

# Creating a Safe Space

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**Section 4: Canadian Best  
Practice Guidelines for peer to  
peer support programs**

# Creating a Safe Space

Strategies to Address the Psychological Safety of Healthcare Workers

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#### Thank You

Thank you to patients, providers, operational leaders, regulators and funders for your passion and commitment to improving the safety of patient care and promoting a supportive and psychologically safe work environment for providers. We invite you to share your successes and challenges on this journey.

#### Disclaimers

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## Foreword

### **Chris Power, CEO | Canadian Patient Safety Institute**

I started out in healthcare with the long-term goal of becoming a doctor. However, in nursing I found a profession that kept me constantly connected to patients and their families. I knew it was where I could have the greatest impact on their lives. I didn't really think much about the impact they could have on mine – especially if someone came to harm while in care. Harm within the healthcare system has such

a real, permanent effect on the lives of patients and their families. And while I speak every day about the consequences of patient safety incidents for patients, only rarely do we talk about the effect these incidents have on providers as well.

The Canadian Patient Safety Institute was established in 2003 as the result of a rallying cry by dedicated healthcare providers working within the healthcare system who couldn't experience one more incident of a patient getting harmed. Patient safety incidents are the third highest cause of deaths in Canada. According to our studies, over the next 30 years, 12.1 million people will be harmed within the Canadian healthcare system.

The Canadian Patient Safety Institute has issued an urgent call to action to demonstrate what works and strengthen commitment to patient safety in Canada. Best practices need to be translated into sustainable, committed standard practices for practitioners and providers at all levels of the health system. And at each level, people need support.

Nurses, doctors, and other healthcare providers are human. When mistakes happen – or when the worst possible outcome presents itself after a procedure – the impact on these care providers can affect their work, their lives, and the safety of their patients. I would have appreciated a non-judgmental, peer-to-peer support program when I was practicing. The questions raised in relation to the confidentiality of peer-to-peer support are well worth discussing.

We hope the conversations already happening around the world about provider support will continue. The ultimate goal for all of us is to build a healthcare system in which every patient experience is safe, and healthcare providers are supported.

The Canadian Patient Safety Institute is proud to partner with the Safe Space Working Group to help make this goal a reality. Let's challenge the status quo together.

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An ever-growing body of evidence demonstrates that health professionals feel emotionally distressed after a patient safety incident (PSI)<sup>1-4</sup>, and there is an emerging recognition of the potential negative impact on both the health professionals' health<sup>5-11</sup> and on patient safety<sup>12-13</sup>.

As a result of this recognition, healthcare organizations are seeking ways to support health professionals who are emotionally traumatized after a PSI.

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**Introduction**

## Introduction

Working in healthcare can be emotionally distressing<sup>1-4</sup>. There is a general recognition among both academics and healthcare organizations of the importance of emotional support for healthcare workers, especially because of the very real potential for the profession's negative impact on both the workers' physical and mental health<sup>5-11</sup> and on patient safety<sup>12-13</sup>. As a result of this recognition, there has been an impetus within the patient safety movement and healthcare organizations to find ways to support healthcare workers.

While patients and families will always be the first priority in healthcare, workers also need to be supported as a result of what they experience in their profession. Peer support programs (PSPs), where healthcare workers can discuss their experiences in a non-judgmental environment with colleagues who can relate to what they are going through, are now seen as a useful approach to helping them cope. A number of support programs are emerging in the US and Canada, as healthcare organizations are beginning to recognize that this is an appropriate and valuable service for their staff.

This manual provides a comprehensive overview of what peer support is available in Canada and internationally. Most importantly, it provides best practice guidelines, tools and resources, to assist policy makers, accreditation bodies, regulators and healthcare leaders assess what healthcare workers need in terms of support, and to create PSPs to help them improve their emotional well-being and allow them to provide the best and safest care to their patients.

The components of this manual include:

1. [A survey of Canadian healthcare workers](#): Their views on the experience of a patient safety incident and the support they need. Through a pan-Canadian survey conducted in partnership with the University of Ontario Institute of Technology (UOIT), we sought input from healthcare workers themselves to determine what support they needed and where the gaps were across Canada.
2. [Global environmental scan of peer support programs](#): Report on a scoping review of peer support practices across Canada, the US, and globally, based on global literature research led by the IWK Health Centre. The aim was to gather knowledge from international literature around the world so that we could learn from those who had established or studied healthcare PSPs.
3. [Creating a safe space: Confidentiality and legal privilege for peer support programs](#): This document was informed by a team of lawyers, physicians and a patient advocate who had extensive experience with the issue of confidentiality in healthcare. It is a key resource for organizations who are planning a PSP, as it gives clear explanations about what is and is not privileged information, and how best to strengthen confidentiality.
4. [Creating a safe space: Best practices for workplace peer support programs in healthcare organizations](#): This document was created in collaboration with a team of Canadian healthcare experts in the field of PSPs, whose experience and understanding of how to establish a PSP was vital to developing the comprehensive and informative document. These guidelines provide a step-by-step approach to help healthcare organizations succeed by building leadership support from the beginning, establishing a committed team of healthcare workers to initiate the PSP, clearly identifying the goals of the program and clarifying policies, processes and responsibilities before

the program is launched. The guidelines also make recommendations on how to recruit and train peer supporters and how best to ensure the spread and sustainability of the program.

5. [Creating a safe space: Peer support toolkit](#): We undertook a thorough environmental scan to uncover as much relevant educational and informational material as possible to facilitate the development of peer support programs across Canada. This toolkit is an excellent source of information for healthcare workers, leaders, regulators and policymakers templates, and includes examples and recommendations for anyone who is embarking on creating a new PSP.

### CPSI's position

CPSI is committed to improving patient safety in Canada, and does so through a number of initiatives. Each of our endeavours is part of a comprehensive strategy to keep patients safe including the Patients for Patient Safety Canada program, which recognizes the wealth of experience and knowledge members of this program can share to improve patient safety and *Safer Healthcare Now!* interventions. These interventions facilitate the implementation of best practice. We also developed substantial resources with our partners such as the *Canadian Disclosure Guidelines*, *Communicating After Harm in Healthcare* and the *Patient Safety and Incident Management Toolkit*, which provide practical strategies and resources to manage PSIs openly and effectively while engaging patients throughout the process.

This manual is no exception. It is our hope that by fully exploring how best to support healthcare workers, we will contribute to system safety by providing tools and resources to everyone who makes up the system – patients, families, workers and healthcare leaders – that allow them to learn, collaborate and improve care for patients.

The following guiding principles underpin the development of this manual:

1. It is important that healthcare workers have a psychologically safe environment that provides them with an opportunity to speak confidentially to a peer about their experiences:
  - it will help them cope with emotionally traumatic experience; and
  - it will improve patient safety since health professionals will be in a healthier emotional state to care for their patients safely.
2. These support programs are not intended to affect transparency about the facts surrounding patient safety incidents or other distressing events, or to withhold material facts surrounding events from patients and families, but rather to provide a safe space to help health professionals cope with traumatic and stressful events.
3. Those promoting PSPs should be transparent to prospective participants about what can and cannot be kept confidential. This is an important way to align expectations and avoid further negative experiences.
4. Advocacy for, or the establishment of, a PSP does not in any way lessen the importance of reporting patient safety incidents and other events for quality improvement efforts. It also does not diminish the importance of disclosing the facts around the incidents and events to patients and families, and other incident management activities.

### Definition of a Peer Support Program

Peer support is a supportive relationship between people who have a lived experience in common<sup>14</sup>. Co-workers who have had similar experiences can provide support and referral assistance through peer support, improving the mental health of their peers and helping them towards recovery, empowerment, and hope<sup>15</sup>. Peer supporters are trained to provide compassionate support and resources or referrals, but because they are not trained professionals, they do not diagnose mental health injuries or recommend specific treatments.

There are many variations in the meaning and/or composition of a PSP in healthcare. This disparity is likely the result of the grassroots nature of PSPs, where each organization develops and implements a program that is suited to their structure and adapted to the specific needs of their staff. At the heart of any PSP, however, is the desire to embed and sustain a psychologically safe environment where those who are part of the healthcare organization feel supported by their peers and the organization when they experience distress at work.

For the purposes of this document, we have defined a PSP as follows:

A peer support program includes any program that provides non-clinical emotional support to health professionals (and in some cases other individuals who work, volunteer or train at organization) who are experiencing emotional distress and this support is provided by a peer. The need for emotional support can be the result of:

1. A patient safety incident: an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient. There are three types of patient safety incidents:
  - **Harmful incident:** a patient safety incident that resulted in harm to the patient (replaces "preventable adverse event");
  - **Near miss:** a patient safety incident that did not reach the patient and therefore no harm resulted; and
  - **No-harm incident:** a patient safety incident that reached the patient but no discernible harm resulted.
2. A critical incident or trauma: "Any sudden, unpredictable event that occurs during the course of carrying out day-to-day duties or activities that poses physical or psychological threat to the safety or well-being of an individual or group of individuals" (as per SickKids definition in their [Trauma Response and Peer Support Policy](#)). Examples include:
  - unexpected death of a patient;
  - suicide of a colleague;
  - a workplace accident resulting in critical injury to a staff member;
  - internal or external disaster;
  - mass casualty situations;
  - life-threatening illness, injury or untimely death of staff or co-worker;

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- natural or man-made disasters; and
  - any incident charged with profound emotion.
3. Other work-related stress (**excludes** issues related to Human Resources such as job action or performance). Examples include:
- work environment;
  - assault, harassment or violence involving staff or patient and/or family;
  - workplace conflict;
  - workplace re-organization or downsizing;
  - complaints/lawsuits;
  - cumulative stress;
  - work-life balance issues;
  - compassion fatigue;
  - vicarious trauma; and
  - events that attract media attention.

### Box 1.0: A note on the term "second victim"

Albert Wu coined the term "second victim"<sup>5</sup> and many others subsequently adopted the term to describe a health professional who makes a serious mistake. The first victim is the patient who was harmed, while the second victim is the health professional who is traumatized by the event.

The use of the term "second victim" has been heavily debated in healthcare. For one, this label often does not resonate with healthcare workers as the term implies weakness, and this is not a characteristic they associate with themselves<sup>11</sup>. Also, the label "victim" implies healthcare workers do not have a role to play in the incident, and that something has been done *to* them which they had no control over. Patients and families do not always appreciate the term either, as calling the health professional a victim has the potential to lessen the impact of the incident on the patient.

In addition, the term "second victim" refers exclusively to the distress healthcare workers feel following a patient safety incident. However, there are a variety of situations that may lead to damaging emotional impact on healthcare workers<sup>16</sup>. One study evaluating the impact of a peer support program for healthcare professionals noted that the majority of the incidents for which they sought support were not related to medical error<sup>17</sup>. For 80 of the encounters, 45% included death of a patient and 21.3% involved a patient safety incident; the remainder of calls were about other difficult situations, such as difficult decisions, burnout, staff assault, interpersonal conflict among staff and others<sup>17</sup>. The RISE programme notes: "Hospital workers face many challenges following the occurrence of stressful, patient-related events. A few of those involve medical errors, but the large majority are simply related to the extraordinary stresses incumbent in the job"<sup>17</sup>.

Another reason to question the use of the term "second victim" is that creating a label for what is a normal and healthy psychological reaction to a distressing situation risks pathologizing the healthcare worker's experience and further stigmatization.

When it came out in 2000, the term "second victim" was very useful, especially because it brought attention to the impact of mistakes on health professionals and set us on a path to recognize the traumatic experience of making a mistake in healthcare. However, the label is no longer useful nor widely accepted.

Considering the reservations both healthcare workers and patients have for the term "second victim," the reality that the distress experienced by healthcare workers goes beyond the distress they feel after a patient safety incident, and the importance of not pathologizing what is a normal reaction, CPSI is electing not to use the term "second victim" and indeed not to label the experience at all. Instead, we will refer to the emotional distress experienced by a healthcare worker.

