

Hawai'i Health Partners Webinar: The Importance of Peer Support: Resilience in Stressful Events (RISE)

Thursday, September 11, 2025

5:30pm—6:30pm via Zoom

**HAWAI'I
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HEALTH**

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HEALTH
PARTNERS

GENERAL OBJECTIVES:

This offering is intended for Physicians, Nurses and other health care professionals.

By the end of the course, the participants will be able to:

1. Explain who are the "second victims" of adverse events.
2. Describe the value of peer support for healthcare workers.
3. Describe the RISE (Resilience in Stressful Events) program.

CONTINUING EDUCATION:



In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Hawai'i Pacific Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™* for physicians. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Hawai'i Pacific Health designates this live activity for 1.0 contact hours for nurses. Nurses should only claim credit commensurate with the extent of their participation in the activity.

TO CLAIM CE:

Please note that in order to receive continuing education credits for this offering, you must:

- Be registered for this activity and Sign in.
- Claim credit commensurate with the extent of your participation in the activity.
Speakers cannot claim credit for their own presentations.
- Complete and submit the evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.

DISCLOSURE INFORMATION:

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The following Faculty, Planners, and Others in control of educational content have reported no relationships with any ineligible company as defined by the ACCME new “Standards for Integrity and Independence in Accredited Continuing Education”:

Faculty

Albert W. Wu, MD, MPH

Relationship

None

Planning Team Members

Jennifer Lo, MD

None

Walter Schroeder, PharmD

None

Matthew Sasaki

None

Rachelle Meza, RN, BSN

None

Webinar Information

- You have been automatically muted
 - You cannot unmute yourself
- You will be able to submit questions via the Q&A section
- This webinar counts for HQIP credit for the measure HHP Network Engagement - Webinars

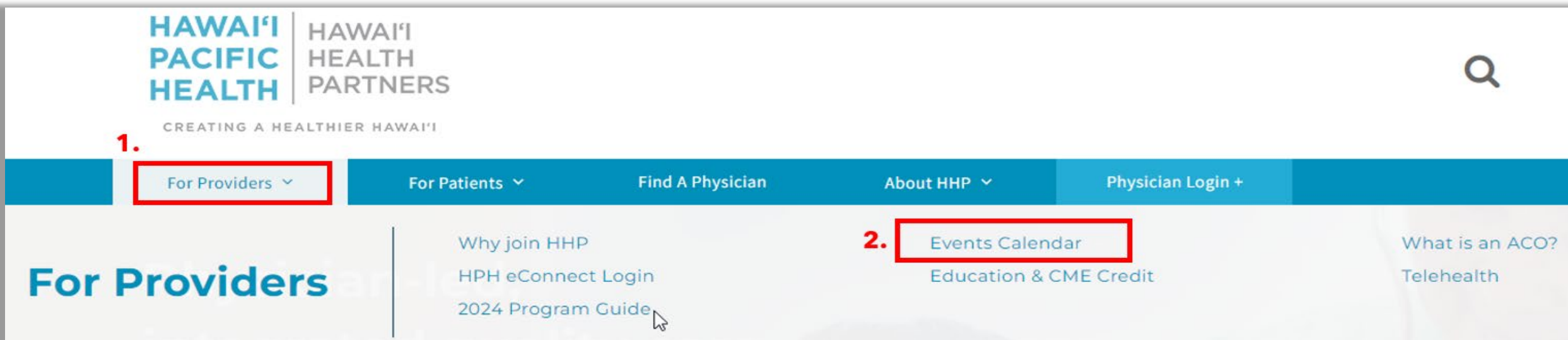
Next HHP Webinar: (for HQIP credit)

Tuesday, October 21 from 12:30-1:30 pm

Adult Congenital Heart Disease

By Dr. Andras Bratincsak

To view upcoming HHP webinars and future events, please visit our [Hawai'i Health Partners website](#) for the “**Events Calendar**” from the “For Providers” dropdown.



