Transcription

Video: Canadian Best Practice Guidelines for Peer-to-Peer Support Programs in Healthcare

Minutes: 1:04:00

MALE VOICE 1: [0:00:02] Best practices in implementing peer-to-peer support programs for health professionals who are emotionally effected by a patient safety incident. [0:00:10] That's right. [0:00:11] I said this is the fourth webinar in the series. [0:00:14] If you missed one of the webisodes, please visit patient safety institute.CA to view the recorded sessions. [0:00:20] We also invite you to join us for the final webinar in this series. [0:00:24] Tuesday, October 29th, we will launch the safe spaces tool kit right in the middle of Canadian patient safety week. [0:00:32] CPSI is working with our partners to establish a peer-to-peer support network and expert advisory committee. [0:00:40] When you exit the webinar, please complete the polling question to express your interest for joining this network.

[0:00:47] My name is Christopher Thrall. [0:00:48] I am the communications officer with CPSI. [0:00:51] I would like to welcome you on behalf of our partners, who you will see on screen in just two seconds. [0:00:59] There they are, I hope. [0:01:00] No, I didn't have the ball, but hopefully it'll be up on screen for you in just a moment.

[0:01:04 And welcome, as well, on behalf of our technical host, Gina Peck, from CPSI.

[0:01:09] Before we begin, I would like to introduce our speakers today. [0:01:12] we will start with Markirit Armutlu, who joined the Canadian Patient Safety Institute in 2017 as a senior program manager and is the lead for the psychological health and safety of healthcare workers program. [0:01:24] Welcome, Margaret, to the webinar.

[0:01:26] Margaret will be followed by Brenda Roos. [0:01:29] Brenda has been with working with Health Canada's Occupational and Critical Incidence Stress Management for the last two years, supporting nurses who work in first-nation's communities across Canada. [0:01:40] Brenda has worked with Health Canada for 31 years, where she spent most of her

career working with first nations and Inuit health branch. [0:01:47] Thank you for joining us, Brenda.

[0:01:50] Brenda will be followed by Lynn Robertson, who is a nurse by trade, having worked in Alberta Health Services for over 31 years. [0:01:58] The last 21 of those years have been in workplace health and safety, where Lynn is the director of special projects and professional practice. [0:02:05] Welcome, Lynn.

[0:02:06] We are also happy to have Adrienne Gaudet, a physician Advisor at the PAMQ, [French0:02:10] since 2011 and a member of the forum of Canadian Physician Health Programs. [0:02:20] She has worked in child, adolescent, and adult psychiatry in several university-affiliated position in Quebec and Nova Scotia. [0:02:29] Thank you so much for joining us, Adrienne.

[0:02:32] Finally, Kelly McNaughton is the program manager of the peer support and trauma response team at Sick Kids in Toronto. [0:02:39] This is the first hospital-based peer program in Canada, which includes physicians that provide support following second-victim events and trauma. [0:02:48] Kelly was a trauma manager with oversight of national and global response for a national EAP and team lead for their clinical operations during 911. [0:02:59] She is currently engaged in a study of the incidence of PDSD in nursing with Memorial University. [0:03:05] Welcome, Kelly, to the webinar.

[0:03:07] If you missed part of this webinar, or want to share your learnings with others in your team or organization, please know that it is being recorded and will be available on our website within the next week. [0:03:18] Please write your questions in the Q&A box on your screen or chat them directly to me, Christopher Thrall. [0:03:25] They will be compiled and provided to our speakers at the end of the call. [0:03:29] If you run in to IT difficulties, please connect with us in the chat box, and we would be happy to assist.

[0:03:35] And, now, with our introductions and orientation out of the way, I would like to invite Margaret to open the discussion on creating a safe space. [0:03:53] Margaret, you may be muted right now. [0:03:54] We would love to hear your lovely voice.

DR. MARKIRIT ARMUTLU: [0:03:57] Thank you, Christopher. [0:03:58] I hope you can all hear me now. [0:04:01] I'm going to advance the slides, and it appears that slides got stuck there for a little, but here's our CPSI team, and the guest speakers that were very kindly introduced to you on the screen. [0:04:15] So, I'm very pleased to be able to speak to you about our - - psychological health and safety of healthcare workers, and welcome you to this force and series of now five webinars.

[0:04:32] The second victim phenomenon, which was coined by Alvid Rue well over a decade ago, has since been expanded in scope. [0:04:44] We are looking at in terms of not just healthcare providers who are on the sharp end of patient safety incidents, but looking at it from the scope of healthcare workers who are impacted through their experiences in healthcare and are distressed for various reasons - - of care management. [0:05:10] And recognizing that the healthcare and the health and safety of healthcare workers has a direct impact on patient safety.

[0:05:23] Through the course of this work, CPSI did work and pull together folks with expertise to develop guidelines on confidentiality and legal privilege. [0:05:38] We did have three previous webinars that looked at the various components of our work, including the guide on confidentiality, the report on the perceptions of healthcare workers, clearly identifying the need for a peer-to-peer support program, and as well, a global environmental scan of programs across the globe.

[0:06:07] Today, what we've done is we've pulled together expertise from across Canada to look at some recommendations for Canadian Best Practices for peer programs. [0:06:18] You will see that we will have an upcoming webinar at the end of October, and we'll speak to that later in the program, that will then share with you a tool kit for peer support programs and we will be launching an expert advisory committee and a network to help support healthcare organizations across Canada who are interested in developing peer-support programs. [0:06:47] And we have also a partnership with the Mental Health Commission of Canada. [0:06:53] We are working with both the CSA and HSO and others to really look at influencing practices, policies, and standards around peer-support programs specifically.

[0:07:07] With that, I will go to our next slide and speak to you about this work today. [0:07:12] So, we're really very

excited to share with you the report on guidelines for best practices. Today, [0:07:22] we have, as you heard, four guest speakers who will present the key elements of the best practices guidelines. [0:07:31] So, in doing so, we hope that you will have a better understanding of these best practices guidelines for peer support programs, learn about the key elements needed to establish, activate, and sustain a peer-to-peer support program, and be able to explain the role of peer supporters and of managers and leadership, in terms of what is needed to really sustain and help peer-support programs establish and develop in your organization.

