

Peer Support Initiative Program Overview

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Background

In 2021, the BC Physician Health Program (PHP) saw an increase of 93% in physicians seeking help since 2019, indicating the high demand for physician wellbeing support. A consultation was facilitated during Summer 2021, and 75% of the Divisions and MSA respondents expressed interest in collaborating to provide peer support. There are also several existing local physician peer support programs with varying levels of training and formal implementation, presenting an opportunity for coordination and alignment. To facilitate responsive local peer support programs which help to enable healthy workplace cultures, the Physician Health Program and the Joint Collaborative Committees (JCCs) are partnering to develop a Provincial Physician Peer Support Initiative (PSI) in BC.

Studies have shown that peer support for physicians can be effective in contributing to a culture where physicians feel more comfortable seeking and offering help. People who use peer support show improved coping and self-management skills, have stronger social networks, reduced isolation and a reduced need for more intensive services.

The Peer Support Initiative

Objectives

The purposes of this initiative are:

- To facilitate responsive and proactive formal peer support opportunities for physicians needing emotional support for work or life-related stressors.
- To train and support physician peer supporters to offer non-clinical emotional support to physician colleagues in formal peer support settings.
- To provide opportunities for participating local organizations (Divisions, MSAs, Sections, etc.) to share knowledge and collaborate as they develop and build their own local peer support programs.
- To actively pursue alignment and coordination between different peer support programs provincially.

How is the Initiative funded?

The establishment of the PSI is possible thanks to funding from the Joint Collaborative Committees; and Scotiabank, MD Financial Management Inc., and the Canadian Medical Association as part of the new Physician Wellness+ Initiative, which aims to address the urgent and ongoing health and wellness needs of physicians and medical learners.

How is the initiative governed and organized?

Group	Description	Responsibilities
Physician Wellness Advisory Group	Representatives from the PHP and JCCs (including 2 physicians – one family physician and one specialist) that act as the main governing body.	<ul style="list-style-type: none"> • Program governance • Securing resources and funding • Key program decisions (e.g. prototype site selection, evaluation review)
PHP Implementation Team	PHP staff members supporting provincial implementation.	<ul style="list-style-type: none"> • Organizing peer support training and provincial knowledge sharing opportunities • Facilitating inter-site peer support matches • Developing key resources • Provincial evaluation
Local Peer Support Sites	Previous 3 cohorts of local physician organizations can be found here .	<ul style="list-style-type: none"> • Implementing peer support program tailored to local needs (e.g. recruiting peer supporters, facilitating matches, promotion) • Participate in knowledge sharing opportunities • Participate in inter-site matching • Record keeping of peer support interactions • Tracking local evaluation data
Existing Peer Support Sites, outside of PHP funding	Peer support programs that existed prior to or without the training support of the PSI. Because there is no direct funding support from the PHP-JCCs, they are not accountable to the advisory group. However, they may work in collaboration with all parties to work towards provincial alignment and coordination.	<ul style="list-style-type: none"> • Participate in knowledge sharing opportunities • Participate in inter-site matching

What support is provided from the PHP and JCCs?

- Peer support training and upskilling opportunities for physicians
- Peer supporters will be provided four hours of sessional payment at \$176.18/hour for attending the peer support trainings and 4.0 UBC CPD credits
- Regular community of practice meetings will be organized with leaders from each site to facilitate a space for sharing knowledge between sites, support coordination and alignment, troubleshoot challenges and answer questions
- A peer support implementation toolkit with tools, templates and resources will be provided
- Voluntary peer supporter debrief groups will be facilitated for peer supporters to share experiences and seek support from peers
- Facilitation of inter-site peer support matching for physicians who prefer to receive support outside their local site for confidentiality reasons
- Each site will be provided a one-time start up fund of \$48,505 to support the first year and a half of program development to cover FTE for administrative staff, physician lead time, and a small budget to help socialize the program.

What are the general steps to start a local peer support program?

How a local peer support program is set up will vary based on the local needs. However, we have listed the general steps below to guide you in getting started. The order of steps can be adjusted to your local context. The PSI implementation toolkit will provide resources, tools and templates to assist with the steps described below.

