



# Peer Support Program Playbook

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The Surgeon Well-Being Coalition, managed by the American College of Surgeons (ACS), is a collaborative initiative dedicated to advancing the health and resilience of surgeons across all disciplines. Comprising surgical organizations and societies, the coalition collaborates to design and implement wellness practices that benefit surgeons, patients, and their families at both the individual and system levels. Through shared resources and advocacy, the coalition promotes sustainable systems and practices that integrate well-being into everyday surgical life.

For a complete list of Surgeon Well-Being Coalition members, visit [facs.org/wellbeing-coalition](https://facs.org/wellbeing-coalition).

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# Who Is This Book For?

- Organizations and departments committed to surgeon well-being and ready to invest resources for the development of a Peer Support Program (PSP).
- This playbook is intended to aid in the establishment and maintenance of a PSP for professional stressors. Some organizations may choose to expand the concept of peer support to support surgeons who are experiencing personal difficulty, but the scope of this playbook will focus on professional circumstances.

## Introduction to Peer Support Programs

A PSP provides psychological first aid and, if needed, triaging, to assist in maintaining clinician confidence and recovery after an adverse event. It is a confidential and safe space for physicians to connect with and receive support from trained colleagues who have experienced similar situations, particularly after adverse events or during challenging times in their careers. These programs aim to reduce burnout, improve well-being, and promote a culture of support within the surgical community.

### Key Components of a PSP in the Context of an Adverse Event

- **Trained peer supporters:** Surgeons who are trained to provide support to their colleagues, including active listening, empathy, and stress first aid, and to triage for additional mental health intervention, if warranted.
- **Confidentiality:** The program ensures that conversations between peers are confidential, creating a safe environment for sharing sensitive experiences.
- **Proactive outreach:** Instead of waiting for surgeons to seek help, programs often involve proactive outreach, where a peer supporter contacts a surgeon after a challenging event or situation.
- **Focus on emotional first aid:** Peer support programs provide emotional support and guidance to help surgeons cope with the psychological impact of adverse events, burnout, or other stressors. As well, PSP surgeons are trained to recognize the need for referrals to trained mental health professionals.
- **Advice and guidance:** Peer support can also include experienced surgeons providing empathy, confidentiality, and active listening to validate the affected surgeon's feelings and normalize their experience. Peer supporters can support and guide individuals in connecting to resources and formal support systems.
- **Building a culture of support:** The program aims to create a culture where surgeons feel comfortable seeking help and supporting each other, reducing stigma around mental health and well-being.

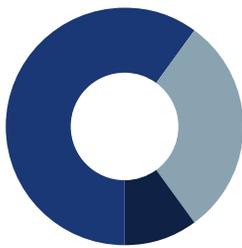
Peer Support is NOT therapy, professional counseling, professional coaching, or career mentorship.

# Why Peer Support?

PSPs have been established in health systems, professional societies, universities, and hospitals for many years. Building on the demonstrated success of these established programs, the Surgeon Well-Being Coalition has distilled the elements of established programs into a series of readiness assessments, projected financial and personnel investment, and best practices to generate a step-by-step guide for an organization to successfully implement its own program.

Evidence suggests that PSPs that match surgeons to surgeon supporters with similar career experience tend to have the most satisfactory experience. As such, the Surgeon Well-Being Coalition is committed to assisting surgeons in developing a PSP that best fits their needs.

Half of all clinicians will be involved in a serious adverse event at least once during their career. Participation in a blame-free discussion helps to promote clinician healing and recover.



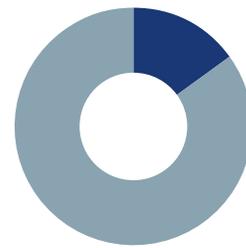
**60%** benefit from support by departmental colleagues and local leaders

**30%** find trained peer support outside the department to be critical to recovery

**10%** require access to professional counseling resources.



**90%** of providers feel that hospitals and healthcare organizations fail to adequately support them in coping with stress associated with medical errors.



**15%** consider leaving their chosen profession after adverse events.

**2x**

Physicians are more than twice as likely as the general population to take their lives by suicide. This rate is slightly higher for female physicians than males.