The term *second victim* is still used in literature and many support programs throughout Canada and abroad. The term *second victim* will be used in this document when referring to external programs or work where this terminology has been used.

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## Background

Healthcare workers function in an increasingly complex and technical environment, often under tremendous time pressures and growing demands for resources, where they are working interdependently with others in systems that are not always effective, all the while striving to provide the best of care for their patients. At the same time, they carry an added emotional burden of the risk of something going wrong, and the potential of a patient safety incident where the patient is harmed or almost harmed. They work within a system full of ambiguity, uncertainty and morally complex choices.

Within this environment, there are a number of specific causes of emotional distress, as suggested in the [definition of peer support](#). For example, a healthcare professional may feel emotionally traumatized after a sudden or unexpected bad outcome, a patient safety incident, the loss of a patient with whom they feel close, workplace conflict, or when dealing with multiple trauma cases.

Healthcare workers can experience strong emotional, physical, cognitive, or behavioural responses to events or to the stress of the workplace. Signs and symptoms that someone may be reacting to workplace conditions may include the following<sup>15</sup>:

Table 1.0: Signs and Symptoms

Physical	Emotional	Cognitive	Behavioural
Sleep disturbances	Numbness	Intrusive thoughts or images	Increase or loss of appetite
Fatigue	Feeling overwhelmed or helpless	Poor concentration	Crying spells
Dizziness and weakness	Guilt	Impaired decision-making	Increased alcohol consumption
Increased heart rate and blood pressure	Grief or depression	Difficulty doing calculations	Withdrawal
Chills	Loss of emotional control	Disrupted thinking	Change in activity
Nausea and vomiting	Anger	Blaming	Irritability
Muscle tremors and/or twitches	Panic or fear		Change in personality

Individuals seeking support might be experiencing distress in the form of anxiety, depression, post-traumatic stress disorder (PTSD), chronic work-related stress, and burnout or compassion fatigue. They may not always need professional help, but simply need someone to talk to who understands what they are going through.

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Peer support is rooted in the belief that "...hope is the starting point from which a journey of recovery must begin<sup>18</sup>." Peer supporters can inspire this hope by not treating their peers like a victim, but by helping them leverage their own resilience and discover their own sense of empowerment, recover their self-esteem, learn new coping skills and experience personal growth.

A PSP can foster a supportive culture and provide timely access to mental health support. It can be a safe way for healthcare workers to talk about their experiences and challenges with someone who is empathetic and can understand what they are going through because they have "been there." A peer supporter draws from their own experience to help their colleagues get through the immediate consequences of emotional distress, and help them process what they are going through in a positive manner. The Mental Health Commission of Canada maintains that connecting with another person who has lived with similar problems, or is perhaps still doing so, can be a vital link for someone struggling with their own situation<sup>19</sup>. When healthcare workers are able to quickly share their experiences in a safe, trusting, accepting and validating environment, it can reduce the risk of more traumatic or cumulative stress.

The BCEHS outlines the following benefits and outcomes in their overview of peer support programs<sup>20</sup>.

Peer support programs can:

- Humanize mental health challenges and take them outside the medical realm;
- Promote socialization, reducing feelings of isolation and alienation that can be associated with mental health conditions;
- Help people gain control over their symptoms and reduce hospitalization;
- Foster hope and recovery;
- Help people learn coping skills and improve resilience;
- Promote a better understanding of mental health issues and services for all within an organization;
- Create opportunities for increased employee engagement;
- Help peers reach life goals and improve quality of life; and
- Provide rewards and further healing for the peer supporter through the experience of listening to and helping others.

There are a number of challenges to setting up a PSP in a healthcare organization, not the least of which is that healthcare workers often have a difficult time reaching out for help. Asking for help or seeking mental health care is stigmatized as a sign of weakness<sup>11,12,13</sup>. According to de Wit et al., "... the very act of admitting you need help after a traumatic event carries its own powerful stigma in a culture that embraces the illusion that perfection can be achieved, and that falling short of this impossible standard is a sign of personal defect<sup>12</sup>." Further, some health professionals may not want to risk their credentialing bodies finding out that they sought mental health care<sup>13</sup>. Healthcare workers are also reticent to seek help because they fear being judged negatively by their colleagues, do not trust the confidentiality of the process or lack confidence in the value of the support.

It is important that a PSP be built with this challenge in mind, and thus be planned and executed carefully and deliberately.



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## Summary

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CPSI is committed to improving patient safety by improving the well-being of healthcare workers. As we undertook this PSP project, we endeavoured to access all relevant resources to ensure that the product was comprehensive and evidence-based.

We hope that this manual is both useful and practical for healthcare leaders, managers and frontline workers who are about to embark on a new PSP or who have begun the process and are looking for recommendations, resources and innovative ideas.

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**Section 4: Canadian Best  
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Mental Health Commission of Canada  
Mental Health Commission of Canada  
British Columbia Emergency Health Services  
SickKids - The Hospital for Sick Children  
Alberta Health Services  
Health Canada

#### Thank You

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# Section 4: Canadian Best Practice Guidelines for Peer to Peer Support Programs

## Introduction

It is clear from the results of the survey [\[see Section 1\]](#) and scoping review [\[see Section 2\]](#) that there is a great need for establishing peer support programs in healthcare organizations in Canada. The current literature [\[see Section 2\]](#) on mental health and wellness for health professionals also supports these findings, leading the Canadian Patient Safety Institute (CPSI) to make a strong recommendation to healthcare organizations to establish peer support programs for individuals in their organization who may be experiencing emotional distress.

Along with this recommendation, CPSI aims to support healthcare organizations that intend to establish a Peer Support Program (PSP). For this reason, we worked with Canadian experts in the field to develop this Best Practices section of the *Creating a Safe Space: Strategies to Address the Psychological Safety of Healthcare Workers*. These experts were recruited to be members of this working group because of their expertise in establishing their own peer support programs. Their collective wisdom shaped the direction and content of this manual; the members gave advice on important elements to include in our document, shared with us a multitude of resources and tools, outlined tips and lessons learned, and worked closely with us to develop key messages and recommendations to help organizations succeed with their PSPs.

The following are the program names (in various stages of development) and organizations of the working group members:

- Critical Incident Stress Program (CISP), British Columbia Emergency Health Services (BCEHS) and member of the BC First Responders' Mental Health Committee;
- Occupational & Critical Incident Stress Management (OCISM) (Health Canada – providing services to nurses working in First Nations communities across Canada);
- Peer Support and Trauma Response Program (The Toronto Hospital for Sick Children – SickKids);
- Peer Trauma Response Team Program (Alberta Health Services);
- Programme d'aide aux médecins du Québec (PAMQ )/Quebec Physicians' Health Program (QPHP);
- Second Victim Peer Support (Michael Garron Hospital);
- St Michael's Hospital, still in development;
- Chatham-Kent Health Alliance, still in development; and
- Second Victim Guidance Team (Central Health, Newfoundland and Labrador).

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This is not an exhaustive list of peer support programs in healthcare organizations in Canada. There are other programs and organizations that support healthcare workers. For example, there are a number of health professional associations that offer peer support, and burgeoning initiatives such as the Schwartz Rounds™ that is now active in six centres in Canada. We uncovered a number of programs in our survey of peer support in Canada [[see Section 2](#)] and will no doubt continue to discover others as we continue our work in this area. We hope that this document will help bring together a community of practice where we can collaborate and learn from each other's experience.

**It is important to note that these are guidelines only, not a definitive step-by-step script; each organization will necessarily customize their PSP according to their own policies, culture and vision.**

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### **Purpose of the Best Practices section**

The aim of this section is to provide a roadmap for healthcare organizations that are contemplating or are in the process of implementing a structured and formal workplace-based PSP program where employees, some with lived experience, are selected and prepared to provide peer support to other employees within their workplace (see [definition p. 11](#) of the manual). This document was created to offer practical advice and outline key recommendations on how to develop the core elements for developing a comprehensive and sustainable approach to peer support. We aim for it to be beneficial to whoever initiates the program at any level: from the individual who identifies the need for peer support and wants to know how to get started, to organizational leaders who recognize the importance of supporting their staff and who need information to guide their process. It is important to note that these are guidelines only, not a definitive step-by-step script; each organization will necessarily customize their PSP according to their own policies, culture and vision.

There are valuable resources available already that provide guidance for the fundamentals of peer support programs in general. For example, [Peer Support Canada](#) provides certification for peer support, along with a number of resources on such topics as peer support competencies, training, code of conduct and core values.

In particular, the Mental Health Commission of Canada (MHCC)'s *Guidelines for the Practice and Training of Peer Support* (2013) provide comprehensive advice on a number of relevant topics, including:

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- the value of peer support;
- guiding values and principles for peer supporters;
- skills, abilities and personal attributes of peer supporters; and
- guidelines for training peer supporters.

The British Columbia Emergency Health Services (BCEHS) adapted a great deal of this information, along with materials from the Critical Incident Stress Foundation, for their own program, and informed much of the content for the [BC First Responders' Mental Health](#) website. We will be referring to both the MHCC and the BC materials frequently throughout the text.

There is also knowledge to be gained from peer support programs for healthcare professionals that have been established for a number of years. The following programs, based in the United States, have several particularly useful documents and other resources that informed our work:

- [Resilience in Stressful Events \(RISE\) second victim support programme](#) at the Johns Hopkins Hospital;
- [ForYOU team](#) at the University of Missouri Health Care (MU Health Care);
- [Medically Induced Trauma Support Services \(MITSS\)](#) in Massachusetts; and
- The [Center for Professionalism and Peer Support](#) at Brigham and Women's Hospital in Massachusetts.

We do not intend to re-create such knowledge in this document; rather, our intention is to focus on fundamental considerations for establishing a peer support program within healthcare organizations, using examples and best practices gleaned from our experts and from other organizations with well-established peer support programs.

Throughout this text, we will be referring to two other sections of this manual that complement and reinforce the information here:

- [Tools and Resources for Peer Support Programs](#): A comprehensive list of tools and resources that will help organizations implement a peer support program.
- [Addressing Confidentiality for Peer-To-Peer Support Programs for Health Professionals](#): Clarifies the legal privilege and professional confidentiality considerations for a PSP.

### Definition of Peer Support

As we have seen from the scoping review [[see Section 1](#)], there are many variations in the meaning and/or composition of a PSP. This disparity is likely the result of the grassroots nature of PSPs, where each organization develops and implements a program that is suited to their structure and adapted to the specific needs of their staff. At the heart of any PSP, however, is the desire to embed and sustain a psychologically safe environment where those who are part of the healthcare organization feel supported by their peers and the organization when they experience distress at work.



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For the purposes of this document, the working group members agreed on the definition of a PSP as stated in the [introduction to this manual](#), which is repeated on the next page for convenience ([Box 4.1](#)):

“Peer support is an important addition to SickKids as it gives staff an opportunity to connect with colleagues that “get it”. It is not counselling or therapy. It is a chance to get some extra support. There is such value in talking through difficult moments. I enjoy being part of the Peer team as it always reminds me what dedicated and passionate professionals I am privileged to work with here at SickKids. This is not an easy place to work yet people come day after day and year after year to help (through whatever profession they are part of). Peer helps me connect with staff from all over as people not just professionals. I think that is important.”

(Shaindy A. Child Life Specialist, Peer Supporter, SickKids)

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### Box 4.1: Definition of a Peer Support Program

A peer support program (PSP) includes any program that provides non-clinical emotional support to health professionals (and in some cases other individuals who work, volunteer or train at an organization) who is experiencing emotional distress and this support is provided by a peer. The need for emotional support can be the result of:

1. A patient safety incident: an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient. There are three types of patient safety incidents:
  - Harmful incident: a patient safety incident that resulted in harm to the patient (replaces "preventable adverse event");
  - Near miss: a patient safety incident that did not reach the patient and therefore no harm resulted; and
  - No-harm incident: a patient safety incident that reached the patient but no discernible harm resulted.
  
