



Blazing the Trail to Pediatric Excellence

34TH Annual • Conference

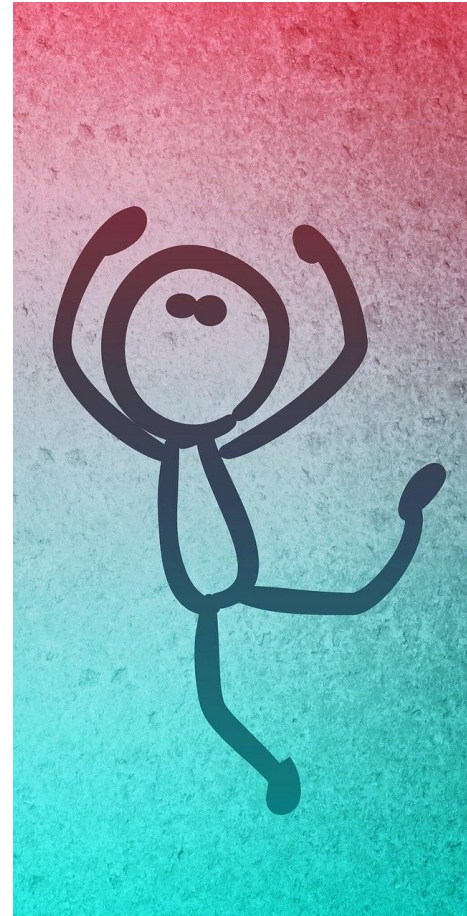
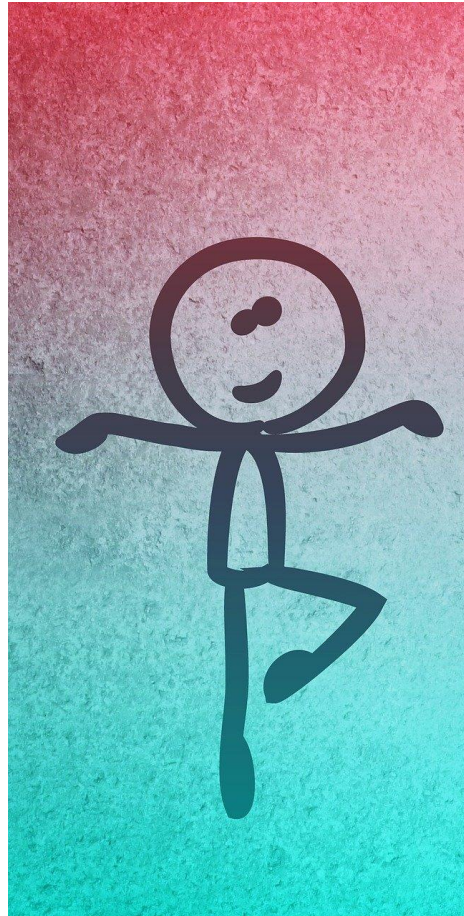


Peer-to-Peer Support Training

A Collaborative Approach to Managing Traumatic Stress and
Suicide Prevention

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Let us introduce ourselves



About Cook Children's

- 440 Bed Free-Standing Children's Hospital
- Approximately 10,000 Employees
- 49 Bed Pediatric Intensive Care Unit (PICU)
- Approximately 300 employees in PICU



Objectives

- Identify contributors to burnout.
- Define role and importance Peer Supporter in mitigating effects of traumatization.
- Explore if own organization can support a similar peer to peer program to support staff and promote resilience.

What is Peer Support?

Peer support is defined as the social and emotional support offered by an individual in equal standing, founded on respect, shared responsibility and a mutual agreement of what is helpful. ³

Support is needed...

Healthcare workers are exposed to significant psychological stressors.¹

Prevalence of burnout in intensive care units can be as high as 70.1%.¹

Contributors to burnout....

Chronic stress

**Daily exposure
to traumatic
events**

**Compassion
fatigue**

**Poor
communication**

**Challenging
patients**

Coping skills

**Quality of
person
relationships**

**Psychological
well-being**

**Prior negative
life events**

Why Peer to Peer Support?

- Healthcare workers are most in need of help, least likely to seek it. ²
- Peer support validates experiences, can build workplace resilience. ¹



The benefits abound

Accessible

- Multiple studies found increased comfort confiding in a peer before engaging with higher levels of care.⁴

Effective

- Peer support promotes wellbeing and improved resilience in healthcare workers.⁵

Peer Support in the wake of errors/events

- Historically, Peer Support addresses second victim phenomenon following adverse events.
- Individuals who experience second victim find relief in relating to their peers or colleagues⁵

However, burnout (Maslach) results at our organization show that second victim is a more rare need.

Where Second Victim falls short....

- Trauma
- Post Traumatic Stress Disorder
- Moral Distress
- Burnout
- **Suicide Intervention**
- **Prioritization of own mental health**

What makes our Program Different

Trauma Informed Care

- Our program is based on Trauma Informed Care not second victim which gives us a more holistic view of the person and aligns with the language and education with our patients and community.

Suicide Intervention: QPR

- QPR: Question, Persuade, Refer is a evidence based suicide intervention curriculum that is currently used across the nation and is being rolled out as a system-wide initiative at Cook Children's

Training from Our Legal Team

- Our training includes robust training and education from our legal team.

Emphasis on Self Care

- Our training includes self-care techniques, and we allow supporters to withdraw from the program or take a break whenever they need.

Where we started

- Talk to other hospitals/programs
- Picked Pediatric Intensive Care Unit (PICU)
 - High stress, opportunities to support staff
 - Already resilient
 - Had leader support

Pro Tip: start in a healthy unit - don't start in work area with incivility or recent changes.

Nomination Process and Training

Nominations

Nominate by peers.

These were the staff on the unit already providing informal support.

Disciplines Trained

Nurses

Nurse Managers

Physicians

Child Life

Respiratory Therapy

Physical Therapy

Chaplain

After the Training.....

