

Peer Support: Understanding the Rationaleand How to Structure an Effective Program....

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Disclosure

- I have no financial disclosures relevant to this presentation.

What do we mean by peer support?

Table 1. Definitions of peer and support

Definition of peer

Noun

1: one that is of equal standing with another: equal

Definition of support

Transitive verb

1: to endure bravely or quietly: bear

2a (1): to promote the interests or cause of

(2): to uphold or defend as valid or right: advocate

b (1): assist, help

c: to provide with substantiation: corroborate

3a: to pay the costs of: maintain

b: to provide a basis for the existence or subsistence of

4a: to hold up or serve as a foundation or prop for

5: to keep from fainting, yielding, or losing courage: comfort

6: to keep (something) going

- This term was first used by Wu in a 2000 editorial, wherein he defines the 'second victims' as those healthcare professionals (HCP) who are 'wounded by the same errors' as the patients who are harmed.
- The prevalence of second victims is between 10.4 and 43.3%

What is Burnout?

- Burnout is a syndrome of exhaustion, cynicism, and decreased effectiveness at work.
- Characterized by:
- Emotional exhaustion is feeling tired and fatigued at work (it can result in absence from work).
- Depersonalization is developing a callous/uncaring feeling, even hostility, toward others (either clients or colleagues).
- Reduced personal accomplishment is feeling you (the employee) are not accomplishing anything worthwhile at work. This can lead to a lack of motivation and poor performance.

The Burnout Clinical Subtype Questionnaire (BCSQ-36)

- another scale, also divides burnout into three subtypes:
- The “frenetic” type:
 - describes involved and ambitious subjects who sacrifice their health and personal lives for their jobs.
- The “underchallenged” type
 - describes indifferent and bored workers who fail to find personal development in their jobs.
- The “worn-out” type
 - describes neglectful subjects who feel they have little control over results and whose efforts go unacknowledged.

What contributes to burnout?

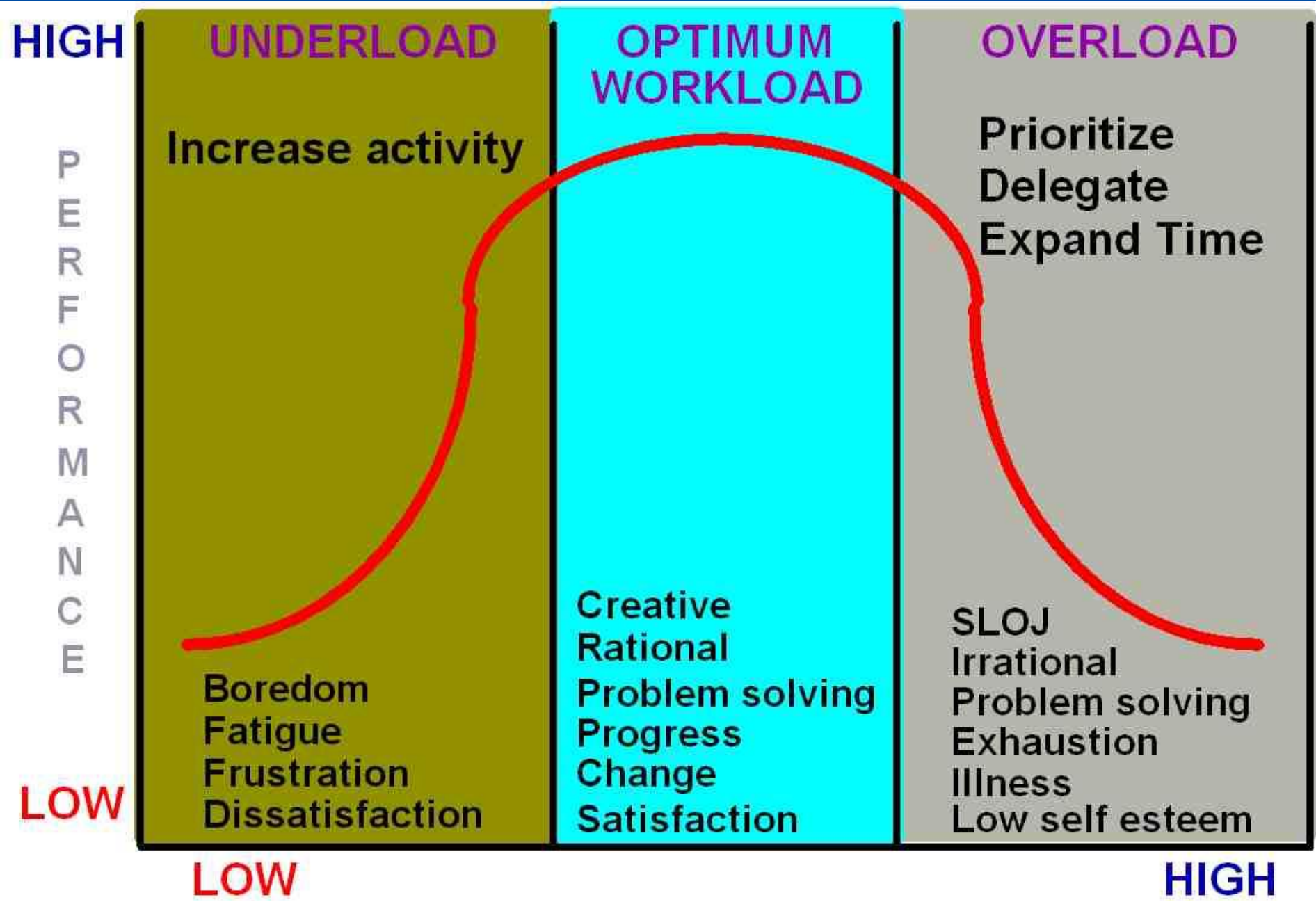
- Excessive workload
- clerical burden and inefficiency in the Practice environment
- a loss of control over work
- problems with work-life integration
- erosion of meaning in work

Sinsky C, Colligan L, Li L, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. *Ann Intern Med.* 2016; 165(11):753-760.



