

## 3 keys to a successful peer-support program for physicians

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Through the “Scholars of Wellness” program at Northwestern Medicine, 10 medical specialties found 10 different ways to cut physician burnout. In obstetrics and gynecology, Angela Chaudhari, MD, found that many physicians reported emotional exhaustion due to surgical and obstetric complications. To address these adverse events, Dr. Chaudhari created a peer-support program that reached physicians within 72 hours of even identification to help doctors feel cared for while learning coping skills.

“Here at Northwestern, we’ve really spent some time considering what we think is really important in a culture of wellness,” Dr. Chaudhari said during an AMA STEPS Forward™ webinar where she discussed physician peer support. “There’s a number of different models of this around the country, but ours really focuses on three main areas: caring for individuals, working to enhance our workplace environment and building community.”

“When we talk about peer support ... we really believe strongly that we need all of these three things to work in concert for people to become well,” she said. “Our peer-support program was initially developed to care for the individual and now it has grown over this last year and a half.

“What we’re finding is that we’re changing our communities—we’re building more community at our very large organization to try to make it a better place to work,” Dr. Chaudhari added.

Since launching in February 2020, the peer-support program has reached out to 160 physicians. These physicians have had peer support interactions through email, Zoom, a phone call or in person. System wide expansion of the program began September 2021 and over 59 peer support coaches have been trained across the institution with more than 3,000 physicians across all specialties in 10 hospitals using the well-being intervention.

During the webinar, Dr. Chaudhari shared keys to a successful peer-support program.

## Ensure relationship equality

“When we first started some of these programs, many people said that they didn’t want to seek support because they found that they would always have to go to a psychiatrist or a therapist to get support after an adverse event,” said Dr. Chaudhari. “And that just didn’t feel like what they needed.

“Instead, with peer support, by going to a colleague, there was a relationship equality that allowed people to really open up and be able to talk about what their experiences are and what their feelings were,” she added.

Read about how talking to a colleague can ease distress during the pandemic.

## It's about helping physicians cope

“Our ideal was to say adverse and distressful patient situations are occupational hazards for physicians,” said Dr. Chaudhari, adding “that we felt that physician peer support was a critical component to protect physicians from this hazard.”

That is why their commitment was to ensure that there were trained physician colleagues available for support. These physicians were trained in the peer support conversation, stress first aid, empathy and active listening.

This helped the “coaching colleagues to better understand how to support our physicians during this coping process,” said Dr. Chaudhari, adding that it also helped “create a culture of trust between physicians to share experiences and allow us to better cope and to create confidential encounters.”

## Give time to reflect

These conversations often occur up to three times to ensure that the doctor is continuing to cope well after the initial adverse event. It begins with outreach through an introduction and is followed by active and empathetic listening, and asking open-ended questions.

“We give time for the doctors to really reflect on the event to help them positively reframe what happened, potentially making sense of what happened and really look for systems issues that may have contributed to the event,” said Dr. Chaudhari. This helps to “elicit how they’re coping with that event and then work on closing with resources and referrals as needed.”



Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system level, the AMA assesses an organization's well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.