Advertised on
the Unit/Staff
Meetings

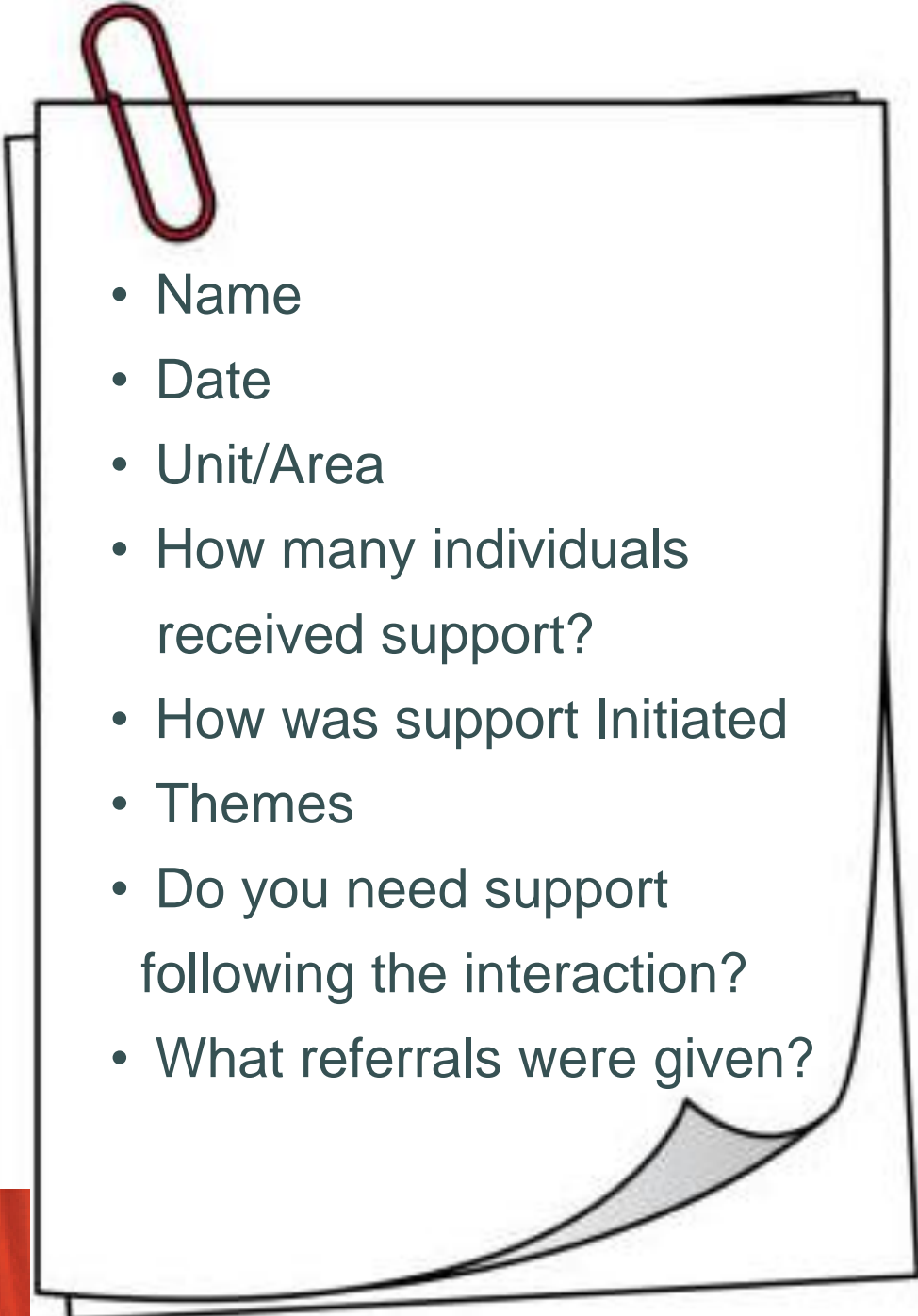


Monthly
Check-in
Calls



Support from
Mentor

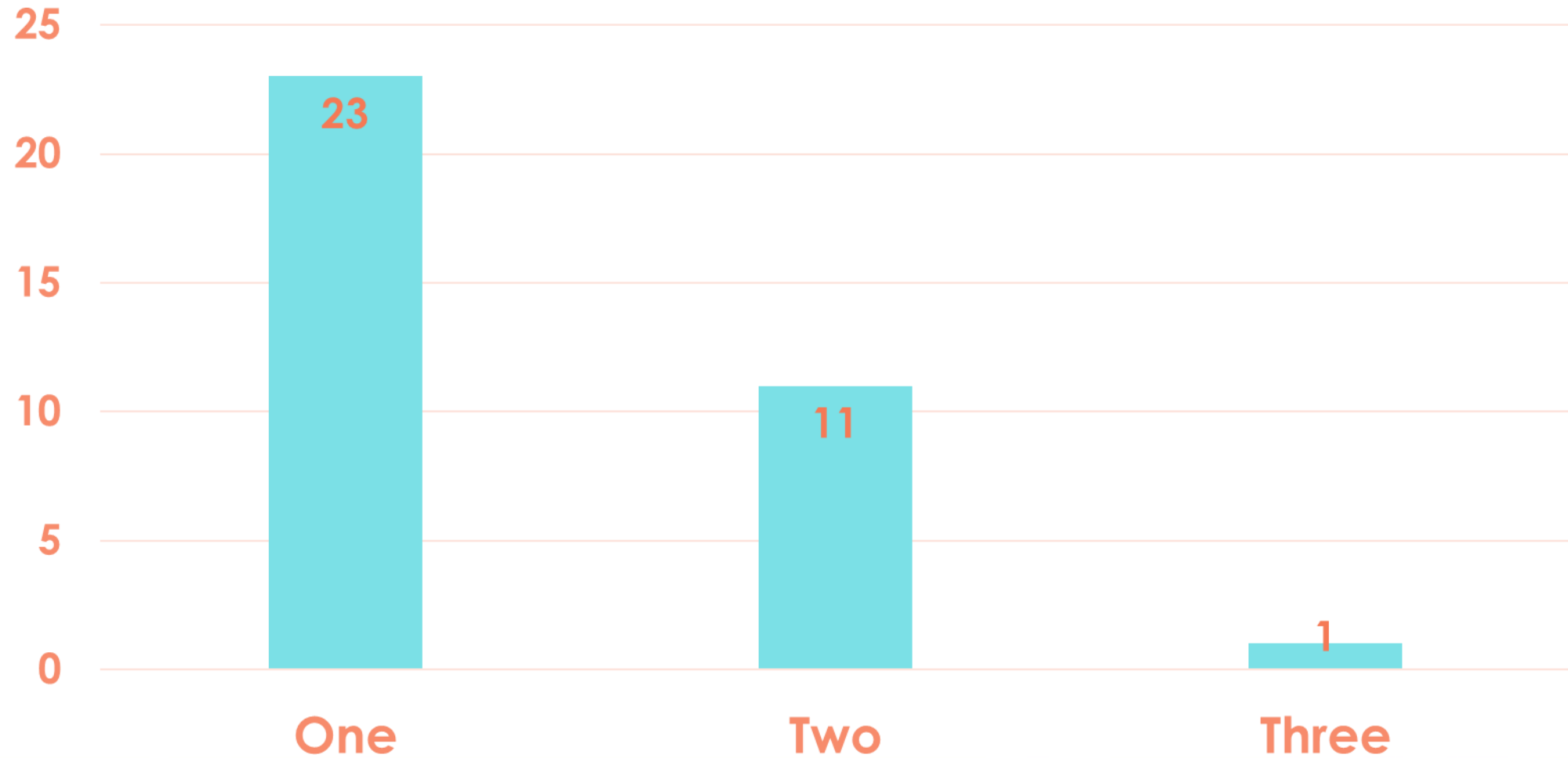
Documentation of Peer Support Interactions

