

MAYO CLINIC

SAAAPM
SOCIETY OF ACADEMIC ASSOCIATIONS OF ANESTHESIOLOGY & PERIOPERATIVE MEDICINE

PEER SUPPORT IN ACTION

ESTABLISHING A PEER SUPPORT PROGRAM

Bridget Pulos, MD

SAAAPM
Chicago, November 12, 2022

1

Disclosures

- None

2

Learning Objectives

- Describe why peer support is beneficial
- Identify barriers to creating a peer support program
- Illustrate strategies to build a successful peer support program

3

Second victim phenomenon

- Term was first defined by Dr. Albert Wu
 - First focus was on physicians after medical errors
- Expanded to include all health care providers who are involved in unanticipated adverse patient event, medical error and/or patient related injury
- Patients and their families considered 1st victims
- Involved medical professionals considered 2nd victims
- Organizations (and subsequent patients of affected medical professionals) considered 3rd victims

4

Randomized Controlled Trial | Anesth Analg. 2012; Mar; 114(3):596-603.
doi: 10.1213/ANE.0b013e318227524e. Epub 2011 Jul 7.

The impact of perioperative catastrophes on anesthesiologists: results of a national survey

Farnaz M Gazoni¹, Peter E Amato, Zahra M Malik, Marcel E Durieux

Affiliations + expand
PMID: 21737706 DOI: 10.1213/ANE.0b013e318227524e

- Surveyed 1200 randomly selected ASA members
- 659 completed the survey (56% response rate)
- 84% reported being involved in at least one unanticipated death or serious injury of a perioperative patient over the course of his/her career

5


The impact of perioperative catastrophes on anesthesiologists

- When asked about the emotional impact of "most memorable" perioperative catastrophe
 - >70% experienced guilt, anxiety, and re-living of the event
 - 88% required time to recover emotionally
 - 19% reported never fully recovering
 - 12% considered a career change

6

What is a “stressful event”?

- Unexpected patient outcome (death, intraop cardiac arrest, nerve injury, difficult airway, postop vision loss)
- Medication/system error
- Near miss event
- Anything that has emotional impact!



7

High risk for stressful events:

<p>High risk work area</p> <ul style="list-style-type: none"> • OB • Peds • Critical Care • Cardiac 	<p>High risk scenarios</p> <ul style="list-style-type: none"> • First death in the OR • Failure to rescue cases • Multiple patients with unexpected/adverse outcomes in short period of time • Anything that “feels familiar” • Stress of litigation • Trainees
--	--

8

Common symptoms:

<ul style="list-style-type: none"> • Isolation • Frustration • Fear • Grief • Self-doubt/second-guessing • Anger • Preoccupation with the event • Inability to concentrate 	<ul style="list-style-type: none"> • Flashbacks • Fatigue • Sleep disturbance • Rapid heart rate • Muscle tension
--	--

9


After traumatic events:

- Talking with peers is the #1 desired intervention when someone is emotionally affected by adverse event

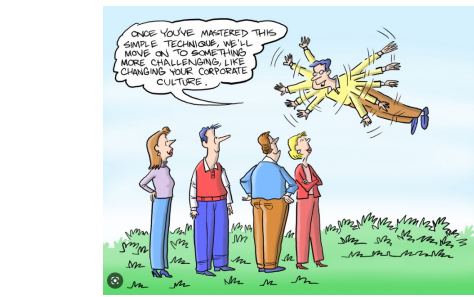
10

Anesthesia specific barriers to support

- Often there is not time for debriefing, formally or informally
- Time pressure to move on the next case
- Lack of physical space in proximity to the OR to reflect and pause
- Fear of litigation/ need for confidentiality
- Cultural barriers in the surgical environment (“culture of silence”)



11



12

Culture change

- Culture of shame/blame → culture of psychological safety
- Culture of perfectionism → culture of growth mindset
- Culture of silence → culture of sharing, discussion, peer support

13

How to build a successful peer support program

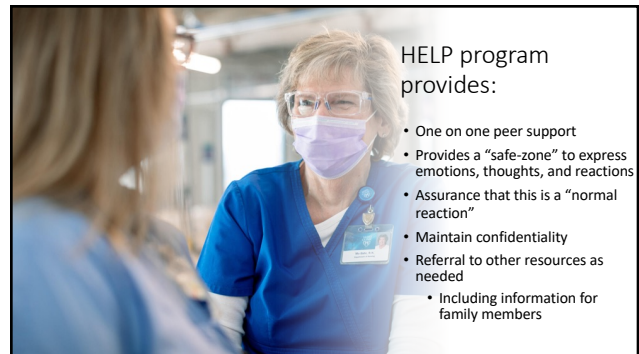
- Get department/institutional leadership on board
- Form a program leadership team
- Decide who will be served by the program
- Recruit and train peer supporters
- Advertise to normalize
- Plan for ongoing training and resources