ABMS Part 4 Continuing Certification Credit (Formerly MOC Part 4 Credit)

- HHP maintains a portfolio sponsorship with the American Board of Medical Specialties to provide Part 4 Continuing Certification credit for successful performance in the HHP Quality Incentive Program (HQIP).
- To be eligible, you must achieve at least 50% of your potential HQIP credit earnings by **September 30, 2025**.
- Please track your performance through your HHP dashboard!
- Eligible members will receive an email via Info@HawaiiHealthPartners.org with further instructions

For Specialists Only: Annual Assessment of Chronic Conditions (for HQIP Credit)

**Presentation #2 will be distributed on October 31 from
Info@HawaiiHealthPartners.org**

**This measure is separate from HHP Network Engagement
– Webinars**

The Importance of Peer Support: Resilience in Stressful Events (RISE)



Albert W. Wu, MD, MPH

Professor, Johns Hopkins Bloomberg

School of Public Health /

Armstrong Institute for Patient Safety and Quality

DEVELOPED WITH SUPPORT FROM THE VEITH HISTORY OF MEDICINE FUND @JABSOM

The purpose of the Hans and Ilza Veith annual lectureship in the History of Medicine, made in memory of former JABSOM faculty member, Dr. Charles Judd, Jr. is to provide funds to bring the history of medicine “come to life” at the John A. Burns School of Medicine through a lectureship defined in the broadest sense.

This fund was made possible through a realized bequest of noted history of medicine author, Ilza Veith, under whom the late Dr. Charles Judd, Jr. trained.

How Many

- Clinician
- Trainees
- Managers
- Leaders
- Risk Managers



We know that

**Individual
workers are
not to blame
for adverse
events**

but...

It's the system
that creates
risks for harm



and patient
safety

Every Clinician Has a
Personal Experience



Medical error: the second victim

The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could have made the same mistake—and, like the hapless resident, become the second victim of the error.

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realisation of making a bad mistake. You feel singled out and exposed—seized by the instinct to see if anyone has noticed. You agonise about what to do, whether to

Wu AW BMJ 2000

Second Victim: Definition

Primary Impact : Patients and loved ones

Emotionally Impacted HCW : “Health care providers who are involved with a patient-related adverse event or medical error, and as a result, experience emotional and sometimes physical distress.”

Emotionally Impacted HCW often :

- Feel personally responsible for the outcome
- Feel as though they have failed the patient
- Question their knowledge and competence

Wu AW. Medical error: the second victim. The doctor who makes the mistake needs help too. BMJ. 2000; 320: 726-727.

Scott SD, Hirschinger LE, Cox KR, et al. The natural history of recovery for the health care provider “second victim” after adverse patient events. Qual Saf Health Care. 2009; 18: 325-330.

Psychological and Psychosomatic Symptoms of Second Victims of Adverse Events: a Systematic Review and Meta-Analysis

Isolde M. Busch, MSc,† Francesca Moretti, MD, PhD,‡ Marianna Purgato, PhD,§,|| Corrado Barbui, MD,§,||
Albert W. Wu, MD, MPH,† and Michela Rimondini, PhD**

- Systematic review + meta-analysis
- Psychological and psychosomatic symptoms
- 18 studies, 11,649 providers

Symptom	% Reporting
Troubling memories	81
Anxiety / Concern	76
Anger at self	75
Regret / Remorse	72
Distress	70
Fear of making future errors	56
Embarrassment	52
Guilt	51
Sleep difficulty	35

Psychother Psychosom. 2021;90:178-90.