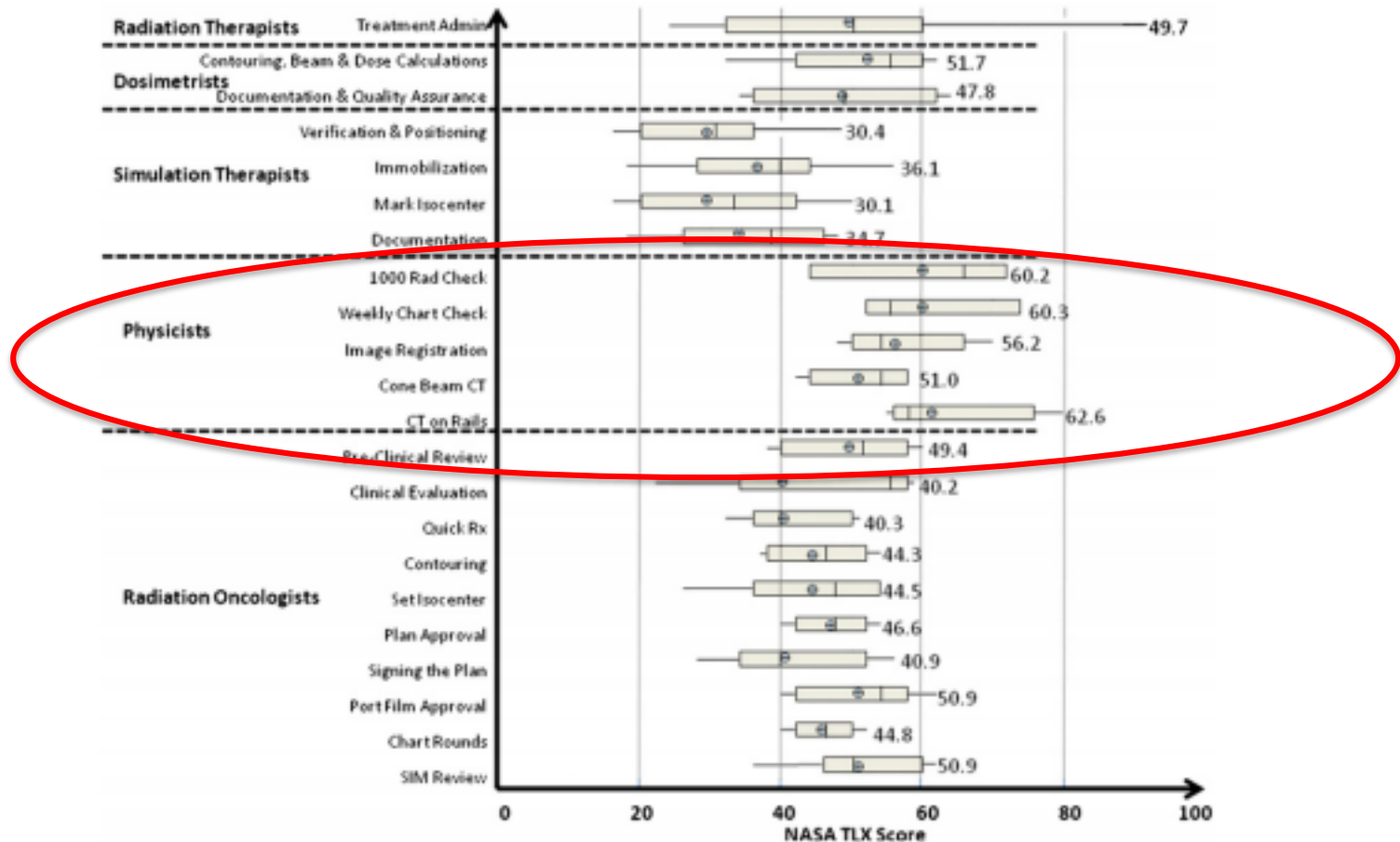
NASA TLX

- Mental Demand
- Physical Demand
- Temporal Demand
- Performance (self rated)
- Effort
- Frustration Level



Background

SA-CME



- Mazur LM et al. Quantitative assessment of workload and stressors in clinical radiation oncology. *Int J Radiat Oncol Biol Phys.* 2012 Aug 1;83(5):e571-6. doi: 10.1016/j.ijrobp.2012.01.063. Epub 2012

What's known about stress among medical physicists?

- 112 medical physicists
- What increases stress:
 - increasing patient numbers
 - waiting lists
 - increasing demands on time
 - limited opportunities for continuing professional development
 - perceptions that workforce is undervalued
 - inter-personal/teaching demands
- Halkett GKB, Berg MN, Breen LJ, et al. Sustainability of the Australian radiation oncology workforce: A survey of radiation therapists and radiation oncology medical physicists. *Eur J Cancer Care (Engl)*. 2018 Mar;27(2):e12804. doi: 10.1111/ecc.12804. Epub 2018 Jan 17.