Source: Walter Reed National Military Medical Center, Peer Support Program Manual

Data show that surgeons often don't seek out their own support during a period of distress. It is for this reason that many PSPs adopt an "opt-out" approach, whereby the services of the PSP are offered to surgeons who are referred to the PSP by a colleague or coworker. The literature suggests that opt-out models work more effectively to maintain a viable workforce.<sup>1,2,3,4,5</sup>

Models of established and successful PSPs can be found at Brigham and Women's Hospital, the University of Missouri, the Department of Defense, and many other institutions. It is recommended that the group establishing a new PSP spend time reviewing multiple established models to assess what will work for their new program.

Program	Sponsor	Identification of Adverse Events (Who/How)	Opt In/Out	Peer Support (Who/Training)	Data Available	Program Links
Brigham and Women's	Institution	Chief/colleague/risk management	Opt Out	Physicians and nurses/ half-day training	Hu, <i>Arch Surg</i> 2012	<a href="http://www.brighamandwomens.org/assets/BWH/medical-professionals/center-for-professionalism-and-peer-support/pdfs/peer_support_overview_and_faq.pdf">www.brighamandwomens.org/assets/BWH/medical-professionals/center-for-professionalism-and-peer-support/pdfs/peer_support_overview_and_faq.pdf</a>
Mass General Hospital	Institution	Defined criteria	Opt Out	Surgeons	Hechi, <i>JACS</i> 2021	<a href="http://www.massgeneral.org/news/hotline/htl052821/peer-support-program">www.massgeneral.org/news/hotline/htl052821/peer-support-program</a>
Walter Reed	Institution	Chief/colleague	Opt Out	Physicians	Not published	<a href="https://walterreed.tricare.mil/News-Gallery/Articles/Article/4214892/peer-connect-training-available-at-walter-reed">https://walterreed.tricare.mil/News-Gallery/Articles/Article/4214892/peer-connect-training-available-at-walter-reed</a>
University of Missouri	Institution	Chief/colleague	Opt Out	Physicians	Burlison, <i>Pt Safety &amp; Qual</i> , 2016	<a href="http://www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou">www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou</a>
MUSIC	Insurance	Self-referred	Opt In	Urology formal training	Not published	<a href="https://musicurology.com/programs/cares/">https://musicurology.com/programs/cares/</a>
APSA	Society	Self-referred	Opt In	Surgeons, formal training	Fall, <i>J Pedi Surg</i> 2024	<a href="https://apsaped Surg.org/resources/resources/apsa-peer-support-program/">https://apsaped Surg.org/resources/resources/apsa-peer-support-program/</a>
ACS Colleague Connection Sponsor	Society	Self-referred	Opt In	Surgeons, formal training	Not published	<a href="https://www.facs.org/for-medical-professionals/membership-community/acs-colleague-connection/">https://www.facs.org/for-medical-professionals/membership-community/acs-colleague-connection/</a>

# Creating a Peer Support Program

## Assess and Plan

- Perform an assessment of the interest or buy-in from surgeons, hospital, and/or departmental leadership.
- Create a business plan for the PSP program and consider the financial resources that might be needed to support the program (e.g., staff, training materials).
  - If there are no financial resources for a program, it is still possible to develop one.
  - Consider starting small and scaling up.
  - Determine the scope of the program needed at your institution.
  - You may be able to meet your needs with two or three trained peer supporters and one volunteer organizer.
  - Consider beginning as an “opt-in” model to assess how well a program can be operationalized in your institution. Then consider maturing the program to an “opt-out” model over time.
- Discuss with risk management to ensure compliance with hospital policy.

## Peer Support Champions

- Identify at least one surgeon and one non-surgeon to serve as project leads and consider collaboration with team members in behavioral health, psychology, psychiatry, or chaplaincy.