- 
- Name
 - Date
 - Unit/Area
 - How many individuals received support?
 - How was support Initiated
 - Themes
 - Do you need support following the interaction?
 - What referrals were given?

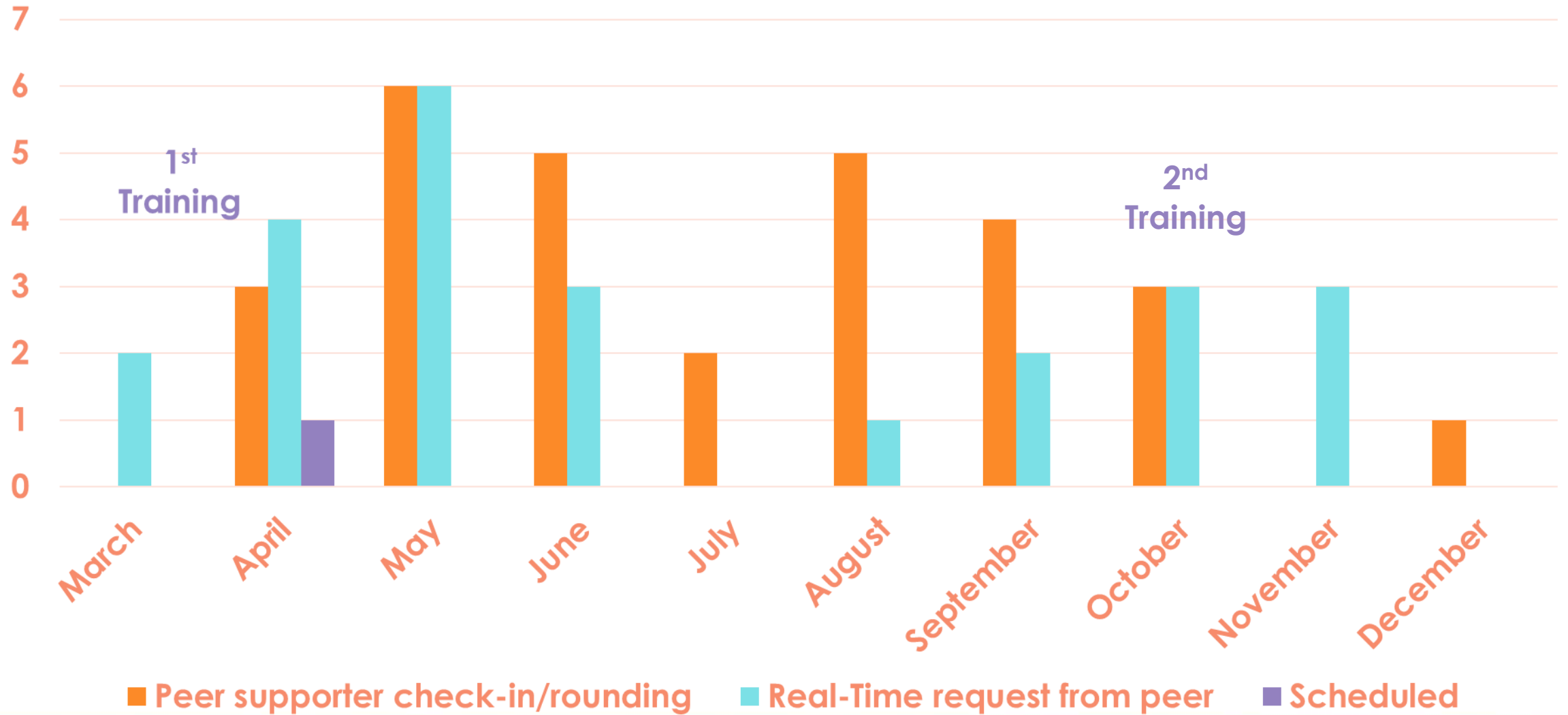
