Physicians Heal Each Other

Building Resident Leadership within a Wellness Program

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Icebreaker

Walk around the room and find a partner whom you do not know.
Discuss your answers to the following questions (2 minutes per pair)

1. What is the case for peer support to support resident wellness?
2. What is one thing you hope to take away from today’s workshop?
Your Facilitators

Janet Bodley – Site Coordinator, Sunnybrook Health Sciences Centre; Chair of Wellness Program, Department of OB/GYN

Michele Farrugia – Residency Program Director, Department of OB/GYN

Chris Trevelyan – Counsellor/Psychotherapist and Educator, Office of Resident Wellness

Michael Chaikof – PGY-4, Department of OB/GYN
Learning Objectives

1. Identify key components and roles of wellness leadership/peer support in postgraduate training programs
2. Reflect on potential needs and effective initiatives that promote resident wellness
3. Describe the potential benefits and challenges of peer support
4. Enable a resident population to provide peer support in the context of a resident wellness program
Outline

1. Intro and icebreakers
2. What is the **case** for peer support?
3. What are the **challenges** to peer support?
   - Discussion
4. What are “**best practices**” for peer support?
   - Discussion
   - Review of the evidence
5. Sharing **stories of success**
   - Stories from U of T OB/GYN
   - Discussion - stories from other programs
5. Wrap-up
Section 1: The Case for Peer Support?
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79% of attending and resident physicians experienced either a serious adverse patient event and/or a traumatic personal event within the preceding year.

90% report that their hospital or healthcare organization does not adequately support them in coping with stress after a medical error.

Lane (2018); Waterman (2007)
Section 1: The Case for Peer Support

Multiple barriers to physicians seeking other, formal supports
  e.g. lack of time, fears about confidentiality, stigma, negative impact on career, etc.

Physicians want support from their physician colleagues

Shapiro and Galowitz (2016); Lane (2018)
Section 2: Challenges to Peer Support
Section 2: Challenges to Peer Support

Group Discussion:

1. What are the greatest challenges (barriers) to peer support in your wellness program?

2. Which of these are modifiable? Which are not?
Section 2: Challenges to Peer Support

Cultural/personal need for perfection and a deep perception of personal invulnerability

Discomfort sharing emotional material in interdisciplinary groups (i.e. as “team leader”)

Reluctance to proactively seek help

Power differentials and gatekeeping/evaluation relationships

Concerns about discoverability in context of medical error

Recruitment and turnover of peer supporters, wellness leaders

Shapiro and Galowitz (2016); Lane (2018); Hu (2012)
## Individual Challenges/Barriers

<table>
<thead>
<tr>
<th>The “Supporter”</th>
<th>The “Supportee”</th>
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<tbody>
<tr>
<td>Lack of training/experience</td>
<td>Personal resiliency</td>
</tr>
<tr>
<td>Uncertainty of role</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Stigma</td>
</tr>
<tr>
<td>Burden - time, emotional</td>
<td>Uncertainty of Benefit</td>
</tr>
<tr>
<td>Who supports me? Personal resiliency</td>
<td>Reluctance/inability to self-report</td>
</tr>
<tr>
<td>Appropriate individual for the role?</td>
<td>Impact on future training/career?</td>
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Modifiable vs. Non-Modifiable Challenges to peer support
What can we change/modify?

Peer support training and recognition
Promote/expect psychological safety
Be explicit about confidentiality –
Time, space, availability – use opportunities that already exist?
Reporting system – encourage colleagues/faculty to send an ALERT
Faculty ”advisor” for peer supporters
Peer advisors for the wellness committee
Working with the “unchangeable”

Workload – patient care needs to happen
Bad things (e.g. adverse events) happen
Academic pressures – studying, passing ‘the’ exam, research requirements
Hospital culture…. Wellness is ‘fluffy’ – medical expert and scholar roles more highly valued
The Culture Change Challenge

It can happen, and it won’t happen overnight!

Engage with like-minded people (people power)

Flashing data/stats is not enough; however, it sometimes grabs the attention of leaders

Help other find their reasons to change…
Section 3: “Best Practices” for Peer Support

Group Discussion:

1. What do you think would be some “best practices” for peer support in your wellness program?

2. What skills, knowledge and attitudes would be most important?
   a. Can these be taught? If so, how?

3. What are the key components and roles?
Section 3: “Best Practices” for Peer Support

Identification/Selection of Peer Supporters/Wellness Leaders

   Peer-nominated vs. self-nominated

Formal vs. Informal Approach

Shapiro and Galowitz (2016); Lane (2018)
Section 3: “Best Practices” for Peer Support

Training of Peer Supporters

- Information on issues of physician health, including impact of adverse events and medical error
- Positive coping mechanisms
- Warning signs
- Further supports and resources for referrals
- Simulations:
  - Active, empathetic, non-judgmental listening & inquiry; validation; acceptance

Shapiro and Galowitz (2016); Lane (2018)
Section 3: “Best Practices” for Peer Support

Normalization efforts across program/department/site (e.g. psychoeducation)

1. physician health difficulties, distress
2. need for support
3. reaching out for support

Publicizing peer support program/wellness initiatives

Shapiro and Galowitz (2016); Lane (2018); Hu (2012)
Section 3: “Best Practices” for Peer Support

Confidential*

Invitational/Voluntary

No one should be made to talk about their difficulties, and some will choose not to

Peer-matching considerations

 e.g. power differentials, specialty (like vs. unlike), clinician characteristics

Shapiro and Galowitz (2016); Lane (2018)
Section 3: “Best Practices” for Peer Support

Formal outreach:

1. Outreach call
2. Invitation/opening
3. Listening
4. Reflecting
5. Reframing/Sense-making
6. Coping
7. Closing
8. Resources/referrals

Shapiro and Galowitz (2016); Lane (2018); Hu (2012)
Section 3: “Best Practices” for Peer Support

Other considerations:

Use of judicious/therapeutic self-disclosure

Positive modelling of coping, self-care and reaching out

Growth-mindset

Orientation toward psychological safety

Shapiro and Galowitz (2016)
Section 4: Stories of Success
Section 4: Stories of Success

Group Discussion

1. Does your program facilitate peer support in wellness?
   a. If yes, how? If no, how could you start?

2. What has been the most successful aspect of this?
Section 4: Stories of Success

A brief history of the wellness program at U of T OB/GYN
Overview of U of T Obstetrics & Gynecology Postgrad Wellness Program

“Formal” teaching sessions during AHD
Advocacy for resident wellness issues to RPC
Regularly scheduled meetings for a ‘wellness checkup’ with a wellness Faculty
Timely/emergency access to a wellness Faculty (e.g. adverse event/critical incident)
PGY1 bootcamp and early engagement
Resident involvement in wellness committee
Building peer support (organic → formal)
Section 4: Stories of Success

Stories from the front lines:

1. Training
2. Debriefing
3. Socializing
Empowering Residents to Identify and Undertake Learning Opportunities

- Chief Resident Boot Camp
- Graded Assertiveness Training
- Communication Skills Training
- Resiliency Curriculum
Debriefing

Giving Residents Opportunities for Formally Supporting One Another

- Resident M and M Rounds
- Academic Half Day
- Peer to Peer Mentorship
Socializing

Informal Settings for Powerful Discussions

- Social Outings for AHD
- Book Club
- Resident Retreat
Wrap-Up

Discuss and Write Down:

1. One thing you **learned** at today’s workshop
2. One **action item** to take back to your home program
3. What can you do **in the next month** to get started?
Thanks for your participation!
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