2. A critical incident or trauma: "Any sudden, unpredictable event that occurs during the course of carrying out day-to-day duties or activities that poses physical or psychological threat to the safety or well-being of an individual or group of individuals" (as per SickKids definition in their [Trauma Response and Peer Support Policy](#)). Examples include:
  - Unexpected death of a patient;
  - Suicide of a colleague;
  - A workplace accident resulting in critical injury to a staff member;
  - Internal or external disaster;
  - Mass casualty situations;
  - Life-threatening illness, injury or untimely death of staff or co-worker;
  - Natural or man-made disasters; and
  - Any incident charged with profound emotion.
  
3. Other work-related stress (**excludes** issues related to Human Resources such as job action or performance). Examples include:
  - Work environment;
  - Assault, harassment or violence involving staff or patient and/or family;
  - Workplace conflict;
  - Workplace re-organization or downsizing;
  - Complaints/lawsuits;
  - Cumulative stress;
  - Work-life balance issues;
  - Compassion fatigue;
  - Vicarious trauma; and
  - Events that attract media attention.

### Guiding values and principles of a peer support program

A valuable framework for those who are implementing a PSP is the [MHCC's description](#) of the primary values and principles of practice to which organizations should adhere. Below is an abridged version of those values and principles, as summarized by the BC First Responders' Mental Health.

#### Primary values

- Self-determination, self-resiliency and equality: the belief that each person knows the path towards recovery that is most suitable for them and that it is the peer's choice to engage in a peer support relationship.
- Self-compassion: the belief that empathy increases self-compassion, minimizes moral injury and reduces stigma around seeking help.
- Mutuality and empathy: the belief that all involved in the peer support relationship can benefit from the reciprocity and understanding that comes from lived experience.
- Recovery, hope and empowerment: the belief that there is power in hope and positivity and that these can aid in recovery.

#### Principles of peer practice

- Respect where each individual is in their journey towards empowerment and/or recovery and recognize that while peer supporters may have lived experience, the beliefs and healing paths of peers may not be the same as their own.
- Help peers normalize or destigmatize their distress, and encourage resilience through compassion and self-compassion.
- Help peers to determine their own direction. Work with peers to identify and explore options, and support them to take steps forward on their own rather than "helping" by doing it for them.
- Create a peer relationship that is open and flexible and maintain the focus on the peers and their needs. Ask yourself: "Are we in a safe place in the client's eyes?"
- Focus on positivity and on the peer's journey to a more hopeful, healthy and full life, rather than focusing on symptoms, diagnoses or objectives set by someone other than the peer.
- Share aspects of lived experience in a manner that is helpful to the client, demonstrating compassionate understanding and inspiring hope for recovery.
- Self-care is essential to the well-being of the peer supporter. Take care to recognize the need for health, personal growth, and resiliency when working as a peer supporter.
- Use communication skills and strategies to foster an open, honest, non-judgmental relationship that validates the peer's feelings and cultivates trust.
- Empower peers to find their path towards a healthier outcome, and encourage them to disengage from the peer support relationship when the time is right for the peer.

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- Respect professional boundaries with the peer and with other professionals should they become involved. It might be useful to establish whether the relationship is a short term or long term one.
- Collaborate with others (community partners, mental health practitioners, leadership, other stakeholders) whenever appropriate.
- Know personal limits during crises and other times, and seek assistance when appropriate. Peer support work can be intense and experiences very challenging and as such, peer supporters need to understand the importance of taking care of themselves.
- Maintain high ethics and personal boundaries to avoid harming the peer or the reputation of peer support.
- Participate in continuing education and personal development to learn skills and strategies to assist in peer support work.

## Building a program

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The working group members for this section of the manual committed to offer practical advice and make concrete recommendations that would be valuable for individuals in healthcare organizations who were in the process of implementing a peer support program. We hope that by sharing their experience on how they developed their own peer support programs, and gleaned the most useful information from other key resources, we will help others who are establishing a peer support program.

### Initiating the program

The main driver for initiating a PSP in the organizations is the recognition of the importance of mental health and wellness for individuals in their workplace, and a commitment to improve it. However, the catalyst for initiating a program in a healthcare organization varied somewhat among organizations.

For some organizations, the catalyst was a specific critical incident or trauma that had a significant emotional impact on staff, prompting the organization to take action so as to be prepared for future incidents and enhance the organization's response to them. In fact, more than one organization noted that the need for the PSP was driven by a critical incident.

For others, organizational leaders officially acknowledged that stresses and traumas were affecting the workplace – with one organization calling it a “trauma-infused environment” for example – and identified the need for emotional support for their staff and committed to promoting wellness. As an example, the RISE second victim programme at the Johns Hopkins Hospital was initiated because: “... patient safety leaders recognized a gap in the ability of the institution to provide consistent and timely support to second victims”<sup>1</sup>. The genesis of the peer support program at the Brigham and Women's Hospital was simply their “observation that clinical staff were suffering following adverse events”<sup>2</sup>.

Some organizations implemented a PSP because they identified a rise in reports related to mental health such as the number of workplace violence incidents, absenteeism due to mental health illness, or the number of staff members accessing the Employee Assistance Program. In some cases, a PSP is initiated

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because of legislation; for example, many provinces are instituting presumptive legislation for paramedic services related to occupational stress injuries. This change enables workers to access treatment more readily without have to prove their mental injuries were work related. The expectation of employers is that they are being proactive in managing occupational stress injuries through mitigation and early identification.

Other PSPs were created to support health and safety standards, organizational policies or national standards for a psychologically safe workplace, such as the [National Standard for Psychological Health and Safety in Canadian Workplaces](#). Still others were prompted by unions requiring more mental health support for their members.

In whatever manner the need was recognized, the PSPs mostly grew organically without a clearly outlined process. Step- by-step, each organization put together the building blocks needed to establish a PSP. The following outlines the main building blocks.

### Establishing the need

Although PSPs in healthcare are becoming recognized as a crucial service, it is still a worthwhile endeavour to establish the need for a PSP in the organization. Not only does it serve the purpose of substantiating the need for the program to organizational leaders and/or policy makers, but it will also provide valuable information about how best to deliver the program and identify the clients' needs.

The following are some of the tools and methods organizations use to assess needs:

- Questionnaires or “pulse” **surveys**, giving insight into potential clients' perspective of organizational support for their mental health (these were sometimes given out after a presentation about mental health). The MITSS program has a [survey tool for clinicians and staff](#).
- **Interviews and focus groups** with frontline staff and with managers.
- **Management forum** where a presentation was made to all managers and senior executives, followed by a survey of management.
- **External review** of psychological health and safety.
- **Engagement survey** that assesses, for example, how staff rate the stress levels of their jobs, and how their emotional well-being and mental health are supported.
- **Environmental scan/gap analysis** of internal supports already in place (both formal and informal). The MITSS recommends that organizations include in the scan such resources as chaplaincy, social work, psychiatry, employee assistance programs. They also have an [organizational assessment tool for clinician support](#). See [Box 4.2](#) for an example of internal resources to assess.
- **Assessment of current response processes** for responding to critical incidents.
- **Assessment of key performance indicators** for short- and long-term illness should be examined, especially since mental health injuries can result in higher absenteeism and relapse.

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- **Helping leadership recognize that early intervention is important**, and that if mental health is not recognized as a priority, this can result in moral injury, stigmatization and poor organizational morale.
- **Unit walkabouts and huddles** in identified high-risk areas, such as the emergency department and ICUs.
- **Review of data** in such areas as workplace violence and harassment, absences due to mental illness, referrals to the EAP or psychological interventions.
- **Pilot projects** to assess feasibility and value of PSP (for example, in one department or unit).
- **Review of standards** for mental health support (e.g. CSA Occupational Health and Safety, Mental Health Commission of Canada, Accreditation Canada, International Critical Incident Stress Foundation).
- **Literature reviews and background research** to gather knowledge on the importance of peer to support for health professionals.

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## Box 4.2: SickKids Hospital

Example overview of current services that support staff mental health:

- Occupational Health Clinic;
- Health Absence Management Program (HAMP);
- Wellness Program;
- Peer Support and Trauma Response Program;
- SickKids Mental Health Strategy;
- Peer Support and Risk Management Serious Safety Event Protocol;
- Customized mental health training during new nurse orientation period;
- SickKids Mental Health Resources for Staff website;
- Consultation with the Centre for Addiction and Mental Health (CAMH) Work, Stress and Health Program;
- Employee Assistance Program (EAP);
- Psychologist coverage in benefits plan;
- Incapacity in the Workplace policy;
- Prevention of Workplace Violence and Harassment policy;
- Other Human Resources programs and policies including the Engagement Survey;
- SickKids' Mental Health Management Model; and
- Classroom training for people managers on managing health, conduct and performance.

“There are not a lot of places to go for support, so it is very appreciated when it is offered.”

(PAMQ/QPHP)

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## Assembling a team

Wherever the idea was initiated, it is important to assemble a strong organizational planning team to carry it through to implementation, in the form of a steering committee or working group. Members might include organizational leaders, managers and frontline staff from various clinical departments, as well representatives from human resources, occupational health and safety, patient safety/risk management teams, employee wellness teams, spiritual care teams, critical incident management teams, unions or provincial health authorities. Alberta Health Services suggests that team members might be nominated by their peers because they have certain skills or are seen as credible and respected. [See [AHS Information for Leaders newsletter, Workplace Peer Support](#)]

These teams – in the form of a working group or steering committee – are responsible for establishing the foundation of the PSP, including goals, policies, procedures and business plan. They might also be engaged in needs assessment/gap analysis, creating a work plan, strategic planning, and implementing, championing and evaluating the program.

“The best thing is feeling that I’m making a difference for my colleagues in a way that is in tune with my values.”

(PAMQ/QPHP)

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### Box 4.3: Examples of a PSP team

#### **SickKids**

A steering committee was convened to develop a proposal for the implementation of a sustainable hospital-wide workplace peer support program. The working group included representatives from Occupational Health and Safety, Risk Management, Quality and Safety, Human Resources, Social Work, Facilities, Clinical Programs, Physicians and the Caring Safely project team and steering committee.

#### **Johns Hopkins Hospital's RISE program**

The PSP team included leaders in patient safety, risk management and clinical departments, who gathered to discuss “the magnitude and importance of the problem, current infrastructure to support healthcare providers, stories and experiences, and strategies to improve the system”<sup>1</sup>. They then put together a multidisciplinary “Programme Development Team” – including the director of patient safety, a physician faculty member, a risk manager, a patient safety researcher, a nurse manager and a hospital chaplain. to lead the strategic planning and implementation.

#### **St. Michael's Hospital**

An interdisciplinary group of healthcare and non-healthcare staff and trainees (i.e. physicians, nurses, social workers, clerical staff, security personnel) participated in two iterative design workshops facilitated by a design specialist. They and worked together to identify a program framework and prototypes, then test-drive and explore the feasibility of the design team's prototypes.

## Identifying the goals

Establishing a clear goal for the PSP is a key contributor to the success of a program. This goal ensures that all levels of the organization understand the purpose and value of the PSP, and stay focused on what they are trying to accomplish.

The following are sample elements that might be embedded in the goals for a PSP, drawn from a selection of goals of established PSPs:

- safeguard the well-being of individuals at the organization;
- allow individuals time to collect themselves and reflect immediately following an incident;
- assist in the recovery of individuals who experience critical incident stress;
- help individuals maintain and/or return to health;
- prevent more serious occupational stress injuries and illness;
- provide reassurance and reduce the stigma of mental illness;
- promote resilience;

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- provide referrals, resources and links to other support services, and activate appropriate psychological interventions as required;
- help individuals understand that their reactions are normal and expected;
- enable health professionals to continue to function effectively in the workplace; and
- reduce absenteeism.