[0:08:09] This work, I'm pleased to say, is really—[0:08:14] what we did in developing this work, we went out and we went through some of our contacts. [0:08:20]The mental health commission was a guide in helping point out some expertise across the country. [0:08:27] We did our own internet search to see what existed across Canada, through word of mouth as well, meeting folks at various national conferences. [0:08:41] we were able to then identify 12 Canadian stakeholders, from literally coast-to-coast, with expert knowledge and experience in the area of peer-to-peer support programs.

[0:08:54] These folks were brought together, and they really helped form a working group on peer-to-peer support programs in healthcare. [0:09:03] This working group shared their challenges, their successes, their lessons learned, and together, worked to develop the Canadian Best Practices Guidelines for peer-to-peer support programs for healthcare workers. [0:09:15] So, we are really pleased to present to you our four representatives of this working group who will present the key elements of the Canadian Best Practices Guidelines for peer-to-peer support for healthcare workers.

[0:09:29] With that, I just want to share with you the list of contributors. [0:09:41] These are the 12 individuals who we did engage from coast-to-coast across Canada. [0:09:49] I want to send a shout-out to each of them for their support through this process and their input in to these guidelines. [0:09:57] And you have that there, so I'm not going to name everyone today, but I want to proceed with welcoming Brenda Roos from Health Canada, the Occupational Critical Incidence Stress Management program, to start with explaining some of the elements of our best practices. [0:10:16] Brenda, over to you.

MR. THRALL: [0:10:27] Brenda, we'll just have you unmute your mic, if you could please

MS. BRENDA ROOS: [0:10:39] Sorry, can you hear me now?

MR. THRALL: [0:10:41] Yes, beautiful. [0:10:42] Thank you so much, Brenda.

MS. ROOS: [0:10:43] Thank you. Thank you, Margaret, and good morning, everyone. [0:10:49] Today, I'm going to talk a bit about peer support programs. [0:10:54] And, as we have seen from this scoping review, there are many variations in the meaning and/or composition of peer support programs.

[0:10:54] Sorry. [0:11:10] The disparity is likely the result of the grassroots nature of the peer-support programs, where each organization develops and implements a program that is suited to their structure and adapted to the specific needs of their staff. [0:11:29] This can clearly be seen in the various programs involved in the development of this tool, such as the - - program where I work. [0:11:42] We only support nurses. [0:11:44] The BC Emergency Health Services Programs focus on first responder paramedics and dispatchers. [0:11:52] The Quebec Medical Council supports physicians. [0:11:56] And, the hospital-based programs often reach a broader range of health-care employees.

[0:12:03] At the heart of any peer-support program, however, is the desire to embed and sustain a psychologically safe and - - environment, where those who are part of the healthcare organization feel supported by their peers and the organization, when they experience distress at work.

[0:12:25] The peer support program includes any program that provides nonclinical emotional support to help professionals, and in some cases, other individuals who work, volunteer, or train at an organization, who are experiencing emotional distress, and this support is provided by a peer.

[0:12:54] The need for emotional support can be the result of a patient safety incident, an event of circumstance that could have resulted or did result in unnecessary harm to the patient. [0:13:08] There are three types of patient-safety incidents: harmful incident, a patient safety incident that resulted in harm to the patient, and this term replaces the previous preventable adverse event; near miss, a patient safety incident that did not reach the patient, and therefore, no harm resulted; or a no-harm incident, in which

the patient safety incident that reached the patient, but no discernable harm resulted.

[0:13:45] A critical incident, or trauma, as defined by the sick-kids policy, any sudden, unpredictable event that occurs during the course of carrying out day-to-day duties or activities that poses physical or psychological threat to the safety or well-being of an individual or group of individuals.

[0:14:09] Examples might include unexpected death of the patient, suicide of a colleague, a workplace accident resulting in critical injury to a staff member, internal or external disasters, mass casualty situations such as a plane crash or multivehicle crash, life-threatening illness, injury, or untimely death of staff or coworker, natural or man-made disasters, such as tornadoes, flooding, or hurricanes, any incident charged with profound emotion. [0:14:47] Most recently, the mass shootings in the United States and in Toronto.

[0:14:53] Other work-related stress, now these exclude the human resources such as job action or performance. [0:15:00] Examples include work environment resulting in a fault, harassment or violence involving staff or patients and/or family, workplace conflict, workplace reorganization or downsizing, complaints or losses lodged against staff, cumulative stress, work-life balance issues, staff experiencing compassion fatigue or vicarious trauma, or events that may attract media attention.

[0:15:37] Primary values of a peer support program include self-determination, self-resiliency, and equality. [0:15:46] The belief that each person knows the path to recovery that is most suitable for them and that it is the peer's choice to engage in a peer support relationship. [0:16:00] Self-compassion, the believe that empathy increases self-compassion, minimizes moral injury, and reduces stigma around seeking help. [0:16:13] Mutuality and empathy, the belief that all involved in the peer support relationship can benefit from the reciprocity and understanding that comes from lived experience.

[0:16:26] And recovery, hope, and empowerment, the belief that there is power in hope and positivity, and that these can aid in recovery.

[0:16:38] The next few slides will reflect guiding principles of a peer support program. [0:16:47] Respect where each

individual is at in their journey towards empowerment and/or recovery and recognize that, while peer supporters may have lived experience, the beliefs and healing paths of peers may not be the same as their own. [0:17:04] Help peers to normalize or destigmatize their distress and encourage resilience through compassion and self-compassion. [0:17:15] Help peers to determine their own direction. [0:17:19] Work with peers to identify and explore options. [0:17:23] And, work with them to take steps forward, on their own, rather than helping by doing it for them.

