Peer Support: Key to sustaining our wellbeing

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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Thank You

TEACH
Carilion Clinic | Virginia Tech Carilion
School of Medicine
All of You

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Photo by NASA on Unsplash

For many years, our system has treated us as an inexhaustible resource – ignoring our physical/mental/emotional health
We have internalized this

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Reflection on Emotional Stressors

Think of a particularly stressful event or circumstance in your professional life. What were some of the emotions you remember feeling?

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- Adverse events
- Communication with patients after AE (disclosure/apology)
- Emotionally stressful patient outcomes
- Lawsuit
- Chronic stress
- Being bullied
- Patient complaints
- NPDB report
- Patient aggression: physical, verbal, social media

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Reflection on Emotional Impact of Errors

What are some of the emotions that you experienced after you realized you'd be part of making an medical error?

Emotional impact of errors on clinicians

- *Sadness*
- *Shame*
  - *Self-doubt*
- Fear
- Anger
- Isolation

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Please raise your hand if you have never doubted yourself

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Helmreich's observations:
Similarity between medicine and aviation

Photo by Pixabay from Pexels

Photo by Karolina Grabowska from Pexels

"…[both stress] the need for perfection and a deep perception of personal invulnerability…"

Helmreich, Davies.
Culture, Threat and Error: Lessons From Aviation.
Can J Anesth 2004; 51:6

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"Healthcare Heroes"
Double-edged sword

Photo by Ricardo Cruz on Unsplash

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Culture of Medicine

- High value on putting our head down, getting our work done: *do your job*

- It's not supposed to hurt: *walk it off*

- We usually can *fix* things

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Emotional impact of errors on clinicians

- Sadness
- Shame
- *Fear*
- *Anger*
- Isolation/loneliness

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Fantasy

No more shame and blame

Safety Culture:
Personal accountability *and*
systems accountability

Women surgeons are punished more than men for the exact same mistakes, study finds

The analysis helps explain the gender wage gap.

Following patient death
- Referrals dropped by 54% for female surgeons
- Only a small stagnation of referrals for male surgeons

Harvard working paper. Sarsons H. Interpreting Signals in the Labor Market: Evidence from Medical Referrals. October 31, 2017

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Internal and external regulatory judgment and punishment

Photo by Adi Goldstein on Unsplash

- Event analysis: M&M, RCA
- Department of Public Health
- Board of Registration in Medicine
- Inspectorate
- Royal College of Physicians and Surgeons
- Court of law
- Media

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Communication & Resolution Programs (CRPs)

- Transparent with patients regarding adverse events
  - What happened/why
  - Was event preventable
  - How recurrences will be prevented
- Proactive and prompt offer of financial and non-financial resolution if unreasonable care

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Emotional impact of errors on clinicians

- Sadness
- Shame
- Fear
- Anger
- *Isolation/loneliness*

Photo by Jonathan Borba on Unsplash

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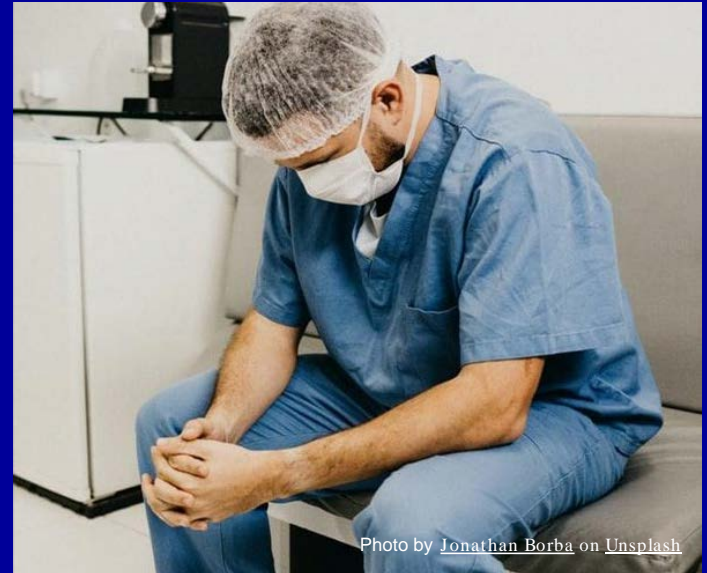
Normal reactions to abnormal events

Photo by National Cancer Institute on Unsplash

Many times reactions are transient

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But sometimes recovery is thwarted...