### Box 4.4: Sample Goals

#### **PAMQ/QPHP**

To prevent mental health problems among physicians, foster early identification and appropriate treatment of their problems, and help them stay in their job, or enter or re-enter the labour market.

#### **RISE second victim support programme**

To foster a culture in which all employees are resilient and mutually supportive before, during and after stressful events. To provide timely access to support employees' immediate needs to complement the services being offered by the existing employee assistance programme<sup>1</sup>.

#### **Brigham and Women's Hospital**

To provide a safe way for clinicians impacted by events to talk about their experience and emotions with someone who has empathy from having "been there"<sup>2</sup>. [see [Brigham's FAQs](#)]

#### **MITSS**

To assist affected individuals to process adverse medical events in a positive manner in order to move forward both personally and professionally<sup>3</sup>.

#### **St. Michael's Hospital**

To provide immediate response to staff (medical and non-medical) and trainees who may be having emotional distress from being involved in a negative patient care interaction.

The goal of the program can be tied to long term outcomes for the organization, such as one that fosters a just culture of transparency or a resilient workforce, or to outcomes more specific to the program – such as one that provides emotional support to health professionals after a critical incident. They can also be linked with the "five rights of second victims" outlined by Denham<sup>4</sup>: treatment, respect, understand and compassion, supportive care and transparency and opportunity to contribute to enhancing the systems of care.

### Box 4.5: Examples of Outcomes tied to the PSP

#### Center for Professionalism and Peer support (Brigham and Women's Hospital)

We strive for three primary outcomes: to help the impacted clinician with emotional healing and wellness; to facilitate early reporting of adverse events, and to enable and promote compassionate and transparent disclosure and apology. [See the [Center's Peer Support FAQs](#)]

#### SickKids Hospital

By implementing policies and programs to enhance psychological health and safety and support mental well-being, we will improve staff and patient safety and productivity, and reduce the risk of errors, staff turnover, absenteeism, presenteeism (working while sick), second victim effect, and disability claims. Overall desired outcomes include the following:

- Establish a sustainable program to provide support to staff members who are struggling with emotional distress or mental health conditions.
- Create a safe environment at SickKids to encourage staff to seek assistance for emotional distress and mental health conditions.
- Create a resilient and psychologically healthy workforce.

## Partnering with leadership

It is imperative that the PSP has foundational support from those in the organization who will contribute to its success. This means getting buy-in from the organizational leadership, managers and those who will be served by the PSP.

Getting buy-in from senior leaders is not always as big a challenge as expected; in fact, our working group members often noted that “there was no argument” from senior leaders, as many already recognized that the need for a PSP was significant. In the same way, most managers also supported the PSP and were on board right away.

Still, there may well be resistance from leadership or management within the organization. Even the current climate of promoting the well-being of health professionals in the workplace does not mobilize senior leaders as much as it should. The RISE program at Johns Hopkins Hospital noted that one of the biggest challenges was the “limited awareness of the magnitude and importance” of the issues<sup>1</sup>.

Some of the tactics used to bring senior leadership on board included:

- Providing evidence from a needs assessment or staff survey that clearly demonstrates the need for better emotional support as a result of workplace critical incidents.

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- Clearly stated goals that demonstrated the benefits of the program to the organization (e.g. more resilient workforce, decreased absenteeism, improved patient safety).
- Assembling a team that was representative of relevant and various areas and levels of the organization.
- Sharing a video of a champion of mental health after a critical incident, thus humanizing an experience. [CPSI's provider experience videos](#) are powerful examples of such testimonials.
- Committing to clear lines of communications to senior leadership throughout the initial stages of the development of the program, and ongoing reporting to keep them apprised of its progress.
- Collaborating with the union(s) if applicable, ensuring they understand the purpose and benefits of the program.
- Educating leadership about the benefits of peer support whenever the opportunity arises (e.g. regular meetings, workshops, training sessions, manager and director forums, townhalls, HR community quarterly meetings, etc.).
- Creating a roadmap to take the organization from “we’ve never thought about having a peer support program” to a fully implemented and sustainable program.
- Provide a case study or story of a critical incident where staff were not supported (with a less than ideal outcome) and one where staff were supported (with a more positive outcome).
- Demonstrating return on investment (ROI) with data and statistics such as absenteeism due to mental health illness.
- Explain the importance of adhering to standards for mental health in the workplace.

The [MITSS Clinician Support Tool Kit for Healthcare](#) also provides a list of several resources under the headings “Internal Culture of Safety,” “Organizational Awareness” and “Leadership Buy-in” that might help change the mindset of some more resistant leaders and staff, and prepare the organization for the establishment of a peer support program.

Once some of these steps have been taken, it is a good idea to take the time to assess leadership understanding and readiness before moving forward.

### Operational policies and structures

Once the kernel of an idea begins to grow – whether it starts with an informal conversation, a reaction to a serious critical incident, or a formal organizational response to growing mental health issues among staff – it is time for the team to begin to formulate a strategic and/or organizational plan and implement the policies and build the structures required to build the foundation of a PSP.

A cautionary note expressed by our experts was that it is likely to take more time than expected to implement a PSP. Even the well-known RISE program at Johns Hopkins Hospital noted “there were relatively few calls in the first year of operation” and “the greatest challenge was getting staff members who could benefit from the programme to use it”<sup>1</sup>. Their suggestion is to “start slow and steady, and start with where people were at” and expect a few challenges along the way.

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There are many questions to answer, and decisions to be made about such issues as who should own the program, how the program will be set up, how to recruit, train and compensate peer supporters, how staff will be connected or referred to the program, and how will the program be staffed and/or resourced.

The process of implementing a PSP is often underestimated by people who are keen and have good intentions to help their colleagues. However, if this team of individuals with good intentions has a conviction that a PSP is crucial to the well-being of their colleagues, uses an informed selection, recruitment and training process for peer supporters, and is willing to work through some of the steps described in this manual, they will have an excellent chance for success.

### Instituting a policy

One of the most important steps in establishing a PSP is to institute a policy that outlines exactly what the program is, how it is structured, and how it will be implemented.

Some organizations began with existing policies – such as policies for employee wellness, just culture, occupational health and safety – and adapted them to include a PSP. These policies might include elements of peer support that are not yet formalized.

Others created a policy that was specific to the PSP. This process could be lengthy, with many iterations of the policy, especially as the concept of peer support or critical incident management might be new to those creating the policy, and many decisions have to be made about the mechanics of the program.

Below are suggestions for both the foundational and operational elements that might be included in an effective PSP policy, which was informed by the B.C. First Responders Mental Health Committee [Developing a Peer Support Policy](#) and the SickKids [Trauma Response and Peer Support Policy](#), both available in our Tools and Resources section:

#### Foundational elements:

1. **Policy statement:** The policy statement should outline the purpose, goal and scope of the PSP, who is served by it and how it will benefit the organization.
2. **Definitions:** Provide a clear definition of peer support, how it will operate in your organization, and how it can assist health professionals who have mental health challenges. There might also be other terms you need to define, such as “peer supporters,” “critical incident” or “mental health and well-being.”
3. **Interventions:** Provide details of what type of interventions and services are available through the PSP (and what is not available, if this provides further clarification).
4. **Fit within organizational structure:** Clarify how the PSP is related to existing supports for staff and under what department or group will it be housed (e.g. employee assistance programs, human resources, wellness programs, occupational health and safety). The [MITSS Clinician Support Tool Kit for Healthcare](#) provides a number of examples for where the support program could be anchored, under the heading “Operational” on page 7. Wherever it is housed, our working group recommends that, to be most effective, peer support needs to operate autonomously (i.e. that it is a confidential safe space away from the operational arms of the organization) and be a core component of an organization’s mental health system.

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5. **Resources:** Outline how the organization will commit to developing and maintaining a peer support program, including such elements as support for peer support members (including regular and ongoing training, and psychological oversight to gauge their health and resiliency), salaries for staff running the program, promotional materials, appropriate benefit resources, or secure privacy and communication equipment.
6. **Evaluation:** Determine the timeline for reviewing the policy, and for ensuring the PSP is achieving its purpose in supporting the mental health and wellness of health professionals. Identify the metrics that will be tracked to assess utilization and quality of programming.
7. **Communication** strategy both within the program and how program interfaces with hospital.

### Operational elements:

1. **Clients:** Outline who will be supported, identifying precisely to whom and in what circumstances the policy will apply.
2. **Process:** Outline how the PSP will be activated, or how and when a worker will be connected or referred to a peer supporter.
3. **Responsibilities:** Explain the responsibilities of managers and supervisors as well as staff, peer supporters and peer program managers or coordinators.
4. **Confidentiality and documentation:** Provide details on how the PSP will maintain confidentiality.

It is important to put in place a plan to inform those who work at the organization about the policy, so that all are aware of the implementation of the PSP. This could be done through presentations or written literature on the program. Depending on the scope of peer support being offered, consider what training will be provided to raise awareness and understanding of peer support among all those in the organization who may access it (see section below on [“Training”](#)).

The B.C. First Responders Mental Health Committee provides a [template](#) for creating a policy that is specific to first responders, but can effectively be adapted to PSP for other health professionals.

The operational elements of the program will now be explored further.

## Implementing the program

### Clients: Who will be supported

There was clear consensus among our experts that a PSP should, if possible, be one that is inclusive rather than exclusive. This is to say that we suggest that PSPs be open to all levels and all groups of clinical or non-clinical staff, and also include volunteers, students, trainees or anyone who might be affected by a critical incident, experiencing stress or affected by emotional trauma in the workplace – as long as there are appropriate peer supporters available. As noted by one working group member, “our peer support program is open to anyone who wears a SickKids badge” or anyone who is identified as officially working at the organization.

Some of the organizations were targeted to a specific audience, but their PSPs were more inclusive than exclusive, and aimed to reach the broadest client base within their parameters. For example, the OCISM

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notes that support is offered to all nurses working in First Nations communities including those employed by FNIHB, Band, agency, and nursing students.

Whatever the organization decides, a clear statement within the policy explaining who will be supported by the PSP is essential.

### **Process: How will the PSP be activated and followed through?**

The process to determine how the need for support is identified or the PSP is activated can be challenging, but is a key element of establishing the structure and procedures for the program. Decisions will need to be made that are related to three key questions:

1. How is a worker connected to the PSP?
2. What types of issues are supported?
3. What is the process once the PSP is activated?

The following sections will provide advice and examples to help make those decisions.

### **How is a worker connected to the PSP?**

There are many mechanisms that can connect a worker to a PSP. The most common mechanism is self-referral, where an individual calls a telephone number to reach the PSP directly. Some programs also have an email address for an individual to connect with the program, or have set up a paging system.

#### **Box 4.6: Paging system in the RISE program**

The RISE pager number and an intranet call button activate the RISE pager. The on-call RISE peer responder responds to the pager by calling back within 30 minutes, and planning a meeting (encounter) with the caller – ideally within the next 12 hours.

It is sometimes the case that a supervisor – such as a program director, manager, team lead or preceptor– will recognize that one of their staff members is in need of support. (see sections below on [“Responsibilities of Managers and Supervisors”](#)(p. 42) and [“Other Training Considerations”](#)(p. 60). Managers and supervisors can call the PSP themselves to alert them to the issue with the individual. In this case, some PSPs will arrange for a peer supporter to get in touch with the individual, at which point he or she will have the opportunity to accept or decline the service. In other PSPs, the peer supporters do not reach out to individuals when a call comes in from a concerned third party because of confidentiality issues or because the individual might not be open to talking when they have not been advised. In this case, the PSP will more likely assist the third party with their concerns regarding the colleague they are calling about and support them in helping the colleague access the PSP.