- Identify the program planning team (e.g. Physician lead, program administrator)
- Develop a project charter/program plan with clear goals, objectives, roles and responsibilities described
- Engage your medical leadership and the community to gain buy-in, understand needs and inform program development. Engagement may include conversations, presentations about the science of peer support (PHP can help with this), focus groups and/or surveys
- Develop program guidelines/policies that describe the program purpose and scope and how it will be structured (e.g. When should someone reach out for peer support? How does someone access peer support? How will matches happen? How will this be tracked?)
- Implement a nomination or recruitment process for peer supporters
- Help facilitate peer supporters to receive formal training from PHP
- Develop a communications plan to socialize and educate your community about the program and how they can engage
- Monitor, evaluate and adjust processes as the program is implemented and operates thereafter

Peer Support

What is peer support?

Peer support encourages an authentic human connection with another person who shares similar life experiences – in this case, the unique stressors and challenges faced by physicians. Peers offer non-judgmental listening and non-clinical support with life, work and other issues.

We aim to facilitate these confidential, non-clinical empathetic conversations between colleagues, where physicians feel safe to share issues they are experiencing with someone trained to listen.

Peer support is distinct from (1) therapy, (2) mentorship where an experienced peer is providing clinical or career advice, and (3) direct clinical care. For example, if a physician presents with suicidality, substance use, mental health concerns, or requesting personal medical advice, providing direct support for these issues is out of scope of the peer supporter role. The training will provide peer supporters with practice and language to manage these situations and refer to community resources appropriately.

What are the goals of peer support?

- Create a safe space for peers to share experiences and seek emotional support
- Listen non-judgmentally, validate and empathize with the experiences of peers
- Empower peers to recognize existing strengths and resources, and build on coping strategies that work for them
- Connect peers with community resources if they need support beyond the scope of peer support
- Promote a broader sense of community and a positive, supportive workplace culture

When might someone benefit from peer support?

Peer support might be helpful for physicians who experience work or life stressors and require emotional, non-judgmental support. Examples of these scenarios might be:

- Adverse clinical event (including but not limited to an adverse patient outcome)
- Patient or colleague complaint
- Interpersonal/relational conflict with a patient or colleague
- Acute life stressor which impacts career (e.g. birth of a new child or bereavement)
- Struggles with burnout/moral injury
- A change that has happened at work that impacts you emotionally
- Experience of discrimination or alienation/othering at work (e.g. related to race, gender identity, sexual orientation, physical ability or other) from patients, colleagues or staff

How does a physician access peer support?

Local physician organizations have the autonomy to tailor peer support intake pathways to suit their local needs. Based on our scan of peer support programs, there are two general approaches to accessing peer support: reach-in or reach-out, explained below. You may want to consider setting up an intake/referral online form or shared peer support inbox to receive requests. The implementation toolkit will include a template referral form.

Reach-In

The physician self-refers when they feel they need support or following the recommendation of a colleague or other party (e.g. Division, MSA, Doctors of BC, PHP, CMPA).

Reach-Out

The peer support program may initiate contact/reach out to a physician with consent after an adverse event or a colleague, medical leader or other party notifies the program of a physician that might benefit from peer support (e.g. patient incident/complaint or known work-related stressor). Peer supporters will be equipped with language during the training to ensure that reach-outs are not intrusive and normalized as part of your organization's practice of checking in on the wellbeing of their members.

Local physician organizations are encouraged to engage their community to understand which access pathways best suit them and would enable seeking support. We highly recommend including both reach-in and reach-out pathways based on successful program implementation over the last 3 years.

Matching peer supporters

When a peer support request is received, program administrators will match physicians to a peer supporter based largely on availability. If a physician has a special demographic request such as gender, specialty, race, etc., program administrators may try to accommodate. However, we do not recommend setting the expectation to match based on such characteristics because of the risk of not meeting these expectations due to availability of peer supporters with the specific characteristics. The scope of peer support and the training provided aims to enable all peer supporters to emotionally support any colleague regardless of their demographics.

That said, there are some general matching recommendations that we encourage you to consider:

- Match mid or late career physicians to peer supporters of equal or higher career stage (i.e. not early-career physicians)
- Ensure physicians are not matched with peer supporters who are responsible for evaluating that physician's performance
- If peer supporter requests support outside of their local region for confidentiality purposes, please reach out to the PHP Implementation Team to facilitate an inter-site match

The practicalities and process of matching can be tailored to local program needs. Often, when a match is identified, the program administrators will reach out to the matched peer supporter by email with the referred physician's name and rationale for peer support. The peer supporter may accept or decline this request. If they accept, the program administrator will provide the peer supporter with the referred physician's contact information and the peer supporter will reach out to the referred physician by phone or email to organize a time to meet. If they decline, program administrators will need to find another available peer supporter.