It's About More Than Errors

Traumatic incidents broader than errors and adverse events

Anyone working in health care can be affected by patient adverse events

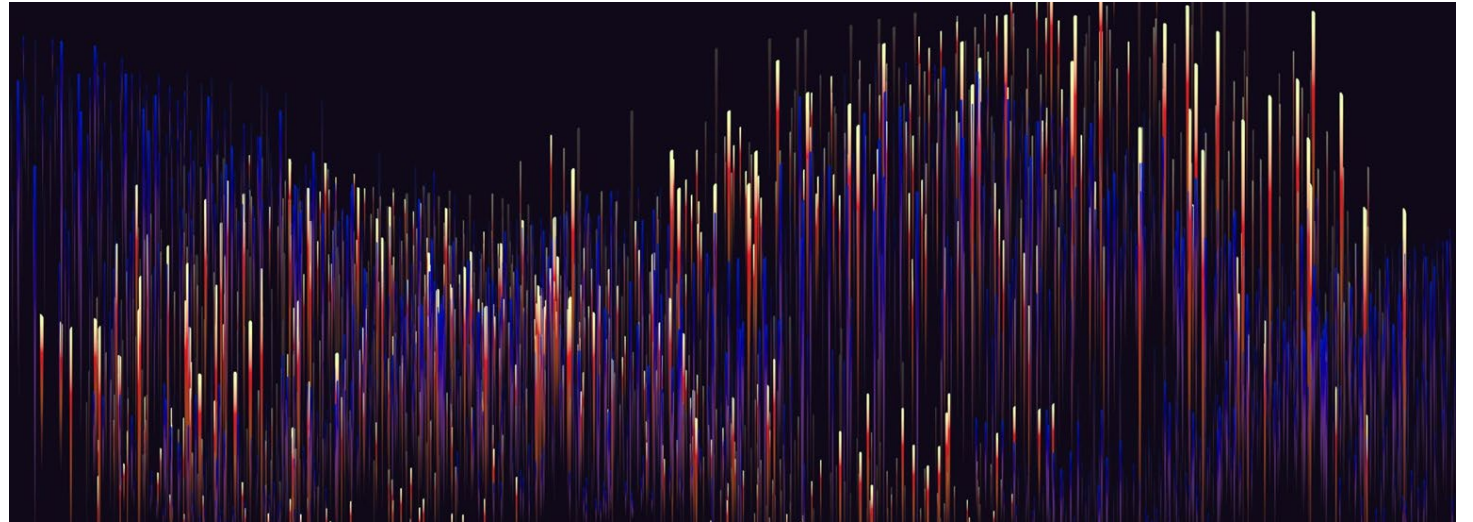
Day-to-day stresses related to work life in health care more common than acute events

Larger proportion not preventable, e.g. disappointing outcomes, difficult decisions, conflicts with patients, family and other workers

Not all stresses are associated with bad outcomes, e.g. a prolonged successful resuscitation

Health care is a
high-risk
occupation

for the emotional
well-being of
health care
workers



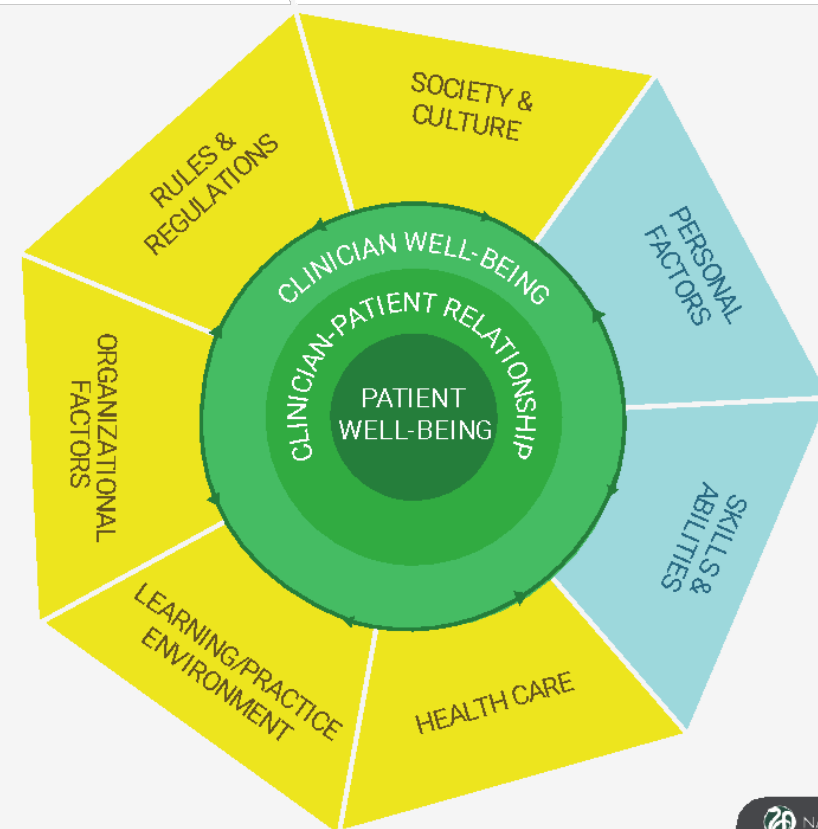
- **Patient death**
- **Adverse events and complications**
- **Difficult decisions**
- **Moral distress**
- **Workplace violence**
- **Tragedies**

