Background

In the course of day-to-day care of patients, our staff are put in challenging, stressful, and often upsetting situations. The emotional aftermath of a death of a patient, a difficult code, or an adverse event can be difficult to deal with, especially alone. These situations often lead to feelings of guilt and responsibility for the patient outcome; second-guessing your clinical skills and knowledge base; and anxiety and depression which may lead to burnout. Often, peers can be the most supportive in these situations because they have had similar experiences and can understand first-hand what you are going through.

In 2013, a successful pilot Peer Support Program was launched, and today includes all inpatient units, perioperative units, the emergency unit, and a number of ancillary services. Peer Supporters are volunteer staff from a variety of disciplines including physicians, nurses, unit coordinators, techs, pharmacists, and radiologists. The Peer Supporters have been selected by their colleagues as being a reliable source of support, and have been trained to offer confidential, formal support to their peers following a stressful event or just a difficult day at work. The Peer Supporter helps staff by listening, normalizing feelings, validating competence, and directing them to additional resources.

Project Aim

Our goal for the Peer Support Program in 2016 is to continue to build awareness of the program around the institution, train more peer supporters in departments that need support, and evaluate the program.

The Interventions

- Successfully recruited and trained 104 Peer Supporters
- Scaled up the program to include ancillary services, including Physical Therapy and Occupational Therapy, Pathology, Radiology, Pharmacy, Blood Bank, and Dermatology
- Designed a brief survey that evaluates the effectiveness of the program on job performance and satisfaction

Progress to Date

Every month we collect data from the Peer Supporters, including how many interactions they have had, who initiated the interaction, and what general type of interaction they had.

Next Steps

- With over 550,000 outpatient visits/year, we’ll spread the program into Ambulatory Services.
- Distribute the survey to BIDMC staff in departments where Peer Support was piloted in 2013
- Publish the data we collect from evaluating the program

Lessons Learned

- There are barriers to implementing this program in some departments where a large proportion of the staff do not speak English as their first language.

For more information, contact:

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