14

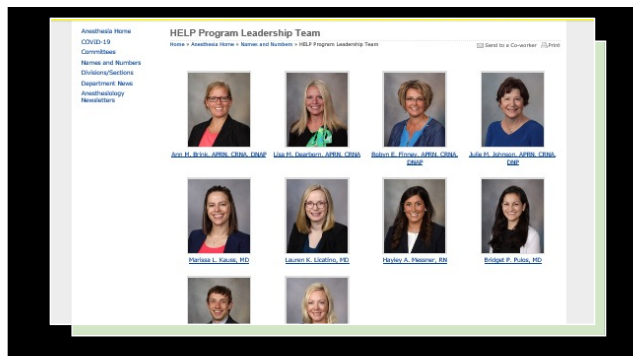
HELP Program: Healing Emotional Lives of Peers

- The HELP program is a peer support program for colleagues who experience emotional impacts after involvement in stressful or traumatic work-related events
- The goal of the HELP program is to assist colleagues who have been involved in such events return to a pre-event level of performance by use of trained peer supporters around the enterprise

15



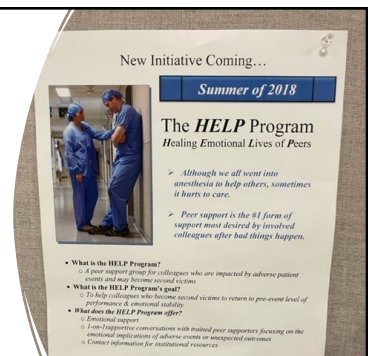
16



17

Advertise!

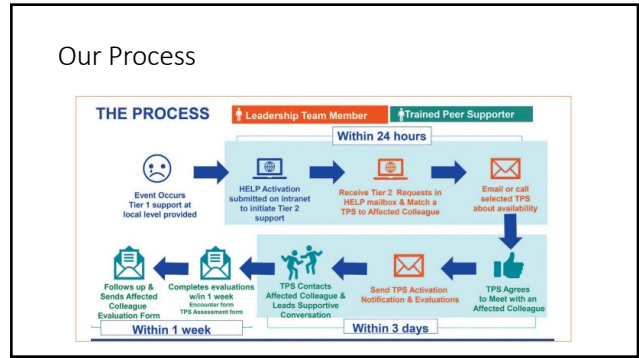
- Department newsletter
- Department Grand Rounds
- Surgical Services Safety & Quality conference
- Division meetings
- Posters
- Name badge holders



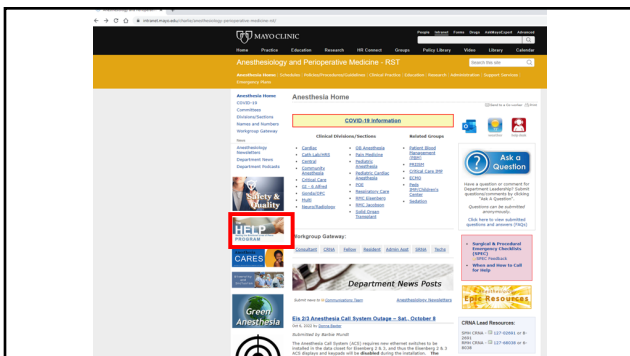
18



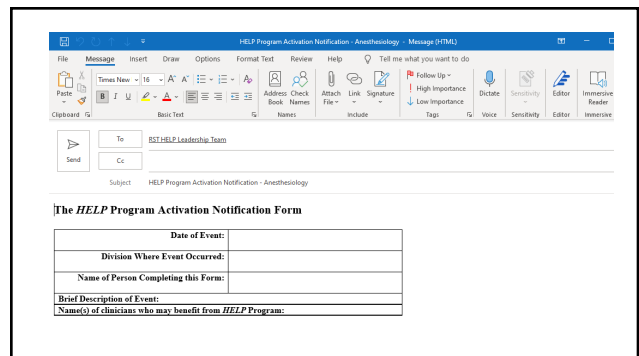
19



20



21



22

The *HELP* Program Activation Notification Form

Date of Event:	██████
Division Where Event Occurred:	██████████████████
Name of Person Completing this Form:	Bridget Pulso
Brief Description of Event: intrap on death, first time this has occurred for several members of the anesthesia team. I chatted with ██████████ on Saturday evening and checked in with them again today but I think would benefit from formal <i>HELP</i> follow-up. Thank you!	
Name(s) of clinician(s) who may benefit from <i>HELP</i> Program: ██████████	

23

The *HELP* Program Activation Notification Form

Date of Event:	██████
Division Where Event Occurred:	██████
Name of Person Completing this Form:	██████████
Brief Description of Event: Infiltrated IV on pediatric patient resulting in fasciotomies	
Name(s) of clinician(s) who may benefit from <i>HELP</i> Program: ██████████	

24

The *HELP* Program Activation Notification Form

Date of Event:	██████
Division Where Event Occurred:	OB anesthesia
Name of Person Completing this Form:	██████
Brief Description of Event: my Co-resident has been involved in several complicated and stressful OB cases for two days in a row. I am concerned he might feel overwhelmed and wanted to make sure he is doing fine and feel supported	
Name(s) of clinicians who may benefit from <i>HELP</i> Program:	████████████████████


25

What happens next?