SickKids follows a process in the event that there is a referral for their PSP, as per their [Peer Outreach flowchart](#).

[The Center for Professionalism and Peer Support](#) suggests that in cases where an individual is referred by someone other than themselves, the peer support call the individual and state: “I am calling as a peer

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supporter. I heard things didn't go well yesterday, and I'm calling to find out how you are doing. Would it be helpful to talk about your experience?"

Counsellors or therapists associated with the EAP or OH&S programs might also refer individuals to the PSP, or contact the PSP themselves to identify an individual who might benefit from their services. It is usually the case that the PSP will not be engaged unless the staff person has asked the individual if they can be referred.

A colleague of an individual might also call the PSP to talk about someone they are concerned about. The peer supporter might then give advice on how to talk to the colleague, or how to encourage them to contact the PSP themselves.

Another circumstance in which the PSP is activated is where there are many involved in an event who are traumatized or emotionally distressed. This might be a suicide by a staff member, an unexpected patient death or, in the case of first responders, during a disaster (such as wildfires or mass casualties, for example). Chiefs of staff, managers, supervisors or others involved in the management of such an event, and even sometimes staff who identify that many of their colleagues have been impacted by an event, decide to proactively activate the PSP. The PSP is therefore activated for a group of individuals, and results in a group intervention.

SickKids follows a clear process when a traumatic event occurs, as per their [Peer Trauma Response flowchart](#).

Some organizations use proactive methods for engaging the PSP. For example, the PSP at one organization (SickKids) coordinates a morning safety call to capture what has occurred overnight as well as an evening safety call to get a pulse on what has transpired during the day to know how to intervene overnight. They look for out-of-the-ordinary outcomes that may have led to emotional distress, then check in with any individuals involved to make sure they are alright, refer them to appropriate resources such as the EAP or spiritual care team and /or activate a group intervention with the team involved. These proactive steps help mitigate risk of critical event by anticipating resource needs and deploying appropriate resources.

**“Once the program was established and proved its worth,  
we were able to focus on delivering excellent program  
services rather than justifying why it was needed.”**

(OCISM)



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BCEHS uses the standard International Critical Incident Stress Foundation (ICISF) list:

Figure 4.1: Top 9 CIS Triggers

Top 9 CIS Triggers
Suicide of a colleague
Line of duty death
Disaster or multi-casualty incident
Significant events involving children
Prolonged incidents ending in loss
Excessive media interest
Event with threat to staff safety
Serious on the job injury
Work on relatives or known victims

## What types of issues are supported?

Individuals seeking support might be experiencing distress in the form of anxiety, depression, PTSD, burnout or compassion fatigue, which can result from a variety of emotional issues as described in the [definition of a PSP](#) [p. 11 of this manual]. It is important to be clear about what emotional issues will be supported by the PSP. The most effective way to determine this is to build from the definition of a PSP. It is especially important to be clear as to whether the PSP is for patient safety incidents only (as are many of the established programs in the US) or for other issues such as critical incidents/ traumas and other work-related stress as outlined in our definition of a PSP.

### Box 4.7: OCISM

Example of proactive method for engaging the PSP:

#### OCISM

In the OCISM program, peer supporters review occurrence reports and proactively follow up to see how nurses are doing. They provide advice on self-care, and allow them an opportunity to discuss the event, with the purpose of averting a more serious response to a critical incident.

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### What is the process once the PSP is activated?

Once a call is made to the PSP, the next step is to assign a peer supporter to the case. Whether the call is channeled to a staff member of the PSP or to the peer supporter on call, these individuals are responsible for connecting a peer supporter to the individual in need. They will gather enough information about the individual and the incident so that they can create an action plan.

An important part of the plan for proceeding is identifying the most appropriate individual to match with the person in need. This might mean matching for profession or role, license level, years of experience, rural vs urban, work experience or gender, for example. In some cases, however, organizations have found that it is a peer supporter who knows little of the work of the affected group or individual who is a more objective – and helpful – resource. The assignment of a peer is therefore often managed on a case-by-case basis; what is important is that the peer matching creates a “safe place” for the individuals seeking help.

#### Box 4.8: Matching peers

##### Centre for Professionalism and Peer Support (Brigham and Women’s Hospital)

It is often helpful for clinicians to feel the peer supporter has “been there” and understands the stakes. In other instances, speaking with a colleague from another discipline helps a clinician feel less judged or stigmatized... We avoid having a junior faculty member provide peer support to someone more senior; and it is also important that the peer supporter not be someone who, in other contexts is responsible for evaluating the clinician’s performance.

[www.brighamandwomens.org/assets/BWH/medical-professionals/center-for-professionalism-and-peer-support/pdfs/peer\\_support\\_overview\\_and\\_faq.pdf](http://www.brighamandwomens.org/assets/BWH/medical-professionals/center-for-professionalism-and-peer-support/pdfs/peer_support_overview_and_faq.pdf)

In some organizations, individuals with formal mental health credentials – such as psychiatrists or psychologists or social workers– are assigned to clients with evidence of severe trauma.

Depending on the structure of the PSP, there may only be one or two peer supporters on call at the time, or the availability of peer supporters might depend on those who happen to be currently in the workplace.

It is also decided on a case-by-case basis when the intervention takes place. In a study done by the RISE program, the researchers found that the preference expressed by participants ranged from as soon as the event happened (12.7%) to within a few hours after the event (25.4%) to within a couple of days (48.2%) and after a week (8.1%)<sup>1</sup>. Most organizations try to get back to the individual in a timely manner, at least to connect and find out how urgent the need is.

Peer support is mostly provided in-person – or by telephone if the client prefers – in a suitable environment that is quiet and private.

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It is recommended that support be rendered immediately, or as soon as possible after the PSP is activated<sup>5</sup>. Some peer support interventions might be a one-time support, and some might include follow-up or ongoing support if this is indicated or requested. It is also sometimes the case that peer supporters are there to provide immediate and urgent support, then connect the clients to other resources or supports as appropriate. Scott et al<sup>6</sup> suggests that there are three tiers of emotional support for a health professional: tier 1 is immediate emotional first aid to make sure the individual is okay; tier 2 is support from peer supporters; tier 3 is expedited referral to professional counselling.

### Box 4.9: Sample process to activate PSP

#### Chatham-Kent Health Alliance

The following process is written into the Chatham-Kent Health Alliance policy, and is a useful example of the steps in a PSP once it is activated:

- When a need arises, a message is sent to all peer supporters through WhatsApp.
- Preference will be given to activating supporters who are currently in the workplace (i.e. before calling in team support who are not working)
- The on-call Peer Support Group member shall immediately upon request of services assess the nature of the incident, the needs of those involved, and the 5 T's (themes, targets, types, timing, team) so that appropriate action may be initiated.
- The on-call Peer Support Group member will begin a plan of action based on the 5 T's that may include scheduling a date and time with the individual(s) involved for various Peer Support Group services, or immediate referral.
- Periodically, the member(s) providing services will speak with fellow Peer Support Group team member(s) for a personal debrief to evaluate the services rendered and discuss any positive and negative feedback methods for improvement and anything that can help.
- No notes shall be taken during any intervention, but basic records should be attempted following the intervention.

## Responsibilities of managers and supervisors

In the policy for the PSP, it is important to clearly outline the responsibilities of managers and supervisors, who often have an important role in encouraging an individual to seek support, or referring them to the PSP. They should not be left out of the organizational response to critical incidents.

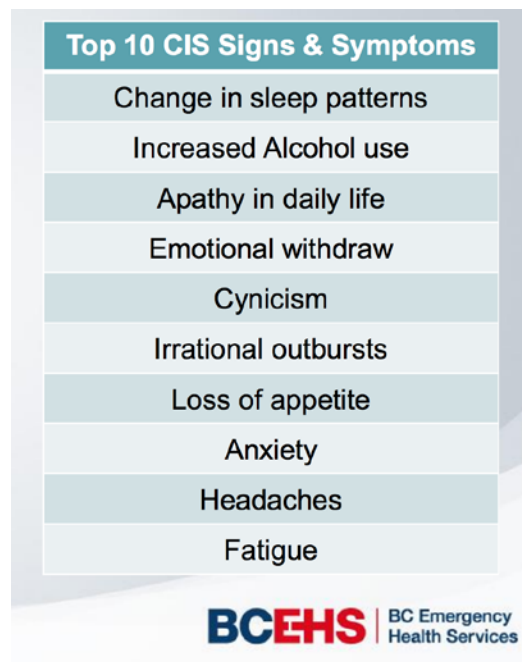
Managers and supervisors need to be trained to recognize the signs of distress, and given clear instructions on how and when to refer their staff to the PSP (see the section on “Other training considerations”). The following is the BCEHS list of signs and symptoms of critical incident stress (CIS) to look for in a staff member [[www.bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/signs-and-symptoms-of-critical-incident-stress](http://www.bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/signs-and-symptoms-of-critical-incident-stress)], which complements their leadership training about

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the mental health and identifying when management responsibilities decrease and health care supports increase.

Figure 4.2: Top 10 CIS Signs & Symptoms



Managers and supervisors might encourage their staff member to call the PSP, provide details on how to do so and reassure them that it is a confidential service that is fully supported by the organization. They can also support their staff member by reassuring them that they continue to have complete trust in their professional abilities, and that they are important to the team<sup>5</sup>. The OCISM's "[Tips for Supervisors and Managers of Employees Involved in a Traumatic Event](#)" are a useful resource.

The following are examples of leaderships steps for managers and supervisors help support their staff:

- Connect with the individuals as soon as possible, in private, and express your concern. Let them know you care.
- Reaffirm confidence in them.
- Normalize their response to the situation, and self-disclose (briefly) if possible or appropriate.
- Explain what services are available to them, including the PSP, and how to access them
- Reassure them of confidentiality the of your interaction and the available services
- Notify staff of next steps, and keep them informed
- Assess the individual's fitness for duty (physical and mental). Direct them to supports such as an Occupational Health Clinic, a family physician, a walk-in clinic or an ER (if after hours).

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- If an individual needs to leave work, take steps to ensure their safety and ensure the individual is okay for travel or being at home.
- Consider calling in replacement staff.
- Monitor and check in with the individual regularly.

“We have a new group of peer supporters that started up in the summer. The group was so committed they’ve since been able to gain the trust of their team. That is success.”

(Alberta Health Services)

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Central Health proposes Denham’s five human rights<sup>4</sup> for those involved in a critical incident, which all staff can easily remember with the acronym TRUST:

Figure 4.3 : Five Human Rights

Five Human Rights
Treatment that is just
Respect
Understanding and compassion
Supportive care
Transparency

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“Within 2 or 3 months of creating awareness about emotional distress after a critical incident, we had a critical incident. It paid off because rather than leadership swooping in, we helped leadership be accountable and step through the helping process. The client who was most affected said ‘this is the first time in 25 years that a manager called to see how I was doing.’”

(Central Health)

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There are a number of key phrases and key actions managers and supervisors can use to support their staff members<sup>7</sup>.

Key phrases:

- “This had to have been difficult. Are you okay?”
- “I believe in you.”
- “I cannot imagine what that must have been like for you. Can we talk about it?”
- “I can see this case hit you – it happens to us all sooner or later.”
- “I need you to [suggest a very simple action] now. Can you do that?”
- “When we get through this situation, we will help you come to terms with what has happened...and get you support.”
- “You are a good nurse/ doctor/ pharmacist/ volunteer/ student working in a very complex environment.”
- “It’s human to make errors.”
- “It’s common to think about it and lose sleep.”

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- “The fact that you are upset shows that you are a caring, committed health professional.”
- “Over time, the feelings gradually lessen.”
- “Remember all the good you have done.”

### Box 4.10: Do's and Don'ts for managers and supervisors

#### DO's:

- DO Be present;
- DO Practice active listening;
- DO Allow staff member to share the personal impact of their story; and
- DO Reaffirm confidence in their skills.

