer**: Peer Review Protection can never be guaranteed and is dependent on local judicial discretion. Check with your local jurisdiction to learn relevant Peer Review Protection and professional liability laws.

Program Documentation

In order to formally establish the Peer Support program and to align program goals with institutional goals, The Peer Support program structure, scope, and goals should be summarized/included in a Quality Assurance and Performance Improvement (QAPI) plan, business plan, charter, or other institutional document.

Peer Support Program Structure: *To Do's*
☐ Select Peer Support program model that best matches your institution's goals and resources (centralized, local, or hybrid)
☐ Determine program budget and funding sources
☐ Determine where central and/or local Peer Support program(s) will be housed/piloted
☐ Learn local Peer Review Protection and professional liability laws, and determine steps to provide Peer Review Protection within the Peer Support program
☐ Add Peer Support program to QAPI plan, business plan, charter, or other institutional document

B. Leadership Infrastructure

A critical step in establishing your Peer Support program is to recruit the workforce who will support the development and ongoing maintenance of the program. Below is a list of recommended roles and responsibilities to establish. The roles you choose to fill, and the number of staff members you choose to assign to each role, will depend on the size, goals, and resources of your institution.

Recommended Roles and Responsibilities for your Peer Support Program Workforce

Role	Responsibilities	Staff Description
Executive Sponsors/ Stakeholders	Keep program aligned with hospital/system strategies, lead portfolio direction, govern program risk	V-level hospital leadership such as Vice Presidents, Senior Vice Presidents, Chiefs
Chair/Co-Chairs	Lead the Peer Support program and Advisory Committee on a regular basis as part of their project portfolios	D-level hospital leadership such as Directors, Associate Chiefs
Administrative Lead/Program Manager	Manages all administrative tasks, training scheduling, meetings, mailbox, etc.	Program Managers, Secretaries, Administrative Assistants
Central Peer Support Lead	Processes hospital-wide Peer Support requests, assigns Peer Supporters and/or assigns requests to Local Peer Support Leads	Can be the same individual as the Administrative Lead/Program Manager, or any volunteer who has the bandwidth and skills for the role
Advisory Committee	Provide insights and updates from areas of responsibility, meet regularly to discuss program, facilitate ongoing development and success of program	Representatives from interested units/departments such as nursing unit, department, residency, quality/safety, employee assistance program, risk management, patient advocacy, and outside hospital leadership
Education Committee	Create Peer Supporter training content, facilitate training sessions, review feedback surveys, provide consultation for local Peer Support program leadership, publish program results and lessons learned	Volunteers with a background and/or interest in education, academia, and program success and spread
Marketing and Communications Team	Lead ongoing marketing and communication plans	Copywriters, Social Media Managers, Marketing Managers, Graphic Designers
IT Team	Develop and support program digital infrastructure	Computer programmers, IT specialists
Local Peer Support Leads	Manage local unit/department Peer Support programs, deploy local peer supporters and resources, provide updates to central leadership above as needed	Unit/department leadership such as Nursing Directors, Department Directors, Residency Directors, and Quality Leads

Leadership Infrastructure: *To Do's*

- ☐ Assign Peer Support program roles
- ☐ Train staff on Peer Support program roles and responsibilities
- ☐ Schedule recurring meetings as needed for Peer Support program staff/committees

C. Peer Supporter Nomination, Registration, and Training

The next step in developing your Peer Support program is to recruit and train Peer Supporters, the main building blocks of the program.

Who Are Peer Supporters?

Peer Supporters are trusted and respected colleagues who are nominated by their colleagues and/or leadership. Peer Supporters complete the Peer Supporter Training to formally learn skills in active listening, education, confidentiality, and hospital resources and referrals.They are specially trained to provide effective emotional and practical guidance for their colleagues who have been involved in patient-related AEs.

Peer Supporters have "been in your shoes"; they are in similar roles, and understand, empathize, and have knowledge to share. They provide a compassionate listening ear, coping skills, and resource information for additional support and/or treatment.

Peer Supporters can come from any role within the institution, including nurses, nursing support staff, NPs/PAs, residents, fellows, attendings, pharmacists, technicians, supervisors, non-clinical/administrative staff, and others.

Characteristics of a Peer Supporter

- ❖ Empathetic
- ❖ Excellent listening skills
- ❖ Emotionally intelligent
- ❖ Well-trusted and respected
- ❖ Value confidentiality
- ❖ Boundary-oriented
- ❖ Culturally competent
- ❖ Committed to staff well-being and support
- ❖ Often already an informal Peer Supporter within their unit/department

Peer Supporter Nomination

Peer Supporter nominations can be solicited by central and/or local leadership. Nomination requests can be distributed via emails, flyers, or other means of communication. Staff and/or leadership can submit nominations.

In general, as many nominees should be solicited and approved as possible. This ensures availability and diversity of Peer Supporters across the institution.

Nominations should be approved by local and/or central leadership and/or Human Resources to make sure the nominee is in good professional standing and has the bandwidth to bear the extra responsibilities of a Peer Supporter.

Peer Supporter Registration

Once a Peer Supporter nomination is approved, the nominee should be informed of their nomination and sent information about the Peer Support program, in the form of a brochure, informational packet, or summary email. The nominee should also be sent a link to register for a Peer Supporter training date via a Peer Supporter Training Registration Form.

In order to best match Peers with Peer Supporters of similar backgrounds and levels of experience, the following information about the Peer Supporters should be collected in the Peer Supporter Training Registration Form:

- ❖ Selected Peer Supporter Training date
- ❖ Name
- ❖ Hospital
- ❖ Department/Unit

- ❖ Role
- ❖ Number of years in role
- ❖ Email
- ❖ Phone number
- ❖ Optional: Demographic information, such as gender identity, race, age, etc.

This information should be stored in a Central and/or Local Peer Supporter Directory, which can be housed in a spreadsheet or preferred data collection software. The Central Peer Supporter Directory will house information about all Peer Supporters across the institution, while the Local Peer Supporter Directories will house information about Peer Supporters from a particular unit/departmental Peer Support program.

Peer Supporter Training

Once a Peer Supporter nominee registers for a Peer Supporter Training, the nominee should be sent the prerequisite training materials, training agenda, and calendar invite for the training session date.

In order to facilitate the most effective informational learning and retention, and to provide accessible training for busy clinicians, the Peer Supporter Training should be divided into prerequisite study, a live virtual or in-person training, and regular follow-up review sessions. Below is a recommended Peer Supporter Training curriculum:

Recommended Peer Supporter Training Curriculum

Training Component	Description	Duration
Prerequisite Study: Video and/or Written Content	- Overview of Peer Support model - A clinician's personal story - Introduction to the steps of a Peer Support Intervention - Peer Supporter Training slide deck independent review	1.5-2 hours
Live Virtual or In-Person Training	- In-depth review of the Steps of a Peer Support Intervention (see *The Steps of a Peer Support Intervention* below) - Watch Peer Support Simulation (live or pre-recorded) - Breakout rooms for Peer Supporter role-play simulations based on sample clinical scenarios - If possible, 1 facilitator per 4 trainees is recommended in breakout rooms - Q&A Panel	2-4 hours
Review Sessions	- Review session 1-2 weeks after initial training - Quarterly Peer Supporter Community Meeting to facilitate ongoing engagement, best practice review, and support for Peer Supporters - Mandatory annual training review for Peer Supporter status renewal	1-4 hours

Peer Supporter Training Follow-Up Actions

Shortly after the training, a Training Feedback Survey should be sent to Peer Supporters to facilitate constructive feedback and ongoing improvement of the Peer Supporter Training, along with all the training materials. Peer Supporters should also be given access/added to shared folders, websites, the central and/or local Peer Supporter directories, and distribution lists. Local Peer Support Leads should be notified of trainee attendance, and absentees should be re-sent the Peer Supporter Training Registration Form to register for another training date.