It is difficult being a clinician in 2025

- Care for the sick and vulnerable
- Keep up to date
- Work well in multidisciplinary teams
- Attend to the well-being of patients and families
- Deal with electronic health record
- Complete administrative and clerical tasks
- Comply with rules and regulations
- Do more with less, less well

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience; applies these factors across all health care professions, specialties, settings, and career stages; and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. In electronic form, the external and individual factors of the conceptual model are hyperlinked to corresponding landing pages on the Clinician Well-Being Knowledge Hub. The Clinician Well-Being Knowledge Hub provides additional information and resources. The conceptual model will be revised as the field develops and more information becomes available.



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 NATIONAL ACADEMY OF MEDICINE
Learn more at nam.edu/ClinicianWellBeing

Institutional & Individual Costs

- Absenteeism
 - Presenteeism
 - Team dysfunction
 - Increased turnover
-
- Patient safety risks
 - Employee safety risks
 - Employee personal dysfunction
 - Personal relationship dysfunction



- Moral distress
- Moral injury
- Worsening of existing conditions
- Burnout
- PTSD
- Suicide



Solutions?

OnGuard

A newsletter
about patient
safety

Fall 2010



75% wanted prompt debriefing
for individual or group/team)

The second victims

Helping caregivers through the
trauma of medical errors



Peer Support

- Helping others experiencing similar situations
- Through shared understanding, respect, and mutual empowerment, peer support helps people become and stay engaged in the recovery/healing process (SAMSA)
- Data from 16 studies of 12 programs: benefits for affected staff, peer responders, system resilience (Busch et al, Int J Environ Res Pub Health, 2021)

RISE

Resilience In Stressful Events



“Provide confidential, timely peer support to employees who encounter a stressful, patient related event”