What we know.....

- Only 35% of medical physicists felt the profession is respected in the community
- Only 34% felt “The job can be completed to my satisfaction within the paid time available”
- Only 43% felt hours of work were good/very good
- Only 38% felt workload was good/very good
- 60% felt pay rate was good/very good
- Halkett GKB, Berg MN, Breen LJ, et al. Sustainability of the Australian radiation oncology workforce: A survey of radiation therapists and radiation oncology medical physicists. *Eur J Cancer Care (Engl)*. 2018 Mar;27(2):e12804. doi: 10.1111/ecc.12804. Epub 2018 Jan 17.

Satisfaction- 2012 ASTRO workforce

TABLE 2. Satisfaction.

	<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Neutral</i>	<i>Dissatisfied</i>	<i>Very Dissatisfied</i>
Time available for family and personal life	3.8	34.3	21.9	31.7	8.2
Opportunity to teach MP students	3.3	20.3	54.5	18.6	3.3
Compensation/ salary	7.5	42.4	25.4	20.0	4.7
Staffing resources available	2.9	32.3	32.9	27.4	4.5
Volume of patient load	1.9	38.1	38.8	18.8	2.3
Time spent with patient/tx file	2.3	46.2	38.5	12.1	0.8

40% self described as burned out

- Chen et al. A special report of current state of the medical physicist workforce — results of the 2012 ASTRO Comprehensive Workforce Study. J Appl Clin Med Phys. 2015 May; 16(3): 399–405.

Peer Support- why should institutions care?

- Clinicians in stress:
 - Experience burnout
 - Are more prone to error
 - Practice in a more risky fashion
 - Exhibit less empathy

- Support for clinician distress is not a personal issue, it is an institutional issue and a quality of care issue

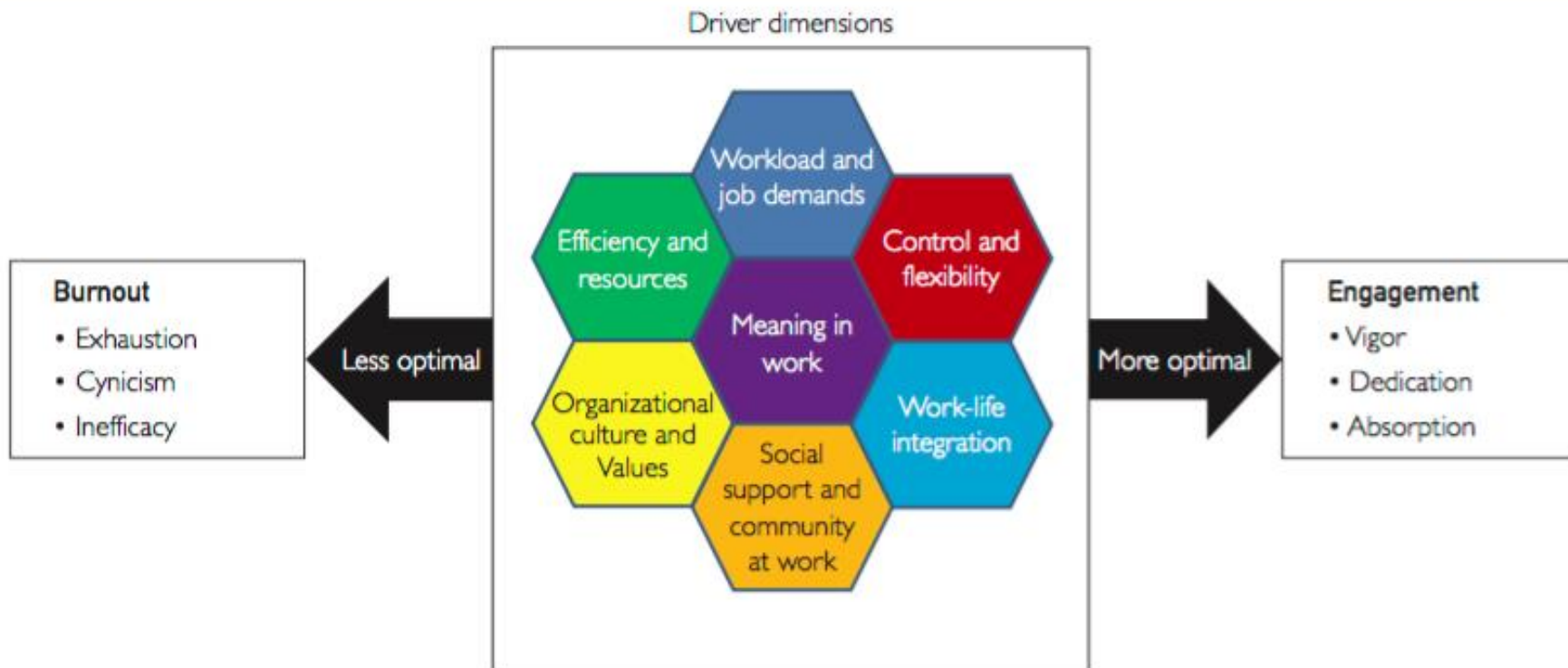


FIGURE 2. Key drivers of burnout and engagement in physicians.

Why should institutions care?