Peer Supporter Nomination, Registration, and Training: *To Do's*	
Nomination	☐ Create Peer Supporter nomination flyer/survey/email ☐ Distribute Peer Supporter nomination flyer/survey/email ☐ Approve Peer Supporter nominations
Registration	☐ Create Peer Supporter Training Registration Form ☐ Create Peer Support program brochure/informational package/summary email ☐ Create central and/or local Peer Supporter directories in which to track Peer Supporter registration information ☐ Notify nominees of nomination, send program brochure/informational package/summary email and link to Peer Supporter Training Registration Form
Training	☐ Book room (in-person or virtual) for Peer Supporter trainings ☐ Create Peer Supporter training agenda, prerequisite materials/videos, and calendar invites for the training session dates, and send to nominees ☐ Create Peer Supporter training slide deck, simulation video, and role-play simulation scenarios for live in-person or virtual training ☐ Recruit Peer Supporter Training facilitators who will present the training materials and facilitate the breakout rooms and Q&A panel discussions during Peer Supporter trainings ☐ If doing live virtual training, recruit IT staff to provide technical support before and during trainings
Training Follow-Up	☐ Create Peer Supporter Training Feedback Survey ☐ Send Peer Supporter Training Feedback Survey and training materials to Peer Supporters ☐ Notify local Peer Support Leads of trainee attendance ☐ Re-send registration link to absentee registrants to register for a new training date ☐ Give Peer Supporters access to any shared websites or folders ☐ Add Peer Supporters to central and/or local Peer Supporter directories ☐ Add Peer Supporters to relevant email groups/distribution lists
Review Sessions	☐ Schedule and plan review session 1-2 weeks after initial training ☐ Schedule and plan Quarterly Peer Supporter Community Meeting ☐ Schedule and create annual training review for Peer Supporter status renewal
Automation Tip	☐ Invest in a registration software that will house the Peer Supporter Training Registration Form, automatically send email confirmations and calendar invites to registrants, track registrants and attendance, and automatically send follow-up emails post-training

D. Triage and Deployment Process

Below is a recommended Triage and Deployment process. This process will depend on your institution's resources and preferences. Components of the process can either be done manually or via automated functions. The roles of the Peer, Central Leadershipship, Local Leadership, and Peer Supporter, along with automation tips, are detailed below.

Peer Support Triage and Deployment Process Flowchart
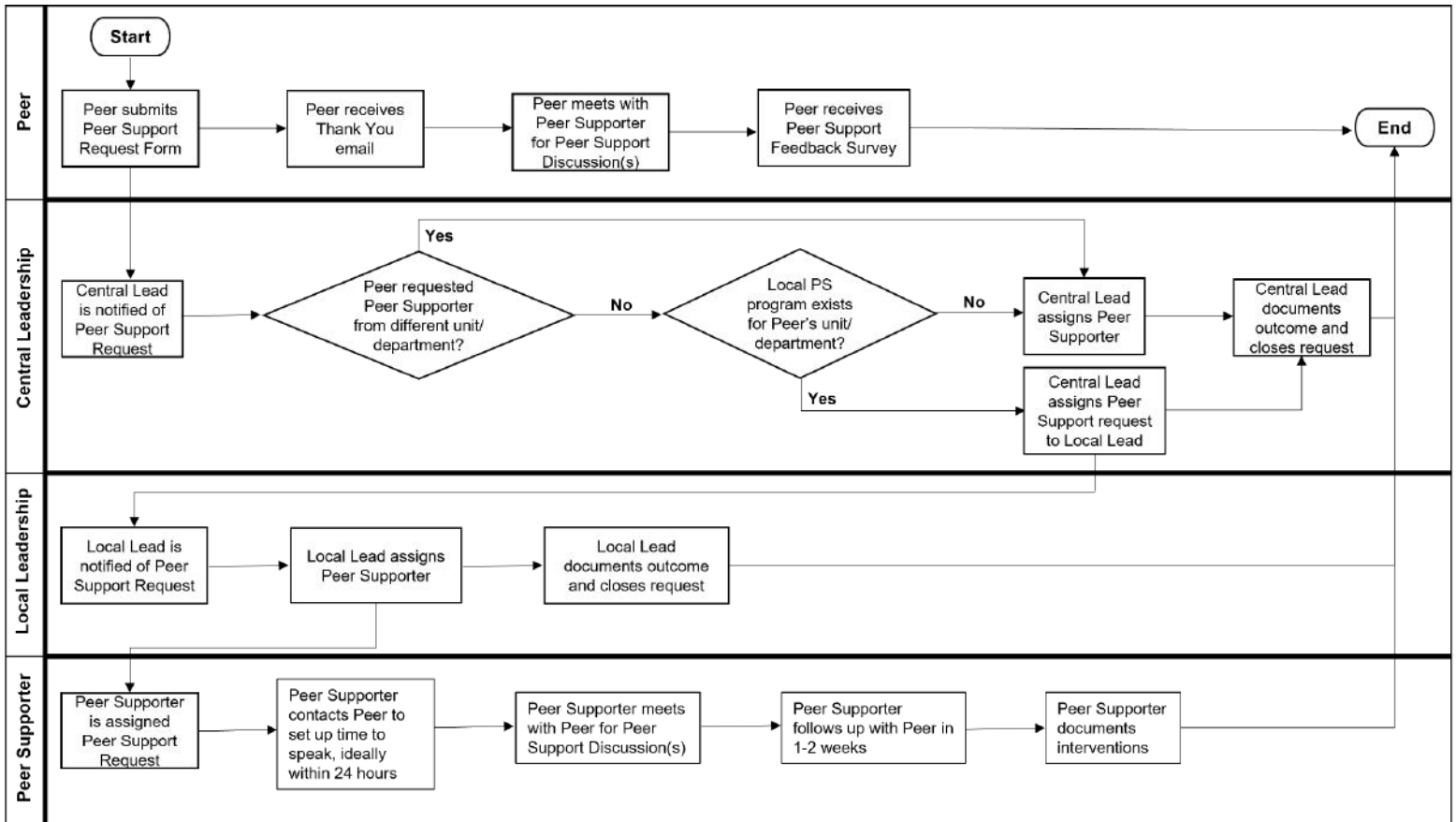
Peer

Peer Support Request Form

The Peer Support Request Form should collect basic information about Peers so that Peers can be matched with Peer Supporters best match their backgrounds and stated preferences. The form can exist on any encrypted survey platform, such as RedCap, Microsoft Forms, or your institution's intranet.

It is important to ask the Peer if they would prefer to be matched with a Peer Supporter from their own unit/department, or from another. Sometimes, Peers prefer the anonymity of speaking with someone with whom they don't directly work or engage on a regular basis.

The form should contain an overview of the program and what the Peer can expect. Below is sample verbiage to include on your Peer Support Request Form:

> Thank you for your interest in the Peer Support Program!
>
> It is normal to feel anxious, fearful, or confused following an adverse patient event. Peer Support is "emotional first aid" for anyone impacted by a difficult event or stressful situation encountered through patient care.
>
> Peer Support is strictly confidential and will not be included in any Quality review. Your request form will only be visible to core Peer Support team members.
>
> Peer Supporters are your colleagues who have been specially trained to support impacted staff. Their goal is to provide empathetic and nonjudgmental listening, coping skills, and hospital resources.
>
> A Peer Support Lead will pair you with a Peer Supporter who best matches your professional background and stated preferences. The Peer Supporter will reach out within 24 hours to set up a time to speak.
>
> If you are in need of immediate assistance, please contact Employee Assistance Program at 345-293-3948 M-F 8a-5p, or via page #23457 during after-hours.

Below are some questions to include on your form:

- ❖ Employee ID
- ❖ Full name
- ❖ Site/Location
- ❖ Role
- ❖ Number of years of experience in role
- ❖ Would you like your Peer Supporter to be from your unit/department, or from another unit/department?
- ❖ Do you have any preferences regarding who your Peer Supporter should be (e.g. gender, training level)?
- ❖ Phone number
- ❖ Email address
- ❖ Please share any related safety report number or anything else you'd like us to know

Thank You Email

Once the Peer Support Request Form is submitted, the Peer should receive a thank-you email that reiterates the purpose and confidentiality of the program, the time frame during which the Peer Supporter will reach out, and any written materials that can kickstart the Peer's healing process, such as a list of educational tools and/or a list of the institution's other support resources.