RISE: Resilience in Stressful Events



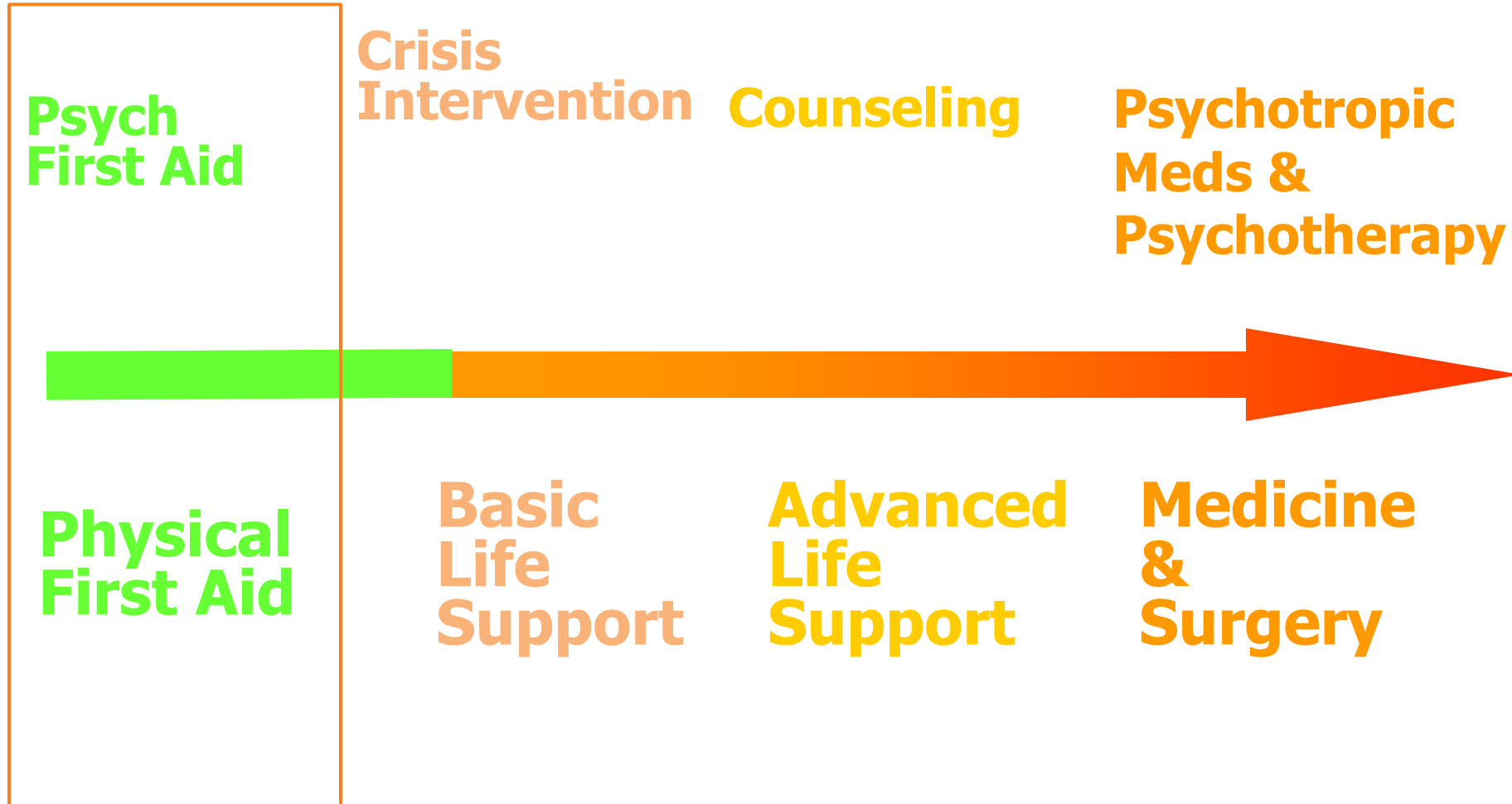
- Led by Cheryl Connors, Matt Norvell, Albert Wu
- Trained peer-supporters
- Teams at each Johns Hopkins entity
- Cited by Joint Commission



RISE Peer Support Program

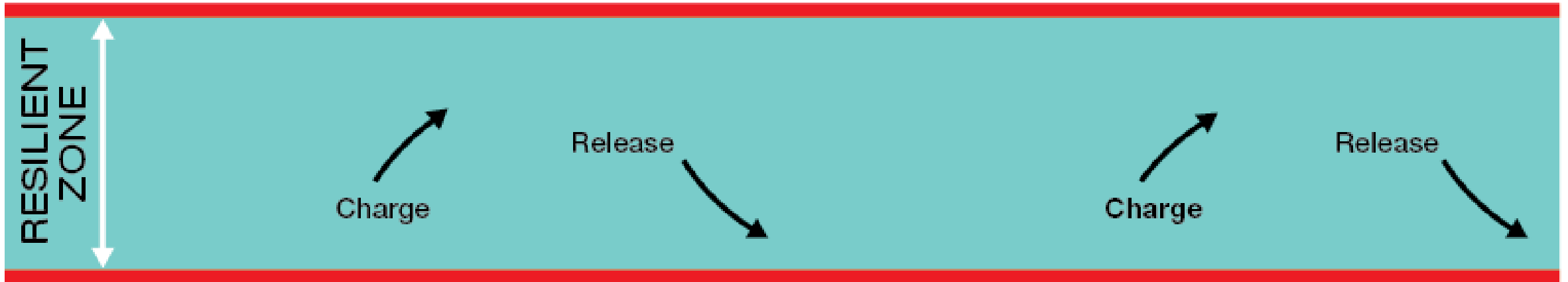
- Multidisciplinary team
- Reports to no one
- On-call 24/7
- Responds within 30 min
- Any worker
- Individual or group support by peers
- No record
- Provides psychological first aid + emotional support