[0:17:32] Create a peer relationship that is open and flexible, and maintain the focus on the peers and their needs. [0:17:40] Ask yourself, are we in a safe place in the client's eyes?

[0:17:48] Focus on positivity and on the peer's journey to a more hopeful, healthy, and full life, rather than focusing on symptoms, diagnosis, or objectives set by someone other than the peer. [0:18:04] Share aspects of lived experience in manner that is helpful to the client, demonstrating compassionate understanding and inspiring hope for recovery. [0:18:16] Self-care is essential to the well-being of the peer supporter as well. [0:18:20] Take care to recognize the need for health, personal growth, and resiliency when working as a peer supporter.

[0:18:29] Use communication skills and strategies to foster an open, honest, non-judgmental relationship that validates the peer's feelings and cultivates trust.

[0:18:44] Empower peers to find their path towards a healthier outcome, and encourage them to disengage from the peer support relationship when the time is right for the peer. [0:19:00] Respect professional boundaries with the peer and with other professionals, should they become involved. [0:19:07] It might be useful to establish whether the relationship is a short-term or long-term one.

[0:19:14] Collaborate with others, community partners, mental health professionals, leadership, other stakeholders, whenever appropriate. [0:19:24] Know personal limits during crises and other times. [0:19:27] Seek assistance when appropriate. [0:19:30] Peer support work can be intense, and experiences very challenging. [0:19:35] As such, peer supporters need to understand the importance of taking care of themselves.

[0:19:45] Maintain high ethics and personal boundaries to avoid harming the peer or the reputation of peer support. [0:19:54] Participate in continuing education and personal development to learn skills and strategies to assist in peer support work.

[0:20:05] Over to you, Lynn.

MS. LYNN ROBERTSON: [0:20:10] Thank you very much. [0:20:11] Thank you very much, Brenda. [0:20:12] Can everyone hear me?

MR. THRALL: [0:20:16] Yes, absolutely. [0:20:16] Thank you so much, Lynn.

MS. ROBERTSON: [0:20:17] Perfect, perfect. [0:20:17] Thank you. [0:20:19] So, thank you for the opportunity to present this morning. [0:20:23] I'm going to be touching on the topics of building an upright, operationalizing a peer support program. [0:20:30] To start, I think it's really important that work be done in advance of pulling a peer team together. [0:20:37] Part of that is establishing a need for a program. [0:20:41] It's really important to make sure that this type of program is something that the organization wants and that workers want.

[0:20:49] There's many, many ways in doing a needs assessment. [0:20:55] Some, the most common ways that we see are through questionnaires or surveys, but there's many other ways. [0:21:01] There's focus groups. [0:21:03] There's management forums. [0:21:04] There's looking at key performance indicators in an organization, with respect to short and long-term illnesses. [0:21:12] There's environmental scans. [0:21:13] There's all sorts of different ways of doing a needs assessment. [0:21:17] So, be creative. [0:21:21] Look at work works best in being able to identify some key points in your organization, through your culture. [0:21:32] How can that be done through the organization? [0:21:35] It's really important to tailor it, to make it personable, and make it appropriate for the culture of the organization.

[0:21:49] However the idea is initiated to initiate or pull together a peer support program, it's important to assemble a strong organizational planning team to carry it through to implementation. [0:22:03] That might be in the form of a steering committee or a working group. [0:22:07] Members might include organizational leaders, managers, and frontline staff from various clinical departments, as well as representatives from human resources, occupational health and

safety, patient safety, employee wellness, spiritual care teams, unions (if that's appropriate for the organization), but it is important to pull together lots of different folks from different areas, to get their perspectives.

[0:22:38] This team, in the form of a working group or steering committee, is responsible for establishing the foundation of the peer support program, including the goals, policies, procedures, and business plan. [0:22:50] They might also be engaged directly in the needs assessment, creating work plan, a strategic plan, and implementing champion and evaluating the program.

[0:23:08] Establishing clear goals is really, really important for the peer support program, and it's a key contributor to the success of the program. [0:23:18] Having goals ensures that all levels of the organization understand the purpose and value of the peer support program and stay focused on what they're trying to achieve and accomplish. [0:23:28] Some examples of goals might be to safeguard the well-being of individuals at the organization, to assist in the recovery of individuals who experience critical incident stress, to help individuals maintain or return to health, to prevent more serious occupational stress, injuries, and illness, to promote resilience, to help individuals understand that their reactions are normal and expected, and also to reduce absenteeism. [0:23:58] So, all of those might be examples. [0:24:00] But, again, there are many, many other examples of what might be more appropriate to the workplace and to the organization.

[0:24:12] It is imperative that the peer support program has foundational support from those in the organization who will contribute to its success. [0:24:20] This means getting buy in from the organizational leadership, managers, and those who will be served by the peer support program. [0:24:27] Getting buy in from senior leaders is not always as big a challenge as expected. [0:24:32] Generally speaking, senior leaders and managers support peer support. [0:24:36] But, even in this current climate of promoting well-being of health professionals in the workplace, resistance can occur, and often, that's due to limited awareness of the issues and the challenges that are experienced in the workplace, and the benefits of having a peer support program.

[0:24:36] Some of the tactics used to bring senior leadership on board include providing evidence from the

needs assessment that had been done, providing those stated goals that had been drafted, committing to clear lines of communications to senior leadership throughout the initial stages of the development, and ongoing reporting to keep the apprised of its progress, educating leadership about the benefits of peer support whenever the opportunity arises, providing key studies or stories of critical incidents were staff were supported and where staff weren't supported, and just comparing the outcomes of those two scenarios. [0:25:36] It could also include collaborating with the unions, if applicable and if appropriate, ensuring they understand the purpose and benefits of the program.

[0:25:45] Also, it might also be very helpful to explain the importance of adhering to standards for mental health. [0:25:54] And example of that is the CSA standard on psychological health and safety in the workplace that was launched in early 2013.