What do peer support interactions look like?

Peer support is short-term, emotional, non-clinical support. It is not therapy, clinical advice or mentorship. Role plays and observation during peer support training will demonstrate what a peer support interaction might look like. The conversation modality (in-person or virtual) may be mutually decided between the peer supporter and referred physician. Generally, peer support relationships will be short term in nature (1-3 conversations). If the referred physician requires more long-term support beyond a few conversations, peer supporters are encouraged to refer the physician to long terms support such as the PHP. The peer support training will cover how to facilitate these referrals to PHP.

Confidentiality

Confidentiality is integral to the success of a peer support interaction and peer supporters sign confidentiality agreements as part of their commitment. These conversations are discoverable from a legal perspective, so peer supporters do not take written notes during interactions (if notes are taken, they must be shredded/destroyed after the conversation) and do not focus on the details of the situation. Rather, they focus on the emotional impact of the situation and coping strategies. There are rare cases where confidentiality must be broken, such as when a physician 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 behaviour. These are the same reasons a peer supporter may have to break confidentiality in their everyday clinical practice as a physician.

What commitment is involved in being a peer supporter?

- Attendance at PHP peer supporter trainings that will involve participating in 4 hours of training in September 2025 on the following dates:
 - Peer Support Foundations: September 17th 8am-10:30am (2.5 hours)
 - Peer Support Practice: September 25th 4:30-6:00pm (1.5 hours)
- Peer supporter training will be grounded in content from Dr. Jo Shapiro, international peer support development expert, and Dr. Maureen Mayhew, BC PHP Physician Lead for peer support. Dr. Maureen Mayhew will lead all training sessions, debrief sessions, and ongoing refresher trainings for peer supporters.

- When you are matched with a physician colleague in need of support, an invitation to provide peer support will be sent by email. **If you agree, we ask that you connect with the physician within 72 hours of the confirmed match to ensure that the physician is receiving timely peer support.** You will always have the option to decline a potential match, no questions asked. If you are matched with someone you know personally, please let us know and we will facilitate a rematch.
- **The number of peer support matches you may receive will be variable based on uptake of the program.** Other consulted peer support programs have estimated approximately 4-7 peer support matches per peer supporter per year.
- **Providing peer support is generally short-term (approximately 1-3 conversations) between physician colleagues.** If a physician requires on-going support, we encourage referring them to professional resources such as the PHP.
- Peer support will be delivered as described during peer support training in terms of scope and peer support skills and principles.
- After each peer support interaction, we ask that you fill out a peer support interaction tracker that is intended to document that the interaction happened and your subjective feedback about the interaction. It should take 3-5 minutes to complete and is not intended to document the content of the conversation.
- If you would like to leave your role, we kindly ask that you notify us [x # of days/weeks] prior to your planned departure to allow for the recruitment of a new peer supporter
- [any other commitments/supports from your local physician organization]

Tips for socializing the Peer Support Program

A consistent challenge among all peer support programs is uptake and awareness. A few ideas to socialize and build awareness from past programs include:

- Develop a webpage for your peer support program that is easily accessible through places members already go (e.g. linked in your organization's home page). Include bios and photos of peer supporters and information about how to access the program.
- Develop posters and quarter pagers with QR codes to referral forms and post them in physician lounges, the back of bathroom doors, meeting rooms, rotating e-boards and other places that are well frequented; and distribute at learning events, social gatherings, welcome bags, etc.

- Request to be on the agenda of organization Annual General Meetings, department meetings, leadership meetings, etc. to educate members about the program.
- Advertise the program through your organization's newsletter or bulletin. Consider having a monthly or quarterly physician wellness article or tip which does not need to be peer support focused, but can include the info to access peer support.
- Host a dine/lunch and learn or grand rounds presentation about peer support.
- Host a peer support booth at a resource fair or event
- Socialize the program with people who would be aware when a physician might be in distress such as a medical office manager, unit clerks, department heads, nurses, etc.
- Incorporate the peer support program into existing processes that might be distressing for physicians (e.g. have a peer supporter reach out be part of welcoming a new physician to your organization, after a known patient death, after returning from a medical/parental leave, etc.)

Resources

Literature

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Reference materials

[Unpacking Peer Support – Infographic from the Physician Wellness Hub by the CMA](#)

[Sound Mind Podcast: Building the peer support physicians need](#)

[Healthcare Excellence Canada – Creating a Safe Space: Healthcare Worker Support Toolkit](#)