Psychological First Aid



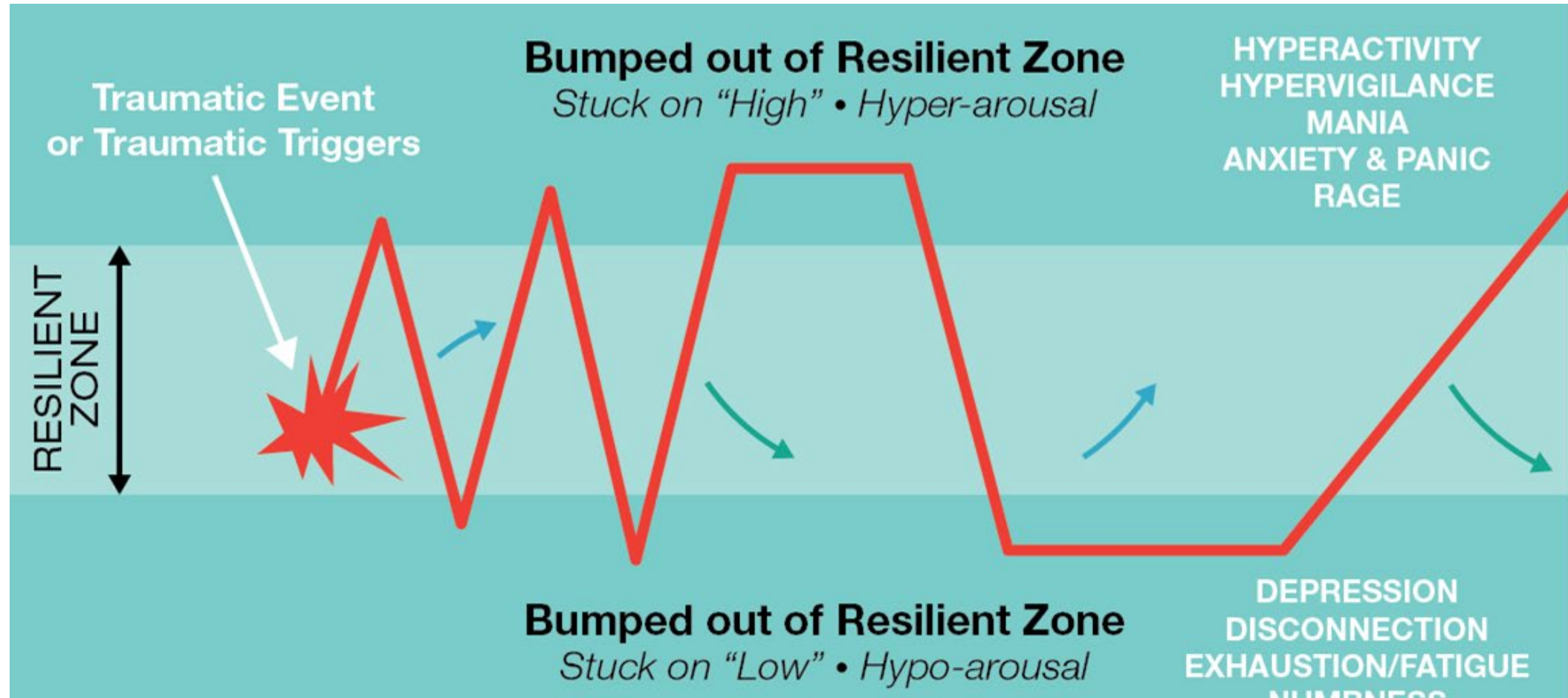
The Resilient Zone

When we are in our “Resilient Zone,” we have the best capacity for flexibility and adaptability in mind, body, and spirit.



TRM skills help deepen the Resilient Zone

The Resilient Zone Model



What does RISE do?

- Provide a safe space in a timely manner for the employee to talk
- Listen attentively to the employee
- Empathize with the employee
- Fosters individual resilience
- Facilitate resources within the hospital that might be helpful
- Provide one to one or group support
- Ability to talk by phone or virtual if preferred

Caring for the Caregiver

Implementing RISE



*Presented by Maryland Patient Safety Center in collaboration
with The Johns Hopkins Hospital RISE Program*



