

The Wellbeing, Health & Resilience Committee CAI

Peer Support Information for Anaesthesiologists

(with thanks to Terry Morris, Lead, Mass Gen Hospital Peer to Peer Support program)

What is Peer Support?

Peer support is emotional first aid for anaesthesiologists impacted by adverse events, medical errors or other traumatic events encountered in the course of caring for patients.

This support is provided by peers who have been specially trained to help their colleagues through a difficult event or situation. These Peer Supporters are volunteers who understand the impact of these events and have been in similar situations.

They understand, empathize and have knowledge to share that will help clinicians to better manage these situations. They have been in your shoes and they are there to help colleagues successfully manage whatever challenge they may be facing.

Peer Support is modelled after the critical incident support resources developed by first responders such as Fire, Police and Emergency services.

What are Peer Supporters?

Peer Supporters are peers, colleagues, other anaesthesiologists, who are trained to help those impacted by stressful events, situations and circumstances.

The goal is to provide emotional support in real time to someone who is struggling with the stresses of a difficult clinical situation.

Support is empathic, re-assuring and non-judgmental.

Peer Supporters normalize the experience, share coping skills and provide resource information for additional support and/or treatment.

information you discuss with them is confidential, protected and not discoverable. You are free to share details about the event with a Peer Supporter, but you are under no obligation to do so. How much and what to share with a Peer Supporter is entirely your call.

How Does Peer Support Work?

Peer Supporters provide an empathetic listening ear and to provide practical advice about how to be resilient during this very stressful time.

They also have information about higher level support services that staff may need or want to consider.

There is a growing body of evidence that Peer Support is an effective tool in helping clinicians and healthcare teams successfully manage difficult situations and decrease burnout.

RECOGNIZING THE POSSIBLE NEED FOR PEER SUPPORT

What are the signs and symptoms of an impacted clinician?

- Behavioral: difficulty falling asleep, waking early, inability to get things done
- Emotional: anxiety, fear, anger, moodiness, depression, feeling desperate, decreased self-worth, feeling out of control
- Cognitive: indecisive, confused, inability to concentrate, obsessive re-play of event, loss of humor, loss of creativity
- Physical symptoms: fatigue, backaches, nausea, headache

Stress Indicators

Change in eating habits Loss of control

Change in weight No longer feeling like self

Loss of will power Can't get tasks done

Losing interest / apathy Can't think clearly

Can't hold a conversation Things excessively piling up

Excessive Guilt Isolating self

Taking lots of time off Feeling overly busy, hurried

Drinking more Physical changes

Conflict in relationships Going through the motions

Fatigue / more sleep Memory problems

Don't give yourself a break (leaders) Post-traumatic stress symptoms

Change in relationships Depressive or anxiety symptoms

What do we know about the impact of stressful situations or adverse events?

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, they can be distressing.

One of the goals of peer support is to educate staff about the impact of these stressful events and to provide information and access to resources that can mitigate the distress often experienced by clinicians on the front lines of healthcare. Below are the six common stages of impact following a difficult experience or situation:

I. Chaos and Accident Response

-Realization of event/error that promotes confusion and turmoil in the aftermath 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**.

-Important actions for Peer Supporters during this time are support to the involved clinician and assessment of the clinician for ability to continue safely caring for patients

II. 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**.

III. 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.

IV. 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.

-The Peer Supporter can provide information that is helpful in demystifying the QA process and what they can expect. This information can help to decrease fears.

V. 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.

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

VI. Moving on

Clinicians 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- Clinicians 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

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

* 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.

Self- Assessment tools:

The Stress Continuum: Stress Reactions and the Stress Continuum Model

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.

Self-care is an important strategy for clinicians impacted by an adverse event, medical error or clinical situation. Frequent self-checks are especially important during the stresses of the COVID-19 pandemic. Below is a fast and easy to use graph describing the 4 stages of stress reactions. It is unlikely many Healthcare Workers are functioning in the "Ready/Green Zone" during a crisis. Realistically, most clinicians are not at optimal functioning (green) during sustained periods of stress, but recognizing where you fall on this continuum is important to avoiding emotional fatigue and burnout. The goal is to check in with yourself, be aware of your stress level, act to move the continuum toward the left with self-care strategies

The Stress Continuum: Stress Reactions and the Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness FEATURES <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Mild and transient distress or loss of functioning Always goes away Low risk for illness CAUSES <ul style="list-style-type: none"> Any Stressor FEATURES <ul style="list-style-type: none"> Feeling irritable, anxious, or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	DEFINITION <ul style="list-style-type: none"> More severe and persistent distress or loss of function Leaves a "scar" Higher risk for illness CAUSES <ul style="list-style-type: none"> Life Threat Loss Inner Conflict Wear and Tear FEATURES <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Unhealed stress injury causing life impairment Clinical mental disorder TYPES <ul style="list-style-type: none"> PTSD Depression Anxiety Substance Dependence FEATURES <ul style="list-style-type: none"> Symptoms persist and worsen over time Sever distress, social or occupational impairment
Unit Leader Responsibility	Individual, Peer, Family Responsibility		Caregiver Responsibility

Why are clinicians particularly vulnerable to burn out and the negative impact of circumstances and situations?

