

Terms of Reference for Physician Peer Support Program

BACKGROUND

The Physician Peer Support Program is an initiative of the Physician Wellness Advisory Committee (PWAC). This program was seen as an integral component to achieve its desired goal of creating proactive and reactive approaches to managing and supporting physician wellness, burnout and promoting a healthy work life integration. Peer Support Programs have been developed in many other centers and have demonstrated success (1). Physicians often find themselves in stressful situations, yet many believe that it is their job and their responsibility to manage these situations on their own. But normal reactions to abnormal events can affect physician health and wellness. This in turn may ultimately lead to poor patient outcomes, physician burnout and depletion of the physician workforce. Research has shown that the majority of physicians would prefer to talk to another peer physician in times of stress (2).

PURPOSE

The purpose of developing a formal Peer Support Program (PSP) is to provide support to physicians undergoing the stressful events that often arise in our careers. This support will be offered in a 'reach out' approach to all physicians involved in but not limited to, a patient complaint, a significant medical error or adverse event, physicians known to be involved in legal proceedings surrounding care, as well as any physicians experiencing undue stress for other reasons and brought to the attention of the PSP by their colleagues. With time and increasing awareness of the program we envision that physicians may 'reach in' for support on their own initiative.

The Peer Supporter's role is that of 'emotional first aid' rather than the provision of an ongoing therapeutic relationship. The supporters are reaching out as colleagues, not as physicians and any support or advice given is being given as a colleague, not as their health care provider. They are trained to provide an empathetic ear and their loving presence, whilst helping the physician access additional resources if they choose. The nature and details of any discussion between physician and peer supporter will remain CONFIDENTIAL at all times. Supporters must maintain absolute confidence over any and all information acquired or generated in the course of their support sessions. (See Appendix 1 for statement from CMPA.)

PROCESS

When a physician is identified by the *hospital* (KHSC or PC) a Department Head or a colleague as undergoing a stressful event or period in their career, their name will be confidentially forwarded to the PSP. A Peer *Supporter* will then be chosen from a list of volunteer Peer Supporters. All *Supporters* must undergo specific training as determined by the PWAC. Any *Supporter* may withdraw from the list at any time for any reason.

Every effort will be made to match the *Supporter* and the Participant in a thoughtful and beneficial manner taking event, specialty and stage of career into account. The matching will be

done by the chair of the PWAC and the Physician Lead of the PSP. The list of Peer Supporters must be representative of a wide variety of specialties (both procedural and non-procedural based) and stages of career. The *Supporter* will be contacted by the administrator of the PSP to determine their ability to respond as a peer supporter. If the supporter is unable to offer their services at this time for any reason, they may decline, in which case another supporter will be contacted. Once the *Supporter* agrees, they will then reach out via telephone or email to the participant physician and, after offering information about the PSP, ask if the physician would like to talk confidentially to them, as a peer, for support. If the physician accepts the offer, a mutually convenient time will be established for a lengthier conversation.

All Supporters will be supplied with a list of resources to offer to a participant physician. Supporters will document the date of each Peer Support discussion. Details of the conversation are not to be documented. Only data pertaining to the number of support encounters offered/accepted and the general nature of the stressor in order to inform future resource needs will be kept, in a confidential manner and in accordance with University and/or hospital policies.

All data pertaining to the PSP will be kept locked and only accessible by the Physician Peer Support Program Lead. Anonymized statistics will be kept by the PSP Administrator. The PSP Administrator will be a 0.2 FTE position and will be required to respond to emails daily given the nature and potential urgency of distress physicians experience.

The Lead of the Physician Peer Support Program will report to the Physician Wellness Advisory Committee as well as MAC of KHSC/PC, SEAMO and Queen's School of Medicine. A written report with summary statistics will be produced annually.

1. Shapiro, Academic Medicine, Vol. 91, No. 9 / September 2016
2. Hu et al, Arch Surg. 2012 March ; 147(3): 212–217