- Population-based studies have linked burnout to cardiovascular disease and also suggest that burnout is associated with significantly shorter life expectancy.
- Strong evidence has linked burnout in physicians to problematic alcohol use, broken relationships, depression, and suicide.
- Ahola K, Väänänen A, Koskinen A, Kouvonen A, Shirom A. Burnout as a predictor of all-cause mortality among industrial employees: a 10-year prospective register-linkage study. *J Psychosom Res.* 2010;69(1):51-57.

Why should institutions care?

- Studies in nurses have found a correlation between nurse burnout at the hospital level and independently reported hospital-acquired infections
- Prospective longitudinal study among inpatients found that the post discharge recovery time was longer for patients cared for by physicians who were more burned out.
- Cimiotti JP, et al. Nurse staffing, burnout, and health care-associated infection. *Am J Infect Control*. 2012;40(6):486-490.
- Halbesleben JR, et al. Linking physician burnout and patient outcomes: exploring the dyadic relationship between physicians and patients. *Health Care Manage Rev*. 2008;33(1):29-39.

Why should institutions care?

- Sixteen out of the 27 studies that measured well-being found a significant correlation between poor well-being and worse patient safety.
- Twenty-one out of the 30 studies that measured burnout found a significant association between burnout and patient safety
- Hall et al. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLoS One. 2016; 11(7): e0159015.

What about Cost?

- John Hopkins program RISE, cost of running the program — such as hours that volunteer peer responders are unable to do billable work — and came up with a cost per year for each nurse who received peer support-\$656.
- Nurses were almost four times as likely to predict that they would leave their job after a high-impact patient event (an unexpected death, for example) in which they did not get peer support, than they were if they got RISE support.

- Given that replacing a nurse can cost \$100,000 or more----Net cost savings of nearly \$22,600 per nurse who received help from RISE.
- **In all, the RISE program benefit totaled about \$1.8 million.**
- Moran D, et al. Cost-Benefit Analysis of a Support Program for Nursing Staff. J Patient Saf. 2017 Apr 27.



Sarcasm support group

Peer Support

- HCPs (especially team leaders) do not access traditional venues
- Are more receptive to support from colleagues who have been there
- Will not access support in front of those whose team they lead

Peer support increasingly recognized as integral

- Support group participation:
 - Decreases feelings of isolation
 - Facilitates reflectiveness and mindfulness
 - May lead to improved resilience and strengthened professional identity

Translates to:

- Decreased burnout and perceived stress
- Increased empathy and job satisfaction
- Improved patient care

- vanWyk BE, Pillay-van Wyk V. Preventive staff-support interventions for health workers. *Cochrane Database Syst Rev* 2010 Mar 17;(3):CD003541. doi: 10.1002/14651858.CD003541.pub2.

- Satterfield JM, Becerra C. Developmental challenges, stressors and coping

Medical Physicists and Physicians: Similarities

- Used to acting as leaders, less likely to desire image of vulnerability
- Highly competent
- Highly trained and educated
- Embarrassment/stigma surrounding error
- Desirous of one-to-one

And now, for Dr. Johnson....

NEEDS ASSESSMENT OF PEER SUPPORT IN MEDICAL PHYSICS

JENNIFER L JOHNSON, MBA, PhD, FAAPM

2018 AAPM SPRING CLINICAL MEETING

APRIL 10, 2018

DISCLOSURES

NO FINANCIAL DISCLOSURES

CHAIR, AAPM WORK GROUP ON
PREVENTION OF ERRORS IN RADIATION
ONCOLOGY

INNOVATION / IMPACT

STRESS IMPACTS PROFESSIONAL PERFORMANCE AND PERSONAL HEALTH.

PREVIOUS STUDIES SUGGEST THAT OF THE PROFESSIONAL GROUPS IN RADIATION ONCOLOGY, MEDICAL PHYSICISTS EXPERIENCE SIGNIFICANT STRESS.

LITTLE IS KNOWN ABOUT HOW MEDICAL PHYSICISTS USE SOCIAL SUPPORT IN TIMES OF STRESS OR MEDICAL ERROR.

THE SURVEY ASSESSES THE WILLINGNESS OF MEDICAL PHYSICIST TO SEEK SUPPORT IN TIMES OF STRESS, AND SUGGESTS THAT PEERS COULD BE AN ACCEPTABLE SOURCE OF SUPPORT.

THE PEER SUPPORT PROGRAMS INSTITUTED FOR PHYSICIANS MAY ALSO BE SUCCESSFUL AMONG MEDICAL PHYSICISTS.

SURVEY ASSESSMENT STUDY DESIGN

A SURVEY ADAPTED FROM SHAPIRO *ET AL*
WAS ADMINISTERED BY AAPM TO 8566
MEMBERS VIA EMAIL (JAN 23 – FEB 12, 2017)

Subject: Invitation: Support Needs of Medical Physicists [4317]

From: 2017.aapmessages@aapm.org

To: Ms_JL_Johnson@yahoo.com

Date: Mon, Jan 23, 2017, 9:50:47 AM

Dear AAPM Member,

The AAPM's Work Group on Prevention of Errors (WGPE) is conducting a survey^[1] in collaboration with Sue Evans, MD, Jennifer Johnson, MS, Eric Ford, PhD, Shannon Fogh, MD, and James Yu, MD to understand the support needs in times of stress for medical physicists.

Medical physics is stressful work. Support mechanisms are those people or services one would turn to in a stressful situation. This survey is designed to understand the support needs of medical physicists. We request your participation, which is both confidential and anonymous. This has been reviewed by Yale University's Human Investigations Committee and has been given exemption status.

