

1. BACKGROUND

The COVID-19 pandemic has caused a significant increase in physician burnout, highlighting the importance of developing programs to focus on physician wellness. The *Peers for Peers* Physician Wellbeing Support Program is a one-on-one support program designed by physicians for physicians. It is the first of its kind in Canada based at an academic institution with a clinical academic faculty of >2000.

Vision: Faculty Wellbeing Matters, Caring for Ourselves by Building a Program.

During COVID-19 wave 1, Tait Shanafelt et al published in *Jama, June 2020, "Understanding and Addressing Sources of Anxiety Among Health Care Professionals during the COVID-19 Pandemic"*. They identified new sources of anxiety and fear among physicians, including shortages of personal protective equipment (PPE), ventilators, exposure to COVID-19 and increased risk to family members, access to adequate childcare and supporting personal and family needs. We are now past COVID-19 wave 3 which brought on vaccination rollout challenges, increased moral injustice about patient triage with now COVID-19 wave 4 becoming that of the non-vaccinated population.

Ultimately this is about healthcare human resource capacity and stress, not just a matter of switching schedules; rather COVID-19 has highlighted that now more than ever, wellbeing support for physicians is very much needed, in fact an imperative to enable physicians to provide quality medical care for patients.

2. GOALS/METHODS

To describe the development of the *Peers for Peers* Physician Wellbeing Support Program focused on Empathetic Listening and evaluate its feasibility and implementation over the first year.

Phases of development are as follows.

- 1) Development of leadership team and program vision.
- 2) Recruitment Wellbeing Leads to provide psychological safe peer support.
- 3) Program launched and implementation of training curriculum for Wellbeing Leads.
- 4) Program sustainability.

A mixed-methods study was performed that summarizes a narrative experience of program development, analysis of previously prospectively conducted Wellbeing Lead surveys on program usage, and training module feedback. Both quantitative and qualitative methods were used.

3. RESULTS

Results of the first year of the implementation of the *Peers for Peers* Physician Wellbeing Support Program.

- 1) Leadership was provided by Wellbeing Steering committee for program development including project management (Managing Complex Change model by M. Lippitt).
- 2) Recruitment of Wellbeing Leads was accomplished in 2 weeks with leadership engagement representing every clinical department. The number of Wellbeing Leads expanded from 17 to nearly 40 in the first year of the program. Seventy-five percent of Wellbeing Leads were female.
- 3) Program launch and implementation included training curriculum. Results of Wellbeing Leads wave 1 and 2: > 200 peer encounters (Figure 1); 81% and 74% did not require additional professional health referral (Figure 2); Mental wellbeing was the top reason at 48% and 67%; Each wave provided peer support to about 2/3 female and 1/3 male physicians.
- 4) Program sustainability with operational Wellbeing Executive Committee. Revised asynchronous online Wellbeing Lead training curriculum with zoom simulation training. Important support for Wellbeing Leads with monthly check-in sessions, newsletters and local departmental initiatives.

4. RESOURCES/LESSONS LEARNED/CHALLENGES

Resources are the Keys for success:

- Top-level support and leadership is required with the provision of resources for the whole program
- Human resources include executive leaders, program leaders, and administrative support along with the Wellbeing Leads to form a wellbeing team.
- Part of our local benefit package through the university includes provision for psychological support resources and clinical mental health referrals facilitated through our Department of Psychiatry.

Lessons learned:

- Importance of training Wellbeing Leads who are engaged and work as a team with the support of their leaders and program; Not single negative feedback was received during or after encounters.
- Crucial to have back-end emergent referral resources to be able to manage a critical medical crisis. These include local (university, hospital), regional, provincial, and national resources on physician wellness and burnout.

Challenges:

- Having faculty members reach out to Wellbeing Leads, making connections during a pandemic with limited face to face interactions was difficult. Wellbeing Leads are diverse with different age/academic level/life stage/gender from faculty members, work in progress to facilitate and enhance encounters.
- Under reporting of program utilization which is likely higher than what is reported by data collection.
- As safety culture improves, increased access is envisioned, so sustainability is important.

1st Wave vs. 2nd Wave

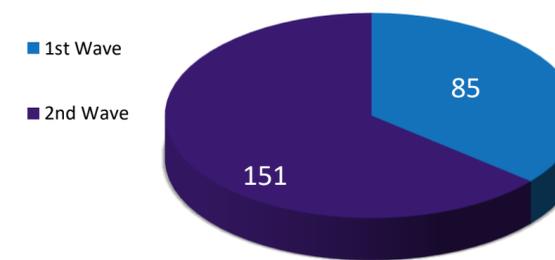


Figure 1

Recommend for Professional Health Referral:

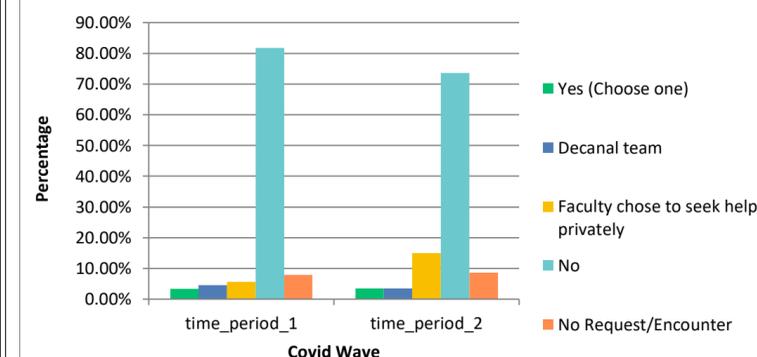


Figure 2

5. CONCLUSIONS

- The *Peers for Peers* Physician Wellbeing Support Program at Schulich is the first physician wellbeing program that was developed by physicians for physicians at an academic institution with utilization data.
- It provides one-on-one support for physician faculty emphasizing empathetic listening and shared experience with psychological safety.
- The importance of leadership and resources for program is key for our success.
- Peer support encounters were 2/3 female, 1/3 male; 75% of Wellbeing Leads are female.
- Program evaluation showcased that the program was utilized for the tangible support provided to address mental wellbeing, (burnout and stress) experienced by physicians.
- Training the Wellbeing Leads as part of faculty development is crucial to the success and sustainability of the program.
- Expansion of Training Curriculum into an asynchronous web based accredited CPD program is enabling other centers interested in peer support to participate in the training.