

Physician-to-physician: Starting a peer-support program with Mark Greenawald, MD

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, Mark Greenawald, MD, discusses the value of peer support among physicians and how to establish a peer support network in your practice. Dr. Greenawald is on faculty and serves as vice chair for academic affairs, well-being and professional development at the Virginia Tech Carilion School of Medicine in Ronoake, Virginia. He is also medical director at Carilion Clinic's Institute of Leadership Effectiveness. AMA Chief Experience Officer Todd Unger hosts.

Learn more about the AMA's Recovery Plan for Physicians.

Find out more about the PeerRDMed program.

Speaker

- Mark Greenawald, MD, professor and vice chair, family & community medicine, Virginia Tech Carilion School of Medicine

Transcript

Unger: Hello. This is the American Medical Association's Moving Medicine video and podcast. Today, we're talking about the value of peer support among physicians and how to establish a peer support network in your own practice. This episode is brought to you as part of our ongoing work on the AMA Recovery Plan for America's physicians.

And I'm joined today by Dr. Mark Greenawald, who's on faculty at the Virginia Tech Carilion School of Medicine in Roanoke, Virginia and serves as vice chair for Academic Affairs, Well-Being, and Professional Development. He's also medical director at Carilion Clinic's Institute of Leadership Effectiveness. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Greenawald, it's great to have you back.

Dr. Greenawald: Thank you, Todd. It's great to have the opportunity to be back.

Unger: Well, it's been a long year, but it has been about a year since we talked. And much about our situation has obviously changed but we are still fighting a pandemic and we're still seeing record levels of physician burnout. Problem before the pandemic and really exacerbated by it.

Now, I know you and your wife are both physicians and you have a wide circle of colleagues. I'm curious just ear to the ground, what are you hearing right now? Or have physicians reached a breaking point like we're reading about? And why is supporting physicians especially important right now?

Dr. Greenawald: Thank you for that question. Yes. Many physicians have reached the breaking point a long time ago and have been really traveling on fumes. It's pretty amazing, in some cases. And please know, it's not just physicians. It's the entire care team and, in many cases, also our administrative colleagues.

When it comes to physicians, though, what we're seeing right now are those who actually saw some glimmers of hope in the context of maybe this last surge back in January and February with the original Omicron variant would be the last one and we would start to be more flu-like, if you will, in terms of what we were dealing with with COVID. And that's not been the case.

And what we're seeing now, of course, is that there's a lot of staffing issues that are happening on the back end of this that are really exacerbating the problems. And I'm watching a lot of physicians who somehow have held it together through to two and a half years almost now of COVID who are now starting to break because they can't get back to do their jobs as they'd like to just because of staffing as much as anything else.

Unger: Like you see that light out there and then it just keeps going—keeps going dark. It's got to be—got to take a toll.

Dr. Greenawald: Well, and we had talked, I believe, in our last time together about at that time, everyone was talking about the folks leaving in record numbers from all kinds of jobs. The Great Resignation is what it had been called. And I think I had shared with you that what I was seeing was more of the great reprioritization as a lot of physicians in particular were starting to step back and say, is this what I really want to be doing? Is this intensity really worth it?

And what we're seeing now is both a request from a lot of physicians in what I'm calling the great reduction of saying, I want to keep on working but not as hard as I was before. So I'd like to cut back on my hours. Or for those who are not able to be able to do the work that they want to do because of staffing are looking to relocate. So the great relocation is also happening right now as they're looking for perhaps places that can support them better. So there's a lot of things happening right now.

Unger: I like both those terms, the great reduction, the great relocation. Certainly on trend. And speaking of on trend, you began piloting a program back in 2019 that was really devoted to this peer-to-peer support. And it was a program called PeerRxMed. Looks like you were pretty spot on back in 2019. That was before the pandemic.

Dr. Greenawald: It was.

Unger: Just for the sake of listeners out there, remind us what the program is exactly and the thinking behind it.

Dr. Greenawald: Absolutely. So PeerRxMed is a peer support program that is designed really for one-on-one peer support. And when I'm talking about peer support, this is proactive peer support, so the idea that no one should care alone as we travel this journey of health care. And so by having a peer, a buddy traveling with you on the journey, you don't care alone.