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Peer Support Discussion
The Peer meets with the assigned Peer Supporter 1-3 times, either virtually or in-person. See *The Steps of a Peer Support Intervention* to learn more about what the conversation may look like.

Peer Support Feedback Survey
Peers should receive a feedback survey about 2 weeks after their Peer Support request. It is recommended to wait 2 weeks to send the feedback survey so that the Peer is neither in the height of their crisis nor has enough time passed that receiving the feedback survey would be a trigger/reminder of difficulties past. The Peer Support Feedback Survey should be voluntary, and fully anonymous to encourage honest feedback.

Below is a sample Peer Support Feedback Survey:

1. What is your unit/department?
2. What is your role?
3. Please provide any positive or constructive feedback for the Peer Support Program.
4. Please indicate the degree to which you agree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the degree of confidentiality of the program.					
I was connected with a Peer Supporter in a timely fashion.					
My Peer Supporter was a good fit for me in terms of my background and stated preferences.					
I felt comfortable speaking with my Peer Supporter.					
My Peer Supporter was knowledgeable about educational and supportive resources.					
My outlook improved after my Peer Support discussion.					
I would recommend Peer Support to my colleagues.					

Central Peer Support Lead

Notification to Central Peer Support Lead
Once the Peer Support Request Form is submitted, the Central Peer Support Lead should receive a notification of the request.

Decision: Did the Peer specify that they prefer to be matched with a Peer Supporter from another unit/department?

> **Yes**: The Central Peer Support Lead assigns the Peer Supporter. This is to maintain the anonymity of the Peer; perhaps the Peer did not want their local Peer Support Lead or colleagues to know they had requested Peer Support.

> **No**: The Central Lead moves on to the next decision point.

Decision: Is there a local Peer Support Program for the Peer's unit/department? For example, a nurse from the Surgical ICU requests Peer Support, and the unit runs a local Peer Support program.

> **Yes**: The Central Peer Support Lead assigns the Peer Support Request to the Local Peer Support Lead of the Peer's unit/department. The Local Peer Support Lead knows best which Peer Supporter is available and will be the best match.

> **No**: The Central Lead assigns the Peer Supporter. This option exists in order to offer Peer Support to the entire institution, even if a unit/department has not developed its own local Peer Support program yet.

Peer Supporter Deployment
When applicable, the Central Peer Support Lead should assign a Peer Supporter who best matches the Peer's professional background and stated preferences. For example, a critical care nurse with 10 years of experience should be paired with a nurse with a similar background and tenure.

The Central Peer Support Lead can consult the Central Peer Supporter Directory to narrow down appropriate Peer Supporters by unit/department, role, years of experience, etc., and can then reach out to those Peer Supporters to determine which one is available to take the request.

Local Peer Support Lead Assignment
When applicable, the Central Peer Support Lead assigns the Peer Support Request to the Local Peer Support Lead.

Documentation
Once a Peer Supporter or Local Peer Support Lead is assigned, the Central Peer Support Lead should document who was assigned and mark the request as closed. It is important to track which Peer Supporters have been deployed so as to not deploy the same Peer Supporter too many times. Documentation should be housed in a secure data center.

Local Peer Support Lead

Notification to Local Peer Support Lead
If the Central Peer Support Lead has assigned the Peer Support Request to the Local Peer Support Lead, the Local Peer Support Lead should be alerted to this assignment.

Peer Supporter Deployment
When applicable, the Local Peer Support Lead should assign a Peer Supporter who best matches the Peer's professional background and stated preferences. For example, a critical care nurse with 10 years of experience should be paired with a nurse with a similar background and tenure.

Local Peer Support Leads can consult their Local Peer Supporter Directory to narrow down appropriate Peer Supporters by unit/department, role, years of experience, etc., and can then reach out to those Peer Supporters to determine which one is available to take the request.

Documentation
Once a Peer Supporter is assigned, the Local Peer Support Lead should document who was assigned as the Peer Supporter and mark the request as closed. It is important to track which Peer Supporters have been deployed so as to not deploy the same Peer Supporter too many times. Documentation should be housed in a secure data center.

Peer Supporter

Notification to Peer Supporter
Once a Peer Supporter has confirmed their availability to take a Peer Support Request, the Peer's background and contact information should be shared with the Peer Supporter.

Below is a sample Notification to Peer Supporter::

Dear [Name],

You have been assigned Peer Support Request #228119

Please review the request form and reach out to the Peer as soon as possible. **We strive to make contact with the Peer within 24 hours.**

Once you complete the Peer Support discussion, please return this request form to **document your interventions.**

Please see our Peer Support Quick Guide and our full Resource for Peer Supporters for your review.

Thank you so much for the time you dedicate as a Peer Supporter. Your support is invaluable to your Peers! If you have any questions at all, please don't hesitate to reach out.

Peer Supporter Contacts Peer
The Peer Supporter should ideally reach out to the Peer within 24 hours of the request. See *The Steps of a Peer Support Intervention: Outreach* below for a sample outreach email.

Peer Support Discussion
The Peer and Peer Supporter meet during the agreed upon time(s) to discuss anything that may be on the Peer's mind. The pair should meet either on a HIPAA-compliant remote meeting platform, or in a private room in-person. See *The Steps of a Peer Support Intervention* below to learn more about the Peer Support Discussion.

Follow-Up
Toward the end of the Peer Support Discussion, the Peer Supporter should ask permission from the Peer to reach out again in the near future. If the Peer is amenable to being contacted, the Peer Supporter should reach out to the Peer in the 1-2 weeks following the initial Peer Support Discussion.

The following are steps that can be done by the Peer Supporter for the follow-up intervention:

❖ Email, call, or text to see how the Peer is doing
❖ Include "Confidential/Peer Review Protected" in an email subject line

- ❖ Ask if the Peer is interested in meeting or speaking again, and offer your availability
- ❖ Inquire if the Peer was successful in making appointments, contacting support resources, or completing any other steps in the plan you created together
- ❖ Inquire if the Peer needs anything else

Documentation: Peer Supporter Intervention Form

Once the Peer Support Intervention is complete, the Peer Supporter should document their basic interventions so that leadership can track program utilization.

Below is a sample Peer Supporter Intervention Form:

1. Did you have a Peer Support Discussion?
   - ☐ Yes - one session
   - ☐ Yes - two sessions
   - ☐ Yes - three or more sessions
   - ☐ No - The Peer declined to speak
   - ☐ No - The Peer did not respond to my outreach
2. Date(s) of session(s)
3. What mode of communication did you use to speak to your Peer?
   - ☐ In-person meeting
   - ☐ Virtual meeting
   - ☐ Phone call
   - ☐ Written correspondence (text/email)
4. How long on average did you speak to the Peer?
   - ☐ Less than 15 minutes
   - ☐ 15-30 minutes
   - ☐ 30-60 minutes
   - ☐ 1-2 hours
   - ☐ Greater than 2 hours
5. What additional available resources did you suggest to the Peer if any?
   - ☐ Create a multi-select dropdown menu of resources available at your institution, such as Risk Management, Spiritual Care, and Social Work.
6. What educational/supportive tools did you share with the Peer if any?
   - ☐ The 6 Stages Clinicians Commonly Experience Following an Adverse Event
   - ☐ The Risks and Benefits of Guiding Ideals of Healthcare Professionals
   - ☐ The Stress Continuum Model
   - ☐ Understanding the Wave of Grief
   - ☐ Any other available written or educational resources
7. How prepared did you feel as a Peer Supporter?
   - ☐ Very prepared
   - ☐ Somewhat prepared
   - ☐ Not at all prepared
8. Please let us know any way we can improve the Peer Support program.