[0:26:07] A peer support program should, whenever possible, be one that is inclusive, rather than exclusive. [0:26:15] So, it's suggested that peer support programs be open to all levels and all groups of clinical or non-clinical staff and also include volunteers, students, trainees, or anyone who might be affected by a critical incident. [0:26:28] It might be even experiencing stress or affected by emotional trauma in the workplace. [0:26:35] There's a caveat there. [0:26:38] As long as there are the appropriate peer supports in place, and as long as it is appropriate for the organization, and again, the culture of your organization.

[0:26:49] So, how will peer support programs be activated and followed through? [0:26:53] The process to determine how the need for support is identified or how the peer support program is activated can be challenging, but is a key element of establishing the structure and procedures for the program.

[0:27:06] Decisions will need to make that are related to three key questions. [0:27:11] First off, how will workers become aware of the peer support program. [0:27:16] What type of issues will the peer support program respond to? [0:27:20] And, what is the process once the peer support program is activated? [0:27:24]

How will peers be deployed? [0:27:27] All of those sorts of logistics.

[0:27:32] So, really, to summarize in this slide, there are many questions to answer and lots of considerations before a team is actually pulled together, and some of the questions are listed below, and we addressed some of those in the previous slides. [0:27:48] I think one of the really important things is to start slow and not rush in to it. [0:27:52] Make sure that there is that understanding from the organization around what the benefits are of a peer support program and what the organization and the workers want to see as a peer support program. [0:28:08] There's a wide range of what peer support might look like, and it's not cookie cutter, and it's really important to get those perspectives.

[0:28:18] The amount of work involved in implementing a peer support program is often underestimated, and I find that with lots of different discussions that I've had with people who are really very keen to pull a team together, but just don't quite know how to do it. [0:28:35] That said, if the preliminary work is done, such as a needs assessment, designing an informed selection, recruitment, and training process for peer supporters, the peer support program will have an excellent chance of thriving. [0:28:51] I tell people the easy part is pulling the team together. [0:28:53] The hard part is the sustainability of it, making sure that it thrives and that the peer supporters feel supported and feel that they are getting the resources and tools that they need. [0:29:06] So, that sometimes can be a bit of a challenge.

[0:29:15] So, let's switch topics a little bit to focus on operationalizing the peer support program. [0:29:22] Managers and supervisors need to be able to recognize the signs of distress and give clear instructions on how and when to activate the peer support program. [0:29:33] So, depending on how the team is set up, managers and supervisors might encourage their staff member to call the peer support program and would provide details on how to do that. [0:29:44] They can also support their staff member by reassuring them that they continue to have complete trust in the professional abilities, and that they are important to the team.

[0:29:56] Our colleagues at Central Health have used Denhams' five human rights for those involved in a critical incident, to help guide managers and supervisors in providing effective support, and those five rights are in that acronym TRUST: treatment that is just, respect, understanding and compassion, supportive care, and transparency.

[0:30:21] Some do's and don'ts for managers and supervisors who encounter staff having experienced a critical incident. [0:30:30] As for the do's, be present as a manager or supervisor, be visible, practice active listening, allow staff members to share the personal impact of their story, reaffirm confidence in their skills, offer EFAP services (if that's available in the organization), and be aware of your own feelings and involvement in the incident. [0:30:52] If, as a manager or supervisor, you've been directly involved in the critical incident, it's important that the manager or supervisor be in a really good head space to be able to support employees, their workers. [0:31:06] If they, themselves, have been impacted, they may not be in the right space at that moment to be providing that support. [0:31:15] So, just be aware of how, as a manager and supervisor, you are feeling.

[0:31:21] As for don'ts, don't condemn or second guess their performance. [0:31:28] Your role is not to be a counselor. It's there to listen and to be able to provide the resources and support for that worker. [0:31:38] Don't downplay their reactions or emotions, and don't undermine their confidence or competency, maybe by saying, oh, you know, when you get more experience, this'll just sort of roll off your back, and it won't be a problem. [0:31:50] That's not necessarily a very helpful thing to say at the time, for sure.

[0:32:01] Then, we come to confidentiality. [0:32:05] As Margaret noted earlier, there had been a webinar on confidentiality. [0:32:11] So, just want to touch on it today, but it is generally acknowledged that confidentiality is a cornerstone of the peer-support program. [0:32:21] Confidentiality is especially important to health professionals who fear being perceived as vulnerable or weak for seeking mental health support, and particularly with respect to patient safety incidents, where they fear exposure to legal or disciplinary actions. [0:32:35] It is, therefore,

important to be clear in the policy and to the health professionals that the organization will make every effort to maintain confidentiality within the peer support program.

[0:32:46] It is also important that peer supporters make clear the limits of confidentiality to those they are supporting. [0:32:54] One of the key recommendations about confidentiality is that peer support programs should maintain minimal documentation about those seeking support. [0:32:54] If any information about the clients is collected, there are strict protocols for maintaining the confidentiality of the records, such as keeping them in a secured, shared file on secured computers, accessible only to the coordinators of the program. [0:33:18] The data collected should be kept for statistical and evaluation purposes, only such as to help those responsible for the peer support program review their processes, evaluate trends in the workplace, and determine whether there are proactive solutions to prevent critical incidents from adversely affecting their staff.

[0:33:38] Regulated health professionals who are providing the support, and this might be physician counselors, social workers or psychologists, should consult the appropriate legal resources concerning regulations about documentation. [0:33:52] This not only protects confidentiality of the clients, but also protects peer supporters who are using their credentials to provide the support.

[0:34:04] And, with that, I will float over to Dr. Gaudet.

DR. ADRIENNE GAUDET: [0:34:10] Thank you very much, and thank you for the opportunity to present today. [0:34:16] everybody can hear me well?

MR. THRALL: [0:34:19] Absolutely. [0:34:19] Thank you so much, Adrienne.