## PSP Program Structure

- **Program Roles and Responsibilities**
  - **Program Champion - Administrator or Surgeon Leader**
    - » Monitor adverse events and manage the program for safe use as intended.
    - » Determine if the PSP will be “opt-in” or “opt-out” as the model significantly changes the structure and needs of the program to sustain it.
    - » Determine a process for mitigating inappropriate use of the PSP.
    - » Determine a process for excusing a peer support volunteer from the PSP.
    - » Develop a method to track peer support connections and use, and identify any issues.
    - » With the coordinator, create a volunteer description that outlines the characteristics of a peer supporter and the expectations of the role.
  - **Peer Support Coordinator**
    - » Manage requests for peer support and match a peer supporter to the surgeon in need (two or more people to prevent gaps in coverage).
    - » Monitor outcomes (e.g., use, satisfaction, opportunities to improve).
    - » Build a PSP intake form or dedicated email to request peer support.
    - » Monitor the PSP intake form and initiate peer support connections.
    - » Coordinate peer supporter training, including initial and ongoing training.
    - » With the program champion, create a volunteer description that outlines the characteristics of a peer supporter and the expectations of the role.
  - **Volunteer Peer Supporters**
    - » Attend initial and ongoing training sessions.
    - » Agree to abide by the guidelines and expectations as outlined by the program champion and peer support coordinator.
    - » Uphold the confidentiality agreement of the program.

- **Evidence-Informed Practices – PSP Structure Considerations**
  - Consider evidence-informed practices<sup>5,6,7,8,9</sup> when creating the program structure. It is essential to understand that PSPs should not be part of risk management, patient safety, patient satisfaction, quality, or event reporting structures. PSPs should be a stand-alone program. Examples of evidence-informed practices include:
    - » Do not use patient names.
    - » Do not review the medical record.
    - » Do not document in the medical record.
    - » Do not perform a standard of care analysis or root cause analysis.
    - » Ensure the discussion is focused on the clinician’s emotional/psychological support.
    - » Use a support model, reflective listening, not an investigative or evaluative process.
    - » Emphasis should be placed on clinician safety and self-care (e.g., Are you safe to drive home? When did you last eat or drink anything?).
    - » Referrals may come from other clinicians or coworkers, the risk department, or self-referral.
    - » Information for the clinician about formal support programs such as Employee Assistance Programs (EAP), counseling services, and/or urgent medical care, may need to be provided.
    - » Provide information/education about the expected course of emotional response to an adverse event.
    - » Guidance and support for the surgeon in disclosing the event to families or colleagues may need to be provided.
    - » Access to a chaplain as indicated may need to be provided.
    - » Provide or refer the surgeon to grief counseling.
    - » Conflict resolution advice and support may need to be provided.
    - » Use an opt-out method.
    - » Match peer supporters with colleagues of similar career experience (e.g., a junior surgeon should not be asked to be the peer supporter for a senior surgeon).

### **Navigating Confidentiality**

- Concerns about discoverability are a barrier for surgeons when choosing to use a PSP; most of these concerns are unfounded. Ensure clinician confidentiality with all participants.
- While PSPs do not qualify for “privilege” or “confidentiality” in the way peer review meetings are conducted, adhering to the best practice of not sharing patient information or records and not documenting in the patient chart, should cover this concern.
- It is recommended that you discuss any proposed PSP with your organization’s risk management department to obtain specific local guidance before implementing the program.

### **Special Considerations**

- **Provider referral to risk management**
  - Peer support is emotional support. Specifics of the case are not discussed. If the Peer Supporter has concerns about what has been shared, they should encourage the person receiving support to reach out to the risk management team.
- **Complaints against a peer support volunteer**
  - Organizations should have a defined process for addressing misuse of the PSP by a volunteer.
  - If unprofessional or inappropriate behavior (e.g., not maintaining confidentiality, failure to refer to professional resources when clearly indicated), the PSP should be prepared to excuse a volunteer from the PSP, and this process should be defined before the launch of the PSP.

## Support for Peer Supporters

- Plan meetings for volunteers for additional and/or refresher training.
- Consider debrief meetings for the peer supporters, either scheduled (e.g., quarterly) or ad hoc.

