

# Peer support program strives to ease distress during pandemic

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The uncertainty of COVID-19 has left many physicians and other health professionals feeling alone and stressed. It is in a crisis like this that guidance and support from colleagues, mentors, friends and family can help, though. In fact, one family physician encourages doctors to find a buddy to confide in as they progress through the COVID-19 pandemic.

Built on the idea that “No One Cares Alone,” PeerRXMed (PeerRx) is a free program that uses a “buddy system” to provide support and guidance for physicians and other health professionals. Created by Mark Greenawald, MD, a family physician at Carilion Clinic in Roanoke, Virginia, PeerRx serves as an outlet for physicians to share their thoughts and struggles, especially when COVID-19 continues to consume their daily lives.

“From my perspective, it’s a lifeblood,” said Dr. Greenawald. “If I didn’t have colleagues with whom I had developed trust to be able to talk about some of these really hard conversations and very challenging emotions that many of us are experiencing, I would just be corroding on the inside right now.”

Since its pilot of 50 health professionals in 2019, the PeerRx program has gained momentum in the medical community. While the pilot group remains intact, the program has grown in size with more people reaching out to participate.

“I believe we all need someone, a confidant who is a colleague who truly understands what we’re going through,” he said.

Having a buddy can help physicians and other health professionals overcome challenges faced in medicine, especially as the COVID-19 pandemic continues to change. Here is how PeerRx works.

## Choose your own buddy

Buddies are not assigned. Physicians are encouraged to choose someone they feel comfortable reaching out to or would like to get to know better. With the COVID-19 pandemic, Dr. Greenawald has seen more receptivity among physicians in this program because it serves as an outlet during these trying times.

“We all need it and whether you do it formally or informally, having a buddy to share the professional journey with is vital,” he said.

While Dr. Greenawald’s wife is a physician and he can talk to her about different aspects of his day, she is not his partner in the program because he does not “want to take all the heaviness home to her all the time.”

“I want to process some of that and maybe talk to her about the processing because I’m learning a lot about myself while processing it,” he said. “I realized that early on in our marriage when we would come home every day as residents and we would kind of dump on each other and realized, ‘That’s not the foundation for a long-term healthy relationship.’”

If someone is struggling to choose a partner, Dr. Greenawald asks, “Who do you connect with or feel like you’d like to connect with?”

“It’s as simple as that because I believe that the hunger is there. Most people really would love to connect more, but in some ways don’t know how to do it,” he said.

## Find time to check in

“If you touch base with your buddy for 90 seconds a week, that’s much more than most of us are doing right now,” said Dr. Greenawald, adding that often we’ll check in more frequently during the week when something more challenging is going on.”

Interacting with a buddy is designed to be able to be done virtually to allow for flexibility. For example, some partners can simply send a text asking how they are doing. That simple act of checking in can go a long way.

A nudge will also be sent to all buddies every Monday via e-mail. In this brief weekly newsletter, two questions to consider will be shared. These questions can be addressed at buddy check ins—whether they are weekly or more or less frequent.

“I’m trying to make it as easy as possible for folks who may not know each other that well,” he said, adding that some of the research shows that “many physicians don’t really have a good professional friend—somebody who they literally can talk to about these things.”

“Even though they may be working with a large group of partners, they feel emotionally isolated because they think nobody else feels the same way they do about these things,” said Dr. Greenawald, adding that having a buddy creates an opportunity for someone to “begin to disarm” those feelings.

## Normalize the conversation

“Connecting with somebody who says, ‘I get you,’ and to feel like we’re being heard becomes really important,” said Dr. Greenawald. “I truly believe if we truly had a professional buddy who we were checking in with regularly, we would really do a lot to impact what’s going on right now in terms of clinician distress and burnout.”

“What we know is that a lot of clinicians right now are feeling a lot of emotions that we’re not very comfortable with,” he said. “A lot of clinicians are feeling very angry about what’s been happening with the COVID-19 situation. Many are feeling scared or sad in terms of what they’re seeing.”

For example, a 30-year-old physician shared that she never thought she would be sitting down with her husband to talk about an advanced directive and will.

Additionally, “an emotion that has surprised a lot of people, and I think there’s going to be a lot more of this, is shame,” said Dr. Greenawald. “The shame that people are feeling from not being able to provide the kind of care that they know they want to provide and feeling kind of powerless to do anything about that right now.”

“What I love is that I know they have somebody that they are talking to about that and they’re not carrying it inside them,” he said.

Learn more from the AMA about six ways to address physician stress during COVID-19 pandemic.

The AMA and the Centers for Disease Control and Prevention continue to closely monitor the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA’s physician guide to COVID-19.