Photo by Mulyadi on Unsplash

... causing harm to clinicians and our patients

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Error impact

3,171 MDs surveyed in US and Canada

Impact of Errors on Physicians' Life Domains by Level of Error Severity*

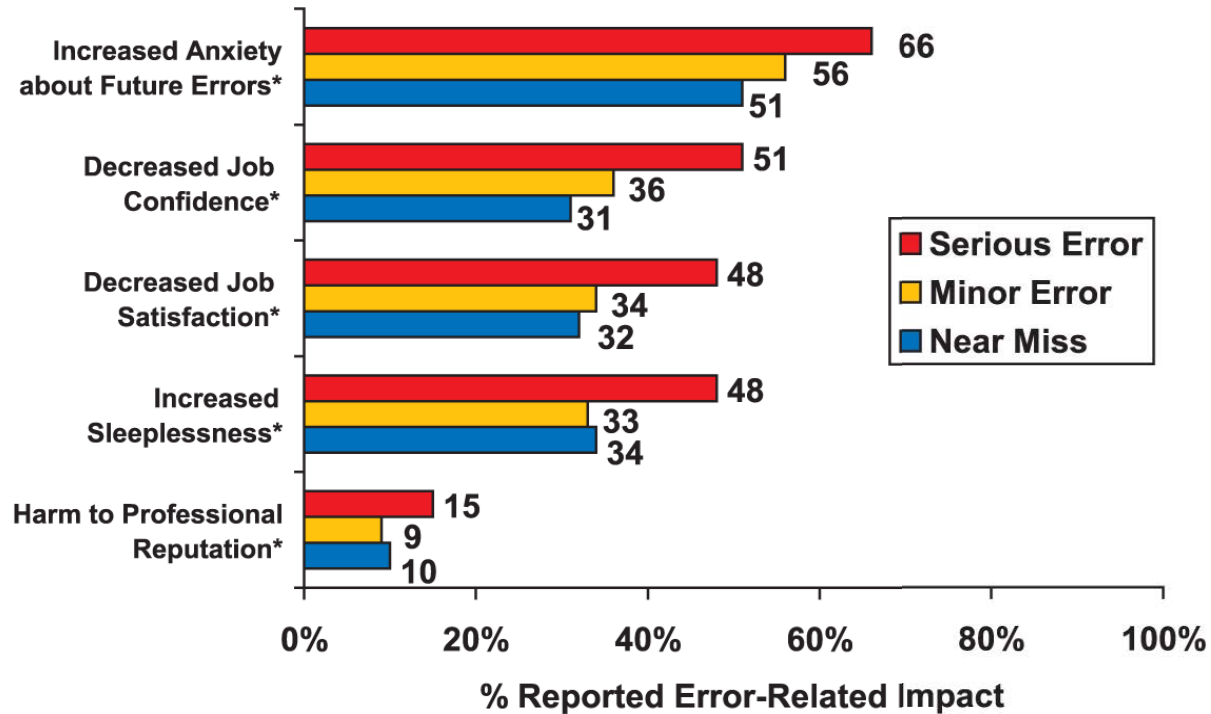Increased Anxiety about Future Errors*: Serious Error 66, Minor Error 56, Near Miss 51

Decreased Job Confidence*: Serious Error 51, Minor Error 36, Near Miss 31

Decreased Job Satisfaction*: Serious Error 48, Minor Error 34, Near Miss 32

Increased Sleeplessness*: Serious Error 48, Minor Error 33, Near Miss 34

Harm to Professional Reputation*: Serious Error 15, Minor Error 9, Near Miss 10

Legend: ■ Serious Error ■ Minor Error ■ Near Miss

X-axis: % Reported Error-Related Impact (0% – 100%)

Figure 1. *Physicians' lives were more likely to be affected as error severity increased.*
* Chi-square tests; p < .001 level.

Waterman et al. Jt Comm J Qual Patient Saf. 2007 Aug;33(8).

