



WELCOME

MSPEI's Peer-to-Peer Program is designed to provide opportunities for proactive and responsive peer support to PEI physicians (current or retired) who have experienced or are experiencing career-related stressors. The structured program aims to be a driver of cultural change in the medical community on Prince Edward Island by providing colleagues with opportunities to connect, share challenges, express gratitude, and develop coping strategies together. The goal of the program is to reduce work related distress and help physicians find meaning and reward from their work. The program is not intended to replace clinical counseling or therapy, which can be accessed through MSPEI's Physician Health Program, however it can be a conduit into clinical support if needed.

This program is modeled after the work of Dr. Jo Shapiro, founder of the Center for Professionalism and Peer Support at the Brigham and Women's Hospital in Boston, Massachusetts and now, national and international peer support development expert. Her work focuses on shifting away from a culture of isolation and shame, to one that values shared responsibility, support, and well-being. Dr. Shapiro has provided both program design support and peer supporter training for the Peer-to-Peer Program, and with permission, much of the information contained within this Resource Kit is drawn directly from her work. For this, we extend our deepest gratitude.

For a multitude of reasons, working in healthcare is intensely challenging. Research has shown that provider wellbeing is paramount to the sustainability of our careers, but also to the quality of care we provide to our patients. Unfortunately, the culture of medicine that we have inherited has told us otherwise, and as a rule we have learned to put our own physical, mental and emotional needs behind that of our patients. The message that provider wellbeing and self-care are important seems hypocritical because no space or time is allowed for this within our healthcare systems, and we don't see our colleagues modelling this.

We have all experienced particularly difficult cases or worked through times of physical or emotional distress, whether related to specific circumstances or the accumulation of emotionally depleting events and moral injury. Unfortunately, the culture of medicine has traditionally encouraged silence rather than connection and support. Peer support is a way of actively changing this culture. It is being there with and for our colleagues. Your willingness to receive support through this program makes you a driver of cultural change in our medical community, and for this we celebrate you!



PEER-TO-PEER PROGRAM OVERVIEW

Rationale for Peer Support

Healthcare providers suffer due to a number of acute career-related stressors. Even clinicians with robust personal support networks stand to benefit tremendously from sharing their experiences with peers who have been in a similar situation and can truly understand and empathize with the pain, stress, vulnerability and fear that are common emotional responses to such situations.

By providing physicians with a safe avenue to connect with colleagues about these experiences and emotions, the Peer-to-Peer Program aims to reduce work-related distress and increase the extent to which physicians on PEI find meaning and reward in their work.

Program Objectives

1. Provide an opportunity for proactive and responsive support from a physician colleague in PEI trained in the provision of peer support to PEI physicians (current or retired) who have experienced or are experiencing a career-related stressor, such as:
 - adverse clinical event (including but not limited to an adverse patient outcome)
 - hospital or regulatory complaint
 - interpersonal/relational conflict with patient or colleague
 - acute life stressor which impacts career
 - struggles with burnout/moral injury
 2. Ensure that peer supporters are well equipped to offer this support and to provide referrals to other support services as needed to their physician colleagues.
-

Intake Pathways

Physicians can access the program through either Reach-In or Reach-Out pathways. In the case of Reach-In, physicians can self-refer either spontaneously or following the recommendation of a colleague or other key stakeholders in the community (i.e., CPSPEI, MSPEI, PHP, CMPA, etc.). In the case of Reach-Out, the Peer-to-Peer Program may initiate contact with a physician if it is public knowledge that a particular physician has experienced an acute career-related stressor (i.e. through media coverage), or after being contacted by medical leadership or colleague with consent from the physician being referred as a routine part of the incident/complaint management process, or due to concerns for a known work-related stressor not directly related to an incident/complaint.

Regardless of the manner that physicians come to access the Peer-to-Peer Program, we recognize that utilization will require significant cultural shift. We must work to normalize peer support in the wake of career-related stressors by both reaching-in when needed and supporting reach-out initiatives within the medical leadership community

Matching Peer Supporters

Once a referral is received, the Program's physician lead(s) will match physicians to a peer supporter based on a number of considerations:

- physicians referred in to the program identified as mid or late career, or those who are retired, will not be matched to an early career peer supporter
 - physicians will not be matched to a peer supporter who, in other contexts, is responsible for evaluating that clinician's performance
 - when possible, peer supporters from a given county of work will be matched to physicians from a different county of work
 - in the case of a referral which involves an acute interventional event, an attempt will be made to match physicians to a peer supporter who also provides interventions as part of their work.
-



Peer Supporter Selection, Training & Support

Peer supporters are nominated by colleagues based on whom they would want to speak with after stressful events. In this way, we can ensure peer supporters are well respected clinically and have excellent relational skills.

Peer supporters are provided with orientation to the program and training specific to the provision of peer support. They also have the opportunity to attend regular Community of Practice meetings, which allow peer supporters to connect as a group of ambassadors, share challenges and success, learn from each other and practice peer support interactions.

We understand that physicians' time is valuable and so participation in training sessions and Community of Practice meetings is acknowledged by a financial honorarium from MSPEI. Time spent in the provision of peer support, however, is entirely on a volunteer basis.



Peer Support Interactions

Peer support is psychological first aid. It is not therapy. The process consists primarily of one initial contact/conversation with a follow-up email or call to check-in. The peer supporter typically gives the peer their cell phone contact. If there are ongoing concerns, we encourage self-referral to professional resources, most often consisting of the Physician Health Program.

Confidentiality is paramount to the success of a peer support interaction, and peer supporters sign confidentiality agreements following their training. These conversations are however discoverable from a legal perspective, so peer supporters do not take written notes during the interactions, and do not focus on details of the situation, rather the emotional impact of the situation and strategies to support their peer in times of difficulty. While the program is strongly committed to confidentiality, it must be broken if the clinician is at risk of harming themselves or others, or if a peer supporter has a direct reason to believe that someone is at risk for unsafe behavior.

Program Evaluation

A de-identified database is used to track utilization. In addition, we developed a confidential survey that will be completed by all peer supporters following their interactions as well as questions that will be included in MSPEI's regular Member Survey used to get specific information regarding the impact of the peer support intervention on the medical community.