Healthcare clinicians are dedicated professionals who often put the needs of patients before their own needs. 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 Healthcare workers commonly exhibit. It is important to recognize that professional ideals have the potential to place clinicians at risk. Being aware of how these ideals may contribute to over work and reluctance to accept help is key to avoiding the vulnerabilities associated with the strengths they bring to the bedside.

Strengths/Vulnerabilities of Care Providers (Patricia Watson, PhD)

The Risks and Benefits of Guiding Ideals for Healthcare Clinicians

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

EAP Partnership

Peer Support programs work closely with Employee Assistance Programs, chaplains, social work, and behavioral health professionals. Please consider utilizing these resources to augment Peer Support and to expedite access to prompt professional support and guidance.

COPING STRATEGIES

Coping and Recovery after an Adverse Event or Medical Error

In the course of your career, you are likely to be involved in an adverse event (unanticipated outcome) or medical error. These events are stressful, but when they result in patient harm or death, they can have a profound and persistent effect on the clinicians involved. Peer Supporters recognise the impact of these situations and is committed to supporting clinicians during these difficult events.

Peer Supporters are voluntary and confidential, available to clinicians involved in adverse events/medical errors. Peer Supporters are other anaesthesiologists who have been provided with specialised training. Peer Supporters are available to provide compassionate support to colleagues involved in adverse events or medical errors.

You are under no obligation to speak to a Peer Supporter and they are not part of the QA review. Any discussion you have with a Peer Supporter is protected and confidential.

Peer Supporters are available to help in these difficult situations, utilizing their experience, training and compassion to help their colleagues.

Common reactions to an adverse event or medical error

Clinicians involved in adverse events and/or medical errors may typically experience the following;

Feelings of guilt & personal responsibility

Anxiety / Lack of confidence

Depression

Fear

Burn out

Distraction

Insomnia

Irritability

Loss of control

Isolation

Shame

Inability to concentrate

Fatigue

Persistent/intrusive thoughts about the event

Anger

These feelings are normal and natural reactions to the stress of the situation. Understanding what you are feeling and how to manage these thoughts and feelings is important to recovering from the impact of an adverse event.

Strategies for Coping with an Adverse Event/Medical Error

***Outside support-** Identify family, friends and colleagues who will be a support to you during this time. It is appropriate to discuss that you have had a particularly difficult situation at work, but you should not discuss clinical details about the event or disclose patient information to these individuals. It is acceptable to ask for patience and understanding from those you ask to help, but sharing details of the event and patient information violates patient confidentiality standards.

***Peer Supporters-** Peer Supporters are protected from revealing information you discuss with them is confidential, protected and not discoverable. You are free to share details about the

event with a Peer Supporter, but you are under no obligation to so. How much and what to share with a Peer Supporter is entirely your call.

*Maintain your normal routine as much as possible.

*Identify constructive strategies that help you cope and incorporate them into your daily routine (exercise, massage, relaxation techniques)

*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. Practice redirecting your thoughts when this happens. Use guided imagery, relaxation techniques or controlled breathing to interrupt the memory and redirect your thoughts. This strategy takes practice, but can be surprisingly effective if consistently utilized. Each time you find yourself reliving the experience in your mind, consciously interrupt the memory and concentrate on a relaxation technique. As you consistently do this, the intrusive thoughts should decrease over time. This simple strategy helps to prevent “hard wiring” of the event and can be very effective in making you think that you might like to manage the stress most clinicians experience in the wake of an adverse event.

*Avoid using substances such as alcohol or medications (unless prescribed to you by a mental health professional) to alleviate stress

*Consider seeking help from the Employee Assistance Program (EAP) professionals if you have persistent symptoms of stress from the event that are not diminishing over time. The Employee Assistance Program (EAP) is a completely confidential and free resource available to you at any time.

Do not suffer in silence- Obtaining support will help you to provide the best care possible to your patients. Contact the Peer Support program for help in accessing support if you are involved in an adverse event or medical errors.

Do you wish to train to be a Peer supporter?

If you would like some more information on training, please contact Rebeca, administrator, Wellbeing health & Resilience Committee, CAI.

rwilliams@coa.ie

You will be under no obligation to undertake training ;

This call for expression of interest is to facilitate those who are interested in being trained as a Peer to Peer Supporter.

Note:

Terry Morris, Lead, Mass Gen Peer Support Program, will speak at the upcoming NAPSAC Conference in November 25.

A workshop on Peer to Peer Support will also take place as part of that Conference.