The survey is 58 questions and should take 10-15 minutes.

www.surveymonkey.com/r/PhysicsSupport

If you have any questions or concerns, or if you would like to be directed to a similar study done among physicians, please do not hesitate to contact [Sue Evans](#), or [Jennifer Johnson](#).

Suzanne B. Evans, MD, M.P.H.
Yale University

SURVEY ASSESSMENT STUDY DESIGN

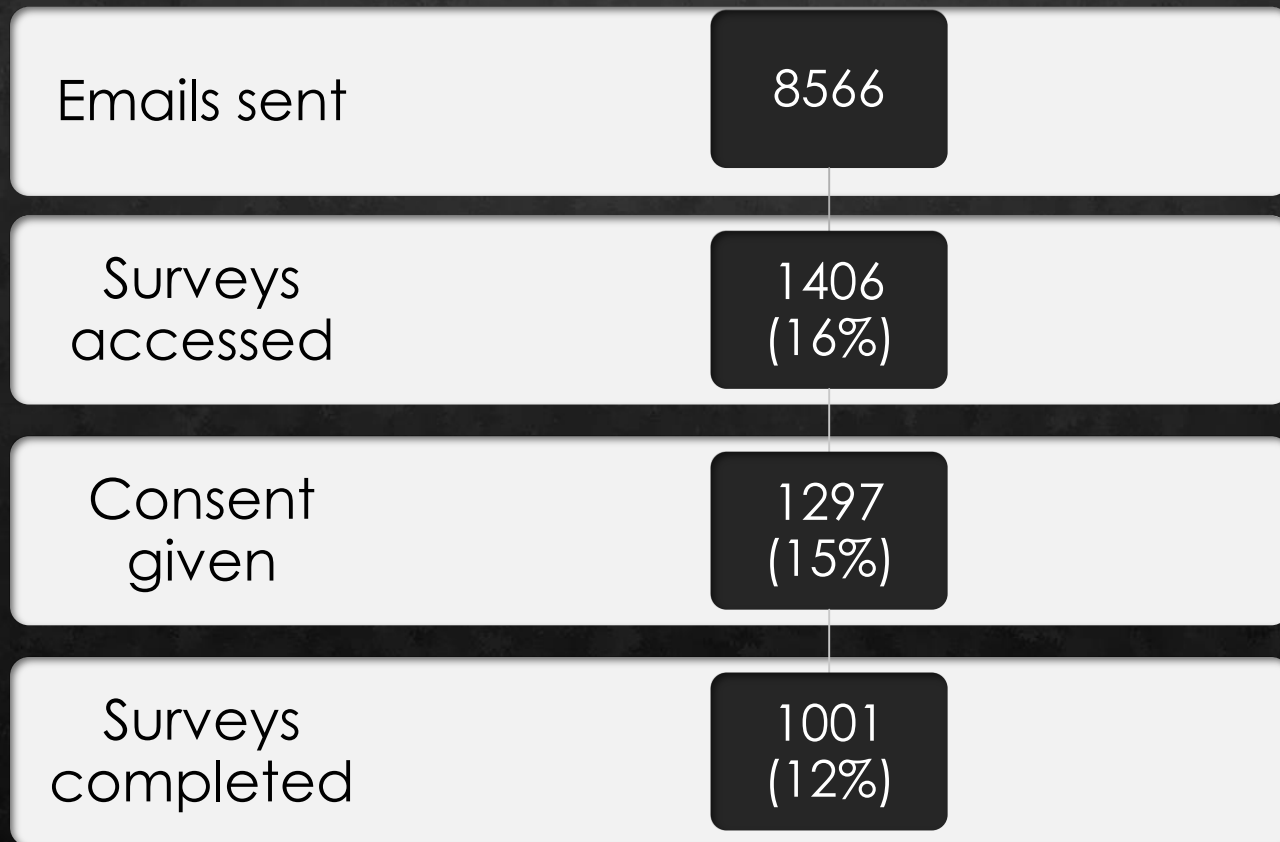
RESPONDENTS WERE CONSIDERED LIKELY TO SEEK SUPPORT IF THEY ANSWERED (PROBABLY/DEFINITELY WOULD) AND UNLIKELY TO SEEK SUPPORT IF THEY ANSWERED (PROBABLY/DEFINITELY WOULD NOT).

SURVEY ASSESSMENT STUDY DESIGN

LOGISTIC REGRESSION WAS APPLIED TO DETERMINE ASSOCIATIONS BETWEEN DEMOGRAPHIC FACTORS AND WILLINGNESS TO SEEK SUPPORT AS WELL AS PERCEPTION OF BARRIERS.

THE RESULTS WERE ALSO COMPARED TO HISTORICAL DATA ON PHYSICIANS USING CHI SQUARED GOODNESS-OF-FIT.