Data and Outcomes



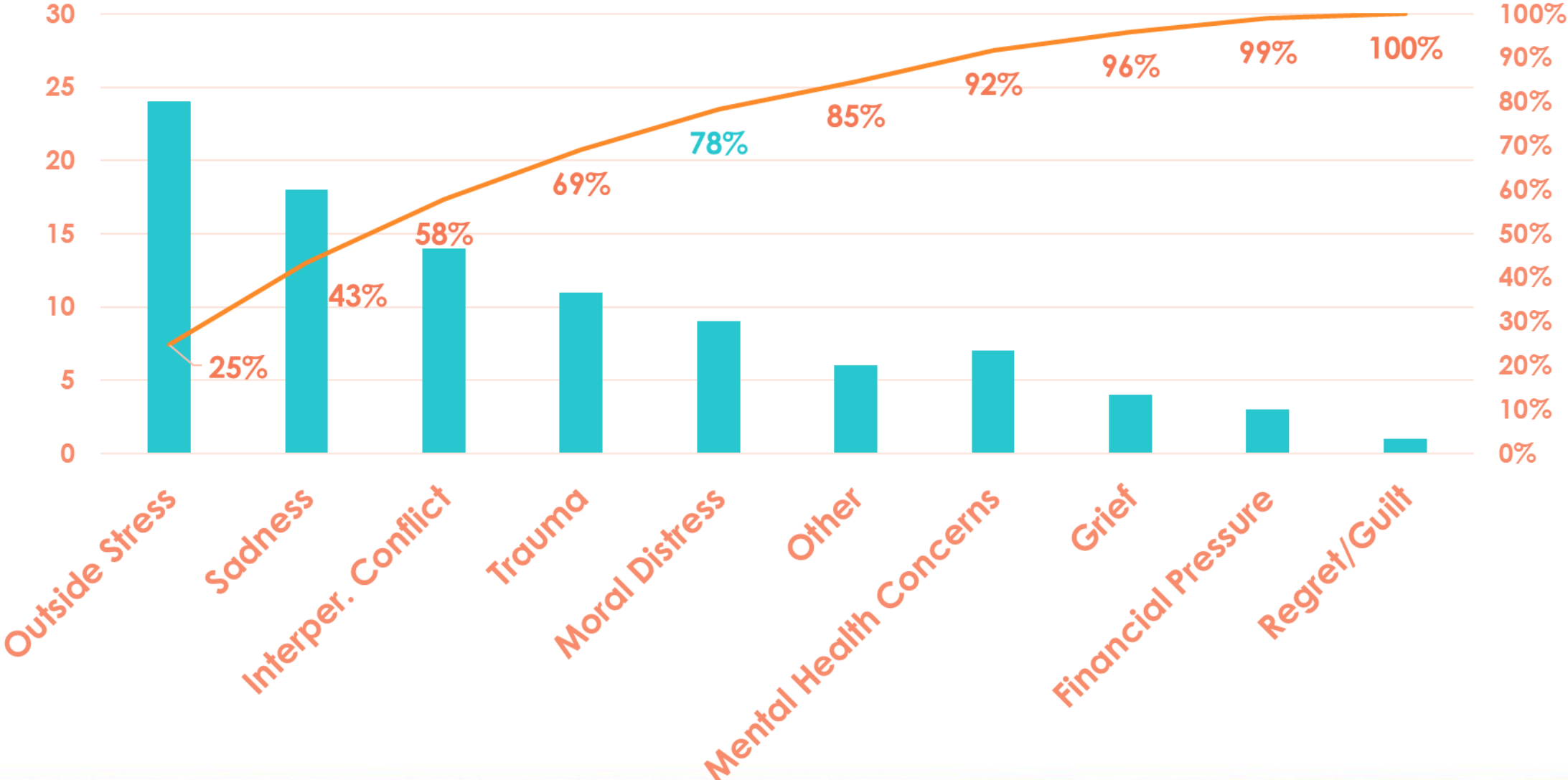
Q4 - Excluding yourself, how many individuals received support?



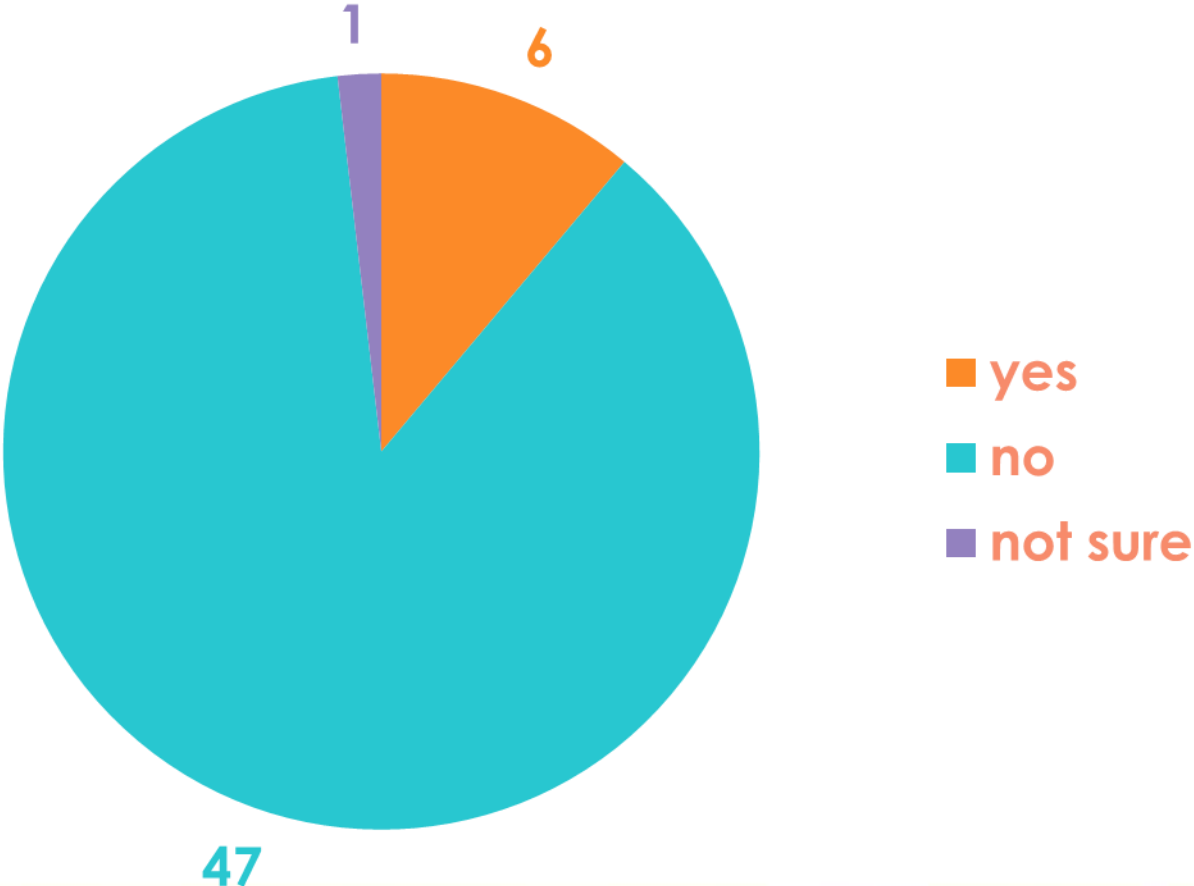
Q5 - How was the support initiated?