## Volunteer Recruitment and Training Program

- **Define volunteer profile**
  - Characteristics of successful peer supporters:
    - » High emotional intelligence
    - » Respected and trusted by peers
    - » Effective communication skills
    - » Maintains confidentiality
    - » Empathetic, active listener
    - » Non-judgmental
    - » Refrains from trying to “fix” the situation
    - » Culturally aware and sensitive
- **Create a volunteer pathway** (self-nomination, leader recommendation)
  - While local culture will dictate how you solicit volunteers, the expectation is that you will undergo initial and ongoing training in peer support. Some institutions create a nomination process, and others use a self-volunteer process.
- **Develop peer support volunteer training**
  - Training should be conducted by professionals who are comfortable educating volunteers in the principles of peer support. Professionals may include:
    - » Licensed professional clinical counselors
    - » Psychologists
    - » Volunteers with experience, external training, or certification in counseling and/or peer support
  - Training should focus on the fundamental skills and elements of a peer support session, which typically include:
    - » Invite the peer to share
    - » Listen empathically
    - » Reflect on what is shared
    - » Reframe their emotions
    - » Encourage learning and teaching
    - » Help with coping
    - » Offer resources
  - Recognize signs that are beyond peer support and should warrant a different intervention by other professionals, including but not limited to:
    - » Suicidal ideation (SI)
    - » Intent to harm others
    - » Concern for substance misuse (i.e., alcohol, prescription, and nonprescription drugs)
    - » Appears unsafe to return to clinical practice
    - » Screen for intrusive thoughts, signs of conversion to PTSD
    - » Burnout
    - » Vicarious trauma
    - » Physical distress (e.g., exhaustion, headaches, chest pain, GI upset)
    - » Psychological distress (e.g., hypervigilance, SI, depression, loss of trust)
    - » Behavioral (e.g., lashing out, withdrawal, erratic or new behavior, not coming to work)

If the colleague seeking peer support appears to be a danger to themselves or others, a report to authorities is mandatory and should supersede concerns about PSP confidentiality. It is recommended that specific language about this issue be drafted with your institution’s legal counsel.

### Define Events for PSP Referral

- Examples include, but are not limited to:
  - Named in a lawsuit
  - Unexpected death in the OR
  - Near-miss safety event
  - Root cause analysis event
  - Significant event in OR (e.g., unexpected need for blood, major vascular injury, common bile duct injury)
  - Death of a colleague/team member/family member
  - Aggressive/abusive patient/family
  - Morbidity and Mortality (M&M) conferences
  - Additional events or concerns as locally defined

### Advertise the Program

- Grand Rounds, M&M conferences
- Organizational print and digital media
- Emails
- Newsletters
- QR codes throughout the hospital
- Referral sources: Risk management, nursing managers, department, and division leadership
- Word of mouth

### Connect to Wellness Programs

- Many hospitals or health systems have begun to develop formal wellness programs or offices. If such a program exists at your institution, it is recommended that the development of a PSP be conducted in coordination with the leadership of the wellness program to reduce duplicative efforts and increase awareness of both the PSP and wellness resources.

### Implement, Monitor, Evaluate, Support

- Match peer supporters with a surgeon in need.
- Select a cadence for reporting on the success of the program.
- Perform routine use reports.
- Plan meetings for peer support volunteers for additional and/or refresher training.
- Hold a debrief meeting for the peer supporters, either scheduled (e.g., quarterly) or ad hoc.
- Evaluate program performance.

### Resources

- Peer Supporter Training (local, national experts available for virtual training)
- AMA Steps Forward, Peer Support Programs for Physicians Tool Kit: <https://edhub.ama-assn.org/steps-forward/module/2767766>
- Stress First Aid: [https://www.ptsd.va.gov/disaster\\_events/for\\_providers/stress\\_first\\_aid.asp](https://www.ptsd.va.gov/disaster_events/for_providers/stress_first_aid.asp)
- For organizations not yet ready to develop a full PSP, the ACS offers ACS Colleague Connection: “This is an opportunity for surgeons to seek guidance and support from trained Fellows who have experience in patient care, practice management, education, wellness, and other areas related to surgical practice.” [www.facs.org/for-medical-professionals/membership-community/acs-colleague-connection/](http://www.facs.org/for-medical-professionals/membership-community/acs-colleague-connection/)

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# Peer Support Program Business Plan Outline

The sections and question prompts below are provided to support peer support champions in designing and implementing a PSP tailored to their specific location/program/hospital. This outline serves as a starting point. There may be additional considerations, policies, and procedures that are needed.

## Program Staff Roles and Responsibilities

- Who will oversee the PSP?
- What roles are needed (e.g., coordinator, supervisor, trainer)?
- What are the responsibilities of each role?
- How will staff collaborate with volunteers?