RESULTS









RESULTS

RESPONDENTS WERE PREDOMINANTLY IN

- RADIATION ONCOLOGY (82%)
- MALE (69%)
- PRIVATE PRACTICE (52%)
- PRACTICING >20 YEARS (36%) OR 11-20 YEARS (24%)

RESULTS

Table 1: The scenarios in which respondents expressed willingness to seek social support

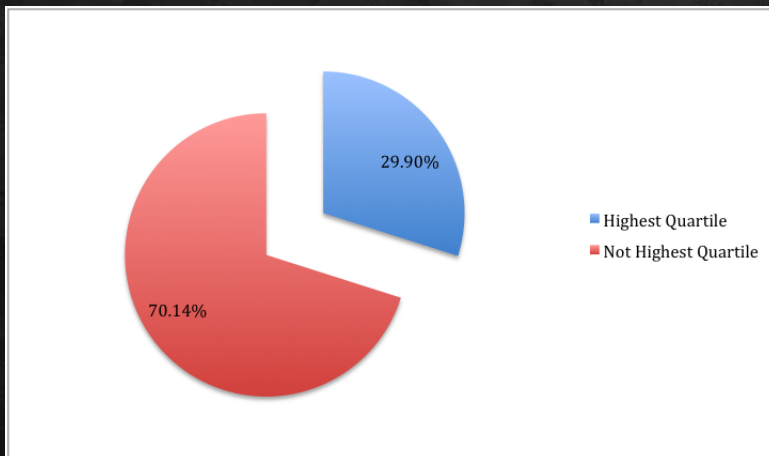
Possible Scenario for Social Support	Willingness to seek Social Support	
	Medical Physicists	Physicians
Physical illness in self	78.6% 	62.0%
Mental illness in self	71.0% 	50.0%
Physical illness in family member	72.5%	
Mental illness in family member	69.0%	
Medical Error	74.0% 	67.0%
Adverse Patient Outcome	75.2% 	63.0%
Poor patient outcome, regardless of responsibility	52.2%	
Personal Fatigue	33.2% 	9.0%
Personal Burnout	44.3% 	24.0%

P < 0.001

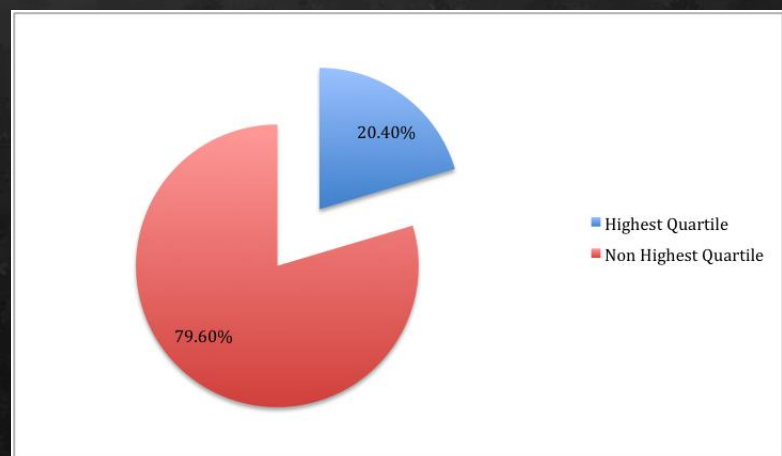
RESULTS

Figure 2: The percentage in the highest quartile by gender of those willing to seek support (12 or more of 16 surveyed scenarios)

Women seeking support







Men seeking support



RESULTS

Table 2: The Perceived Barriers identified to seeking social support by respondents

Barrier	Prevalence
Lack of time	80.3% 
Uncertainty about who to access for support	70.7% 
Confidentiality concerns	68.4% 
Negative career impact	64.3% 
Unwanted documentation on one's record	63.1%
Concern about unwanted intervention	61.1%
Difficulty with access to services	61.1%
Stigma of mental health care	54.4%
Cost	54.3%
Fear of legal consequences	52.2%

RESULTS

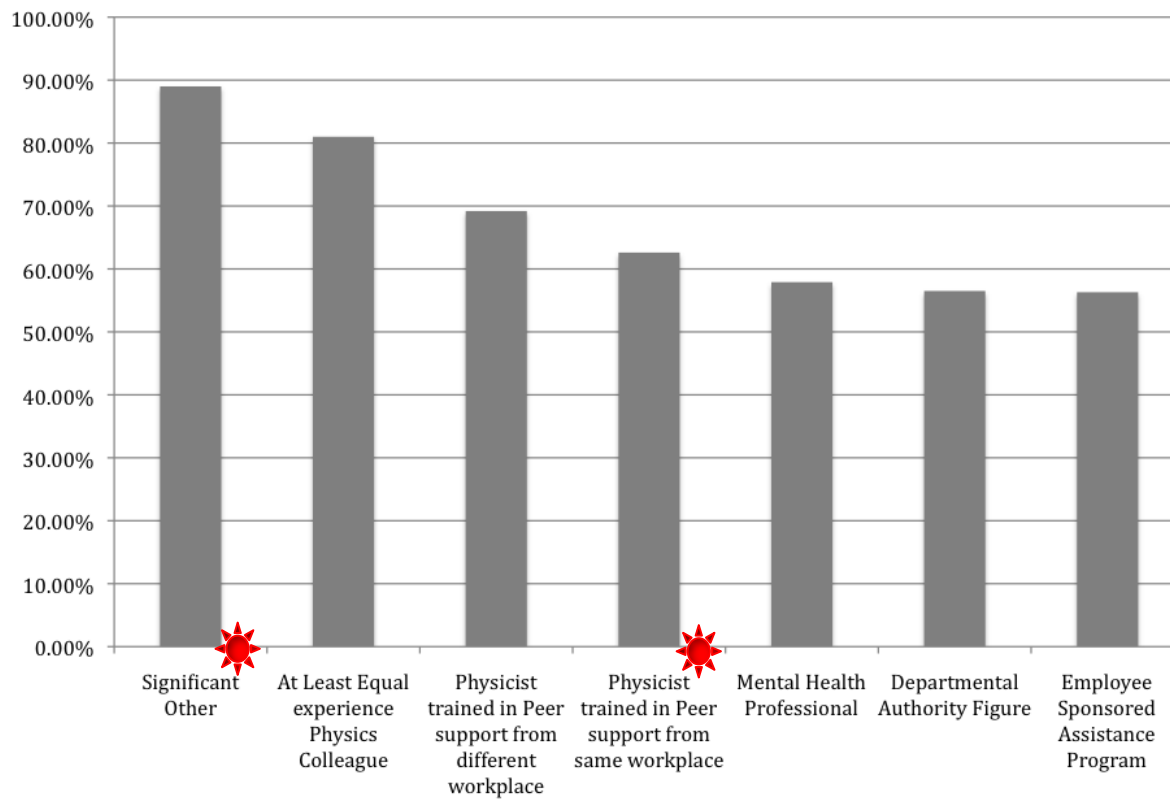
FACTORS ASSOCIATED WITH MPs UNWILLINGNESS TO SEEK **SUPPORT FOR MEDICAL ERROR** INCLUDED