DR. GAUDET: [0:34:20] Okay, thank you. [0:34:22] So, as a physician advisor at the Quebec Physician's Health Program, which is the Programme d'aide aux médecins du Québec, in French, I am a peer supporter to my physician colleagues, who are across Quebec, and sort of across also the medical careers. [0:34:38] So, we

see students. [0:34:41] We see residents. [0:34:42] We also see staff physicians. [0:34:45] So, it really is across the board. [0:34:48] And, I will be speaking about the role of physician advisors, so if we could have the next slide please.

[0:34:56] Here, I'll be underscoring some of the aspects that Brenda spoke about earlier in the webinar, but that bear repeating. [0:35:05] Peer supporters really need to understand a role and its boundaries, and to be committed to the values and the principles of the program that they're working within. [0:35:15] As Brenda was saying, a peer supporter is really somebody who helps their peers to leverage their own resilience, and who avoid pathologizing what can be normal reactions to stressful situations, and who help normalize also the emotions and feelings that their peers are having.

[0:35:32] I can tell you from experience that this is extremely important for my physician colleagues who consult the Quebec physician's health program, because medical culture can tend to suggest that feeling distressed is a sign of weakness. [0:35:44] So, many colleagues who come to see us actually phrase it in terms of being given permission or being validated in the fact that they are finding a situation difficult to deal with.

[0:35:56] Most importantly, peer supporters must really recognize that they are not providing professional psychological support. [0:36:05] They are not clinical therapists. [0:36:07] Or, they're not working within that role. [0:36:09] Nor are they providing psychological or psychiatric counseling. [0:36:13] So, this means that they really need to avoid diagnosing or providing psychological treatment to clients, to determine unilaterally solutions, or directing the decision of the peers that they support. [0:36:28] Peer supporters provide non-clinical emotional support to individuals in the form of empathetic support, active listening, encouragement, and information about resources and other supports available to them.

[0:36:41] Although peer support can be offered on its own or as a compliment to clinical care, a peer supporter does not take the place of a clinician, and

should not aim to fix a colleague. [0:36:51] When I meet a colleague, I clarify that although I'm a psychiatrist by training, I'm not acting as a clinician, but as a physician advisor, and I will explain my role. [0:37:02] Then, I make it very clear that if a consultation to a clinical resource is desired, then that will be discussed and facilitated.

[0:37:11] Next slide, please. [0:37:15] So, now, talking a bit about recruitment, the recruitment and selection process for peer supporters is really critical. [0:37:24] So, some organizations will use an elaborate process that includes nominations, references, psychological screenings, and panel interviews to select peer supporters. For others, the process is less formal.

[0:37:37] Whatever the process, much thought really needs to be given as to how peer supporter selection will be done. [0:37:44] So, an organization needs to ensure their peer support program has the right cohort of peer supporters; otherwise, there will be an impact with credibility, sustainability, implementation, and ultimately, the success of the peer support program. [0:37:59] So, when a peer consults, they are coming at a particularly vulnerable time. [0:38:04] If they are not comfortable with the choice of peer supporters, they will probably not want to access the service you're offering. [0:38:11] So, perhaps the idea, if it's helpful, is to think of it in terms of nominating colleagues who you would actually want to go see for support, if the need arose.

[0:38:22] Given the huge taboos that surround and still do, to some extent, physicians consulting for mental health problems of any nature, the founding members of the Quebec Physician's Health Program decided to recruit physicians to meet with colleagues, with the idea and the objective that this would bring down barriers to consultations for physicians. [0:38:41] So, for example, at the program, at the Programme d'aide aux médecins du Québec, there's a selection process, where all candidates who want to be physician advisors, so peer supporters, need to fill certain baseline criteria.

[0:38:54] So, we need to have 10 years' experience in clinical practice to ensure that when we meet our colleagues, we have credibility in regards to a shared professional experience and all that that entails. [0:39:06] So, we have all been medical students. [0:39:07] We've been medical residents. [0:39:09] We've been attending staff. [0:39:11] And we know and we understand the landscape, both on a professional and on a personal level. [0:39:17] We have a formal interview process where the CEO of the QPHP, as well as the director of intervention, assess the candidates for suitability. [0:39:25] So, there's a whole process that's done here, when recruiting new physician advisors.

[0:39:31] Further examples, physician advisors here do not need to have a specific clinical background. [0:39:36] So, I'm the only psychiatrist. [0:39:38] Some of my colleagues are GPs, anesthesiologists, OB/GYNs. [0:39:38] Some of us come from community-based settings, others from university settings. [0:39:47] The peer supporters are not here chosen on the basis of having had a specific traumatic experience, but as everyone has had their share of difficulties, the interviewers will be looking at how an individual has addressed and dealt with their particular issues, and they will want to be sure that the candidate to be a physician advisor is definitely beyond any reactive state to a particular stressor. [0:40:13] Otherwise, this will not be helpful to the peer receiving the support.

[0:40:16] So, in other words, a colleague, having gone through a difficult critical patient event, may be genuinely interested in helping out somebody else going through that same type of stress, but if they themselves have not quite metabolized the event and it's after effects, the support they give will probably be less optimal, as well as being possibly unhelpful to themselves and their healing process.

[0:40:42] If we move on to the next slide, which looks at supporting the supporters, it's important to recognize that there is a possibility that peer supporters will also experience emotional distress from their work, and that they may need ongoing support. [0:41:00] Because of the emotional nature of peer support, even the most resilient peer

supporters could be prone to burnout or mental health challenges. [0:41:08] So, organizations really need to consider this and to safeguard the mental health of the peer supporters themselves. [0:41:15] There should be a robust plan to support peer supporters.

[0:41:18] So, strategies, such as supervision, mentoring, ongoing training, communities of practice, as well as regular meetings for the cohort of peer supporters should really be considered as essential. [0:41:30] As an example at the QPHP, we have a mentoring program for all new physician advisors who are paired with an experienced physician advisor. [0:41:39] Obviously, they can also ask any physician advisor colleague for help or guidance, and we certainly don't hesitate to ask each other for help. [0:41:48] We have also developed a more formal community of practice through various formal activities, such as organizational rounds and monthly learning rounds, where we discuss various issues that present us with challenges, so for example, colleagues dealing with the emotional impact of medical/legal issues or who present with suicidal ideations.