#### DON'Ts

- DO NOT condemn or second-guess their performance;
- DO NOT downplay their reactions or emotions; and
- DO NOT undermine their confidence or competency.

## Confidentiality and Documentation

It is generally acknowledged that confidentiality is the cornerstone of the policy and of the PSP. Confidentiality is especially important to health professionals who fear being perceived as vulnerable or weak for seeking mental health support and, particularly with respect to patient safety incidents where they fear exposure to legal or disciplinary actions<sup>1</sup>. It is therefore important to be clear in the policy – and to the health professionals – that the organization will make every effort to maintain confidentiality within the PSP. It is also important that peer supporters make clear the limits of confidentiality to those they are supporting.

A detailed explanation of how best to maintain confidentiality and what is protected by legal privilege is provided in the section in the manual entitled “Addressing Confidentiality for Peer-to-Peer Support Programs for Health Professionals.” [[see Section 3](#)]

One of the key recommendations about confidentiality coming out of this work is that PSPs should maintain minimal documentation about those seeking support. If any information about the clients is collected, then there are strict protocols for maintaining the confidentiality of the records such as keeping them in secured shared files on secured computers, accessible only to the coordinators of the program. The data collected should be kept for statistical and evaluation purposes only such as to help those

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responsible for the PSP review their processes, evaluate trends in the workplace, and determine whether there are proactive solutions to prevent critical incidents from adversely affecting their staff.

Regulated health professionals who are providing the support (such as physician-counsellors, social workers, or psychologists) should consult the appropriate legal resources concerning regulations about documentation. This not only protects confidentiality of the clients, but also protects peer supporters who are using their credentials to provide the support.

As noted in [Section 3](#) [of the manual on Confidentiality], there are exceptions to confidentiality, such as when there is a risk for self-harm or harm to others.

“Peer support means providing a safe and non-judgmental space for another to be heard, understood, and helped in a kind and compassionate way. It also means to be of service to another by being present moment by moment, empathetic, curious and trusting that the person I’m supporting is resourceful and whole internally despite their external circumstances.”

(Karen W., Pharmacist, Peer Supporter, SickKids)

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## Peer supporters

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The peer supporters of a PSP are an integral component of the program, and the most important factor for its success. As such it is crucial that those implementing a PSP pay much attention to selecting, training and supporting them. The peer support role is typically voluntary and needs to be fully supported by management.

### Role

It is the responsibility of peer supporters to understand their role and its boundaries and to be committed to the values and principles of the program.



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Peer supporters also need to embrace their role as someone who helps their peers to leverage their own resilience, allowing them to heal themselves. It is also important that peer supporters avoid pathologizing what are normal reactions to stressful situations, and help normalize the emotions and feelings their peers are having.

Most importantly, peer supporters must recognize that they are not providing professional psychological support – they are not clinical therapists, nor are they providing psychological or psychiatric counselling. The role of the peer supporter is to listen and coach. This means that they avoid diagnosing or providing psychological treatment to the clients, or determining solutions or directing their decisions. Peer supporters provide non-clinical emotional support to individuals in the form of empathetic support, active listening, encouragement and information about resources and other supports available to them. Although peer support can be offered on its own or as a complement to clinical care, a peer supporter does not take the place of a clinician and should not aim to “fix” a fellow employee.

It is also important to establish and maintain boundaries within peer support relationships between a professional and personal relationship. The BC First Responders’ Mental Health PSP notes the following points that are worth considering when determining boundaries:

- Communicating boundaries early in the peer support relationship can be helpful in managing expectations. This might include setting limits on time or location — for instance, agreeing that peers may contact peer supporters only up to a specific time of day or that they cannot approach peer supporters while they are on a call.
- Those offering peer support should be friendly and compassionate but maintain a professional relationship. There can be a fine line between a helping relationship and a friendship. When the relationship becomes too personal, the peer support relationship should be ended.
- Establishing a back-up peer, or having oversight from a peer support coordinator or a psychologist, can assist when the boundaries appear to shift. If the relationship becomes close or inappropriate (if it becomes too intimate or sexual in nature, for instance), being able to hand off the file and extricate oneself from the relationship helps to keep peer support ethical and ensures that the peer who is need of support has someone else who can take over with an understanding of that person’s needs.
- Peer support training should be provided on how to recognize when the peer supporter is becoming too involved or when the peer seeking help is becoming too dependent.

Another key distinction to establish is that the discussions between the peer supporter and the client should be primarily emotion-focused rather than problem-focused<sup>8</sup>. A problem-focused conversation is one that pays attention to facts (e.g. learning from mistakes, seeking information, determining what transpired, dealing with the problem itself) whereas an emotion-focused interaction addresses feelings and actions to help the individual move forward. The peer supporters are also there to provide referrals and/or identify resources as part of a constructive helping process.

For a fulsome description of the scope of the role of a peer supporter and their code of conduct, the SickKids “[Scope of the Peer Role](#)” and the [Peer Support Program Code of Conduct](#), along with the [BCEHS CISM peer support manual](#) (Appendix C) are excellent resources.

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## Attributes

Certain characteristics contribute to the effectiveness and quality of a peer supporter. The following are some of the key attributes that have been inspired by both the MITSS, MHCC and BC First Responders Mental Health:

- empathetic, respectful, and non-judgmental;
- skilled at communicating and active listening to encourage openness and honesty;
- capable of critical thinking to assist the peer to discuss concerns, determine the peer's true needs, and detect when a peer is nearing or in crisis;
- emotional maturity;
- ability to gain trust of clients;
- culturally aware/sensitive;
- keen to learn and build peer support skills and accessible for team activities;
- committed to confidentiality (within legal limits); and,
- ability to work within established guidelines.

“There will always be that feeling of uncertainty....will I be able to help? Will I say the right things? How will I know what to do? What if I miss something? Being a peer is not about having the right answers and knowing exactly what to do or say because reality is you won't always be on point and no one expects you to be. Being a peer is about realizing you have been given an opportunity to step into someone's life. Recognizing the difficulty and courage it takes to seek out for help and express one's vulnerabilities. Realizing they are seeking for support/guidance, resources and a steer in a direction to help them through a challenging time. It's about being sincere, honest, offering practical suggestions, actively listening, checking in/following up, being genuine and being in the moment with them as best as you know how to be. For me being a peer is knowing small sincere efforts can go a long way. It is a challenging yet humbling experience. Every time I willingly step into a peer's life a part of their journey stays with me. Each experience is unique and motivates me to continue learning and growing both professionally and personally.”

(Neelam W., RN, Peer Supporter, SickKids)

### Box 4.11: Requirements for peer supporters

#### Alberta Health Services (AHS)

Peer supporters are those who are:

- respected by co-workers and would go to for non-judgmental support;
- considered trustworthy by co-workers;
- have good communication skills, i.e. listening, eye contact, body language;
- shows concern and cares for co-workers' well-being;
- a mature individual, responsible, good work habits and a minimum two years with AHS;
- is working a position of at least .8 to full-time equivalent (negotiable) and days/nights, for easy accessibility as a peer supporter;
- is elected by his/her peers (with references from manager and peers on application);
- demonstrates good coping skills and a positive attitude;
- is committed to being available to assist with crisis intervention;
- is interested in the Peer Trauma Response Team and is interested in supporting his or her peers; and
- is able to leave their workplace to respond to an incident when necessary.

Another key attribute for a peer supporter is that they share lived experience similar to the clients who will be seeking help. In other words, they are health professionals who themselves have experienced emotional distress related to their work in healthcare, or who have had mental health challenges. This enables them to have empathy towards the clients, and been seen as non-threatening by the clients. It is important to point out, however, that peer supporters should be recovered from this distress or have overcome their mental health challenges, to the point where they are able and ready to support a peer.

Peer supporters should also ideally be aligned with the values and principles of peer support. [Box 4.12](#) provides a number of examples of values that define peer supporters.

### Box 4.12: Core values expected of peer supporters

#### MHCC

[\[https://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines\]](https://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines)

- **Hope and recovery:** acknowledging the power of hope and the positive impact that comes from a recovery approach.
- **Self-determination:** having faith that each person intrinsically knows which path towards recovery is most suitable for them and their needs, noting that it is the peer's choice whether to become involved in a peer support relationship.
- **Empathetic and equal relationships:** noting that the peer support relationship and all involved can benefit from the reciprocity and better understanding that comes from a similar lived experience.
- **Dignity, respect and social inclusion:** acknowledging the intrinsic worth of all individuals, whatever their background, preferences or situation.
- **Integrity, authenticity and trust:** noting that confidentiality, reliability and ethical behaviour are honoured in each and every interaction.
- **Health and wellness:** acknowledging all aspects of a healthy and full life.
- **Lifelong learning and personal growth:** acknowledging the value of learning, changing and developing new perspectives for all individuals.

#### PAMQ/QPHP

(from the website <http://www.pamq.org/en>)

- **Confidentiality:** Maintain the highest standards of confidentiality and discretion to protect our clients' identity and privacy.
- **Respect:** Empathy and consideration. Being open and non-judgmental when faced with a situation, its consequences and the emotions it triggers. Impartiality.
- **Integrity:** Our actions are guided by the observance of our organizational values. Decency, honesty toward clients, colleagues and partners.
- **Knowledge sharing:** Sharing knowledge with a view to improving physicians' health. Sharing innovative intervention methods aimed at broadening the scope of action taken to foster physicians' well-being.
- **Teamwork:** Show respect for others' skills by working cooperatively and pooling knowledge (regarding resources, partners and colleagues).

### Box 4.12 (continued): Core values expected of peer supporters

#### Peer Support Canada

- hope and recovery;
- empathetic and equal relationships;
- self-determination;
- dignity, respect and social inclusion;
- integrity, authenticity and trust;
- health and wellness; and
- lifelong learning and personal growth.

As a final note, peer supporters are held to a high standard when it comes to conducting themselves in a professional manner, whether they are acting as a peer supporter or are in their regular role in the workplace. Any confidentiality breaches or ethics violations on their part reflects poorly on the team, and the organization needs to be clear that peer supporters should not behave in a manner that will discredit or erode trust in the PSP.

### Recruitment

The recruitment and selection process for peer supporters is critical. Some organizations use an elaborate process that includes nominations, references, psychological screening and panel interviews to select peer supporters; for others, the process is less formal. Whatever the process, it is important to ensure the PSP has the right people on board or the right cohort of peer supporters; if not the PSP will not be successful. If an organization does not recruit the people with the right personalities and qualities, then this will impact the credibility, sustainability, optics and implementation of the program.

In some cases, potential peer supporters are recruited through management, who nominate staff they determine meet the criteria established by the organization (as per above attributes) although this may not be suitable in an organization with low trust in management. Alternatively, as the [Centre for Professionalism and Peer Support](#) notes, they ask departments to “nominate colleagues who they would want to go to for support.”

[Figure 4.4](#) outlines the process used by the former Trauma Prevention and Peer Support Training (TEMA) program used to recruit and select their peer supporters, which demonstrates a thorough selection process for selecting appropriate individuals for this important role.

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Figure 4.4: First Responder Trauma Prevention and Peer Support Training Program (TEMA)



Some organizations also invite staff members to nominate themselves. The following is an example of a process organizations might use in this case [see the [ForYOU Activation policy](#)].

1. Invitation for expression of interest is posted.
2. Potential peer supporter sends expression of interest or fills out an application form (see [Applicant Package and application form for AHS](#) and [sample application for the ForYOU program](#), including two peer references and one manager reference).
3. Psychologist interviews potential peer supporter for mental fitness.
4. Potential peer supporter is interviewed and assessed against criteria such as listening skills, empathic approach, and demonstration of understanding of confidentiality.
5. If accepted, the peer supporter signs a confidentiality and performance agreement.

