

OHSU Peer Support Program: Recovery after an Adverse Event

The Need:

After an adverse medical event, even the hardest, most experienced health professional may be affected and could benefit from additional support. Whether the adverse event was due to an error or was an unexpected outcome, it is common for health professionals to experience significant stress, question whether they could have done anything differently, and to feel a range of emotional and physical reactions including anxiety, sadness, anger, guilt, insomnia, concentration difficulties, and other somatic symptoms.¹ A national expert in supporting physicians dealing with adverse events, Jo Shapiro, M.D., noted that “these are normal reactions to abnormal events.” In these moments of distress, health professionals indicate that they are most likely to want to talk with their peers.² Unfortunately, many health professionals may be uncertain about who is “safe” to talk to about this event due to concerns about being judged by peers or being instructed by risk management to be cautious about discussing details of the case.³ The affected individual may end up feeling isolated and be less able to recover from this event.

Peer Support is a Resource:

Jo Shapiro and her colleagues at Brigham and Women’s Hospital developed a peer support program in which trained peer supporters reach out and provide private and confidential peer support through a phone call or in person meeting with all health professionals who experience an adverse clinical event or any professional distress. This model of peer support has been disseminated to other academic health centers including University of WA and Stanford.

With support from OHSU Health Care Leadership, Risk Management, and Graduate Medical Education, the Resident and Faculty Wellness Program (RFPW) team initiated a similar peer support program in the School of Medicine (SoM). In March 2016, Dr. Shapiro trained 24 OHSU SoM faculty who were nominated by their peers and leadership to be peer supporters. The OHSU Peer Support Program launched as a resource for all SoM faculty, residents, and fellows who experience professional distress, a significant professional setback or stressor including an adverse medical event, unexpected negative outcome, litigation or board complaint.

How to Access Peer Support at OHSU:

Any SoM faculty clinician may access peer support by directly contacting any of the peer supporters listed on our website (<http://www.ohsu.edu/peersupport>). In the interim, please contact Dr Sydney Ey (eyes@ohsu.edu) or Dr Mary Moffit (moffitm@ohsu.edu) for assistance with referrals. The clinician may also be contacted by a trained peer supporter if the OHSU Peer Support Program receives a referral from Risk Management, the Patient Advocate, OHSU leadership or a concerned colleague. All affected faculty, residents and fellows will be contacted and offered support.

If you would like to refer a colleague, please contact the Peer Support Program and we will assign an appropriate peer supporter. Please Note: we typically assign a peer supporter in a related field of specialty but possibly not in the same department— to provide a little more privacy for the clinician receiving support.

Private/Confidential Help from Trained Peer Supporters: Peer support is private, confidential and notes are not taken. Peer support can occur over the phone or in person.

Questions/Concerns/ To Make a Referral: Please contact: Mary Moffit, Ph.D., Director, OHSU Peer Support Program at moffitm@ohsu.edu or Sydney Ey, Ph.D. Associate Director, OHSU Peer Support Program at eyes@ohsu.edu

If your need is urgent, please page 1-0975 for RFPW clinician on call

More Information on Brigham and Women’s Hospital Center for Professionalism and Peer Support Model:

http://www.brighamandwomens.org/Medical_Professionals/career/CPPS/default.aspx

Shapiro's positive coping recommendations immediately following an adverse event:

- *Re-playing thoughts about the event is normal and will likely decrease over time.*
You may find it helpful to gently bring your attention back to your breathing, to calming thoughts.
- *Recognizing the systems issues that may contribute to these events—and advocate for changes.*
- *Reflecting on what has worked for you in the past during times of emotional stress.*
- *Reaching out to and sharing your experience with family/friends.*
- *Resting more and eating well-balanced meals (even when you don't feel like it)*
- *Exercising/ movement*
- *Returning to a normal schedule when possible*

See Jo Shapiro's Grand Rounds for OHSU Psychiatry 3/1/16:

<https://echo360ess.ohsu.edu:8443/ess/echo/presentation/e1c22e50-12dc-4a3d-ba5c-d38ce6b59e19?ec=true>

Additional OHSU Resources:

Resident and Faculty Wellness Program (RFPW): on site, free, and confidential assessment and treatment for personal or professional concerns. OHSU and Legacy residents, fellows, and OHSU SoM faculty (0.5 FTE or greater) are eligible for RFPW services. Records are NOT in EPIC. To schedule an appointment, email any clinician on our RFPW team. See our website: www.ohsu.edu/rfwp for contact info: Mary Moffit, Ph.D., Sydney Ey, Ph.D., Marie Soller, M.D., and Mark Kinzie, M.D., Ph.D. and if urgent, please page 1-0975

Risk Management: 503-494-7189 or pager 1-1101:

Ellen Rensklev, VP and Chief Risk Officer and Renee Wenger, J.D., Senior Risk Manager

Administrator on Duty (AOD): pager 1-2241

Chief Medical Officer: 503-494-8744: Chuck Kilo, MD

Faculty Practice Plan: 503-494-9335: Mike Bonazzola, M.D., CMO

Patient Advocate: 503-494-7959: Susan Yoder, Director, Patient Relations

Quality Management/Patient Safety: 503-494-0295: Pam Brown, Patient Safety Officer

Integrity Hotline: 1-877-733-8313

Professional Board/Professionalism Committee: 503-494-4754: Paul Flint, M.D., Chair, Professional Board

Graduate Medical Education: 503-494-8652: Pat Brunett, M.D., DIO, Associate Dean; Sue Simmons, Director of GME

Selected References:

1. Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Quality and Safety in Health Care*. 2009;18(5):325-330.
2. Hu Y-Y, Fix ML, Hevelone ND, et al. Physicians' needs in coping with emotional stressors: the case for peer support. *Archives of Surgery*. 2012;147(3):212-217.
3. Waterman AD, Garbutt J, Hazel E, et al. The emotional impact of medical errors on practicing physicians in the United States and Canada. *The Joint Commission Journal on Quality and Patient Safety*. 2007;33(8):467-476.