Triage and Deployment Process: *To Do's*
☐ Create Peer Support Request Form ☐ Create Thank You Email ☐ Create Peer Support Feedback Survey ☐ Create alert notification to Central Peer Support Lead ☐ Create documentation spreadsheet/form for Central Peer Support Lead ☐ Create alert notification to Local Peer Support Lead ☐ Create documentation spreadsheet/form for Local Peer Support Lead ☐ Create alert notification to Peer Supporter ☐ Create Peer Supporter Interventions Form ☐ Create reminder to complete Peer Supporter Interventions Form

E. Digital Infrastructure

Below is a list of digital tools and workflows you can use to make the experiences of Peers, Peer Supporters, and leadership as automated and accessible as possible.

Peer Support Workflow in Safety Reporting System

If your institution utilizes a safety reporting software system, it is recommended to build the Peer Support Request Form and Triage and Deployment Process within the safety reporting system. This will support Peer Review Protection, as well as enable automation functionality through the safety reporting software.

Peer Support Icon

If staff generally select from several safety event categories within the safety reporting system, such as Infection Control, Medical Error, or Falls, add a new category for Peer Support. Create a unique icon/image/emblem for the Peer Support category. Clicking the Peer Support icon should lead users to the Peer Support Request Form.

Automated Peer Support Request, Triage and Deployment Process

The Peer Support Request Form within the safety reporting system should have 4 actionable sections with the following automations:

- ❖ **Peer Support Request Form**: This is where the Peer can submit their information to request Peer Support (see *Triage and Deployment Process* above for sample form)
  - ➢ *Automation*: Peer receives Thank You Email upon submitting Peer Support Request Form
  - ➢ *Automation*: Peer receives Peer Support Feedback Survey 2 weeks after submitting Peer Support Request Form
  - ➢ *Automation*: Central Peer Support Lead receives notification upon submission of Peer Support Request Form
- ❖ **Admin Only: Central Peer Support Lead**: This is where the Central Peer Support Lead can assign a Local Peer Support Lead or a Peer Supporter
  - ➢ *Automation*: Input all Local Peer Support Leads and Peer Supporters so Central Peer Support Lead can select a Local Peer Support Lead or Peer Supporter from a dropdown menu
  - ➢ *Automation*: Local Peer Support Lead or Peer Supporter receive notification once they have been assigned a Peer Support Request
- ❖ **Admin Only: Local Peer Support Lead**: This is where the Local Peer Support Lead can assign a Peer Supporter
  - ➢ *Automation*: Input all Peer Supporters so Local Peer Support Lead can select a Peer Supporter from a dropdown menu
  - ➢ *Automation*: Peer Supporter receives notification once they have been assigned a Peer Support Request
- ❖ **Peer Supporter Interventions Form**: This is where Peer Supports can document their interventions (see *Triage and Deployment Process* above for sample form)
  - ➢ *Automation*: Peer Supporter receives notification reminding them to document their interventions 2 weeks after they have been assigned as a Peer Supporter

Institutional Peer Support Website

Your Peer Support website should be accessible to all hospital staff. The website should include:

- ❖ General information about Peer Support: the *what*, *why*, and *how* of Peer Support
- ❖ How to request Peer Support: link to the Peer Support Request Form
- ❖ Support materials: relevant articles, webinars, websites, etc.
- ❖ Contact/website information for other hospital services, such as Social Work, Spiritual Care, Risk Management, Police and Security, Employee Assistance Program, Human Resources, Clinical/Psychiatric Services, and other hospital support services

Shared Website for Peer Supporters
Utilize a shared website software, such as SharePoint, Google G Suite, or Confluence to house all of the Peer Supporter resources. The site should include training materials, videos, and written resources for Peer Supporters' reference. Peer Supporters should be added to this website after completing the Peer Supporter Training.

Shared Folder for Advisory Committee
This shared folder should house all Advisory Committee documents, such as meeting minutes, slide decks, and subcommittee materials.

Peer Support Mailbox
Create a unique e-mailbox so that staff across the institution can communicate with Peer Support leadership. This mailbox should be monitored daily if possible.

Email Groups/Distribution Lists
Create email groups or email distribution lists for communications. This will save you the time of selecting everyone's names individually, and will ensure you do not omit anyone.

The following email groups/distribution lists may be helpful:

- ❖ Advisory Committee members
- ❖ Advisory Committee subcommittee members (e.g. Education Team, Marketing Team)
- ❖ Local Peer Support Leads
- ❖ Central Peer Supporter Directory members (all Peer Supporters across the institution)
- ❖ Local Peer Support Directory Members (all Peer Supporters within a unit/department)

Digital Infrastructure: *To Do's*
☐ Create Peer Support Icon in Safety Reporting System
☐ Build automations in Peer Support Request, Triage, and Deployment Process
☐ Build Institutional Peer Support Website
☐ Build Peer Supporter Website
☐ Create shared folder for Advisory Committee
☐ Create Peer Support Mailbox
☐ Create email groups/distribution lists

F. Marketing and Communications

Once you have established the structure of your Peer Support program, it is important to expand awareness of your program across your institution. The more that staff hear about the program, the more normalized Peer Support will become, and the more likely that staff will feel comfortable requesting Peer Support services.

The following is an example of a Marketing and Communications plan:

☐ Peer Support program brand name: a unique, catchy name for your Peer Support program
☐ Peer Support program logo/emblem
☐ Peer Support introduction during all staff orientation
☐ Breakroom flyers (QR code to access Peer Support Request Form is recommended)
☐ Peer Supporter badge stickers/tags for easy identification of unit/department Peer Supporters
☐ Video interview/advertisement for distribution
☐ Recurring email, newsletter, and digital screen announcements

Below is a sample Peer Supporter Flyer:

Marketing and Communications: *To Do's*
☐ Create Marketing and Communications Plan
☐ Determine marketing launch date(s)
☐ Create and distribute marketing content

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G. Data and Evaluation

Tracking program utilization and outcomes is an important step in ensuring the longevity and continuous improvement of the program. Below are recommended surveys for your institution to collect:

- ❖ **Peer Supporter Training Evaluation**: This should be customized to the training offered at your institution, and should solicit feedback on the prerequisite materials, meeting format (in-person vs. virtual), breakout rooms, and the extent to which learning objectives were met.
- ❖ **Peer Support Feedback Survey**: This feedback form solicits feedback from Peers who received Peer Support (see *Triage and Deployment Process* above for sample)
- ❖ **Peer Supporter Interventions Form**: This form documents the interventions performed by a Peer Supporter, and also gives Peer Supporters an opportunity to offer feedback on the program (see *Triage and Deployment Process* above for sample)
- ❖ **Hospital-Wide Peer Support Program Survey**: This feedback survey should be customized to your institution's unique Peer Support program, and should solicit feedback on the Peer Support program's utilization, effectiveness, and impact on Safety Culture.

Data and Evaluation: *To Do's*
☐ Create Peer Supporter Training Evaluation ☐ Create Peer Support Feedback Survey ☐ Create Peer Supporter Interventions Form ☐ Create Hospital-wide Peer Support Program Survey

H. Maintenance Plan

Once you have established your Peer Support program, ongoing support and maintenance is critical to ensure the continuing engagement, utilization, and sustainability of the program.

Below is a sample Maintenance Plan:

- ❖ Monthly Peer Support Advisory Committee meetings
- ❖ Monthly Peer Supporter trainings
- ❖ Quarterly Peer Supporter Community meeting
- ❖ Quarterly Executive Sponsor Leadership Update meetings
- ❖ Annual Peer Supporter Training Review
- ❖ Ongoing Marketing and Communications plan
- ❖ Ongoing development of relevant written and digital resources
- ❖ Ongoing Peer Review Protection review
- ❖ Ongoing data collection and evaluation for improvement

Maintenance Plan: *To Do's*
☐ Determine availability of Peer Support leadership and Peer Supporters ☐ Create Maintenance Plan ☐ Schedule recurring events/meetings/data collection points

I. Your Milestone Checklist

Below is a compiled *to-do* list for implementing a Peer Support program at your institution.