[0:42:09] The point of these meetings, which are structured and facilitated by one of the physician advisors, is to build on each other's experiences and to try to develop better ways of helping our colleagues.

[0:42:22] Another example of support is that in the context of certain group crisis interventions, so for example, when we've gone to do interventions in physician groups where there's been a suicide, the program has organized for the physician advisors to be able to meet with a clinical resource, for example a psychologist, to be able to debrief those events. [0:42:48] We also have a protocol in place to support a physician advisor who learns that a client/peer they were supporting has committed suicide. So, we have a lot of organizational things put in place to support the physician advisors.

[0:43:02] Regarding remuneration, which is a bit of another issue, organizations will set things up differently according to their various needs. [0:43:09] The Quebec Physician's Health Program is a

non-for-profit organization, and physician advisors are remunerated for their work. [0:43:18] So, our set up is perhaps a bit different than some of the other participants in the best practices working group, in the sense that we are non-for-profit independent identity, entity, I should say, as opposed to being a peer support organization within another organization.

[0:43:40] So, with that, I'll pass it on to Lynn, sorry, to Kelly. [0:43:47] Thank you.

MS. KELLY MCNAUGHTON: [0:43:51] I was going to start to sing, and then I though, no, it's not karaoke, so thank you.

FEMALE VOICE: [0:43:58] Alright, Kelly, I will advance your slide.

MS. MCNAUGHTON: [0:44:01] I'm okay. I've got the—okay, you can advance them. [0:44:04] That's fine, sure. [0:44:05] Thank you.

[0:44:07] So, everybody out there, this has been a bit of a crisis in itself this morning, trying to get this to get on, and my computer's been glitchy, and thank you so much, Gina, because I thought how am I going to wing this. [0:44:19] But, that's what we do, and we're doing peer support. [0:44:22] A lot of times, it's about being creative and trying to strategize.

[0:44:27] So, I'm going to speak to peer support training, as well in terms of the sustainability of the program. [0:44:35] Essentially, the program, the training, is very instrumental, and as is the organizational lead. [0:44:45] So, training is an integral component, and it is important that the organizations, that we hospitals, provide specific training to the peers that are going to be supporting our colleagues, but also to our leaders and our managers and supervisors.

[0:45:01] It's ideal if we can have a leadership champion to head up and defend and support the program as well, and lend credibility. [0:45:13] Peer supporters should be trained, obviously, before they provide or deliver any types of services. [0:45:19] I know that there are a number of our

organizations on the committee and not that have talked about peers even shadowing under training to gain a little bit more experience and exposure as well.

[0:45:33] So, they should be provided with training that will prepare the to support their peers. This could look like individual crisis intervention, group crisis intervention, anything that would enable them to use skills around psychological distress and decompressing our colleagues. [0:45:49] There are a number of external providers who provide training. [0:45:55] Many, however, are not focused on healthcare. A lot of the providers have been really focused on first responder and frontline work that way, emergency service personal. [0:45:55] Think more of us are getting involved in the area of healthcare.

[0:46:09] Of course, you have the panel, and we have a peer-to-peer network that we're going to be rolling out, and this is a great opportunity in terms of capturing some more information about what's out there.

[0:46:21] So, this is a very valuable starting point for organizations that don't necessarily have the internal resources for training. [0:46:27] Some of the organizations, and some of you may be familiar with them, are the International Critical Incident Stress Foundation, the Institute for Healthcare Improvements, so that's the Building a Clinician Peer Support Program, which is conducted by the Medically-Induced Trauma Support Services, Mental Health Commission of Canada, the Working Mind Program, which many of you are familiar with, and the Canadian Mental Health Association. [0:46:54] We also have the Canadian International Stress Foundation, too, here in Canada. [0:47:01] It's out of Hamilton. [0:47:03] So, our next slide, please. [0:47:07] Thank you.

[0:47:07] So, what are we trying to promote? [0:47:11] The key to the success really of the program is about promotion. [0:47:15] It's not just about the services provided. [0:47:18] Of course, we want to imbue in that the values and principles behind the peer support program, really, fully

describing how the program will maintain its confidentiality, including identifying any kind of limitations on its confidentiality. [0:47:33] It's key, and that's going to lend to the credibility. [0:47:37] It's the key to assuring that staff are in a place that safe for them to seek support and expose their vulnerabilities.

[0:47:45] It's also vital to promote the peer support program as non-judgmental and inclusive, and you may want to look at that when you're recruiting your peers, so that it's open to anyone, regardless of their profession, their gender, their sex, their culture, even discipline. [0:48:06] The MITSS program also recommends really that the organization normalize the emotional impact of staff by spreading the word that PSP, or our peer support, is about normal people having normal responses to abnormal events. [0:48:23] I think the more that we break through the stigma of seeking help and talk about this being normal is a really healthy thing, and it also lends credibility to the program.

[0:48:33] It's also important, really, to emphasize to potential colleagues or clients that the organization's leadership and management are fully supportive. [0:48:42] Again, ideal to have a leadership champion, because they can endorse its vision and its values. [0:48:50] I know that at SickKids we have some that have even stepped forward as peers, because they're well respected, but even being behind the program is very important. [0:49:02] It's creating a just culture, where all those who work at their organization feel psychologically safe to seek help without judgement, and where they can be emotionally decompressed.

[0:49:16] Really, this culture, where the organization is supportive and can be allowed for feedback, pushing the envelope, pushing people a little bit out of their comfort zone to help them, plays a key role in the success of the program. [0:49:33] And, the next slide. [0:49:34] I almost want to call Gina Vanna. [0:49:37] Thank you.

[0:49:38] So, how to spread the word, and the promotion is a big piece of this as well. [0:49:43] So, the - - program at Johns Hopkins recommends a

sustained, multipronged campaign to increase awareness and trust among staff. [0:49:53] So, there's numerous methods to promote the PSP in an organization, and I'm just going to kind of walk through. [0:49:58] you see the bullets. [0:49:58] Just touch on each of those areas.

