PEERS 2020

We Get By With a Little Help From Our PEERS

We Get By With a Little Help from Our PEERS:
Developing and Implementing a Relevant Well-being Curriculum for Trainees

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The PEERS Program:

Practice **E**nhancement, **E**ngagement, **R**esilience and **S**upport

What is PEERS?

The PEERS program is a trainee-led, structured, longitudinal program aimed at cultivating well-being, resilience and community among medical trainees at the Icahn School of Medicine at Mount Sinai (ISMMS). The curriculum is comprised of discussion, mindfulness exercises, and evidence-based techniques from positive psychology, cognitive behavioral therapy and other therapeutic modalities. Over the course of approximately ten modules, the curriculum targets challenges specific to each progressing stage of medical education and training to help equip trainees with relevant skills to face adversity and thrive. Customizable versions of the program are currently being administered to medical students, medical residents, and graduate students, tailored specifically to the needs of the respective trainees across programs and educational trajectories.

PEERS Primary Objectives

(1) Create a safe space for peer-centered discussion, reflection, and prospection
(2) Encourage the pursuit of self-care as a clinical skill
(3) Cultivate a sense of agency among trainees to live meaningfully
(4) Develop coping skills through evidence-based exercises
(5) Foster relationships and community among peers and mentors

Medical Student Model

The Medical Student PEERS model takes place in 90-minute sessions 2-3 times per year throughout the four years of medical school. Each class of incoming medical students is divided into groups of 8 students; these cohorts meet weekly in the clinical skills class. Each group is paired with two PEERS group facilitators, either a psychiatry intern or a social worker who serves as a Wellness Advisor, and a more senior medical student who follow groups longitudinally, ensuring consistency and safety within the groups. The role of the facilitator is to guide discussion, educate, listen, and offer mentorship to medical students. Group leaders might also help refer students to mental health resources and meet with students informally outside of the PEERS groups. Beginning in their second year of medical school, students have the opportunity to apply to become PEERS group leaders for their junior classmates. As such, these students serve first as participants in the program and then as group leaders, and they have a chance to provide feedback to enhance sessions based on their own experiences. In this way, trainees cultivate their well-being through both personal practice and mentorship.

Housestaff Model

We are in the process of adapting the PEERS model for residency programs. Each subsequent model begins with a program-specific needs assessment to understand the unique challenges that residents face, aspects of residency culture, as well as logistical constraints. Customizable features of the PEERS program include:

- Timing of PEERS sessions (weekly or monthly, 60-90 minutes each)
- Group composition (ex. class-specific cohorts versus inter-class cohorts)
- Delivery (ex. in-person versus remote)
- Group facilitation (ex. senior house staff, chief residents, social workers, members of the PEERS team)
- Training the trainers (All facilitators are trained by the core PEERS student/faculty team)
- Program leadership (Identify residents and faculty leaders within each residency program)
- Session order & content (Choose session content and order adapted from a menu of PEERS sessions)

Program Evaluation

In each of our programs currently engaging in PEERS, project faculty are continually assessing the acceptability, feasibility, and efficacy of the program from the perspective of the end-users and the group leaders. Metrics used can differ based on program

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setting (e.g., to avoid duplicating metrics already being collected by GME and resultant survey fatigue). We recommend that programs rely on the PEERS Metric Suite, which collects data on well-being, burnout, and resilience among trainees. You may find our sample metrics in Appendix II of this manual.

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Overview of the Curriculum: Session Topics and Objectives

Introduction to PEERS: Practice Enhancement, Engagement, Resilience, and Support

- Discuss burnout, well-being, and resilience in medical training
- Write a letter to your future self to be opened after a full cycle of the PEERS program (timing depends on current phase of training, typically months to years later)

Maintaining Self: Living by Our Values

- Identify core values
- Prioritize these values in order of importance
- Consider how daily routines may (or may not) align with these values
- Set achievable goals for maximizing values-based activities within one's daily routine

Practicing Our ABC's: Tackling Cognitive Distortions

- Reflect on insecurities and maladaptive beliefs
- Identify triggers that can induce strong emotional reactions
- Evaluate cognitive patterns and their consequences
- Develop strategies to modify unhelpful behavioral patterns to diminish stress and anxiety

Reconsidering Empathy: The Practice of Rational Compassion

- Discuss the emotional and cognitive components of empathy
- Explore the complexities of practicing empathy including bias and burnout
- Consider new ways to communicate empathically in a self-preserving way
- Develop a personal approach to "rational compassion" in a clinical context