Your Milestone Checklist		
Peer Support Program Structure	☐ Select Peer Support program model (centralized, local, or hybrid) ☐ Determine program budget and funding sources ☐ Determine where central and/or local Peer Support program(s) will be housed/piloted ☐ Learn local Peer Review Protection and professional liability laws, and determine steps to provide Peer Review Protection within the Peer Support program ☐ Add Peer Support program to QAPI plan, business plan, charter, or other institutional document	
Peer Support Model	☐ Assign Peer Support program roles ☐ Train staff on Peer Support program roles and responsibilities ☐ Schedule recurring meetings as needed for Peer Support program staff/committees	
Peer Supporter Nomination, Registration, and Training	Nomination	☐ Create Peer Supporter nomination flyer/survey/email ☐ Distribute Peer Supporter nomination flyer/survey/email ☐ Approve Peer Supporter nominations
	Registration	☐ Purchase event registration system if interested ☐ Create Peer Supporter Training Registration Form ☐ Create Peer Support program brochure/informational package/summary email ☐ Create central and/or local Peer Supporter directories in which to track Peer Supporter registration information ☐ Notify nominees of nomination, send program brochure/informational package/summary email and link to Peer Supporter Training Registration Form
	Training	☐ Book room (in-person or virtual) for Peer Supporter trainings ☐ Create Peer Supporter training agenda, prerequisite materials/videos, and calendar invites for the training session dates, and send to nominees ☐ Create Peer Supporter training slide deck, simulation video, and role-play simulation scenarios for live in-person or virtual training ☐ Recruit Peer Supporter Training facilitators who will present the training materials and facilitate the breakout rooms and Q&A panel discussions during Peer Supporter trainings ☐ If doing live virtual training, recruit IT staff to provide technical support before and during trainings

Your Milestone Checklist (continued)		
	Training Follow-Up	☐ Notify local Peer Support Leads of trainee attendance ☐ Re-send registration link to absentee registrants to register for a new training date ☐ Give Peer Supporters access to any shared websites or folders ☐ Add Peer Supporters to central and/or local Peer Supporter directories ☐ Add Peer Supporters to relevant email groups/distribution lists
	Review Sessions	☐ Schedule and plan review session 1-2 weeks after initial training ☐ Schedule and plan Quarterly Peer Supporter Community Meeting ☐ Schedule and create annual training review for Peer Supporter status renewal
Triage and Deployment Process	☐ Peer Support Request Form ☐ Thank You Email ☐ Peer Support Feedback Survey ☐ Documentation spreadsheet/form for Central Peer Support Lead ☐ Documentation spreadsheet/form for Local Peer Support Lead ☐ Peer Supporter Interventions Form	
Digital Infrastructure	☐ Create Peer Support Icon in Safety Reporting System ☐ Build automations in Peer Support Request, Triage, and Deployment Process ☐ Build Institutional Peer Support Website ☐ Build Peer Supporter Website ☐ Create shared folder for Advisory Committee ☐ Create Peer Support Mailbox ☐ Create email groups/distribution lists	
Marketing and Communications	☐ Create Marketing and Communications Plan ☐ Determine marketing launch date(s) ☐ Create and distribute marketing content	
Data and Evaluation	☐ Peer Supporter Training Evaluation ☐ Peer Support Feedback Survey ☐ Peer Supporter Interventions Form ☐ Hospital-wide Peer Support Program Survey	
Maintenance Plan	☐ Determine availability of Peer Support leadership and Peer Supporters ☐ Create Maintenance Plan ☐ Schedule recurring events/meetings/data collection points	

V. The Steps of a Peer Support Intervention

Once a Peer Supporters is assigned a Peer Support Request, the Peer Supporter completes the following 8 steps detailed below.

- A. Outreach
- B. Introduction
- C. Active Listening
- D. Education
- E. Referrals and Resources
- F. Conclusion: Make a Plan
- G. Follow up with Peer in 1-2 Weeks
- H. Document Your Interventions

A. Outreach

The first step to the Peer Support Intervention is to reach out to the Peer to set up a time to speak.

It is important to communicate that this outreach is confidential; you can make a note of this confidentiality in the subject line of your email outreach.

Offer to meet in-person or remotely. If your Peer prefers to meet on a virtual meeting platform, be sure to utilize a HIPAA-compliant version of the platform.

Below is a sample email outreach:

Subject: Peer Support Outreach (confidential/peer review protected)
Dear Stacy, My name is Jenn Quinn, and I am a Cardiac RN here at CMH. I am one of the Peer Supporters from the CMH Peer Support Program, and I am reaching out to see if you would like to set up a time to talk about how you are doing. Our chat would be strictly confidential. My purpose is to listen and talk about anything that may be on your mind, normalize your experience, and provide resources or referrals which may be helpful to you. My goal is to support you during this difficult time. If you'd like, you can respond to this email with a few time slots of availability, and we can set up a time to meet or talk over the phone or Zoom. You can also reach me by cellphone at 441-395-1440. Have a great day! Jenn

B. Introduction

Once you have reached out to the Peer and have met, either in-person or remotely, you are ready to begin your Peer Support Discussion. This is your chance to introduce yourself, make the Peer feel comfortable, and reiterate the confidentiality of your discussion. Following are some touchpoints to include in your introduction:

- ❖ Introduce yourself and your role as a clinician.
- ❖ Briefly describe the *what* and *why* of Peer Support.
- ❖ Affirm Peer's choice to request support.

❖ Reiterate that this conversation is confidential, and will not be part of any Quality review.
❖ Open up the discussion; ask the Peer to talk about anything that is on his/her mind.

C. Active Listening

Active Listening is the process of listening attentively while someone else speaks, paraphrasing and reflecting back what is said, and withholding judgment and advice.

As clinicians, Peer Supporters may be inclined to "diagnose" or "fix" the Peer. However, this instinct should be subdued during the Peer Support discussion, and Peer Supporters should focus rather on Active Listening.

While Active Listening is one of the main components of Peer Support, this step can be the most difficult. If you find conversation is too difficult for the Peer, focus on informational tools you can share and review how the Peer can find help when he/she is ready.

Below is a list of *Do's* and *Don'ts* for Peer Supporters while engaging in Active Listening:

Do:	Don't:
✔ Let Peer guide the conversation ✔ Allow for silence ✔ Ask open-ended questions, like "Tell me more?" ✔ Ask clarifying questions ✔ Encourage Peer to elaborate ✔ Reframe what Peer has said ✔ Normalize Peer's feelings ✔ Empathize ✔ Share a short, relevant personal story ✔ Highlight Peer's virtues/merits ✔ Maintain eye contact ✔ Be aware of body language	✖ Judge Peer's actions/feelings ✖ Determine accuracy of facts ✖ Investigate the case ✖ Push for more details ✖ Interrupt ✖ Dominate the conversation ✖ Launch into your own personal story ✖ Minimize Peer's feelings ✖ Try to solve Peer's problems ✖ Psychoanalyze ✖ Offer false hope ✖ Assume your experience or reactions are the same

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D. Educational Tools

Helping the Peer to understand the reactions and feelings that clinicians commonly experience following an adverse event normalizes the experience and helps to mitigate the distress that the clinician may feel.

Knowing what to expect empowers the Peer to feel more in control, and the fact that educational resources have been developed validates the Peer's feelings and needs.

Following are 4 education tools which you can share with your Peer, detailed below.

1. The 6 Stages Clinicians Commonly Experience Following an Adverse Event

2. The Risks and Benefits of Guiding Ideals of Healthcare Professionals

| Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting others	Loyalty	Guilt and complicated bereavement after loss of others
Toughness and ability to endure hardships without complaint	Stoicism	Not aware of / acknowledging significant symptoms /suffering
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	Excellence	Feeling ashamed / denial or minimization of imperfections

3. The Stress Continuum Model

4. Understanding the Wave of Grief

Morris, S. (2018) *Overcoming grief: A self-help guide using cognitive behavioral techniques.* London: Robinson.