- Once the *HELP* program activation is put in a TPS should reach out in the next 1-2 days
- It is completely up to potentially affected colleague if they would like to meet
- If support is declined at that time, the TPS will reach out again in 3-4 days
- If support is desired at a later time, affected colleague is encouraged to contact same TPS or put in self-activation

26

Encounter Form (completed by TPS)




HELP Encounter Request
Anesthesiology and Perioperative Medicine

Encounter Information (Completed by the Trained Peer Supporter)	
Request Type	New, Declined Peer Support
Second Victim's Professional Role	CRNA, MD, Resident/Fellow, SRNA, Other
Length of Interaction (minutes)	Open text box
Risk Factors of Event	Drop-down menu of high risk clinical events*
Comments	Open text box

*High risk clinical events: pediatric case, patient that reminds staff of their family, patient known to staff members, community high profile, multiple patients with bad outcomes, long-term patient, palliative care, first death under their watch, unexpected patient demise, organ donation, young adult patient, death of staff member or spouse, victim of violence, litigation, other

27

Self-Assessment form (completed by TPS)




HELP - Trained Peer Supporter (TPS) Self-Assessment
Anesthesiology and Perioperative Medicine

Trained Peer Supporter Self-Assessment (Completed by the TPS)	
Did you feel you were able to provide helpful support?	Yes/No
What worked well during the encounter?	Free text
Was there a point in the encounter where you felt uncomfortable?	Yes/No
Please explain what made you feel uncomfortable:	Free text
I am comfortable with my knowledge and skill as a TPS	Likert Scale*
I felt satisfied with how the supportive encounter turned out	Likert Scale*
I need additional training/experience as a TPS	Likert Scale*
Suggestions to improve the <i>HELP</i> Program	Free text

28

Evaluation Form (completed by affected colleague)



HELP - How Did We Do?
Anesthesiology and Perioperative Medicine

Evaluation Information (Completed by the Affected Colleague/Second Victim)	
What is your professional role?	CRNA, MD, Resident/Fellow, SRNA, Other
Peer support I received from the <i>HELP</i> Program was...	Likert scale**
How distressing was the event that led you to the <i>HELP</i> Program?	Likert scale**
How satisfied were you with your experience with the <i>HELP</i> Program?	Likert scale***
Would you recommend <i>HELP</i> to a colleague?	Yes/No
Suggestions to improve the <i>HELP</i> Program	Free text

*Likert Scale: Extremely beneficial, Very beneficial, Moderately beneficial, Slightly beneficial, Not beneficial at all
**Likert Scale: Extremely distressing, Very distressing, Moderately distressing, Slightly distressing, Not distressing at all
***Likert Scale: Extremely satisfied, Very satisfied, Moderately satisfied, Slightly satisfied, Not satisfied at all

29

HELP activations in first 2 years:

Clinical event	Activations (N=91)*
Intraoperative Patient Demise	42
Pediatric patient	23
Intraoperative Cardiac Arrest	14
First death in the Operating Room	8
Multiple difficult events over short period of time	8
Prolonged resuscitation	6
Medication or System Error	5
Patient Known to Staff	4
Organ donation case	4
Violent Patient and/or Staff	4
Unanticipated difficult airway	3
Patient Situation Closely Resembles Someone in Personal Life	2
Intraoperative Awareness	2

*Each activation may be associated with more than one clinical event

30

The HELP program


- Began in our department in 2018
- In 2019, expanded to Mayo's children center and some community sites
- In March 2020, due to pandemic and increasing demand the program was expanded to the entire enterprise and is now housed within enterprise-wide well-being
- Currently over 600 trained peer supporters across the enterprise

31

In our department:

- Included in orientation for new residents
- Included in onboarding for new attendings
- Present updates to the program at Grand Rounds

32



Peer Support

Mitigating the Emotional Toll on Physicians

Jo Shapiro, MD, FACS
Associate Professor of Otolaryngology—Head and Neck Surgery, Harvard Medical School
 Founder, Center for Professionalism and Peer Support, Brigham and Women's Hospital
 Senior Faculty, Center for Medical Simulation, Boston, MA
 Consultant, Massachusetts General Hospital

33

5 STEPS to build a peer support program

For more information on implementing a peer support program in your practice, visit:

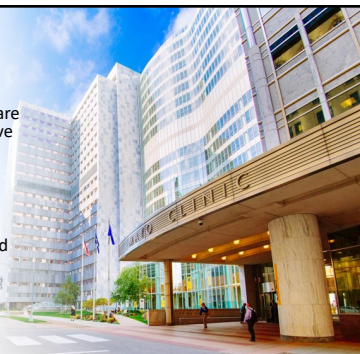
STEPSforward™

<https://edhub.ama-assn.org/steps-forward>

34

Summary

- Stressful/traumatic events are common in the perioperative environment
- Peer support is the most desired intervention after stressful events
- Changing the culture around peer support is challenging but not impossible!



35