## Program Structure

- Will the program be drop-in, scheduled, or referral-based?
- What types of support will be offered (e.g., one-on-one, group)?
- What is the process for matching peers?
- What hours will the program operate?

## Confidentiality Policy

- What information must remain confidential?
- How will confidentiality be explained to participants?
- What are the exceptions to confidentiality (e.g., safety concerns)?
- How will breaches be handled?

## Special Considerations

- Are there cultural, linguistic, or accessibility needs to consider?
- How will the program support peers in crisis?
- Are there legal or ethical considerations?
- How will you ensure inclusivity?

## Support for Peer Supports

- What emotional or professional support will be available?
- Will there be regular supervision or debriefing sessions?
- How will peer supporters be recognized or rewarded?
- What resources will be provided for self-care?

## Volunteer Recruitment and Training Program

- What qualities or qualifications are needed in volunteers?
- How will volunteers be recruited?
- What will training include (e.g., active listening, boundaries)?
- How will ongoing education be provided?

## Events for Peer Support Referral

- What situations warrant a referral to peer support?
- Who can make a referral (e.g., staff, self-referral)?
- What is the referral process?
- How will referrals be tracked?

## Advertising the Program

- Who is the target audience?
- What channels will be used (e.g., email, posters, social media)?
- What messaging will resonate with potential participants?
- How will you measure outreach success?

## Monitoring and Evaluation

- What outcomes will be tracked (e.g., satisfaction, usage)?
- How will feedback be collected?
- What tools or methods will be used (e.g., surveys, interviews)?
- How often will the program be reviewed?

# Case Studies

## The University of Kansas Health System

Author: Jennifer Hartwell, MD, FACS

- The health system developed a PSP for all physicians, nurses, advanced practice providers (APP), or any health system employee seeking support. The PSP (also known as HOPE Peer Support) is supported by two non-physicians as part of their administrative job duties, alongside other non-PSP responsibilities. The PSP program coordinators monitor the secure email where requests and referrals are made for support. The Office of the Chief Wellness Officer advertises and encourages the use of the health system PSP.
- In 2025, wellness advocates in the Department of Surgery were inspired by a Grand Rounds speaker to pursue maturation of the PSP as an “opt-out” model for the department. (The HOPE PSP remained “opt-in” for the remainder of the health system.) A surgeon champion partnered with the HOPE PSP to develop a system that allowed surgeons to refer a colleague if they were aware of a difficult situation in which peer support might be welcomed. The surgeon placing the referral can contact the HOPE team directly or can make the referral through the surgeon champion who completes the referral through HOPE.
- To ensure enough surgeon peer supporters were trained to have surgeon-to-surgeon support, an additional training class was held for surgeons during morning conference time to limit disruptions to OR schedules.
- The surgery “opt-out” program is advertised throughout office spaces and workrooms with bright single-page signage that includes referral and contact information. The program is mentioned at faculty meetings, in faculty newsletters, and at M&M conferences.

Sample communication collateral is included here.

Department of Surgery Referral Program to HOPE Peer Support

*The Need*  
In a stressful time, it can be hard to reach out for help yourself. Sometimes it's easier to accept help if someone reaches out first, on your behalf.

*What you can do*  
When you recognize anyone (faculty, resident, APP) is in a stressful time, you can anonymously refer them to the unique Department of Surgery HOPE Peer Support network:  
HOPE@kumc.edu

*Your help gives hope*  
Any event, large or small, can trigger stress. There are no specific triggers to request or refer to a HOPE Peer Supporter, but here are some examples:

Difficult family conversation	Workplace injury	Extreme fatigue/burnout
Unexpected patient death	Personal/home stressors	Witnessing abuse/trauma
Delivering difficult news	Litigation	Making a medical error