And I believe that a lot of distress that folks experience within health care is not just a result of the challenges of the work that we do but also that often, we do it alone in isolation. And so the idea of being able to travel with somebody, not just to commiserate with, though that becomes part of the journey but also to encourage, to help to stretch, to hold accountable perhaps. All those things become part of the journey when you have somebody that you travel along with.

And I call those your PeerRxMed buddies or your PeerRxMed partners. And you're right that it was very prescient to be thinking about this program prior to knowing that a pandemic was coming. And that's because as you know, the whole idea of physician distress and burnout was already incredibly prevalent prior to the pandemic. And so the need was already there, and it's just gotten more so during this time.

Unger: Now, this particular program relies on physicians connecting with colleagues. Lots of different kinds of support out there. I'm curious how does this kind of support from one's peers differ from, let's

say, support you might find in other places or methodologies like therapy? And why is that so important?

Dr. Greenawald: Sure. Well, I think when a lot of—when a lot of physicians and others hear the term peer support, what they think about is what happens within many health systems in particular where they have a second victim program or, in our own institutions, called a trust team. And it's more of a reactive peer support. It's the idea that something adverse happens to you, maybe a tragic patient occurrence and that the first victim, if you will, is the patient and their family. The second victim are all of the care team that surrounded that.

And so a lot of that peer support is more reactive of I'm coming to you as a helper. You are now the helped. And while I think there's a place for those programs, certainly, that's the tip of the iceberg in terms of what's really happening out there in terms of distress. And it really requires that something happen first. Whereas this program is really looking at it from much more of a proactive I'm going to travel with you now so that if and when distress comes, we already have a relationship.

I can already comfortably reach out to you and say, "I need help right now." And as we know, I need help is not the kind of words that come naturally for most physicians based on both our selection and our socialization. And so the ability to do that naturally with somebody who already knows us is essential. How does that differ then from things like therapy or even coaching? So therapy has a place, certainly, and there are many physicians who have reached that point of burnout where therapy is absolutely the right answer for them, to have somebody in a more professional mode who's traveling with them as the helper.

And they literally are the helped in this case. And from my own experience, having had the opportunity to have a therapist work with me during a time of incredible distress, I'm a huge advocate for a therapist being able to help us on our journey and hopefully can disarm that for other people because during my particular experience, as I tell people, it didn't save my life but it gave me my life back and that's essential.

Coaching, on the other hand, coaching is more proactive. And coaching can also have a place in this whole process of support. Coaching is more focused on the individual rather than on a friendship or a partnership. And coaches are transient, so they will come in and work with somebody for a while, and then they will step out again, just like therapists. And then the question is, who's there to support you after that?

The unique feature of PeerRx versus a normal support system that perhaps others would have is that your buddy or your partner knows what you're going through. As you shared earlier, my wife is a physician but I don't bring everything home to her for two reasons. One is that I don't want that to be defining our relationship but secondly because she doesn't understand truly what I'm going through day to day in the work that I do. We do very different work.

And I want to make sure that somebody who's traveling with me can say, I get that because literally, I'm using that same electronic health record. I deal with those same challenges with patients or this particular population of patients or this particular disease process. So all those things become an important part of that peer support that is both proactive and mutual.

Unger: That's interesting because your program is BYOB, Bring Your Own Buddy. So some physicians may be able to do that. Others might find that a deal-breaker and not be well-prepared to do it. What's your advice on finding someone to be that buddy? Because that's a lot—that's going to be a pretty important relationship.

Dr. Greenawald: Thank you, Todd. And I'm going to quickly trademark BYOB before you get to it. That's brilliant. Yes. The—

Unger: I might have heard that before.

Dr. Greenawald: So I've had—so I've had folks ask me, "I would like to be part of this program. Can you match me with someone?" And as I say, I first of all don't want to become a matchmaking service, but secondly, it's important that you have somebody who you resonate with by whatever measure you would use for that. So the way I encourage people to go about that, particularly those who are a little bit shy about—it's almost like reaching out and saying, will you be my friend, is to look for those who are already in your circle who you find yourself for whatever reason drawn to, somebody that you resonate with.