The 6 Stages Clinicians Commonly Experience Following an Adverse Event

Research indicates most clinicians who are struggling with a stressful event or situation commonly experience 6 stages on their journey to recovery. If staff are unfamiliar or unaware of these stages, these stages can be distressing. Knowing what to expect can empower the Peer to feel more in control.
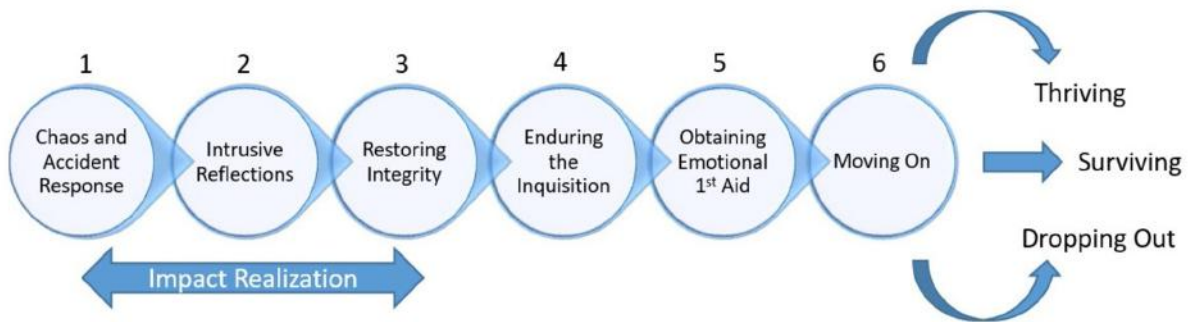
Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J. Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. Qual Saf Health Care. 2009 Oct;18(5):325-30.

1. **Chaos and Accident Response**
   This stage includes realization of the event/error that promotes confusion and turmoil as individuals and teams struggle to understand what happened.

   These feelings may be exacerbated by patient instability. Common clinician reactions at this time are confusion, distraction, self-blame, and disbelief.

   To Do: Important actions for Peer Supporters during this time are support and assessment of the clinician for ability to continue safely caring for patients.

2. **Intrusive Reflection**
   The affected clinician frequently relives the experience; second guessing decision making, feelings of inadequacy, and doubt are common.

   Intrusive thoughts about the event increase stress and distraction. Intrusive thoughts and fears about what colleagues may think of the clinician's skill and judgement exacerbate somatic symptoms such as insomnia, fatigue and tension. Psychosocial symptoms are also magnified, such as anger, remorse, depression, lack of concentration, and sadness.

   Expect that you will have recurring thoughts, flashbacks, or dreams about the situation. Most clinicians experience these intrusive thoughts and commonly report that it amplifies the stress they already feel.

   To Do: The Peer Supporter should direct the Peer to practice redirecting his/her thoughts when intrusive reflections occur. Each time they find themselves reliving the experience in their mind, they should consciously interrupt the memory and concentrate on a relaxation technique. Peers should use guided imagery, relaxation techniques, or controlled breathing to interrupt the memory and redirect their thoughts. This strategy takes practice, but can be surprisingly effective if consistently utilized. As they continue to do this, the intrusive thoughts should decrease over time. This simple strategy can be very effective in managing intrusive thoughts.

3. **Restoring Personal Integrity**
   This period of time is when clinicians commonly seek support. Seeking support may be delayed or abandoned if the clinician does not know who they can confidentially and safely speak with about the event. If the event involves a medical error, fear of litigation may stifle efforts to seek support. Clinicians at this stage often seek

to understand how this event has impacted their reputation and relationships with colleagues. When constructive support is absent, clinicians often have difficulty moving past this stage. Gossip about the event and a sense that others are avoiding the clinician involved make this stage particularly painful.

To Do: The Peer Supporter can listen, validate, and normalize the Peer's feelings, while reassuring that all discussion will remain in confidence.

4. **Enduring the Inquisition**
This stage is most commonly experienced if the event triggers a QA review or investigation. Initiation of the QA process may trigger additional fears about repercussions, job security, and licensure. It can be helpful to discuss the QA process with the Peer Supporter.

To Do: The Peer Supporter can remind the Peer that the purpose of the QA process is not to blame them personally, but to solve systemic issues and improve outcomes.

5. **Obtaining Emotional First Aid**
Clinicians may seek support in a variety of ways, e.g. from family/friends or colleagues, but doubts about what is allowed and safe may diminish these efforts. Clear information about what resources are available and how to access them can decrease the suffering experienced by the affected clinician.

To Do: Peer Supporters are knowledgeable about support options for clinicians and provide information to facilitate access to these resources.

6. **Moving on**
Peers commonly fall into one of three categories as they transition through these stages post-event:

   ❖ *Dropping Out*: Clinicians leave the local clinical area, institution, or profession
   ❖ *Surviving*: Peers remain in the clinical realm but suffer lingering effects of the event
   ❖ *Thriving*: Clinicians move past the event in a healthy manner with increased resiliency

To Do: Peer Support increases the likelihood that a clinician will successfully recover and develop the resiliency needed to avoid burnout and job fatigue.

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The Stress Continuum Model
The Stress Continuum Model is a fast and easy-to-use graphic describing 4 stages of stress reactions. Recognizing where you fall on this continuum is important to avoiding emotional fatigue and burnout.

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION • Optimal functioning • Adaptive growth • Wellness **FEATURES** • At one's best • Well trained and prepared • In control • Physically, mentally, and spiritually fit • Mission focused • Motivated • Calm and steady • Behaving ethically • Having fun	**DEFINITION** • Mild and transient distress or loss of functioning • Always goes away • Low risk for illness **CAUSES** • Any Stressor **FEATURES** • Feeling irritable, anxious, or down • Loss of motivation • Loss of focus • Difficulty sleeping • Muscle tension or other physical changes • Not having fun	**DEFINITION** • More severe and persistent distress or loss of function • Leaves a "scar" • Higher risk for illness **CAUSES** • Life Threat • Loss • Inner Conflict • Wear and Tear **FEATURES** • Loss of control • Panic, rage, or depressed mood • Substance Abuse • Not feeling like normal self • Excessive guilt, shame, or blame • Diminished sense of purpose, meaning, or hope in the future	**DEFINITION** • Unhealed stress injury causing life impairment • Clinical mental disorder **TYPES** • PTSD • Depression • Anxiety • Substance Dependence **FEATURES** • Symptoms persist and worsen over time • Sever distress, social or occupational impairment
Unit Leader Responsibility	Individual, Peer, Family Responsibility		Caregiver Responsibility

Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. Combat and operational behavioral health, 107-119.

To utilize this tool, determine where you fall on the Stress Continuum Model. See *Other Stress Indicators* below if you need help with this step. The more Stress Indicators you check off, the more likely you are functioning in the Injured/orange or Ill/red zone. If you fall toward the right (Injured/orange or Ill/red), take steps using coping, relaxation, and self-care mechanisms, which may include taking time off from work, to move yourself over to the left (Reacting/yellow or Ready/green).

It is unlikely that many healthcare workers are functioning in the Ready/green zone during a crisis. Realistically, most clinicians are not at optimal functioning during sustained periods of stress. The goal is to check in with yourself, be aware of your stress level, and act to move the continuum toward the left with self-care strategies. Have your Peer print out the Stress Continuum Model and check in with themselves every day.

Other Stress Indicators:		
Change in eating habits Change in weight Loss of will power Can't get tasks done Losing interest/apathy Can't think clearly	Conflict in relationships Going through the motions Fatigue Sleeping more than usual Memory problems Don't give yourself a break	Post-traumatic stress symptoms Isolating self Feeling overly busy Feeling hurried Can't hold a conversation Things excessively piling up

The Risks and Benefits of Guiding Ideals for Healthcare Professionals

Why are clinicians particularly vulnerable to burnout and the negative impact of circumstances and situations? It is important to recognize that the very ideals and strengths that draw individuals to the healthcare field in the first place make healthcare professionals more vulnerable to stresses and imperfections in the workplace.