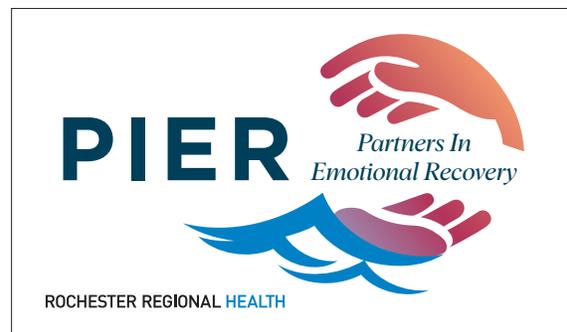
HOPE@kumc.edu

## Rochester Regional Health Surgeon Peer Support

Author: Brian Watkins, MD, FACS

- The Rochester Regional Health (RRH) Surgeon Peer Support Program was built out of personal necessity and started at one of the RRH rural hospitals as a “pilot” led by Dr. Watkins after he experienced a few adverse patient events.
- Dr. Watkins shares: After a few adverse patient events, I had an intense and personal struggle with overcoming the associated emotions. I had never experienced this in the 20+ years of being a surgeon. EAP did not help, and I was lost. A serendipitous attendance at an ACS Clinical Congress session inspired me to work on creating a program for surgeons, as I am not special, and if I was suffering, I felt that many others could be as well. To do this, I took the following steps:
  - I immersed myself in the literature and made a business proposal to our chief of surgery and obtained some funding from the Medical Executive Committee.
  - With the assistance (and volunteered time) from behavioral health and our psychiatry leadership, we created a half-day curriculum for peer supporters. We trained one APP and three surgeons to provide support.
  - The program’s identification of peer support opportunities comes from many avenues. As the surgical quality officer, I receive a significant amount of data, and we have chosen many of the occurrences noted above, as well as referrals from leadership and word of mouth, as possible entry points into the PSP. I reach out via phone call or email, describing what peer support is and offering an opportunity to talk. We have ad hoc meetings for the peer supporters to debrief as well.
- The results have led to the expansion of surgeon peer support to all the facilities in our system, as well as the current development of a system-wide Partners In Emotional Recovery (PIER) support program for ALL employees.
  - Dr. Jo Shapiro will be leading the training for our PIER program. We have identified 20 employees from different departments who were nominated and vetted to be trained as supporters.
- The program is advertised via division/department and service line meetings, through our wellness programs, newsletters, grand rounds, and M&M conferences.

*Sample communication collateral is included here.*



**PIER** *Partners In Emotional Recovery*

**Need support? Reach out to the PIER**

Genimus autatur? Que quo bea consed quiducid aerum, susam quis est, ut am,

**E** [Email@rochesterregional.org](mailto:Email@rochesterregional.org)  
**P** (585) 123-4567

**ROCHESTER REGIONAL HEALTH**

## **Building ACS Colleague Connection—A Peer Support Initiative for Surgeons**

Author: Daniel S. Eiferman, MD, MBA, FACS

Recognizing the need for structured peer support, the ACS launched Colleague Connection, an exclusive member benefit designed to foster confidential, empathetic conversations among surgeons. This initiative was led by the ACS Advisory Councils and the Committee on Professional Opportunities for Senior Surgeons, now known as the Senior Fellows Society.

Research and member feedback highlighted that surgeons lacked accessible, confidential avenues for emotional and professional support. Peer support programs in other medical contexts have demonstrated success in reducing burnout and improving well-being; however, no standardized, surgeon-specific program existed within the ACS.

### **Identifying Need**

- The ACS observed increasing concerns about surgeon well-being, particularly after adverse events and during career transitions.
- Peer support was recognized as a proven strategy to mitigate stress and promote resilience.

### **Program Design**

- Confidentiality and safety: The program was structured to ensure confidential, non-binding conversations.
- Matching system: Surgeons submit a request and are matched within 48 hours with a trained ACS Fellow who has relevant experience.
- Scope of support: Topics include patient care challenges, practice management, education, wellness, and coping after adverse events.

### **Pilot and Launch:**

- Initial rollout focused on US-based surgeons as a member benefit.
- Sessions were designed as one- to two-time exchanges, offering guidance and resources without long-term commitment.

### **Key Features**

- Exclusive member benefit: ACS members can access the program through member login.
- Rapid response: Matches occur within 48 hours.
- Trained peer supporters: Fellows with experience in clinical and emotional challenges provide empathetic listening and practical advice.
- Focus areas: Adverse patient events, exam preparation, career transitions, and wellness strategies are primary areas addressed.