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U.S. vs. UK: MDs and RNs

Following medical error

~30%

Experienced some negative impact on

Work performance or personal life

Colleague relationships

Harrison R, Lawton R, Perlo J, Gardner P, Armitage G, Shapiro J.
J Patient Saf. 2015 Mar;11(1):28-35.

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Burnout and Depression

TABLE 5. Factors Independently Associated With Perceived Medical Errors on Multivariate Analysis

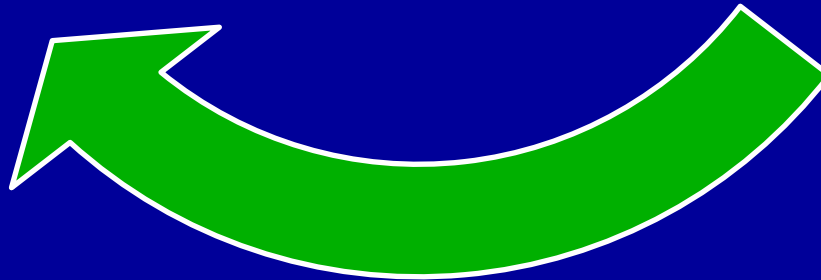| Characteristic and Associated Factors	Odds Ratio*	P
Positive depression screen	2.217	<0.0001
Burnout	2.016	<0.0001

Burnout and depression = independent predictors of reporting a recent major medical error

Shanafelt TD, Balch CM, et al. Ann Surg 2010; 251(6)

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Errors

Burnout

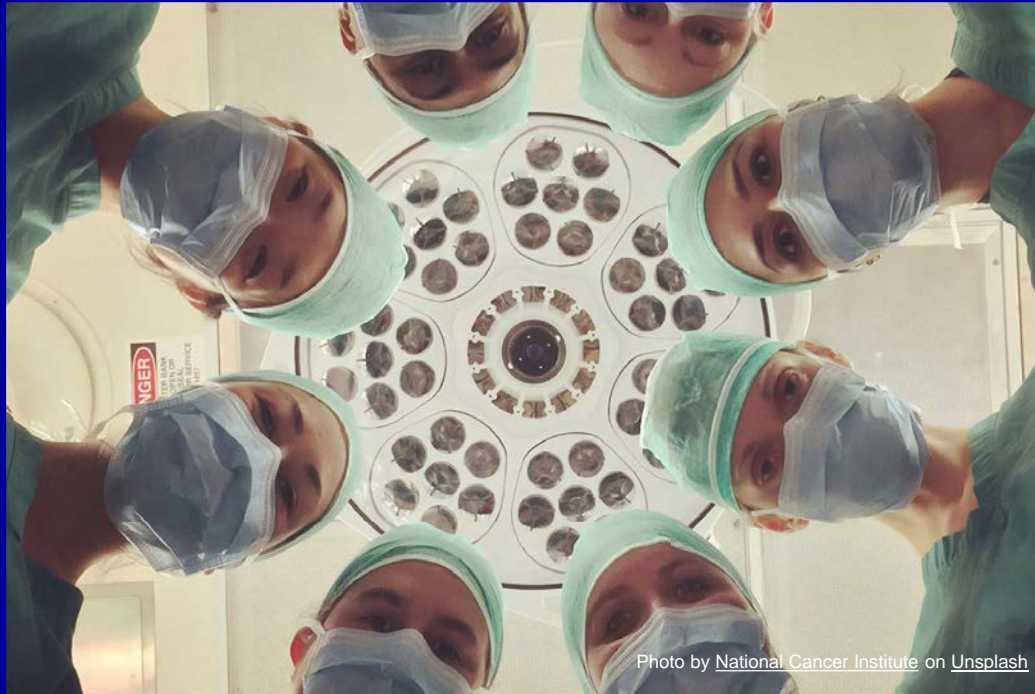Mass General Brigham
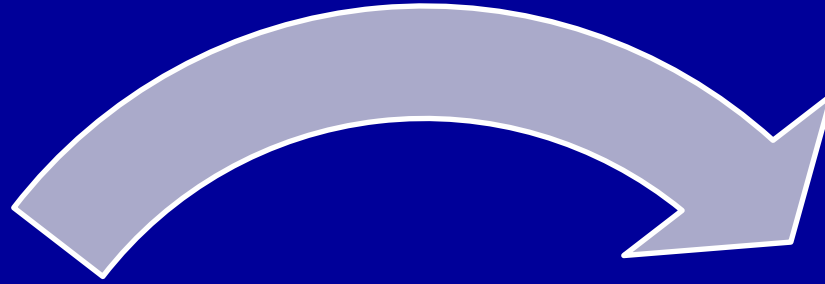
Suicidal ideation in MD's correlates with recent errors

12.7% Of MDs reporting recent errors had SI (n=691)

VS.