Communication: Listening and Responding with Intention

- Reflect on the ways in which we connect with others
- Consider challenges to maintaining relationships in your personal and professional lives
- Evaluate communication styles within personal and professional relationships
- Practice effective communication using active constructive responding

Interpersonal Effectiveness: Navigating Conflicts Collaboratively

- Reflect on interpersonal dynamics among teams, peers, and patients
- Evaluate a conflict in the clinical setting, considering others' perspectives and our own
- Identify areas within our control within interpersonal dynamics
- Strategize approaches to communication and handling conflict with others

Self-Compassion: Turning Empathy Inward

- Discuss the complexities of practicing self-care in the healthcare setting
- Consider barriers to self-compassion self-judgment and isolation
- Develop mindful practice of kindness and generosity towards ourselves
- Identify self-critical thoughts and beliefs
- Challenge our inner-critic through role play

Savoring: Deepening Our Sense of Joy

- Reflect on the range of emotional experiences that occur throughout the day

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- Consider barriers to embracing positive feelings in the practice of medicine
- Identify positive moments that offer meaning during the day to day
- Practice cognitive and experiential strategies to deepen positive emotions

Yes, And: Appreciating Ambivalence

- Reflect on the most memorable experiences of training
- Deconstruct idealization of positive and depreciation of negative experiences
- Practice holding opposing ideas simultaneously
- Embrace ambiguity and practice accepting factors in our control

Radical Acceptance: Moving Through Transitions and Change

- Reflect on the ongoing transition to a new environment and workspace
- Appreciate areas of personal growth in identity, relationships, and goals
- Consider how expectations have influenced past experiences
- Recognize and validate the rigorous effects of medical training
- Identify areas within our control and learn to work within these limitations

Fail Forward: Embracing Our Mistakes

- Normalize the inevitability of making mistakes
- Share experiences of perceived failures
- Reconcile personal feelings of failure with external expectations
- Examine our own projections of failure on others, including colleagues and patients
- Reframe the experience of 'failure' as a necessary catalyst for growth

History of Present Wellness: Shifting Our Focus to Health

- Consider current definitions of health as the presence of well-being versus the absence of disease
- Reflect on problem-focused negativity bias in medicine
- Shift attention from problem-solving towards health-promoting
- Evaluate current state of well-being in a structured interview

Appreciative Inquiry: Harnessing What Works

- Reflect on ongoing transitions and day-to day functioning
- Consider current areas of personal growth and identity consolidation
- Appreciate the ways in which relationships and personal goals have evolved over time
- Ask the question 'what is going well?' in order to identify what is working effectively
- Set goals to reinforce existing foundations and build on strengths

Signature Strengths: Identifying and Using the Best of Us

- Identify personal strengths
- Appreciate strengths in peers
- Gain feedback from peers about valued strengths
- Evaluate how these strengths have served in the past
- Set goals to integrate strengths into daily practice in new ways

On Becoming: Authoring our Personal Narratives

- Reflect on where we are in our training in the context of our sense of self and relationships

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- Discuss potential challenges of ambiguity in upcoming transitions to the next phase of training
- Evaluate personal development in a non-judgmental way
- Prospect upon goals for the future
- Engage in self-authorship of past and future narratives

Gratitude: Reflecting on Where We Are and How We Got Here
- Reflect on experiences during medical training
- Identify relationships that have sustained us
- Express appreciation to family, friends and mentors
- Incorporate gratitude into daily living

Sessions Currently in development:
Learning from Loss: Processing Grief & Responsibility
Implicit Bias: Bringing Awareness to our Unconscious Attitudes

Please contact the authors for more content or individual guidance on implementing PEERS for your program.

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Adapting PEERS for your population: A How-To Guide

Part 1: Guiding Principles

Frame the program

The framing of the program is essential to establishing buy-in, overcoming barriers to engagement, and fundamentally shaping the experience of these sessions. 'Wellness programs' can feel like a small answer to the myriad systemic factors that contribute to physician burnout and undermine well-being. It's critical to acknowledge that the flaws inherent within our healthcare system are the major drivers of burnout - *not* a lack of resilience on the part of the individual. Even the ability for individuals to find meaning in their patient care and establish a sense of agency are undercut by systemic failures. The goal is to support and protect our medical trainees and healthcare providers in their present lives, as systemic solutions evolve.

