



From Dr. Rebecca Smith-Coggins
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Satisfaction and Support

PEER SUPPORT IS HERE!

Adverse clinical events can have a devastating effect on physicians. Research has shown that those involved often want to first turn to peers for support, and that peers can effectively alleviate distress resulting from these incidents. In 2014, in response to this need, our committee created a formal program with trained volunteer physicians to act as peer supporters for other physicians on the medical staff. Recently, we developed a similar program for house staff with residents trained to be peer supporters. These conversations are confidential and legally protected.

We are pleased to announce an expansion of our program to include not only critical incidents, but also any other difficult clinical experiences including support for those involved in litigation. The process for both medical staff and house staff can be activated with our email peersupport@stanfordhealthcare.org or a call to 650-736-8871 during working hours. Supervisors are encouraged to call routinely after specific incidents to refer faculty or trainees, and individuals can request a peer supporter for themselves or others.

A designated peer supporter, who will be given no details of the situation, will contact the involved physician by phone or email with the subject line "Touching Base" to offer an informal, friendly ear. If desired, the individual responds directly to the peer supporter. For more details see [Peer Support Webpage](#).

This new development comes on a bittersweet note as Dr. Bryan Bohman, the founder of our committee, is stepping down as chair. Bryan's enthusiasm, vision, and persistence facilitated a [burgeoning array of programs](#) for our physicians and trainees. Fortunately, he will remain as a committee member. We send him our deepest and most sincere thanks. As the [incoming chair](#), I welcome your comments, questions and suggestions.



Calendar:

For more events/classes/CME courses, see [WellMD Calendar](#)

- 3/3 - [Compassion Training](#) register
- 3/3 - [Grief Discussion Group](#)
- 3/4 - [Global Health](#)
- 3/5 - [Narrative and Psychotherapy: Telling Stories to Heal](#)
- 3/5 - [Time Management Tips](#)
- 3/5 - [Positive Psychology](#)
- 3/7&8 - [Stanford Treeathlon](#)
- 3/11 - [11th Annual Wellness Fair](#)
- 3/12 - [Summer Activities Fair \(Kids\)](#)
- 3/12 - [How Compassion & Altruism Create Resilience – Kelly McGonigal](#)
- 3/12 - [WWI in Film: Gallipoli](#)
- 3/17 - [The Evolution of Architecture and Landscape at Stanford](#)
- 3/22 - [Racing Hearts](#) (benefits Stanford Heart Research)
- 3/26 - [Restoring the Stained Glass of Stanford Memorial Church](#) (& tour)
- 3/30 - [Introduction to Acoustic Guitar for Complete Beginners](#)
- 3/30 - [Creative Nonfiction Writing](#) (online)
- 3/30 - [Writing Poetry](#) (online)
- 3/31 - [Film: The Mask You Live In with Jennifer Siebel Newsom](#)
- 3/31 - [Forgotten Masterpieces of Cinema: 1933-1999](#)
- 3/31 - [Panel on Children's Learning Challenges](#)

Spring quarter registration:
[Stanford Cont. Studies](#) – now open
[Rec & HIP Classes](#) – late March

News Items:

A [working paper](#) from Stanford and Harvard Business Schools finds that workplace stress results in 5-8% of annual US healthcare costs, and 120,000 fatalities/year.

Recent Research:

Care of the clinician after an adverse event. Pratt SD, Jachna BR. Int J Obstet Anesth. 2015 Feb; 24(1):54-63. PMID: [25499810](#)

From this thorough review article, needed hallmarks of a peer support program are: "credibility of peers, immediate availability, voluntary access, confidentiality, emotional 'first aid' (not therapy!), and facilitated access to next level of support." [We are 6/6!]

A piece of my mind. What I learned about adverse events from Captain Sully: it's not what you think. Stiegler MP. JAMA. 2015 Jan 27; 313(4):361-2. PMID: [25626033](#)

"No one would have considered pulling Sully or Skiles or the flight crew members out of the river and asking them to head back to La Guardia and fly another leg. Yet in medicine, physicians are generally expected to continue caring for patients, sometimes without even a brief period of time to reflect or regroup."