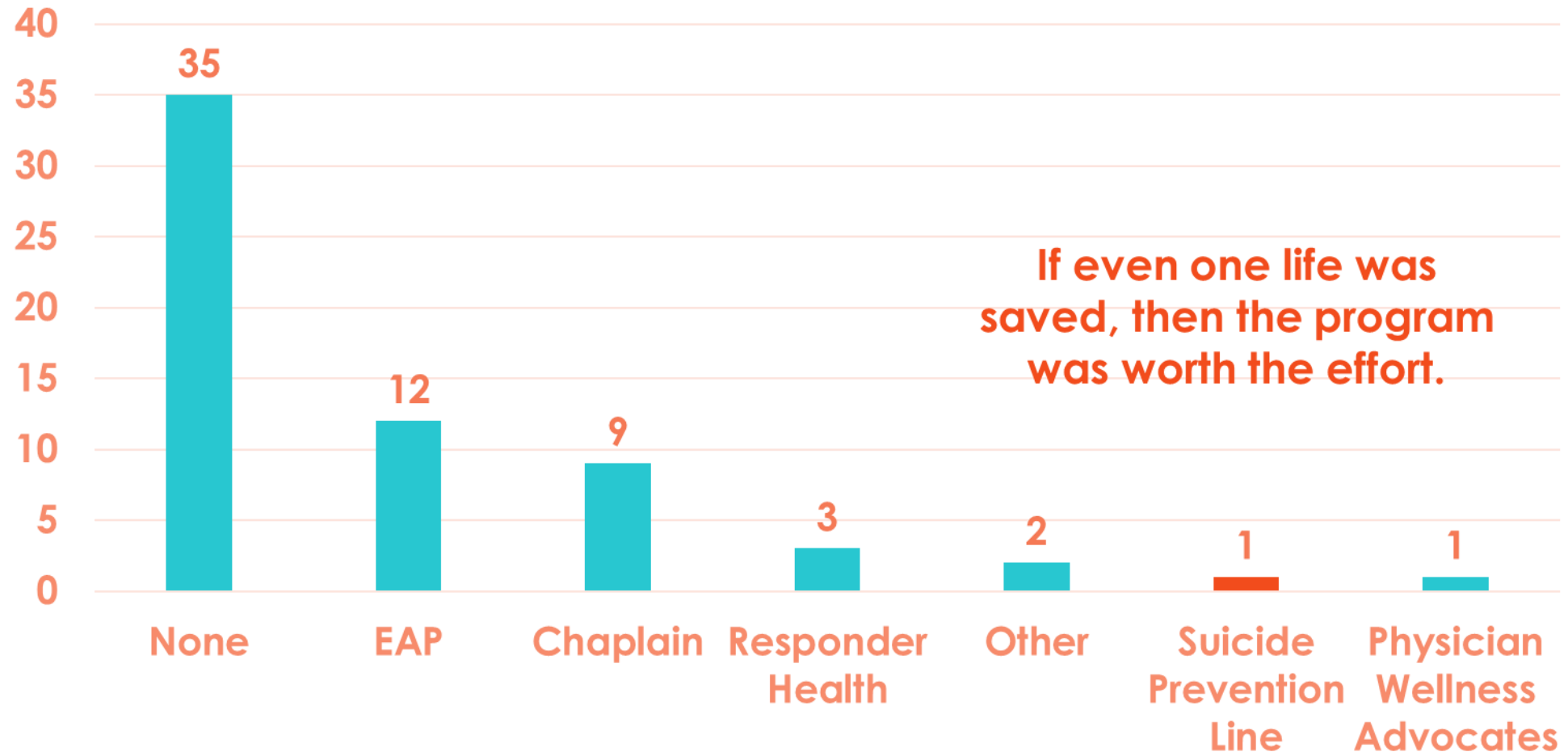
Q. 6 Themes



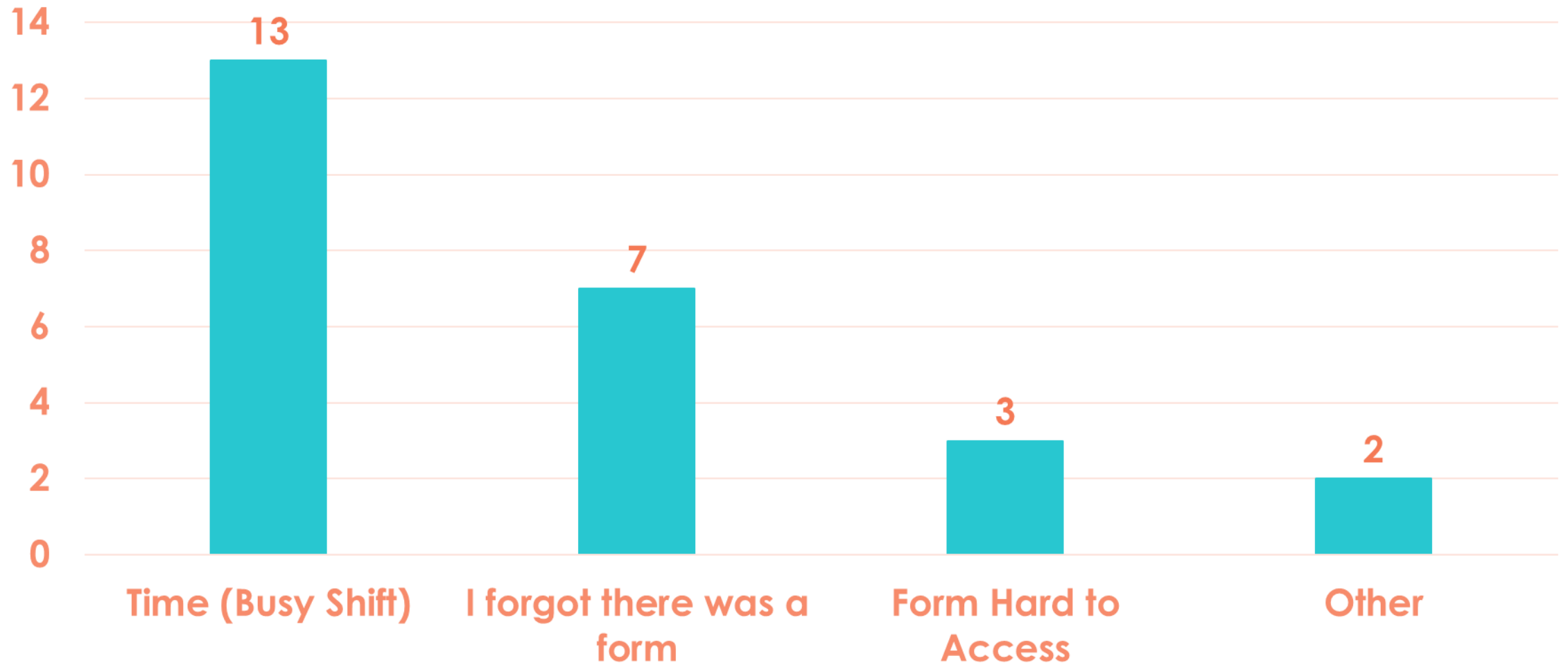
Q7 - Following this interaction, do you think you would benefit from additional support? If it is an immediate need, please call the chaplain.