[0:50:02] So, the orientation of new staff, so many organizations have orientation programs bringing on new staff, and this is a really ideal time to kind of insert slides in a deck and talk about the program, providing descriptions and information on how to access the peer support program, ensuring that messaging around the just culture is provided, that there's psychological safety, and touching on national standards of psychological health and safety, and leadership support, so that this is engrained from the beginning when we're talking to new hires.

[0:50:41] Educational sessions are another component. So, this may be training sessions about the peer support and related topics, such as resilience training, mental health awareness, and these can be given as stand alones or in person workshops, perhaps as web conferences or part of a regular in-service training or staff meetings.

[0:51:03] Testimonials is another area. [0:51:05] Reassuring testimonials from those who have used the services can be really inspiring and very powerful and can encourage staff to seek support. [0:51:14] So, if you want to kind of piggy back on the promotion, if you have hospital intranet, if you have a website, a mental health website or peer support website, you can post those testimonials there.

[0:51:27] The PAMQ, QPHP has several short videos of physicians who encourage others to reach out when they need help, and this humanizes the experience for everyone. [0:51:40] Again, normalizes it.

[0:51:43] There are also several provider-experience videos available on CPSI's website that can be helpful to your organization in implementing the peer support program.

[0:51:51] The "elevator speech", so this is really key, too. [0:51:56] So, when you get asked what is

peer about, sometimes you'll get asked that by somebody who's interested in becoming a peer, it's an ideal opportunity to have a bit of a script. [0:52:06] The for you program has created a short description of their peer support program that leaders, managers, and peer supporters can use, and describes what the program is about and gives people a brief overview of why it's important and what the support includes.

[0:52:24] Presentations, so, again, any opportunity where groups can gather, so it might be nursing week, for example, conferences, staff meetings, workshops, M&M rounds, grand rounds, joint occupational health and safety committees, those are really important, medical staff association meetings, in-services training, - -. [0:52:45] Building a tool kit, like a short slide deck that people can take in, or a tool kit that people can access, or making up a booth, is helpful, to just remind staff about the peer support program, and, again, spread the word.

[0:52:58] And promotional videos, or materials, sorry. [0:53:03] So, organizations can develop different kind of materials, brochures, advertisement, internal newsletters, items like computer stickers, business cards, magnets. [0:53:13] We have peer badges with our processes that are outlined on the back for the peers to look at. [0:53:19] Magnets, or a telephone number imprinted on them, on pens or that, for easy access.

[0:53:28] Lastly, social media. [0:53:30] This is information about PSP on the organization's maybe intranet or external sources, Facebook pages, Twitter accounts, or other means of marketing, just through social media. [0:53:42] It's, again, a useful way to spread the word, promote the program, and get some information, and make sure everybody has access to it. [0:53:51] The next slide, please. [0:53:53] Thank you.

[0:53:54] So, key here now is the evaluation, because you do all this work in the frontloading, and then how do you tell that it's working well, qualitatively and quantitatively? [0:54:04] How do you justify keeping it going?

[0:54:06] So, one of the most significant challenges really is evaluating, because of the confidentiality limitation. [0:54:16] So, we don't keep records, but we can keep data, aggregate data to bring together and record this. [0:54:26] So, with data that's collected, such as number of peer supporters, leaders and staff trained, the number of clients who contact or colleagues that contact the peer support, how many are served, the number of hours of volunteer time, the cost of the program, these are all really helpful.

[0:54:45] Even look at if you're using EAP in the past to deliver trauma. [0:54:48] Look at what your cost savings is in terms of not engaging them again, or as often. [0:54:55] Once you have a trauma response team up and working, look at utilization rates, return on investment and human resource costs. [0:55:05] If other data is needed, and I'm thinking like type of incident or health issue, referrals that are made, what people access for, what are the types of issues they're coming forward with, then this data can also be used to evaluate the effectiveness of the peer support program.

[0:55:26] Our peer program is now on the corporate score card and collecting data. [0:55:31] So, there are different opportunities. It can be difficult to ask clients who are seeking help, our colleagues, to then turn around and evaluate it. [0:55:41] But, it can be offered as an opportunity, as appropriate, and use your discretion to seek the feedback, anonymously even, do a quick-pick survey, if you can, or a satisfaction survey.

[0:55:54] There's a tool called the second-victim experience and support tool that evaluates the critical incident experiences of staff members and also the quality of support services. [0:56:06] So, this tool can be used to evaluate staff perceptions before and after the implementation of a peer support team. [0:56:13] So, again, that's called the second-victim experience and support tool.

[0:56:19] And, managers and supervisors can also complete evaluations after say a debriefing event, and give you either verbal or having a quick three or

four question kind of survey on the Likert scale would be helpful.

[0:56:33] It can also be useful to use the survey and get it to staff to find out if they're aware of the PSP. So, [0:56:38] some people are using engagement surveys to ask a question. [0:56:43] And, when you're asking them if they've used it, were they satisfied or were there areas for improvement?

[0:56:50] So, from there, I think that we have a lovely, our next slide, lovely quote. [0:56:57] The best thing is feeling that I'm making a difference for my colleagues in a way that is in tune with my values. [0:57:07] I also like one by Desmond Tu too, which says, do your little bit of good where you are; it's those little bits of good put together that overwhelm the world.

[0:57:18] Effort is required. [0:57:22] Where effort is required is often underestimated, maybe not acknowledged as readily as we'd like, but it's definitely worthwhile.

[0:57:30] So, I'm now going to pass the baton over again.

MR. THRALL: [0:57:33] Great. [0:57:33] Thank you so much for that, Kelly. [0:57:34] That was a wonderful presentation, and we are sorry about the technical difficulties. [0:57:39] Our technical difficulties have actually pushed us a little bit late in to this presentation, so we're just going to ask you to stay on for an extra five minutes, so we can try to address some of the fantastic questions that came up from the audience here.