- >20 YEARS IN PRACTICE (VS. STILL IN TRAINING -OR 0.30, P=0.015)
- MALE GENDER (OR 0.60, P=0.003)

THERE WERE NO DEMOGRAPHIC FACTORS ASSOCIATED WITH UNWILLINGNESS TO SEEK **SUPPORT FOR BURNOUT**.

RESULTS

Figure 1: The individuals considered suitable for providing social support by respondents



RESULTS

67% OF RESPONDENTS IDENTIFIED AS HAVING BEEN EXPOSED TO ONE OR MORE OF THE FOLLOWING STRESSORS:

- SERIOUS ADVERSE EVENT IN A PATIENT OF THEIR OWN (8%)
- PERSONAL SERIOUS PHYSICAL ILLNESS (14%)
- FREQUENT OR CONSTANT BURNOUT (33%)
- SERIOUS FAMILY ILLNESS (35%)
- DEATH OF A FAMILY MEMBER (25%)
- PERSONAL MENTAL ILLNESS (9%)
- DESIRE FOR SELF-HARM (4%)

CONCLUSIONS

MEDICAL PHYSICISTS ARE RELUCTANT TO SEEK SUPPORT FOR FATIGUE OR BURNOUT BUT ARE MORE WILLING TO SEEK SOCIAL SUPPORT AFTER INVOLVEMENT WITH MEDICAL ERROR OR ADVERSE PATIENT EVENT.

COMPARED TO THEIR PHYSICIAN COLLEAGUES, MPs ARE MORE WILLING TO SEEK SOCIAL SUPPORT IN ALL SURVEYED SITUATIONS.

THE PEER SUPPORT MODEL THAT HAS BEEN INSTITUTED FOR PHYSICIANS COULD HAVE SIMILAR SUCCESS AMONG MPs.

EFFECTIVE PEER SUPPORT

DR EVANS

Peer Support: now we understand
the rationale
....and How to Structure an
Effective Program?



Brigham Model



the **CENTER** for
PROFESSIONALISM
and **PEER SUPPORT**

Peer Support: the brigham model

- System accessed at will when...
 - Unanticipated clinical event involving pediatric patient
 - Unexpected patient death
 - Preventable harm to patient
 - Multiple patients with a bad outcome within a short period of time in one clinical area
 - Patient who “connects” to HCP’s own family
 - Long term care relationship with patient death

Peer Support: the brigham model

- System accessed at will when...
 - Clinician experiencing their first patient death
 - Death of a staff member or spouse of staff member\death in young adult patient
 - Notification of pending litigation
 - Community high profile event/patient
 - Needlestick with high risk patient
 - Medical Error

Peer Support

- Network of Peer supporters
- Solicit nominations from peers
- Training:
 - Teach generous listening
 - Frame based feedback
 - Allow for recognition that care needs to be escalated
 - Mandatory reporters for impairment (substance)

Peer Support Session

- Informal session
- Minimal documentation
- 1-2 psychiatry faculty members recruited for escalated care
- In Brigham system: about 50 sessions a year

Stages of Recovery Following an Adverse Event

- Chaos and accident response
- Intrusive reflections
- Restoring personal integrity
- Enduring the inquisition
- Obtaining emotional first aid
- Moving on, at which point clinicians will either drop out of practice, thrive, or merely survive
- Scott, 2009, The natural history of recovery for the healthcare provider “second victim” after adverse patient events

Chaos and accident response

- Point of impact is equal to event recognized/error realized
- Stabilize offering immediate supportive care for patient
- May or may not be able to continue providing care for this patient
- Clinician commonly distracted
- How did that happen?

Intrusive reflections

- Evaluate clinical events that have transpired
- Self-isolation to reflect on the case and care delivered
- Haunted reenactments of event
- Feelings of self-doubt and professional inadequacies
- Shock and denial

- What did I miss?

Restoring personal integrity

- Fears rejection among work/social structure
- Fear of the unknown (next steps) is prevalent
- Struggling to get back to 'baseline' level of professional skill confidence

- What will others think?

Enduring the inquisition

- Realization of event severity
- Reiterate scenario
- Respond to numerous clinical questions surrounding the event
- Interact with event responders (many strangers)
- What happens next? Who can I talk to

Obtaining emotional first aid

- Identify who is safe to confide in
- Attempting personal/ professional support
- May 'hint and hope' for support from various sources

- Do I need help?
- Can I handle this work?