For an example of the type of information to consider for the recruitment of peer supporters, see the [Alberta Health Services' Applicant Package](#).

Some organizations find it easier at the outset to focus on leveraging internal experts, or staff members who are already trained in counselling or specialized therapeutic knowledge. It is important, however, to make sure that these internal experts are clear on the limits of this role as support and not counselling.

### Supporting the supporters

Organizations need to safeguard the mental health of the peer supporters themselves. It is important to recognize that there is a possibility that peer supporters will also experience emotional distress from their work in the PSP, and that they may well need ongoing support. Because of the emotional nature of peer support, even the most resilient peer supporter could be prone to burnout or a mental health challenge.

Monitoring through supervision, mentoring of peer supporters, communities of practice for peer supporters, regular meetings for the cohort and ongoing training are all valuable methods to support peer supporters. As an example, after every encounter within the RISE program, “the peer responder activates a debriefing, in which he/she facilitates a session to receive support from the other members of the RISE team and to provide a learning opportunity for other members”<sup>1</sup>.

In addition, it is important to be clear that a peer supporter’s commitment is always voluntary, enabling them to step away when they feel they need to — if they find that the work triggers mental health concerns in themselves or if they are simply in need of a break.

The [MITSS Clinician Support Tool Kit for Healthcare](#) recommends that the organization provide a “tool box” for each peer supporter to ensure they have all the tools they need to succeed. This tool box could include:

- clear concise description for a peer supporter;
- list of recommended support for referral (if needed);
- list of active listening techniques;
- the do’s and don’ts of listening;
- contact list for immediate escalation;
- training; and
- support services available to them.

“Each year we have managed to get actively suicidal employees into hospital. We have helped employees with substance use disorder (SUD) move into treatment, but we still have a long way to go.”

(BCEHS)



### Remuneration

It is usually the case that the role of peer supporters is a voluntary one. However, there are a number of details an organization must work out so that they might develop clear guidelines for when the peer supporter provides support during their working hours, or when they are called in to provide support. One clear recommendation from those who have developed a PSP is that organizations should consider the importance of allowing peer supporters time away from their regular work duties to provide the support or to attending PSP meetings. Peer supporters are also entitled to funded training and retraining, travel and other expenses, and appropriate recognition for the volunteer work they do.

#### Box 4.13: Example of a remuneration policy

##### Alberta Health Services

Following a critical event, peer supporters will be asked to go to the unit to offer support. The cost of replacing the peer, if they are called to a critical incident while on shift, is the responsibility of the unit the peer comes from and this time will NOT exceed four hours. If peer supporters on shift are unavailable to be deployed to the unit, peers may be called in from home. In the event that this happens these peers will be paid four hours callback pay. The Peer Supporter will submit to the PTRT Administrator a reimbursement form signed by the unit manager. Each peer will not be used as a peer supporter *more than twice a month* to prevent over-use and burnout. This will also help keep the replacement cost to all the units involved the same. Peer supporters will be responsible for attending team meetings and education sessions as covered under their roles and responsibilities. This may mean rescheduling shifts and will be the responsibility of the employee and their manager.

There are cases, however, when the role is an officially paid position, such as with the PAMQ/QPHP- an independent non-profit organization where physician advisors are hired to provide peer support in a structured manner. This is also the case with the OCISM program, where staff members are hired for this role or for a coordination role.

A number of organizations have salaried staff positions to coordinate and direct the program. A good example of a description of the role of a program manager for a PSP is the SickKids program.[see the [Scope of Manager, Peer Support Program](#) in the [Tools and Resources section](#)].

“We get a lot of feedback about the difference that we make.”

(PAMQ/QPHP)

# Creating a Safe Space

Strategies to Address the Psychological Safety of Healthcare Workers

## Training

Training is an integral component of the PSP. Not only should there be a comprehensive training program for the peer supporters, but it is also important that organizations provide specific training to leaders, managers & supervisors, as well as to all staff in the workplace.

### Peer supporters training

Once peer supporters are selected and before they provide any services, they should be provided with training that will prepare them to support their peers who are experiencing psychological distress.

There are a number of external providers who provide training for peer support. Many of these are not focused directly on health services, but might be a valuable starting point for organizations that do not have the internal resources for such training. Some organizations used the following external providers:

- [International Critical Incident Stress Foundation training](#);
- The Institute for Healthcare Improvement's "[Building a Clinician Peer Support Program](#)" which is conducted by the [Medically Induced Trauma Support Services](#));
- The MHCC's [The Working Mind program](#);
- [Critical Incident Stress Management program](#); and
- [Canadian Mental Health Association \(CMHA\)](#).

The RISE program at Johns Hopkins Hospital offered psychological first aid ([RAPID-PFA](#)) training to their peer supporters; RAPID stands for Reflective listening, Assessment, Prioritization, Intervention and Disposition.

If an organization does have the internal resources and can draw on members of staff such as risk managers, counsellors, EAP provider, wellness team members, spiritual counsellors, or PSP staff, they might choose to develop their own custom-made training program that aligns with their vision and needs for a PSP.

Whether it is provided by an external company, through internal expertise or a combination of both, the training is usually for at least three full days.

### Box 4.14: A note on adult learning

#### Ontario Tech University

PSP training should be a collaborative learning experience where adult learners and instructors learn with, from and about each other's perspectives and related work experience. This relationship requires respect and trust for each other's abilities and challenges. Central to this approach is placing learners at the centre of the learning process<sup>2</sup>.

This approach requires ongoing self-reflection on the part of the instructor to better adapt their teaching and evaluations to meet the changing and different learning styles of learners<sup>3</sup>. To that end, the instructor should strive to provide learners with the relevant tools, frameworks, concepts and materials that inform the subject area. They should also use a variety of teaching strategies in an interactive and respectful environment, such as traditional lecture-based learning, problem-based learning, experiential learning and appreciative inquiry learning. The methodologies used should combine both the cognitive (i.e., knowledge), psychomotor (i.e., skills), and affective (i.e., attitudes) domains of learning (i.e., Bloom's Taxonomy). The learning environment should be a safe, fun environment designed to exchange, share and explore new ideas between both learner(s) and instructor.

Continuing education such as PSP training can be conceptualized as an interactive activity involving three phases<sup>4</sup>:

1. **Exposure:** the introduction of the knowledge in the classroom (note the classroom can be online or in the traditional classroom).
2. **Immersion:** introduces learners to interaction with other professions in the classroom and during a simulated training experience to engage in the learning experience.
3. **Mastery:** the incorporation of the knowledge, skills and attitudes into daily professional practice.

To ensure learners have a good understanding of the application of knowledge and skills, evaluation is needed that includes a variety of activities (e.g., group work, presentations, interactive structured class discussion and written reports).

<sup>1</sup> Svinivke, M., & McKeachie, W. J. (2006). *McKeachie's Teaching Tips: Strategies, Research and Theory for College and University Teachers*. (13<sup>th</sup> ed.). Belmont California: Wadsworth, Cengage Learning.

<sup>2</sup> Mulryan-Kyneav, C. (2010). Teaching large classes at college and university level: challenges and opportunities. *Teaching in Higher Education*, 15(2), 175–185.

<sup>3</sup> Feiman-Nemser, S. (2008). From Preparation to Practice: Designing a Continuum to Strengthen and Sustain Teaching. *Teachers College Record*. 103:6, 1013–1055.

<sup>4</sup> Charles G, Bainbridge L. The University of British Columbia model on interprofessional education. *Journal of Interprofessional Care*. 2010 January; 24(1):9-18.

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## Strategies to Address the Psychological Safety of Healthcare Workers

Building on the MHCC's list of fundamental topics that should be required learning for peer supporters, we suggest the following basic curriculum.

- Fundamental principles, values, and ethics of peer support, including rules of confidentiality.
- Role and responsibilities of a peer supporter, including knowledge about limits and boundaries.
- Value of leveraging resilience and avoiding pathologizing normal reactions to stressful incidents.
- Cause and variety of common mental health issues for health professionals (compassion fatigue, vicarious trauma, stress, anxiety, burnout, depression, moral distress, post-traumatic stress disorder, serious safety events).
- Explanation of the [Mental Health Continuum Model](#)
- Recognizing and overcoming the stigma associated with mental health issues.
- Interpersonal communications and building supportive relationships.
- Crisis management training, to provide knowledge of how to identify and safely manage a crisis situation including:
  - the effect of crisis, trauma, and operational stress on well-being;
  - understanding human stress response;
  - stress management and resiliency;
  - process of recovery and change;
  - self-determination and how to foster it;
  - suicide awareness and intervention (BC peer manual Appendix G); and
  - difference between PTS and PTSD, along with signs of traumatic stress.
- Knowledge of available resources for referral.
- The importance of self-awareness and self-care to maintain one's own wellness and resilience.
- Preparing with the peer for the end of the peer support relationship.
- Review of internal organizational policies and legislation impacting peer interactions.
- Operational aspects of the PSP – mobilization, triage and any tools developed to arm peers with opportunity to assess for risk or to indicate peer engagement.

This training can be adapted to the needs of the PSP in each organization, and expanded as the scope of the program grows. For example, further peer supporter training could be about interpersonal conflicts at work, managing workload stress, grief counselling, or organizational topics such as HR procedures, policies and organizational alignment with other supports.

# Creating a Safe Space

## Strategies to Address the Psychological Safety of Healthcare Workers

Peer supporters also need opportunities for continuous learning and development. As noted by [BC First Responders' Mental Health](#), “in addition to ensuring that peer supporters have the skills and knowledge to do the work, training can be re-energizing and help build morale, camaraderie, and a sense of shared purpose and value among the peer support team.”

The [MITSS program](#) recommends that there should be ongoing meetings with the supporters to review the cases and discuss what is working, what is not working and where they can improve.

### Other training considerations

Although the training of peer supporters is the most significant training, others in the organization should also have the opportunity to learn about peer support.

To be successful, PSPs must be supported in principle by leadership and management, so it is important to provide them with a basic understanding of why peer support is important, and how best to support their workforce when there is a critical incident. The RISE program at Johns Hopkins Hospital made sure to train “several directors from units at increased risk for death and adverse events... an action that also corresponded to more calls originating from those units”<sup>1</sup>.

Supervisors and managers need to be trained to ensure they identify individuals who might benefit from peer support, so they need to understand what the PSP does and how it can support their staff. The BCEHS developed a list of “What to look for – Any change in four areas of normal behaviour” including changes in physical, psychological, behavioural and cognitive behaviour, available in their [Volunteer Peer Team Orientation Manual](#). The OCISM developed tips sheets including [Tips on Coping Following a Traumatic Event](#) and [Tips for Supervisors and Managers of Employees Involved in a Traumatic Event](#) to help managers know when there would be a need for a peer, along with a [“do’s and don’t’s” flyer](#).

It is also a good idea to provide basic training to everyone in the workplace including such topics as what mental health issues might arise as a result of work, what symptoms to look out for in themselves and their colleagues, how the PSP can help and how to access it. The MITSS program suggests that organizations consider writing a crisis communication plan that all staff have been educated about that can be accessed at any time. They provide examples of how some organizations have implemented this in their [Clinician Support Tool Kit for Healthcare](#) “Policies, Procedures and Practices” section.

Organizations need to break the stigma that exists regarding access and use of mental health services, as a way of breaking through the shame and blame culture. This goes a long way to reducing the stigma around mental health conditions and laying the foundation for the success of peer support.

## How to ensure spread and sustainability of the program

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Only once the PSP is in place, and peer supporters are trained and prepared to be on call to assist clients is it time to launch the program. By this time, the organization may have already announced plans for a PSP and built awareness and energy around the program, and also involved a number of workers in the needs assessment and planning. With the launch, however, when the PSP is ready to take on clients, then it is time for a promotional campaign.