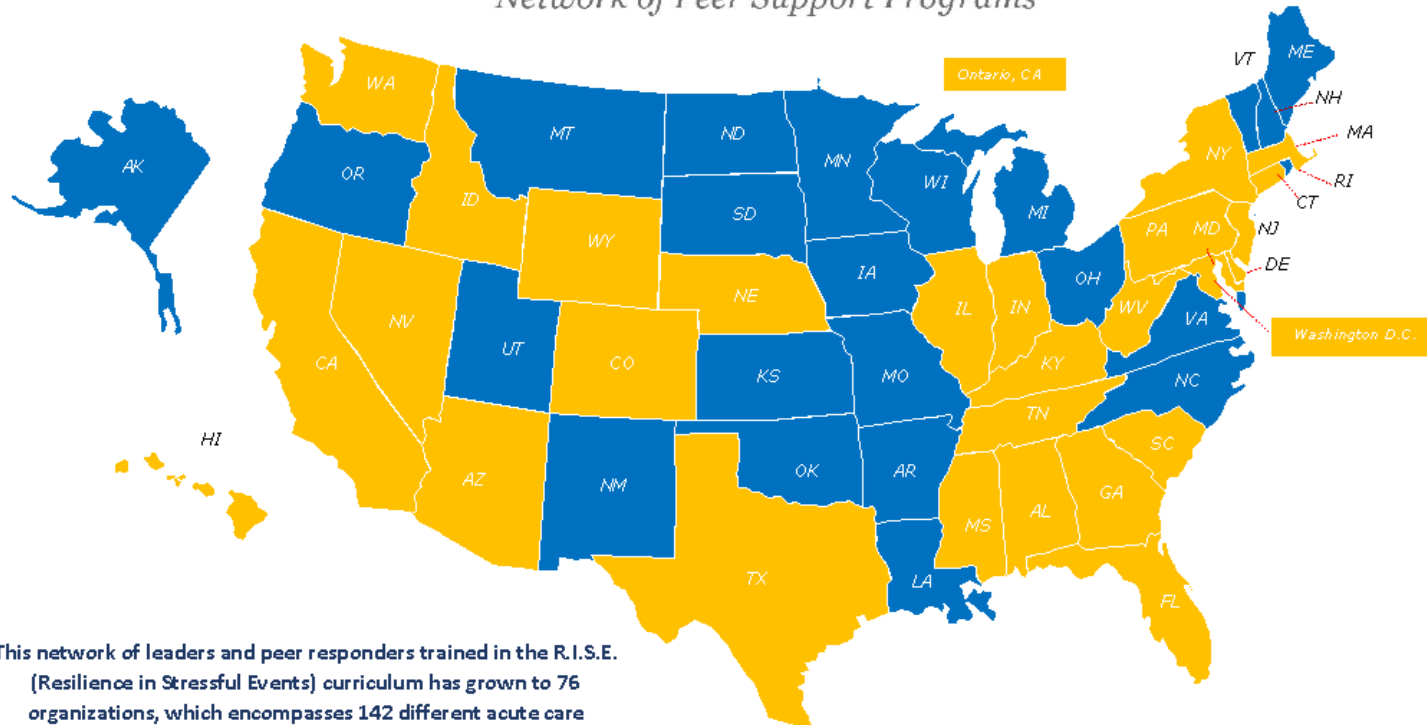
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Network of Peer Support Programs



This network of leaders and peer responders trained in the R.I.S.E. (Resilience in Stressful Events) curriculum has grown to 76 organizations, which encompasses 142 different acute care hospitals, six provider groups, three veterinary groups, two schools of nursing, two FQHCs, and one state Public Health Department. Some of these are new as of 2025, and some have been a part of this collaboration since 2011.

Connecting our partners with colleagues across the country has proven to be an effective tool for shared experiential learning and creative best practices.

<https://marylandpatientsafety.org/Caregiver>

RISE HAS LITERALLY KEPT
ME AND MY TEAMS
ALIVE FOR ME LAST
FSW MONTHS!

→ Dr. Mary E. Don

BARRIERS TO PEER SUPPORT

- Low awareness
- “This is *supposed* to be hard, right?”
- Punitive environment/culture
- Reluctance to show vulnerability
- Shame - not comfortable talking with coworkers
- “I shouldn’t burden someone else”
- Time

Busch et al Int J Environ Res
Public Health 2021;18:5080



Principles for supporting clinician resilience and well-being

- Let them know you want to support them
- Make it easy for health care workers to get the support they need
- Actively coordinate existing support services



Norvell M, Conners C, Wu AW. Helping without harm: providing emotional support to health care workers in 2023. *Polish archives of internal medicine*, 2023;133(4), 16484.