Possible outcomes: Dropping out

- Feelings of inadequacy and failure
- Leave current role by transferring to different facility or unit
- Consider quitting profession altogether

Possible Outcome: Surviving

- Coping with what has transpired
- Persistent sadness prevails
- Trying to learn from event
- Assist in defense of legal action

Possible Outcome: Thriving

- Does not base practice/work on one event
- Minimal adverse effect from event
- Advocates for patient safety initiatives
- Tries to make a difference for the next patient or clinician

What have people found helpful after medical error?

- Talking about it
 - Disclosure and apology
 - Forgiveness
 - A Moral Context
 - Dealing with Imperfection
 - Learning/Becoming an Expert
 - Preventing Recurrences/improving Teamwork
 - Helping others/Teaching about it

SA-CME

- Ref: Plews-Ogan M, May N, Owens J, Ardelt M, Shapiro J, Bell SK. Wisdom in Medicine: What Helps Physicians After a Medical Error?

What's helpful about peer support for burnout?

660 healthcare workers scoring above 75th percentile for burnout, randomized controlled trial of burnout peer support

Statistically significant intervention effects were found for:

- general health
- perceived quantitative demands at work
- participation and development opportunities at work
- support at work

- Peterson U, et al. Reflecting peer-support groups in the prevention of stress and burnout: randomized controlled trial. J Adv Nurs. 2008 Sep;63(5):506-16. doi: 10.1111/j.1365-2648.2008.04743.x.

So what improves for people with burnout?

- Seven categories of experiences from participating were identified:
 - talking to others in a similar situation
 - knowledge,
 - sense of belonging
 - self-confidence
 - structure
 - relief of symptoms and behavioural change
 - Peterson U, et al. Reflecting peer-support groups in the prevention of stress and burnout: randomized controlled trial. *J Adv Nurs*. 2008 Sep;63(5):506-16. doi: 10.1111/j.1365-2648.2008.04743.x.

What does peer support sound like?

- Starts with the assumption: I assume that you are a dedicated person who shows up at work intending to do an excellent job.
- Frame-based feedback: algorithm overview
- My Frame
 - First person observation of specific behavior
 - Concern or appreciation appreciation
- Their Frame
 - Short open-ended question (for starters)
- Match your discussion to their frame

First step

- Before the peer has agreed to the support conversation
- Outreach call (normalize the outreach and explain the program)
- “We reach out to any clinician in an adverse or other emotionally stressful event, only because it can often be very stressful . . . Every clinician I know has been in this position at some point in their career, and I have too . . . We’ve found that most of us appreciate talking to a peer because it’s hard for other people to know how it feels.”
- Shapiro J, Galowitz P. Peer Support for Clinicians: a Programmatic Approach. Acad Med. 2016;91:1200–1204.

Once the peer has agree to the support conversation

- Invitation/opening (provide an opportunity for the peer to talk openly about the event)
 - “Can you tell me about what happened?”
- Listening
 - “How are you doing?”
- Reflecting (honor, validate, and normalize the peer’s emotions)
 - “These events can be really traumatic. As you know, as with most traumatic events, the difficult feelings slowly lesson over time . . . The fact that you are upset shows that you are a caring, committed clinician . . . Everyone reacts differently to these events, so I am in no way saying that I know exactly what you are going through. But we do know that most of us have some common reactions.”

Reframing (put the event in perspective)

- “I’m going to tell you some things that you already know on an intellectual level, because sometimes it’s important to hear them from a peer: Humans make errors at predictable rates; it’s our job as an institution to create systems that prevent errors from reaching the patient . . . You are not a bad clinician; you have done so much good for people. You are not your error.”

Sense making

- (encourage the peer to use the event to make positive quality and safety changes, both personal and systems)
- “If you can work with your program on looking at systems issues and also teach people about what you’ve learned, then you can help prevent your colleagues from making a similar error in the future, which is bound to happen if these issues aren’t addressed.”

Coping

- (elicit the peer's personal coping strategies, discuss his or her support system, and stress the importance of self-care and mindfulness)
- “It’s so important to do what you can to take care of yourself at stressful times like this What have you done in the past that has helped you through difficult times?”

Closing

- “I really appreciate your willingness to share your thoughts with me . . . Remember how much good you have done. . . This happened because you are human, not because you are a bad clinician.”

Resources/referrals

- (offer to all peers at the end of the conversation)
- “As I mentioned, you will likely slowly start to feel better. But if you find that this gets under your skin in some way that is impairing your coping, please let us know . . . We don’t want you to suffer. You are not alone. . . . If you have any questions or concerns, let us know, and I’ll make sure you get help from whomever you need.”

A simpler implementation....

- ‘code lavender,’ which seeks to ‘increase acts of kindness after stressful workplace events’ in an attempt to cultivate and preserve empathy and decrease burnout.
- Following stressful events, HCPs can activate a ‘code lavender’ and be provided with a kit including ‘words of comfort, chocolate, lavender essential oil, and employee health referral information.’

Acknowledgements

- AAPM
- Professional Council
- WGPE
- our survey respondents
- Jennifer Johnson, PhD
- Eric Ford PhD
- James Yu MD
- Shannon Fogh MD
- Jo Shapiro, MD
- Farhana Khan
- Dan Pavord, MS

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- Pompili M, Innamorati M, Narciso V, et al. Burnout, hopelessness and suicide risk in medical doctors. *Clin Ter.* 2010;161(6):511-514.