### What to promote

Key to the success of the program is promoting not only the services provided, but the values and principles behind the PSP. In particular, fully describing how the program will maintain confidentiality, including any limitations on this confidentiality, is key to reassuring staff that the PSP is a safe place for them to seek support.

It is also vital to promote the PSP as a non-judgmental inclusive space that is open to anyone regardless of their profession, sex, gender, culture, or levels. The MITSS program also recommends that the organization normalize the emotional impact to staff, for example by spreading the word that the PSP is about “normal people, having normal responses, to abnormal events”<sup>9</sup>.

It is also important to emphasize to the potential clients that the organization’s leadership and management are fully supportive of the program, and endorse its vision and values. The leadership and management should be fully on board to create a just culture where all those who work at their organization feel psychologically safe to seek help when they are emotionally distressed. This culture – where the organization is seen as supportive of mutual criticism and constructive feedback – plays a key role in the success of the program<sup>5</sup>.

Edrees and Wu<sup>10</sup> list a number of barriers to developing a support program, among which are those can inform what might have to be countered in a promotional program ([Table 4.1](#)):

“We have one quarter of the  
work force connected with peer  
supporters in four years.”

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(BCEHS)

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# Creating a Safe Space

## Strategies to Address the Psychological Safety of Healthcare Workers

Table 4.1: Potential barriers to developing a support program

Potential barriers (Edress and Wu)	How to counter
Stigma of mental health	Normalize emotional reactions to stress: It's about "normal people, having normal responses, to abnormal events" ( <a href="http://mitss.org/download-the-toolkit/">http://mitss.org/download-the-toolkit/</a> )
Trust and concerns about confidentiality or fear of hindering career advancement	Fully describe how the program will maintain confidentiality (see Box 19 for example)
Lack of interest on the part of staff	Identify reason for lack of interest, and train leaders, managers and supervisors to explain the importance and value of the PSP at every opportunity.
Novelty of concept	Be clear about what the PSP is and aims to accomplish.  Begin with a pilot project on one or two units to familiarize staff with the idea of a PSP.

Publicizing and maintaining the values behind the PSP will inspire its growth and sustainability. As an example, the PAMQ/QPHP highlights the importance of their values with a rich and straightforward description of each one on their [website](#) (see [Box 4.15](#)).

**“A peer support program is likely to be an evolving structure... a dynamic process that adjusts to identified needs and is not necessarily static.”**

(PAMQ/QPHP)

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# Creating a Safe Space

Strategies to Address the Psychological Safety of Healthcare Workers

## Box 4.15: Core values expected of peer supports

PAMQ/QPHP (from the [website](#))

- **Confidentiality:** Maintain the highest standards of confidentiality and discretion to protect our clients' identity and privacy.
- **Respect:** Empathy and consideration. Being open and non-judgmental when faced with a situation, its consequences and the emotions it triggers. Impartiality.
- **Integrity:** Our actions are guided by the observance of our organizational values. Decency, honesty toward clients, colleagues and partners.
- **Knowledge sharing:** Sharing knowledge with a view to improving physicians' health. Sharing innovative intervention methods aimed at broadening the scope of action taken to foster physicians' well-being.
- **Teamwork:** Show respect for others' skills by working cooperatively and pooling knowledge (regarding resources, partners and colleagues).

## How to spread the word

The RISE program at Johns Hopkins Hospital recommends “a sustained, multipronged campaign” to increase awareness and trust among staff<sup>1</sup>. There are numerous methods to promote the PSP in an organization. The following are some suggestions:

**Orientation of new staff:** Many organizations include descriptions and information on how to access the PSP in their orientation to new staff, ensuring the messaging around just culture, psychological safety and leadership support is ingrained from the beginning.

**Education sessions:** Training sessions about the PSP and related topics (such as resilience training and, mental health awareness), which can be given as a stand-alone in-person workshop, as a web conference, or as part of regular inservice training or staff meetings.

**Testimonials:** Reassuring testimonials from those who have used the services of the PSP can be a powerful inspiration to encourage staff to seek support. The PAMQ/QPHP has [several short videos](#) of physicians who encourage others to reach out when they need help, thus humanizing the experience for everyone. There are also several [provider experience videos](#) available on CPSI's website that might also be a useful resource to organizations implementing a PSP, especially those that are focused on patient safety incidents.



# Creating a Safe Space

## Strategies to Address the Psychological Safety of Healthcare Workers

**“Elevator speech”:** The forYOU program created a short description of the PSP that leaders, managers, peer supporters and any staff can use to quickly tell someone about the program and give them a brief overview of why it is important and what support it includes ([Box 4.16](#)).

### Box 4.16: Elevator Speech



The forYOU team is a peer-support team developed to address the needs of staff when they have been involved in a difficult case which impacts them emotionally. The event does not have to be related to a medical error. This could be a case in which staff relate to the patient on a personal level and there is an unexpected patient outcome or it is just difficult to understand the outcome.

#### **This is important because:**

- ❖ Staff may feel guilty for the patient outcome, and are unable to share their feeling with others.
- ❖ Staff can begin to second-guess their clinical skills and knowledge base, if they are unable to confide in a trusted peer.
- ❖ In extreme cases staff may experience a professional crisis, leading to a potential change in career.

#### **Available support includes:**

- ❖ Over 300 clinicians (MDs, nurses, RT, and managers) have been specifically trained to assist staff in this type of situation.
- ❖ ForYOU brochures are available for staff and family members to help them better understand what the staff member may be experiencing.
- ❖ Additional resources include Risk management, Chaplains, EAP and additional professional counseling from a clinical psychologist when peer support is not sufficient.

**The ultimate goal of the forYOU team is to help healthcare professionals at UMHC return to a ‘pre-event baseline’ level of performance following a traumatic patient event.**

**Presentations:** Any opportunity where groups are gathered at the workplace, such as conferences, staff meetings, workshops, grand rounds, M&M rounds, faculty orientations, OH&S meetings, committee meetings, joint OH&S committees, medical staff association meetings, in-service training, nursing week, or lunch & learn sessions, where a short presentation or toolkit can be made or a booth set up to remind staff about the PSP is also a useful way to spread the word.

**Promotional materials:** Organizations have developed a variety of promotional materials such as brochures, advertisements in internal newsletters, or such items as computer stickers, screen savers, business cards, magnets or pens that have the telephone number imprinted on them for easy access.

# Creating a Safe Space

## Strategies to Address the Psychological Safety of Healthcare Workers

**Social media:** Information about the PSP on the organization's external or, if applicable, internal website, Facebook page, Twitter account or other means of marketing the PSP through social media can be useful to spread the word about the program more widely, especially if the PSP is a provincial or national program.

## Evaluating the program

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One of the most significant challenges of evaluating the PSP is that, because of confidentiality, not much data is recorded and even less is accessible to anyone other than those who are responsible for storing it securely.

However, with the data that is collected – such as number of peer supporters, leaders and staff trained, number of clients who contact the PSP and/or who are served, number of staff available for peer support, number of hours of staff volunteer time, cost of the program – the organization can at least determine such elements as utilization rates, return on investment and human resource costs. If other data is collected – such as type of incident or health issue, referrals made or follow up required, for example – then this data can also be used to evaluate the effectiveness of the PSP.

Although it might be difficult to ask clients who are seeking help to then evaluate the program, this might be offered as an opportunity, where appropriate, to seek feedback through a satisfaction survey about the support received. There is also a tool called the “Second Victim Experience and Support Tool” (SVEST) that evaluates the critical incident experiences of staff members and the quality of support services<sup>11</sup>. The SVEST can be used to evaluate staff perceptions before and after the implementation of a peer support program.

Managers and supervisors might also be approached to evaluate the program, by providing feedback from their perspective about its usefulness for their staff.

It might also be useful to survey all staff to find out if they are aware of the PSP, if they have used it and if so, were they satisfied or do they have any suggestions for improving the program.

One of the most effective evaluations might be through the peer supporters, who can provide valuable feedback about their experiences, and exchange lessons learned with the other peer supporters and program directors.

It is also important that those responsible for the program connect with leadership and management to ensure they are meeting the goals they set for themselves, and still on course with their vision and mission.

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Strategies to Address the Psychological Safety of Healthcare Workers

## Testimonial from a Staff Member Who Used Peer Support Program

"There are so many parts of nursing life that are incredibly challenging. There can be difficult moments where you find yourself in the middle of work chaos- the stress, the constant battle with time, the innate pressure to deliver the highest quality of care on your 11th hour. The journey we go through has many layers and all of those complex feelings we experience can take a toll. We are only but human. Having the awareness of when work life puts insurmountable pressure on your mental health and the foresight to actively seek the support you need are two things I think healthcare professionals constantly battle with....

This is where The Peer Support Program comes in. The day I met K., she provided that one-on-one support for me. It was at a time when I wasn't even aware of how much I needed it. I was emotionally and physically drained and I didn't know where to look for support. She called me. I think vulnerability can be a scary thing but the support I got that day and over the next month was probably was the sole largest contributor to rebuilding my strength and resilience. K. made herself available for face-to-face support as well as group debriefs. The encouragement I got from this program was confidential, non-judgmental and helped to remove some of the stigma that still exists around mental health. As nurses, we need to be honest and authentic with how trying our careers can be. By doing so, we all discover how important self-care is to having a healthy work life...

Peer support gave me concrete help and initiated the need to process a very difficult part of my career. This in turn made me feel strong enough to support other people as a CSN. When it comes to working with our team, confidence in a peer-based support system can be one of the most powerful ways to build each other up." (Clinical Charge Nurse, SickKids)

### Conclusion

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There are many hurdles to overcome, many decisions to make and many steps to take in the process of implementing a PSP, but those who have been through it attest to the fact that it is worth the time and effort required.

Key to the success of any program is that the leadership and management of the organization fully back the program and that this is visible to those who work, volunteer or are being trained at the workplace, which creates a psychologically safe environment for the PSP to gain momentum and succeed. The organization has to be seen to be “walking and talking the talk” where the PSP is part of a greater wellness portfolio, and where everyone feels comfortable seeking help.

Those who initiate the idea of a peer support program, or the champions of the PSP, need to understand that the process is long, but if they have clear goals and believe in the value of PSP, the program will take shape and eventually flourish.

Another important element to the growth and sustainability of the PSP is that all efforts are made to maintain confidentiality for those seeking support. As we have seen, it is difficult for health professionals to come forward for support if they think they will be perceived as vulnerable or weak for seeking mental health support.

If an organization makes the effort to work with their employees to find out what their needs are and what kind of peer support they are looking for, they will also have a much better chance of success.

Peer support is only one link in the chain of assistance for emotional distress, but it might be the most crucial link for individuals who would otherwise endure their psychological pain alone. CPSI urges all healthcare organizations to thoroughly investigate the value and benefits of a PSP for their workforce and, if they determine that such a program will help their workers through the many critical incidents and emotional distress they are likely to experience, then we also urge them to implement a PSP adapting the best practices outlined in this manual and using the many tools and resources we collected. [See the [Creating a Safe Space Toolkit](#)]

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## Conclusion

The Canadian Patient Safety Institute (CPSI) is grateful to the many healthcare workers, experts in peer support programs, healthcare lawyers, patients, researchers and policy makers who have made this work possible. All have helped us along our journey to provide healthcare organizations with resources to help their workers when they experience emotional distress in the workplace. We are particularly appreciative of the Mental Health Commission of Canada for their inspiring advice and assistance, and for providing much fundamental information about mental health for our collaborative project.

Whether you are a leader of a healthcare organization contemplating how best to improve the mental health of your workers, a healthcare worker who is in the midst of implementing a peer support program, or simply someone with a germ of an idea to help support your peers, we hope this manual has been useful to you. We invite you to share your peer support program story with us, so that others might also learn from your experiences. If you have ideas about what else CPSI might do to help organizations across Canada implement successful peer support programs, please contact us at [[info@cpsi-icsp.ca](mailto:info@cpsi-icsp.ca)].



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