Healthcare clinicians are dedicated professionals who often put the needs of patients before their own. This puts them at risk of becoming burned out and fatigued, especially in stressful circumstances. The graph below illustrates the pros and cons of attributes which healthcare workers commonly exhibit. Being aware of how these ideals may contribute to overwork and reluctance to accept help is key to avoiding the vulnerabilities associated with the strengths they bring to the bedside.

Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting others	Loyalty	Guilt and complicated bereavement after loss of others
Toughness and ability to endure hardships without complaint	Stoicism	Not aware of / acknowledging significant symptoms / suffering
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	Excellence	Feeling ashamed / denial or minimization of imperfections

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Understanding Grief

Educating the peer on the experience of grief can empower them to feel more in control.

What is Grief?

Grief is characterized by intense sadness and yearning. Intense emotions are a normal response to the loss. Over time, acute grief evolves into integrated grief: a background state that changes in quality and importance over time.

Clinicians may experience grief following an adverse event. Additionally, during the COVID-19 pandemic, people may be experiencing grief over the loss of their normal lives.

The Wave of Grief

The grieving process can be likened to a wavelike pattern, with periods of highs and lows of varying intensity and frequency.

Sometimes, clinicians can experience "trigger waves," or heightened levels of grief intensity, when they see or experience something that reminds them of their difficult event or situation.

Faced with what may feel like erratic patterns of progress, one of the most difficult challenges for those experiencing grief is not knowing what to expect and wondering if their experience is "normal."

Strategies that focus on increasing a sense of control can help bereaved healthcare providers successfully adjust to their loss and grief.

Part of the role of the peer supporter is to educate Peers about the wavelike nature of grief and to normalize intense emotions in order to promote realistic expectations of progress and thereby foster an increased sense of control throughout the grieving process.
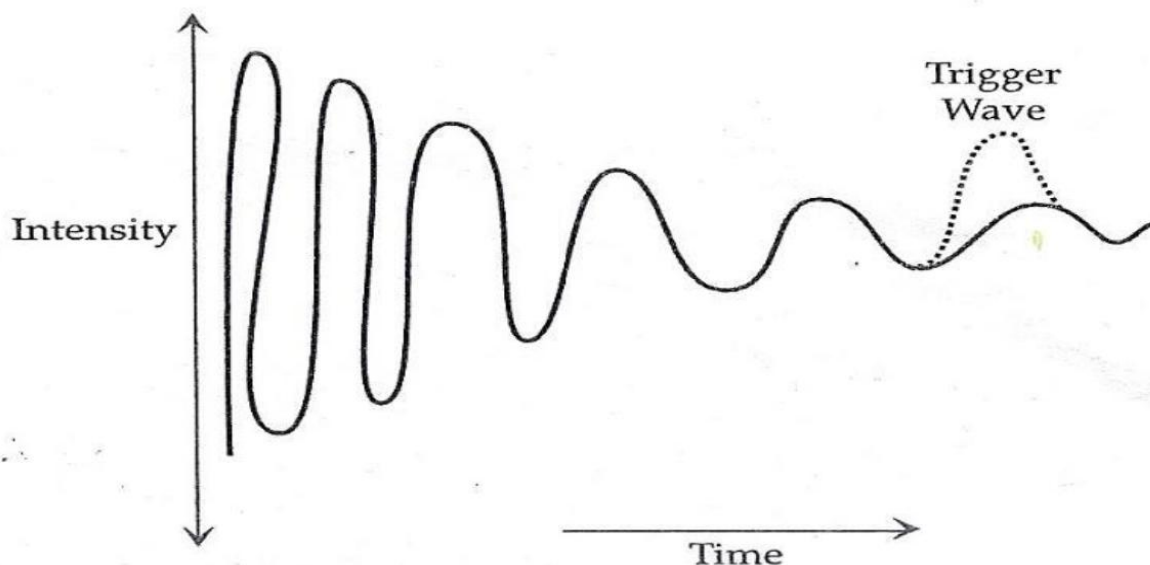
Morris, S. (2018) *Overcoming grief: A self-help guide using cognitive behavioral techniques*. London: Robinson.

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Do's and Don'ts for Supporting the Bereaved:

DON'T say "I can't imagine" or "I don't know how you do it." This can make the bereaved feel isolated.

> Instead, try to imagine and consider how they might be doing it, and reflect that back to them from a place of empathy.

DON'T ask people how they are doing. This is too general of a question, and the bereaved may feel that they are overall not doing well.

> Consider instead asking how their day is going, or how a specific part of their experience is going. For example, ask how their shift, meal, or loved one is..

DON'T try to relate their grief to what you have seen or known. Everybody grieves differently.

> Rather, simply connect around what you are seeing and hearing. "I can see that ___ is really hard" or "you must miss ___ so much" or "loss is so hard."

DO help people recognize that what they are feeling emotionally is not necessarily who they are. For example, oftentimes people will say "I feel like I am unraveling" or "I feel like I am helpless" or "I feel like I am lost."

> When you hear this, try saying, "Just because you feel ____ doesn't mean you are ____."

Responding to Acute Grief

Below are some steps you can take to support your colleague who may be experiencing acute grief.

Responding to Acute Grief	
Provide a safe place to grieve; give them permission to grieve Let them tell you what they need Let them tell their story as many times as they need Don't rush things Remember you can't take away their pain Discuss expectations of progress, and how grief presents in a wave-like fashion Remind them there is no single "correct" way to grieve Increase sense of well-being: Help identify achievable rituals and ways to engage virtual supports and comforts	Identify constructive strategies that help them cope and how to incorporate them into their daily routine (exercise, massage, relaxation techniques) Encourage them to avoid using substances such as alcohol or medications (unless prescribed by a mental health professional) to alleviate stress Acknowledge that emotions might be intense, and that they will probably continue to feel different emotions for a while Encourage them to maintain their normal routine as much as possible. Expect widely varying reactions to grief

E. Referrals and Resources

As a Peer Supporter, it is important to become familiar with your institution's available support resources. During the Peer Support Discussion, you can make a note of which resources may be helpful to them. Sharing resources is not meant to replace the Listening component of Peer Support; share resources to augment Peer Support, empower the Peer to seek more care, and expedite access to prompt professional support.

Guide to Institutional Support Resources

The institution should compile all available hospital support resources in one document. This document should briefly describe the services, and share how someone can request or contact the service. The Peer Supporter should have this resource ready and review relevant resources with the Peer.

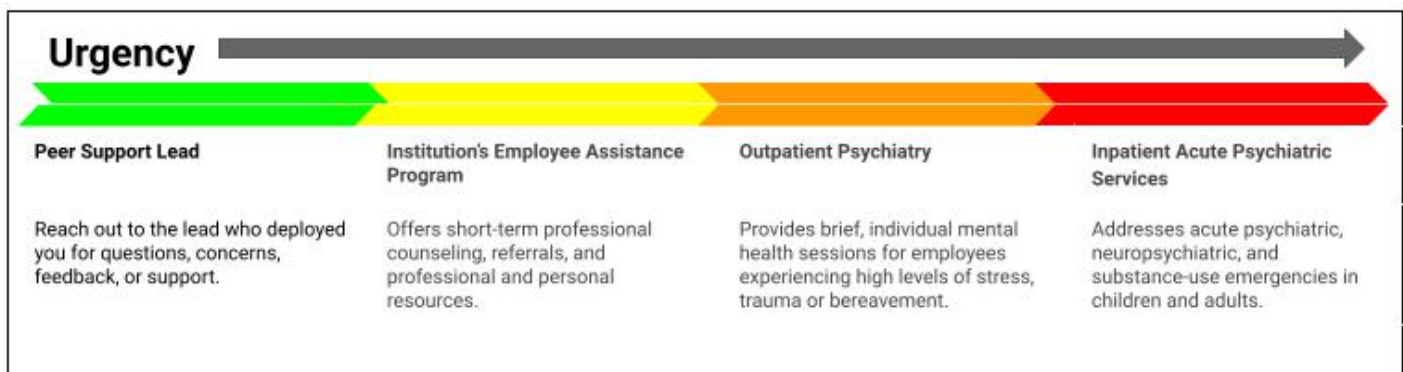Institutional Support Resources may include:

- ❖ Peer-based support (e.g. buddy system, reflection rounds)
- ❖ Resources to aid staff in coping with COVID-19 (e.g. articles, webinars, podcasts, infographics, workshops)
- ❖ Hospital services (e.g. Human Resources, Employee Assistance Program, Spiritual Care)
- ❖ Work/life resources (e.g. caregiving, diversity, equity, housing, finance, legal, nutrition, physical, safety, sleep)
- ❖ Mental health resources (e.g substance use, suicide prevention, cognitive therapy, pyschiatric services)
- ❖ Coaching (e.g. professional development coaching)
- ❖ Mindfulness and meditation resources (e.g. meditation apps, journaling clubs, yoga)

Know Your Limitations: Escalating Support

The Peer Supporter's role is to offer support and empathy to a colleague who may be impacted by a traumatic event. You are not expected to make a mental health intervention. If your discussion with a Peer raises concerns about their psychiatric well-being, please escalate as appropriate.

The institution should create an Escalation Plan for Peer Supporters, detailing when and to whom to escalate a Peer's care. Below is a sample; this should be customized based on the institution's available support resources.

Sample Escalation Plan for Peer Supporters

Urgency ➝			
Peer Support Lead	**Institution's Employee Assistance Program**	**Outpatient Psychiatry**	**Inpatient Acute Psychiatric Services**
Reach out to the lead who deployed you for questions, concerns, feedback, or support.	Offers short-term professional counseling, referrals, and professional and personal resources.	Provides brief, individual mental health sessions for employees experiencing high levels of stress, trauma or bereavement.	Addresses acute psychiatric, neuropsychiatric, and substance-use emergencies in children and adults.

F. Conclusion: Making a Plan

The purpose of this step is to ensure that next steps are clear for the Peer.

- ❖ Ask, "Are you going to be okay? Who will you contact if you are not?"
- ❖ Review the coping strategies the Peer would find most useful
- ❖ Ensure they understand the plan – who to call, which appointments to make, where to find resources, etc.
- ❖ Confirm sources of outside support for the Peer - who do they trust to help them through this difficult time?
  - ➢ The Peer should Identify family, friends and colleagues who will be a source of support for them during this time
  - ➢ Let the Peer know that it is appropriate for them to discuss that they have had a particularly difficult situation at work

  - ➢ However, they should not discuss clinical details about the event or disclose patient information to these individuals
  - ➢ Let the Peer know that it is acceptable to ask for patience and understanding from their family and friends
- ❖ Provide Peer with any written or digital resources
- ❖ Answer any questions
- ❖ Offer your availability to speak with Peer again
- ❖ Confirm how they would like to be contacted and obtain any phone or email info needed
- ❖ Provide information for contacting you with questions or concerns
- ❖ Thank them for sharing their story

G. Follow Up with Peer in 1-2 Weeks

Reach out to the Peer during the agreed upon time frame to check in on them.

- ❖ Email or call to see how they are doing
- ❖ Include "Confidential/Peer Review Protected" in an email subject line
- ❖ Ask how their day/week was
- ❖ Ask if they are interested in meeting again
- ❖ Inquire if they need anything else – were they successful in scheduling appointments?

H. Documentation

Peer Supporters should complete their institution's Peer Supporter Interventions Form (See *Triage and Deployment Process* above).

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I. Peer Supporter Quick Guide

Below is a resource for Peer Supporters to quickly review the main elements of a Peer Support Discussion. This resource includes example phrases to use, since it can sometimes be difficult to find the right words to say.

Peer Support Quick Guide

Peer Support Intervention	Concept	Example Phrases
Introduction	• Disclaimer script	• "Thank you for taking the time to meet with me. Please know that I am a trained volunteer and here to listen. The information you provide me I will keep in confidence and will not be shared without your knowledge."
Active Listening	• Establish a trusting relationship • Use encouragers • Reinforce listening • Give a cautious invitation to reflect on emotion • Normalize and summarize the core concerns or themes raised	• "I am thankful for your willingness to share your story." • "Mhm/Aha/It's okay/I hear what you are saying." • "So it sounds like…" • "It sounds like this may have created some feelings of anxiety in you." • "It is not unusual to feel the way you are feeling." • "So it sounds like sleep has been difficult, and you are feeling anxious a lot."
Education	• Share educational tools which may empower them to feel more in control	• "There is no 'right' way to grieve. Grief can occur in a wave-like pattern, with ups and downs." • "The Stress Continuum Model allows you to check in on yourself daily and be mindful of how you are doing." • "It looks like you may be experiencing one of the 6 stages clinicians commonly experience following an adverse patient event."
Coping and Support Resources	• Note some of the difficulties they have shared • Inquire about past coping mechanisms that were successful • Recognize some of their supports or strengths • Share support resources that are available at your institution	• "Here is a list of available resources and contact information for you." • "You mentioned you enjoy group support - have you tried the Group Resiliency Rounds?" • "I'm hearing that you enjoy meditation. There is a great meditation app offered for free for hospital employees." • "In the past, when you were stressed, what have you found helped you with sleep/anxiety?" • "It sounds like jogging helps distract you and may help with sleep."
Conclusion	• Thank them • Ask permission to follow up • Make a plan	• "Thank you for sharing your story. Would it be okay if I reached out sometime soon to see how you are doing?" • "What's the best way to contact you?" • "Are you going to be okay? Who will you contact if you are not?" • "So the plan is for you to jog and meditate daily for a week, and to call your sister tomorrow." • "Do you have any questions?"

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VI. FAQs

Q: **Which roles should be trained as Peer Supporters? Should only nurses be trained as Peer Supporters?**

A: Peer Support should be available for all role types– clinical, supportive, administrative– so it is best to train Peer Supporters of all role types. Roles of Peer Supporters can include nurses, nursing support staff, NP/PAs, residents, fellows, attendings, pharmacists, technicians, supervisors, administrative staff, and others.

Q: **How many Peer Supporters should I get trained from my unit?**

A: As a general rule, you should train as many nominees/volunteers as you can get, to ensure the availability and diversity of your Peer Supporter pool.

Q: **Is Peer Support just for adverse events, or for difficult situations in general?**

A: Peer Support is for ANY challenging event or situation. For example, a Peer may want support in grappling with a negative patient outcome, or may want guidance in navigating the unique challenges of the COVID-19 pandemic.

Q: What should I do if someone requests Peer Support to discuss grievances against another staff member?

A: Peer Support is not the appropriate resource to support staff grappling with the professional conduct of their colleagues. Staff professional conduct issues are strictly confidential and should not be discussed peer-to-peer. Support for this should rather be offered through the institution's Human Resources department.

Q: Should Peer Supporters loop back to leadership, or interactions are meant to remain peer-to-peer?

A: Details of the outreach should remain confidential. The local or centralized Peer Support program may collect basic information on interventions and outcomes, such as whether a Peer Support Intervention occurred and when.

Q: How do I support the Peer Supporters?

A: Peer Supporters need support too. Peer Supporters should be encouraged to utilize their local or central Peer Support program, as well as other institutional support resources available. Quarterly Peer Supporter Community meetings should also be arranged to offer ongoing support and engagement for the Peer Supporter community.

Q: Can Peer Supporters facilitate group Peer Support discussions?

A: If a group of people were involved in an adverse event or difficult situation and would like to receive support as a group, they should be directed to an Employee Assistance Program or mental health professional. As a general rule, Peer Supporters are not trained to facilitate group interventions.

VII. Sources

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