5.8% Of MDs who did not report recent errors had SI (n=5895)

Tawfik DS, Profit J, Morgenthaler TI, et al. Mayo Clin Proc. 2018 Jul 9.

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So, how do we facilitate coping and resilience?

Photo by National Cancer Institute on Unsplash

Hu Y, Fix M, Hevelone N, Lipsitz S, et al. Attitudes and needs of physicians for emotional support:
The case for peer support. *JAMA Surg 2012*

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Sources of support

Hu Y, et al. *JAMA Surg 2012*

Factors associated with resilience after adverse events

Talking about it with colleagues

Disclosure and apology
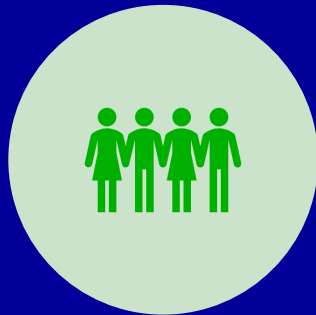
Forgiveness

Dealing with imperfection

Learning from the error/ understanding how to prevent recurrences

Sharing that learning with colleagues and trainees

Photo by Francesco Gallarotti on Unsplash

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Support Spectrum

INFORMAL PEER SUPPORT

FORMAL PEER SUPPORT

FURTHER PROFESSIONAL RESOURCES

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Peer Support Principles

Presence

Psychological safety

Empathic listening: validate

Non-judgmental curiosity

Reflective prompts

Problem solving guidance

Explore coping mechanisms

Reframing

Resource connection

Appreciation

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"If you build it, they won't come"

Photo by National Cancer Institute on Unsplash

Photo by Habib Dadkhah on Unsplash

Shapiro J, McDonald T. Supporting clinicians during Covid-19 and beyond — learning from past failures and envisioning new strategies NEJM/ Oct 2020

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Barriers to seeking support

Photo by Ellie Burgin from Pexels

- Lack of time (89%)
- Stigma (77%)
- Lack of confidentiality (79%)
- Access (67%)

Hu Y, et al. *JAMA Surg 2012*

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Barriers to Getting Support

- We are strong, and strong means denying our own needs
- Culture of silence: isolation
- Our physical, mental and emotional needs are unimportant as they pale in comparison to our patients', families' communities' and colleagues'
- Self-care and self-compassion are selfish

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Peer Support ideally is *Reach Out* and *Proactive*

Unfair to put burden on individual clinicians to seek help

Don't wait until clinicians manifest stress

Integrate into current clinical processes/culture

When should we offer peer support?

- Adverse events
- Communication with patients after AE (disclosure/apology)
- Emotionally stressful patient outcomes
- Lawsuit
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Peer support:
A powerful culture change tool

Shame and blame	➡	**Promotes Just Culture**
Personal invulnerability	➡	**Human factors**
Expectation of emotional denial	➡	**Normalizes reactions**
Isolation	➡	**Community/solidarity**
Self care is selfish	➡	**Gets you back to what you do well**

Helps us show up with compassion for our patients, each other and ourselves

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Not Victims

"we are not victims of that world, we are its co-creators.

…source of awesome responsibility…and profound hope for change."

Palmer, P. Let Your Life Speak, Jossey-Bass, San Francisco, CA, 2001.

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Zandashe L'Orelia Brown
(twitter – May 18, 2021)
I dream of never being called resilient again in my life.

I'm exhausted by strength. I want support. I want softness. I want ease. I want to be amongst kin. Not patted on the back for how well I take a hit. Or for how many.

Instead of hearing "You are one of the most resilient people I know," I want to hear "You are so loved." "You are so cared for." "You are genuinely covered."