

Peer Support Principles

- **Presence**
 - Give your full presence to someone in this supportive relationship, not pushing your own agenda or timeline.
- **Psychological Safety**
 - Create a space where the person being supported feels safe and comfortable to talk.
- **Empathic listening**
 - Validate the concerns of the person you are supporting. “Wow, that sounds like it would be tough”, “That sounds like it would be awful”, etc.
- **Non-judgmental curiosity**
 - Ask questions because something is genuinely unknown or interesting to you. “Tell me more about that...”, “Help me understand more what about this is bothering you”
- **Reflective prompts**
 - Ask questions that might allow the person being supported to reflect on their own habits “How have you been sleeping lately”, etc.
- **Problem solving guidance**
 - “Is there anyone you can trust to help?”; “Who might be a good ally at your institution?”; “Is there a community you can connect with?”
- **Explore coping mechanisms**
 - Encourage caring for the self. “What do you do for self-care?”; “Do you think you could commit to trying [self-care habit]?”
- **Reframing**
 - Shift the focus. For example if supporting through a medical error, “This is not who you are, you are more than this.”
- **Resource connection**
 - Guide where to look if more/different help is needed (i.e. EAP, counselor, etc.).
- **Appreciation**
 - Appreciate their willingness to share with you.

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Peer Support Fundamentals

1. **Context** – normalize the call, explain the peer support program

- *Hi. I don't know if you know this, but we have a peer support program at [YOUR ORGANIZATION]. We actually reach out to any clinician involved in an [adverse event, operative death, bad outcome] - only because it can often be really stressful. Every clinician I know has been in this position at some point in their career, and I have too.*
- *Many of us find that talking to a peer is helpful because it's hard for other people to really get how this feels. Is that something you'd like to do?*

2. **Invitation** – open the conversation; avoid leading with asking about their emotions

- *Can you tell me something about the event?*

3. **Listen** – to the story and then gently solicit their feelings

- *Is there anything that's bothering or concerning you now?*

4. **Reflect** – honor their emotions, validate, normalize

- *These events can be really traumatic. As you know, as with most traumatic events, the difficult feelings usually slowly lessen over time.*
- *The fact that you are upset shows that you are a caring, committed physician.*
- *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.*

5. **Coping** – reframe, normalize/put in perspective, elicit their personal coping strategies, discuss their support system, stress the importance of self-care and of mindfulness

- *I'm going to tell you some things that you already know on an intellectual level, because sometimes it's important to hear 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 physician and you have done so much good for people. You are not your error.*
- *Are you sleeping OK? It's so important to do what you can to take care of yourself at stressful times like this.*

- o *I don't know if you've found this, but it's really common to keep going over this event in your mind. I know I found myself doing this whenever I wasn't distracted, and it can really be frustrating. Is that happening to you?*
- o *A lot of us are a bit perfectionistic and slightly obsessive which is a great quality most of the time. It's important that you are taking personal responsibility and that you have been thinking about what you have learned. But at some point obsessing just isn't helpful. Techniques to interrupt the feedback loop: notice when you are doing it, and then gently bring your thoughts back to breathing or to the present. Sometimes exercise or other distractions are helpful as well.*
- o *What have you done in the past that has helped you through difficult times? What are your usual supports or strategies for dealing with emotionally stressful events?*

6. Closing – repeat putting in perspective, offer sense-making

- *Remember how much good you have done.*
- *This happened because you are human, not because you are a bad doc.*
- *If you can work with your [group, division, program, institution] on looking at systems issues, then you can help prevent your colleague from making a similar error in the future, which is bound to happen.*

7. Resources/referrals – offer to all

- *As I mentioned, you may 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 me know, and I'll make sure you get help from whomever you need [provide your peer support contact information]*
- [Have on hand other resources within your organization – mental health professionals, risk management, EAP.]

Some Concerns and Pitfalls

- Avoid getting drawn into judging the case; this conversation is not a root cause analysis or a legal discussion.
- How much you share about your own experience will depend on your judgment in any given situation. Share enough to express true empathy and to normalize the feelings of the person you're supporting, but not so much that you shift the focus of the conversation away from them.
- It's important to set a high bar for breaking confidentiality – your role is not to judge the person's competence. However, if you think the person is behaving recklessly (i.e., is at risk of harming himself or others) you do have a duty to report.
- No one should be made to talk about an event – if you reach out to someone who does not want to talk, let them know that you understand and that you're available if they change their mind.

Remember: Your compassionate listening is a gift to your colleague.

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**HARVARD MEDICAL SCHOOL
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Peer Support Checklist

1. Anything **bothering you or worrying** you about this event? Is there anyone at work you trust to help you sort out these concerns? (e.g., *section chief, risk management, etc.*)
2. What are your **coping strategies** for stressful times? (*mention not to use ETOH or benzos*)
3. Who is in your **support network (at home/at work)**? Have you shared with them?
4. Are you **ruminating** about the event?
5. Any issues with:
 - a. **Sleeping**
 - b. **Eating**
 - c. **Concentrating**
 - d. **Self-harm**
6. Do you need/want **time off** from work?
7. **Anything else** we didn't discuss that you are thinking about?
8. May I send you **information** re coping strategies and other resources?
9. May I **check in** with you by email in about a week?