What I found with some folks is it's not necessarily the people in your health system or in your practice. We've had some of the most successful buddy pairings that have lasted the longest are from folks who have gone back to medical school friends or residency classmates and reached out to them again and rekindled those relationships because you already have a shared experience that goes way back in time. But it doesn't have to be that. It can be—it can be just people who are in your network right now.

We do have some folks who use their partners in their practice and that can work out very well. So it's not exclusive one way or the other. We have some who in some of our practices—I'm a family physician, and so we have some smaller practices where they have an advanced care practitioner who really is functioning as their partner in a two-person practice and they become their buddies. And so it can work many different ways.

We also have some who form triads. And they say, you know what? I don't want to be exclusive to one buddy, so we have two buddies that we travel along with. There are no rules. And really, what I've really enjoyed is watching the creativity of different both groups and individuals in terms of making this work for them.

Unger: And from what you said, this could apply to someone at a large health system or it could be a small practice.

Dr. Greenawald: Absolutely. And when I first envisioned, this I really had the vision of a health system becoming a PeerRxMed system, just like you would have a magnet program for nursing or something like that. We've not gotten to that point yet, though I have had some health systems who are participating in different ways. And we're still trying to figure out, what does that look like within a system?

What I have found is that when buddies are assigned, that can work but often, it doesn't. There's just not that commonality to start out with. And I think it's that chemistry that allows folks to then become more vulnerable on the journey. And that's part of the goal of this is to really get to the point where I can feel like you are a trusted other that I can share some of my struggles and some of my burdens with as well as some of the things that are joys for me and bring meaning in my practice.

And that takes time. And so that's my goal in being proactive is that you're having these conversations every week because of the prompts that I send in the weekly nudges. And in those prompts then and having something to talk about that's cued, you become comfortable talking about anything. And that's really the goal.

Unger: So you got three years under your belt now with this program. I'm curious what you've learned and how it's evolved because I'm sure you didn't anticipate when you started this you'd have two years and going of a pandemic thrown in the mix. What have you learned?

Dr. Greenawald: No one should care alone, Todd. And I believe that more than ever. And watching colleagues who continue to struggle, what I haven't necessarily learned but that's being reinforced is we're a tough group, we physicians. And we really like to armor up. And so even the idea for many of reaching out and even just saying, "I need someone to travel with," or even, more appropriately, "I just want somebody to travel with," seems to still be very hard for people.

We tend to be really ruggedly independent in terms of who we are as a profession. And so my hope is that we continue to break down those barriers through simple things like this program. And this is certainly not the only thing that—this is not the answer to all of the challenges that we have right now. Though I do believe that if every physician in America across the world literally had a buddy or more than one buddy who they were traveling with, a lot of the challenges we would have right now would be attenuated greatly compared to where they are right now.

Unger: And it's interesting too because you talked about earlier, having a buddy in place, it's important as opposed to waiting for the emergency to happen and being reactive, that you've got a person you can confide in proactively, as you say, as you're traveling on that journey. Why is that? I guess it goes without saying a little bit, have that in place, but any other thoughts about the proactive versus reactive

nature of the program?

Dr. Greenawald: Yeah. One of the things that I ask, and I've blogged about this on the PeerRxMed blog, is "Who's your 2:00 a.m. friend? So who is that person when your life is falling apart at 2:00 a.m. because either you've just gotten some bad news about something that's happened or you're just having your own personal struggles and you're waking up and staring at the ceiling and think, "Man, I wish I had somebody to reach out to right now," who's that person who you wouldn't say, "I wish I had somebody, but oh my gosh, I'm calling that person right now, or I'm texting that person right now."

And I know they would be there. Not I hope they would be there. I know they would be there. And again, you having that, that's an insurance policy. But also, were I to have to do that—and we're all going to have those times, if not now, at some point in time, we're going to have challenging times—knowing that I can reach out, and I don't have to catch them up on anything.

They can say, "Mark, I can tell by the sound of your voice that stuff's going on right now. Tell me what's happening." And I don't blink before I start saying, all right. Here's what's going down right now. That prevents so many bad things from happening, including those folks who would contemplate at 2:00 in the morning, because we know this happens, I can't go on.

