

SCHOOL OF MEDICINE Department of Emergency Medicine

Facilitated Peer Mentoring for Physicians During Malpractice Lawsuits: A Logic Model Framework



J.L. Welch MD, M.C. Doehring MD, L.N. Haut MD, M.A. Heniff MD JD, M.L. Overfelt MD, C.C. Strachan MD Department of Emergency Medicine, Indiana University School of Medicine, Indianapolis, IN

Logic Model Framework

Current Conditions

Inputs



In high-risk specialties, 99% of physicians will be sued by age 65.

Years of legal processes add traumatic stress.

Medical Malpractice Stress Syndrome (MMSS)

- · Feelings of isolation
- · Anxiety & depression
- Burnout
- · Loss of confidence
- Practicing defensive medicine · Poor personal & professional counsel)
- · Shortened, less rewarding career

Needs:

- 1. Peer-support mentoring model with colleagues who have shared similar experiences (MMSS).
- 2. Safe, confidential space to discuss symptoms of MMSS, while avoiding specific lawsuit details.

Funding

- DEM
- Personnel
- · Project oversite committee
- Admin support
- 6 volunteer mentors/facilitators
- · Statistical support
- · Partners (VC of Clinical Affairs, legal
- · Facilitator trainer

Materials

- · Zoom Health
- · Training resources (AMA STEPS Forward)
- · Survey platform

Outputs

Participants

Activities

Target population of emergency medicine (EM) physicians in a large academic health center who are named in malpractice lawsuits ("peer mentees")

Physician facilitators who have gone through similar experiences ("mentors")

Contributors: VC of Faculty Development and Wellness to train facilitators

Decision makers: Department Chair, Vice Chair (VC) Team, legal counsel

Develop facilitated peer mentoring program

Train physician facilitators using established AMA STEPS Forward resources

Recruit 2 groups of 6 participants (peer mentees) by invitation from VC Clinical Affairs

Deliver intervention:

- 60-minute facilitated peer mentoring sessions
- · Utilize Zoom Health platform
- · Follow AMA peer support structure
- q4 weeks over 12month study calendar

Evaluation survey at baseline, each session, and 3-month follow up.

Expected Outcomes - Impact

Short-term

Mid-term

Long-term

Mentees obtain necessary information to shape and improve:

- · Awareness of MMSS symptoms
- · Attitudes towards peer mentoring model
- · Intentions on approaching and managing burnout and symptoms of MMSS
- Results in terms of changing action:
- Participation rates (utilization) in the mentoring program (minimum of 3 sessions required)
- · Retention rates

- Results in terms of change to conditions:
- · Individual capacity for peer mentee to be a facilitator of the future sessions
- · Recommendation of mentoring program to others.
- · Sustainability via departmental and institutional support/ funding

Pre-post survey uses validated tools and customized MMSS

- 1. Feeling better after the session compared to the beginning using the Participant-rated Global Impression of
- 2. Acute distress symptoms measured by the SPADE Symptom Screener and items drawn from the PROMIS
- 3. Provider burnout using the Maslach Burnout Inventory (single item scale), rel
- 4. MMSS customized checklist that related to traumatic

W. Guy. ECDEU Assess Manual Psychol Kroenke, et al. J Clin Epidemiol, 2019. West, et al. J Gen Intern Med, 2009. Rouse, et al. Undert Care RAP, 2017.

OBJECTIVE

To offer a framework for planning and evaluating a facilitated peer mentoring program for physicians in medical malpractice lawsuits using a pre-post design to determine change in symptoms of acute distress, burnout, and MMSS.

ASSUMPTIONS / EXTERNAL FACTORS:

- Virtual platform will provide the necessary function and environment for
- Participation influenced by schedule, symptoms of MMSS, perception of peer
- Participants agree to rules of confidentiality, respect, no discussion of active lawsuit. (IRB protocol driven)