Q8 - What referrals were given?



Barriers to Documenting Peer Support Conversations



Peer Supporter Survey Results

	3 Month Survey	9 Month Survey
Had at least 1 peer support conversation.	16/18 (89%)	5/8 (62%)
How did it go?	7 excellent 9 good	4 excellent 1 good
Comfortable having difficult conversations, including those involving suicide?	15 yes (83%) 2 maybe (11%) 1 probably not (5%)	7 yes (88%) 1 maybe (12%)
Felt that you could reach out if you needed support?	16/18 (89%)	8/8 (100%)
Comfortable providing referrals?	17/18 (94%)	6/8 (75%)
Have the tools you learned in training been helpful?	16/16 (100%)	8/8 (100%)
Find it meaningful to be providing support to peers?	18/18 (100%)	8/8 (100%)

What has being a peer supporter meant to you?

“I feel like I have been able to serve as a trustworthy peer that is not only here to listen, but now I have been equipped to provide tools/resources for peers in distress”

“I enjoy ensuring the members of my team feel supported and have a space to process when needed.”

“I feel better equipped to support my coworkers but also my friends and family. I really enjoy and appreciate being able to support others through difficult times. “

“As a nurse manager it is important for my staff to know they can come to me with any problems they may have. Also for them to know everything is confidential and won't go beyond us talking. “

“I have had conversations with people because they know I am a trusted listener. I am grateful for that.”

“It is an honor to be trusted for those difficult conversations.”

