

Healthy Coping Strategies:

- Discussion with colleagues, i.e. section chief, department chair, residency pro-gram director, clergy, special assistant for healthcare resolution and/or a neutral confidential third party
- Recognize that need for support is not a sign of weakness; but strength.
- Discussions with family and support network
- Professional and social networks
- If Peer Support is requested due to a medical error; analysis and evaluation of error i.e. RCA, QZ review, M&M, morning reports to reduce risk of repeat error

Common Reasons to use Peer Support

- Patient death
- Medical complication or Error
- Poor patient outcome
- Risk management or RCA notification
- Notification of lawsuit or malpractice claim
- Adverse academic action
- Illness of a colleague

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Peer Support Program



Promoting Organizational Integrity and Transparency through Compassion, Care and Commitment to all participants in all situations

Peer Support Program

- Support clinicians in person or virtually who are faced with significant emotional stress such as illness of a colleague, involvement in an adverse event, caring for trauma victims, patient aggression, poor patient outcomes or facing potential litigation.
- The goal of the Peer Support Program (PSP) is to encourage a culture that values and promotes mutual respect, trust and teamwork.
- Peer support has been shown to mitigate the fear, sadness and isolation that too often accompany involvement in adverse and other stressful events, letting clinicians know that they are not alone
- "Every clinician I know has been in this position at some point in their career, and I have too. I know it can be really stressful. We've found that most of us appreciate talking to a colleague because it's hard for people who aren't in medicine to know how this feels. Please know that I am here if you would like to talk."
- How is it going?
- How are you taking care of yourself?
- Do you have a support system?

Peer Supporters & Training

- In December 2018, SAUSHEC established a Peer Support Program (PSP) using the BWH model described by Shapiro and Galowitz. Using a 5-hour train-the-trainer model, 50 physician faculty across diverse specialties were trained by a nationally recognized expert.
- Training occurs twice a year. Residents, faculty, allied health and nurses have been trained.
- Involvement is typically a one-time intervention, for duration of approx. 30 minutes.
- Peer support occurs in-person, on the phone or virtually.
- Goal is that no one leaves without support.
- There will be no disruption of Quality Assurance Processes or Title 10 USC 1102.
- Discussion will focus upon emotional, psychosocial support.

Changing the Culture

"if we are to provide for ourselves and each other the same quality of care that we provide our patients. We must move beyond this antiquated notion that loss and disappointment are somehow different and confront these issues without reservations."

The Impaired Anestheologist Bryson et. al.

Challenges for Peer Support Programs

- **Stigma to reach out for help in time of crisis**
- **High acuity areas have little time to integrate what has happened**
- **Intense fear of the unknown**
- **Fear of compromise of collegial relationships**
- **Fear of future legal woes—HIPAA, confidentiality implications for the provider and peer supporter**
- **Getting the word out... If you or someone you know is struggling, refer!**

Facts

- **Physicians are more than twice as likely as the general population to commit suicide; rates are higher for female physicians than males**
- **15% of physicians and healthcare workers consider leaving their chosen profession after an adverse event.**