I think the only answer for me is to end my life. And we sadly know that that's happening right now for physicians who are under incredible distress. And so this is not intended to be a suicide prevention program, but I want to believe that over time, having a buddy is going to prevent some suicides from happening.

On the flip side of that, it is also going to hopefully allow people to thrive in ways that they otherwise wouldn't have because now they're starting to share the upside of the journey as well and reminding each other of all the incredible things that happen on the journey that we have in health care. And on our own, it's easy to forget that in the midst of a busy practice with a lot of really tough stuff happening right now.

Unger: Well, you have probably heard that the AMA has launched a recovery plan for America's physicians, recognizing what physicians have been through and taking care of this nation and making sure this nation is taking care of them. Key part of that obviously is reducing physician burnout. And we recently talked with physicians to find out why a plan like this is needed.

And you probably won't be surprised. One physician said, too often, practice leadership will say, hey, let's talk to you about resiliency training. Or there's a running joke about not again, not another pizza party. I think these are a bit cliché because we know there are a great many of folks are focused on this problem.

But I'm curious what sort of mistakes or missed opportunities that you see practices making when they think about offering support to physicians and their care teams. And what can we learn from those mistakes in the last two years that physicians have spent in this kind of crisis?

Dr. Greenawald: The biggest challenge I see for many organizations is owning their stuff. And what I mean by that is it's challenging to have an organization begin to do their own introspection. And so an organization is often organizational leadership. And to really be able to say, how have we contributed to this and how are we continuing to contribute to this in terms of how the structures that we've created, perhaps the processes that we've put in place, how we have or have not supported our care teams, both prior to and during the pandemic?

And to be able to say, we recognize that things aren't great. And to really, I think, be part then, so inviting physicians and others on the care team to realize that you aren't us as administrative leaders but you get us. And I think that right now, that's not demonstrated by exactly the things that you talked about, Todd, which is the answer to this. While I certainly believe that resilience is an important thing for us, we physicians are incredibly resilient, as our care teams, to have just gotten through a pandemic. And I'm always a fan for those things that can help me do better with that.

But to make that your lead play just implies that the issue is that I'm just weak, that we're just weak. And we are far from that. And so when that is the lead, it almost becomes insulting and it almost really says, we don't get you and we're not even trying to get you because the fact is that you know this. The AMA has done a great job of saying it's the system.

Unger: Exactly.

Dr. Greenawald: Solve the system problems. And so system leaders need to be able to own that. And we know. I've done some work with some of the other team at the AMA around some health systems that are working with the AMA right now that literally for the first time are even doing surveys of their care teams to find out just what it is like right now. I credit them for doing it. I'm amazed, though, that it hasn't happened prior to 2020.

Again, I'm always a fan of let's move forward from where we are. So really asking systems and system leaders to be able to engage physicians and believe them when they tell you it's really rough right now and not to just try to put a Band-Aid on that or not to try to just put some window dressing on that but to really say then, how can we help? Where are your pain points? We're very serious about trying to do something about those.

And I think that could be the greatest gift that any administrative leader could give to a group right now. And really to say we do this in our own department in my organization, which is let's name the pain points. Let's put them out there. We're not going to try to pretend that they're not there.

And then what we're going to do is we're going to—we're going to advertise the plan. Here's what we're going to do, and we want you, as our constituents, to hold us accountable for that. And I think it's that kind of accountability to say, we're going to move that needle and we have to move that needle. I think it's going to be a real gift for everyone.

Unger: I'm glad you brought up that point about system-level problems. I think the research shows that it's about 80% of the source of that burnout can be traced to system-level problems. Dr. Greenawald, thank you so much for joining us today. If you want to learn more about PeerRxMed, you can visit the site [peerrxmed.com](https://www.peerrxmed.com).

We'll put that in the description of this episode. And you can check out the physician well-being programs that the AMA offers by visiting the AMA website. Those assessments that Dr. Greenawald mentioned can be really important to improving the well-being of physicians. To learn more about AMA's Recovery Plan for America's Physicians, visit [ama-assn.org/recovery](https://www.ama-assn.org/recovery). We'll be back soon with another Moving Medicine video and podcast. Thanks for joining us today. Please take care.

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