Listen to your trainees

The foundation of this program is community. From the ground up, our fundamental approach relies on empowering trainees to engage in all aspects of program development, dissemination, and evaluation. In order to develop a program that meets the needs of your population in a meaningful way, listen to what they want and need.

How we listen makes all the difference. While we have expertise in listening to our patients, we have many different relationships with our colleagues and trainees, who are simultaneously learners who need support and employees who have a job to do. This is complicated. Having a fully non-judgmental and non-defensive stance is imperative yet can feel impossible — and it's the first step to helping them feel validated. An authentic needs-assessment depends on this.

Imagine their ideas with a sense of possibility. Imagine what could exist in the absence of limitations and extract as much potential as we can before operating within the constraints of reality.

We want them, as our future colleagues, to further drive change.

Catalyze systemic changes

The separation of individual versus systemic wellness is a false dichotomy: both must adapt simultaneously. A well-being program alone is not enough and must be paired with systemic change in order for individuals to experience a true sense of support.

Lack of control is one of the biggest drivers of burnout among trainees and healthcare providers. Validation is necessary but not sufficient. A program like PEERS is an opportunity to gather data in real-time, providing opportunities to synergize systemic changes with what is possible. Administration may be aware of the limitations of the system — what has been tried and failed, and what might be possible. Make change where it's possible and offer transparency where it's not.

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Part 2: On the Ground

Assess needs

A needs-assessment is a focus group to understand — from the trainee's perspectives — what is working well, what is lacking, and what they value. Consider a series of meals or happy hours after work with a smaller group of residents. Focus on several broad topics: current practices and perceptions of self-care, burnout, social support, engagement in daily activities, and practical logistics and design of a well-being program. A comprehensive needs assessment questionnaire can be found in Appendix II.

Develop a team

Include residents from different training levels, valued faculty, and residency leadership. The trainees will be the front-line facilitators and ultimately drive the program's sustainability. The faculty will serve advisory roles and help navigate practical logistics.

Train group facilitators

Peer support is fundamental to PEERS. Ideally each group will have two consistent senior residents who can commit to facilitate sessions regularly. This model allows for junior residents to identify with shared experiences and role models. Depending on the resources of your program, a trained therapist may be helpful to serve as a co-facilitator, but this is by no means necessary.

Organize and Schedule

Build group sessions into the curriculum in a way that makes the most sense for your trainees, working within your program's academic structure to prioritize accessibility. The program is flexible in terms of establishing the cohort (ie. one class or inter-class cohorts), frequency (weekly, monthly, or bi-monthly), duration (60 to 90-minute sessions), delivery (in person or remote) and timing (over lunch or during of a didactic day). Incentives such as free food are always helpful to encourage engagement.

Evaluate & modify the program

As we all know, 100% buy-in is a fantasy. To make sure that the program is meeting most residents' needs, the faculty advisor should debrief with group facilitators after each session and modify as needed to help residents navigate challenges and connect with one another. Baseline and interval metrics should be collected, both through ongoing informal feedback (including anonymous methods) and validated with research tools (see Appendix III).

Create a sustainable model

Having both residents and faculty leadership enables the program to evolve according to the needs of their community, and continue as a lasting element in the residency. This also enables the program to integrate into the culture of the institution, from the top down and the ground up. In short, stable roles within the residency get passed down among residents, with a consistent faculty advisor. Such a defined role has been effective in obtaining GME funding for faculty compensation; if you build it, they will pay.

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Part 3: Getting it Done: How to sell it to your administration
Like everything, instituting PEERS requires some buy-in from departmental/hospital administration. We believe PEERS has intrinsic aspects that facilitate its adoption by higher-ups:

- Minimal cost & cost-effective
- Easy implementation
- Self-sustaining
- Run by trainees
- Ensuring compliance with ACGME requirements & adaptable as new requirements roll out
- Portability to other residency programs within an institution
- Building community among trainees
- Promotes positive development rather than fostering negativity within a department

In terms of evidence, we have early unpublished statistically significant data from our work with medical students: after one year, PEERS was associated with protection against some of the naturalistic decreases in resilience that happen as training progresses, reduced sense of loneliness, and may address negativity bias. Data from PEERS with residents is currently being collected and analyzed. The published literature also shows a connection between relationships, social support, and shared experience in buffering against burnout.

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