[0:57:50] If you do have to go, then we ask you to join us for the final webinar in this series on Tuesday, October 29th, and when you do exit the webinar, please complete the polling question to express your interest in joining the new peer-to-peer support network and expert advisory committee.

[0:58:05] So, I just want to ask Markirit, quickly, I had a question indicating interest in developing our own organizational peer support program. [0:58:16] Is there a way to receive continued information and guidance in that?

MS. ARMUTLI: [0:58:19] Hi, Chris. [0:58:24] There will be much more said about that at the October 29th webinar.

MR. THRALL: [0:58:28] Oh, fantastic.

MS. ARMUTLI: [0:58:30] - - absolutely. [0:58:30] We are working with our partners to develop a peer support network. [0:58:39] The network will be set up and established. [0:58:40] So, when you do answer the polling questions, please do indicated your interest to join this network. [0:58:47] The network aims to combine ongoing guidance and support to organizations who wish to establish their peer support program, and of course, any ongoing questions, issues, - - that might come up that require some guidance. [0:59:01] We will, on the 29th, also present to you our tool kit, and that book is a compilation of resources, tools, presentations, that will be available to folks, just a compilation of resources that I know that one of the participants had asked about. [0:59:21] Thank you.

MR. THRALL: [0:59:21] Perfect. [0:59:22] Thanks so much, Markirit. [0:59:24] I do have a question for Brenda that came out from Miriam Wheel. [0:59:28] Does the second scope element include patient-induced injuries to staff? [0:59:37] You may have to unmute your microphone, Brenda.

MS. ROOS: [0:59:39] Okay. [0:59:43] Second scope, I'm not—

MR. THRALL: [0:59:45] I believe it's the second victim element, or the—

MS. ROOS: [0:59:50] So, for OCISM, if there was an incident, if I'm understanding it right, an incident that resulted in a nurse being hurt by a patient, if I'm understanding that correctly, then, yes, that's absolutely something that do work with and would be included as an incident.

FEMALE VOICE: [1:00:14] I suspect the question was specific to when we look at the scope, the first one was patient safety incident. [1:00:21] The second was a critical incident or trauma. [1:00:24] And the third was other work-related stresses.

MR. THRALL: [1:00:28] Perfect. [1:00:29] Thank you both. [1:00:30] I do have an open question. [1:00:32] This will be the last one that we take. [1:00:33] We do have fantastic questions from Adam and from Mark. [1:00:33] We just received one from Cheryl. [1:00:38] Unfortunately, we are running out of time, so I'm just going to open it up to the panel and ask, from Diana Harris, is there a need or necessity for a protected space for this support to occur? [1:00:52] Do you invite an isolated, protected space, a safe space, for the support work to happen? [1:00:59] Does the panel recommend one? [1:01:00] We'll start in order. [1:01:01] So, if you want to go ahead then, Brenda?

MS. ROOS: [1:01:04] Yes. We would recommend that they be somewhere away from another group of people, and they've got certainly the privacy to be able to have a conversation and not having people gawking or checking to see what they're saying. [1:01:24] So, absolutely.

MR. THRALL: [1:01:25] Beautiful. [1:01:26] Thank you very much. [1:01:27] How about you, Lynn?

MS. ROBERTSON: [1:01:31] Yes, absolutely. [1:01:33] It's important to get that individual or that group away and find a quiet area, if possible. [1:01:44] Maybe that's not always appropriate or can happen, but whenever possible, try to get away.

MR. THRALL: [1:01:52] Great. [1:01:53] Thank you so much, Lynn. [1:01:54] That was a little quiet, so I'll just say that, yes, she does agree that having a quiet space away is very important. [1:02:00] Adrienne, do you have something to add to that?

DR. GAUDET: [1:02:02] I would just definitely agree. [1:02:05] Our offices are not within the hospital setting. [1:02:08] We're really separate. [1:02:11] That's very much appreciated by the colleagues who feel that that helps also, of course, with confidentiality and the comfort of coming to consult.

MR. THRALL: [1:02:17] Beautiful. [1:02:19] Thank you so much. [1:02:19] And, Kelly, to wrap us up?

MS. MCNAUGHTON: [1:02:21] I would just echo what everyone is saying. [1:02:21] Anyone that has OCISM

training will recognize that that is a big component of the model.

MR. THRALL: [1:02:30] Beautiful. [1:02:30] Thank you all so much, and I do see we are at time. [1:02:33] We do have some other questions we will forward to our panelists to make sure that we do get responses out to you as well. [1:02:39] We want to respectfully thank Brenda Roos, Lynn Robertson, Dr. Adrienne Gaudet, and Kelly McNaughton for sharing their time and their expertise. [1:02:39] Thanks, of course, to all of you for taking the time to attend, even the little bit extra that we asked of you. [1:02:54] On behalf of me, Christopher Thrall, program lead Markirit Armutlu, technical host Gina Peck, and the rest of the team at the Canadian Patient Safety Institute, thanks again to our partners for making this series possible.

[1:03:05] If you want to continue the conversation started in this discussion, please feel free to send us an email. [1:03:09] We will forward your comments and any questions on to our speakers. [1:03:13] You should all receive Gina Peck's follow-up email in your inbox shortly, and you can respond to that.

[1:03:19] We will also post a recorded copy of this webinar on the CPSI website in the next week or so. [1:03:23] If you want a PDF copy of the slides, please respond to that email from Gina Peck. [1:03:29] We remind you to join us for the final webinar in this series on Tuesday, October 29th, right in the middle of Canadian Patient Safety Week.

[1:03:35] CPSI is working with our partners to establish a peer-to-peer support network and expert advisory committee, so when you do exit the webinar, please complete the polling question to express your interest in joining this network.

[1:03:48] Again, have a wonderful day, everyone, and we hope to see you again soon. [1:03:51] Take care.

[END OF TRANSCRIPT]