Matt Norvell - Johns Hopkins Hospital ©
2023

CREATING A HEALTHIER HAWAII

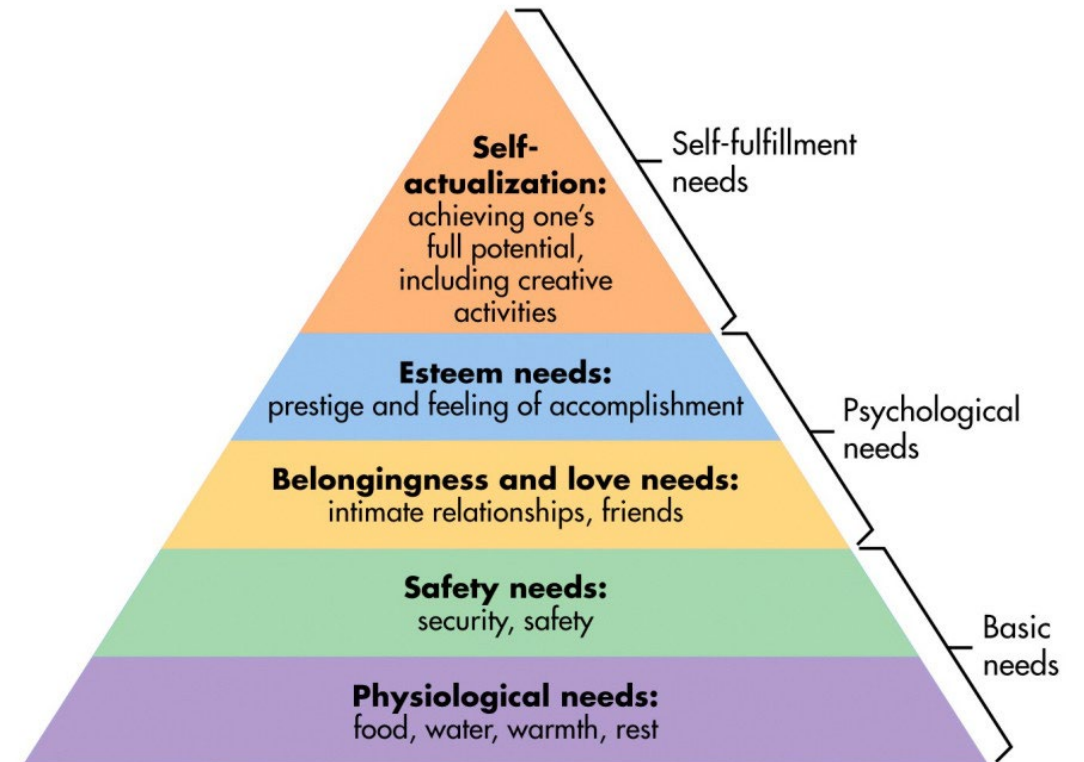
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Johns Hopkins MESH Integrated Continuum for Staff Support

- Office of Well-Being
- Healthy at Hopkins
- Spiritual Care
- RISE: Resilience in Stressful Events
- Employee Assistance
- Department of Psychiatry



MESH (Mental, Emotional + Spiritual Health)



High Quality Healthcare Depends on Healthy Workers



Summary

- Health care is a high-risk environment for healthcare workers
- There are causes of distress in the workplace
- High quality health care depends on healthy workers
- The RISE (Resilience in Stressful Events) peer support program provides a model
- Collaboration with existing helping program can provide an accessible continuum of support
- Peer support is important for individual and organizational resilience and well-being





A fully online, part-time interdisciplinary degree offered by
top-ranked schools within Johns Hopkins University

<https://publichealth.jhu.edu/academics/mas-in-patient-safety-and-healthcare-quality>

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Thank you for joining us!

- A recording of the meeting will be available afterwards
- Unanswered question?
 - Contact us at Info@HawaiiHealthPartners.org