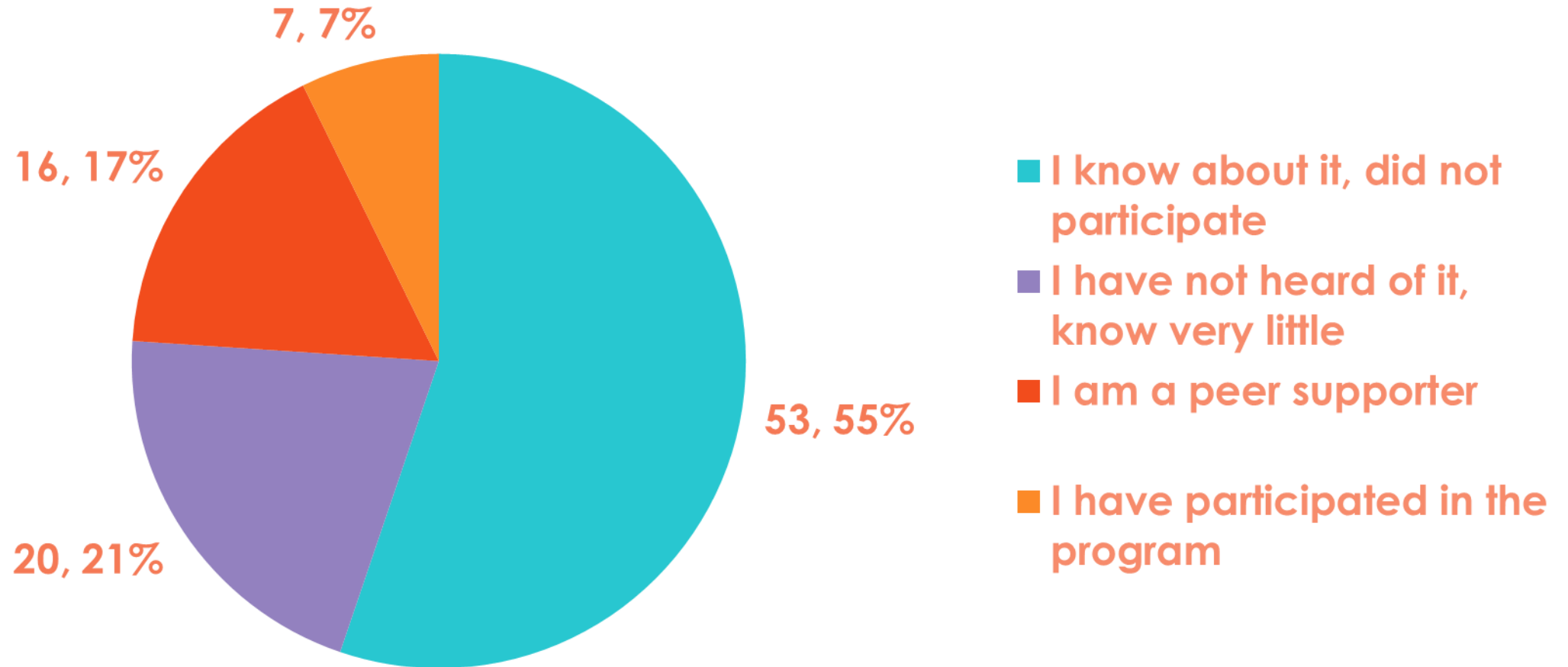
All Staff PICU Survey Results

**March
2024**

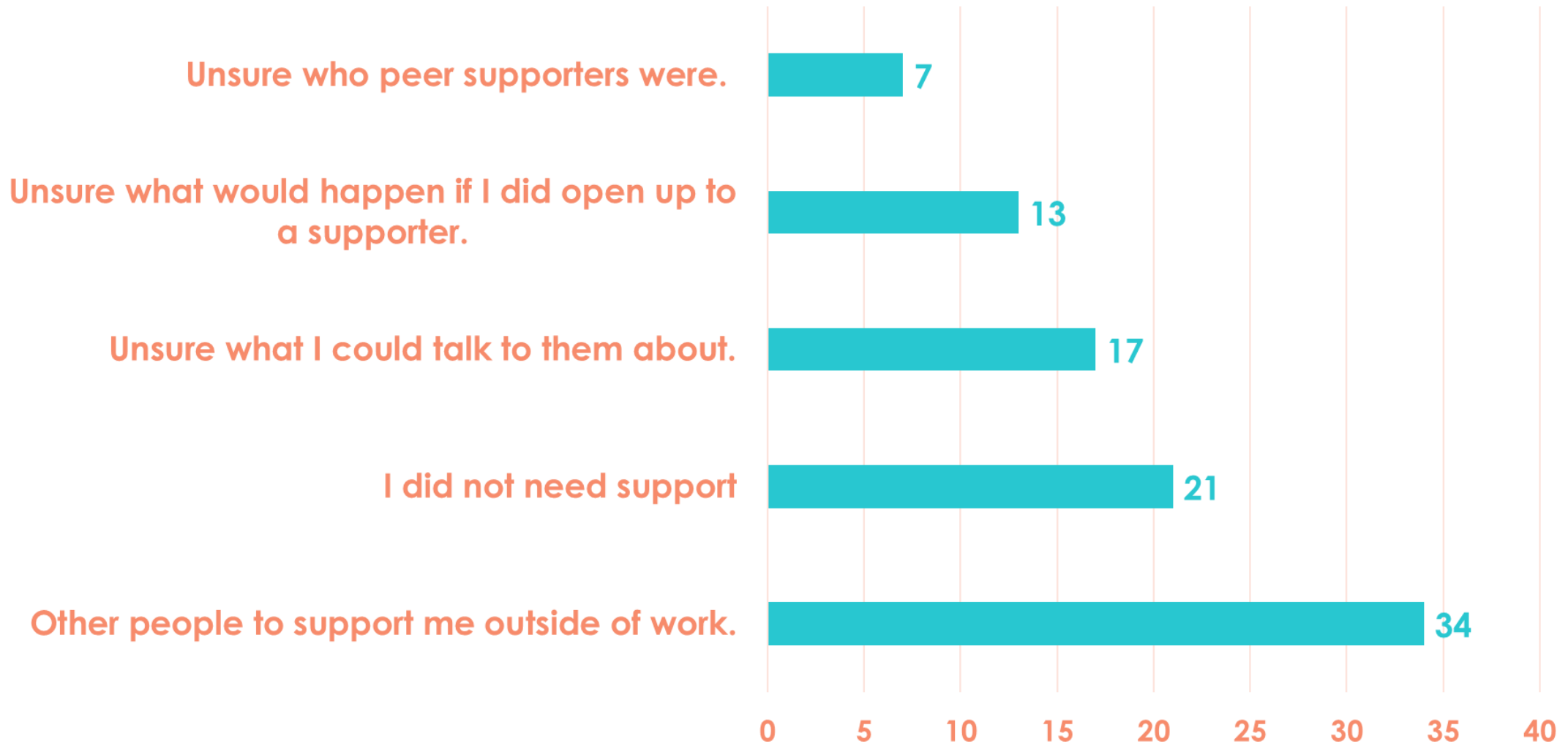
**Open 12
days**

**96 total
responses**

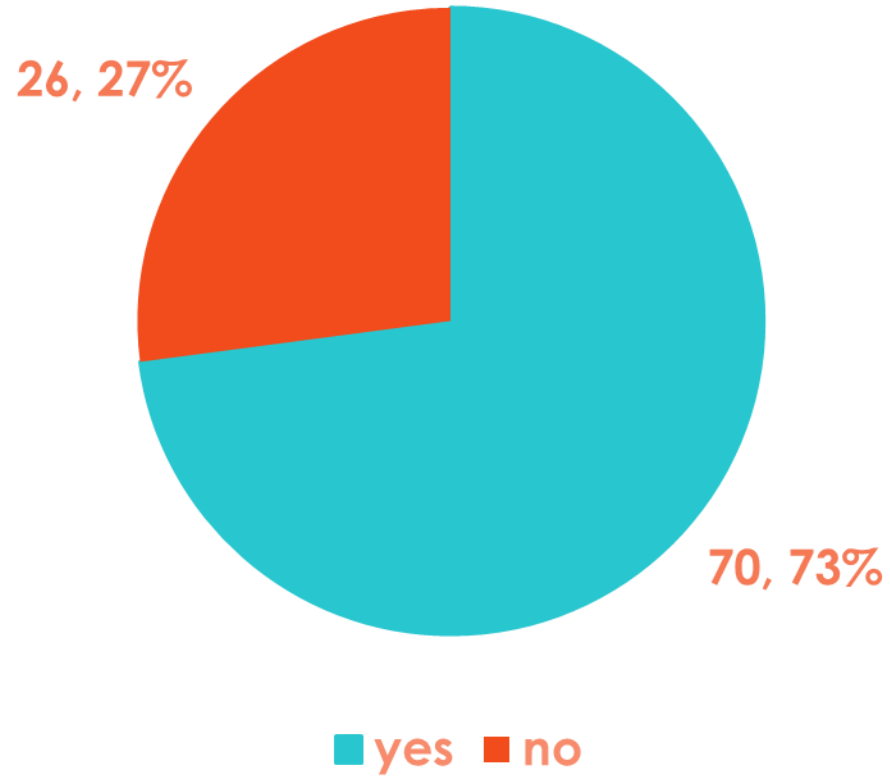
How familiar are you with the PICU Peer to Peer Support Pilot?



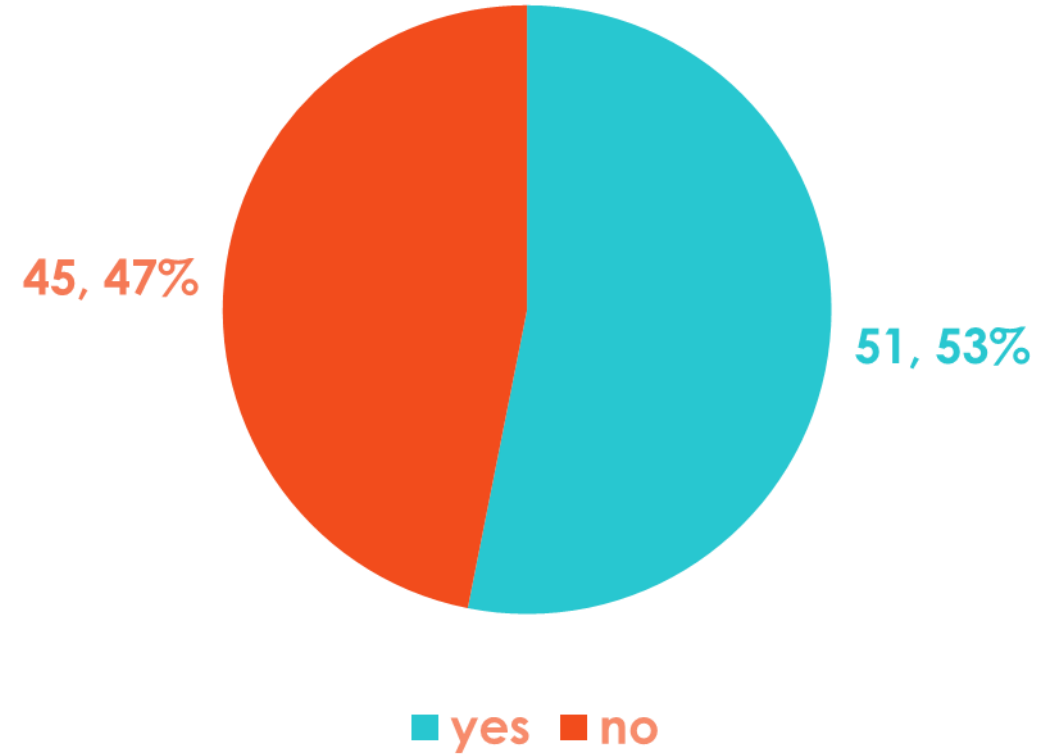
Barriers to Participating in Program



I know who a peer supporter is on my unit.



I know how to refer someone to a peer supporter.



Of those who did get support....

How did you seek support?



Staff Comments

“This peer showed visible relief when told she wasn't alone in feeling this.”

“Peer stated they felt better after conversation.”






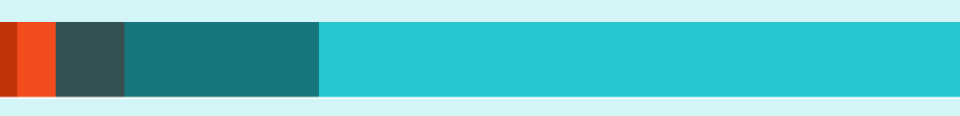
“She needed to vent and I was there to listen- she really navigated her own answers.”

“I felt better after the interaction and it helped give me a different perspective and ways of dealing with stress and conflict.”

“Peer supporter listened and supported me on some rough cases we had- I felt like I had a safe place to vent without judgement. She also knew how to get in touch with resources for some other issues I have been looking for help with. She was really knowledgeable.”

Overall Well Being

Used a Likert Scale Disagree (1) - Agree (5)

					PICU Staff (n=71)	Staff Who Participated (n=6)	Peer Supporters (n=14)	
Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Question			
					I feel supported by my unit	4.58	4.83	5
					I want to stay working in this department	4.61	5	5
					I dread coming in for my shifts	2.19	1.67	1.78
					I have people on the unit I can talk to.	4.69	4.67	4.9
					My unit cares about me	4.32	4.67	5
					I am able to rest between shifts.	4.06	3.83	4.57

Impact of Peer Support



Challenges and Staff Concerns

- Have a plan for ongoing meetings/check ins
- Create a diverse and sustainable training team
- T-shirt/Badge Reel to Identify Peer Supporters
- Update Referral Process
- More education for staff on when/how to get support
 - “I think more of what the program offers should be made available. I only know the list of names of who to talk to but not when to contact them or what to contact them about or what support they’re able to offer.”
 - Offer peer support events so staff do not have to reach out.

Positive Feedback

“Please keep up the support for the Peer-Peer support! This is a great benefit for staff!”

“Helped me so much! This is a great support system!”

“I [am] encouraged by the community of support and willingness of peers to care one another.”

“I hope this program grows and creates a culture of support and care.”

References

- ¹Thapa, D. K., Levett-Jones, T., West, S., & Cleary, M. (2021). Burnout, compassion fatigue, and resilience among healthcare professionals. *Nursing & health sciences*, 23(3), 565–569. <https://doi.org/10.1111/nhs.12843>
- ²Hinzmann, D., Koll-Krüsmann, M., Forster, A., Schießl, A., Igl, A., & Heiningner, S. K. (2022). First Results of Peer Training for Medical Staff-Psychosocial Support through Peer Support in Health Care. *International journal of environmental research and public health*, 19(24), 16897. <https://doi.org/10.3390/ijerph192416897>
- ³Suresh, R., Alam, A., & Karkossa, Z. (2021). Using Peer Support to Strengthen Mental Health During the COVID-19 Pandemic: A Review. *Frontiers in psychiatry*, 12, 714181. <https://doi.org/10.3389/fpsyf.2021.714181>
- ⁴van Pelt F. (2008). Peer support: healthcare professionals supporting each other after adverse medical events. *Quality & safety in health care*, 17(4), 249–252. <https://doi.org/10.1136/qshc.2007.025536>.
- ⁵Carbone, R., Ferrari, S., Callegarin, S., Casotti, F., Turina, L., Artioli, G., & Bonacaro, A. (2022). Peer support between healthcare workers in hospital and out-of-hospital settings: a scoping review. *Acta bio-medica : Atenei Parmensis*, 93(5), e2022308. <https://doi.org/10.23750/abm.v93i5.1372>

Thank you!

