Peer Support Training Material

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With thanks to

The Modernisation Initiative

Connect

Note: This is an idiot's guide. Please don't feel patronised if it describes the obvious to you. It is designed to enable any nurse with an interest to provide some basic training to a group of peer support volunteers. Please feel free to use it, wholly or partially, in whatever way is most useful to you.

Peer Support Training

Session One – 2 ¼ hours

15 mins	Welcome and introductions	Whole group
15 mins	Overview of the Peer Support project and training Airing of any burning questions or key concerns	Whole group
10 mins	Comparison of the roles of peer supporters and clinical professionals	Pairs
25 mins	Feedback	Whole group
30 mins	Feedback	Whole group
10 mins	Listening exercise	Pairs
25 mins	Feedback	Whole group
5 mins	Sum up & Home	Whole group

Welcome and Introductions

Slide 2

Make sure everyone has a name badge before starting and you've got refreshments available etc.

Welcome – peer support training.
- If you're not sure what that means, don't worry, by the end of the 2 sessions you should have a clearer idea.
- If you decide it's not for you, can always say no, no hard feelings.
- Informal, no test!
- A chance for you to be sure you understand what will be expected of you, and are prepared appropriately.

General points before we start:
- Switch off mobiles, fire alarms/exits, toilets, breaks etc.
- Please ask questions, but try not to interrupt, listen to people and let everyone speak.
- Will be finished on time, I may gently move you on so we do.

To begin, and help everyone get to know eachother, go round the group giving each person a few minutes to introduce themselves, making sure that everyone:
- Tells everyone their name.
- Says a little bit about who they are and their renal background, personal or professional.
- Explains why it is they have come to the session.

Overview of the Peer Support Project

Slide 3

Question to whole group – what is a 'peer'?

- Not a lord, you aren't going to be awarded peerages – not above, or superior, in any way!
- If someone is your peer they are equal to you in some respect such as age, education or social class.
- Peer support happens between people who have some aspect of 'sameness' that bonds them, in this case it is the experience of kidney disease.
- You may in other respects be very diverse, crossing social divides such as race, culture, socioeconomic status...

Question - Did any of you chat or meet with another patient in the early stages of your kidney disease? How did it affect you?

Try to get examples of both positive and negative experiences.
Explain that it's often very reassuring and useful to talk to another patient who has 'been there, done that' and understands what you're going through. But sometimes other patients get their facts mixed up (understandably, kidney disease is very complex) or say something which is specific to them as if it applies to everyone, and because they are presenting things from their own perspective they can be very subjective (biasaed?), especially when it comes to talking about their bad experiences.

Slide 4

Explain that the training attempts to overcome those potential problems…

- So that the support given is safe, appropriate, and helpful.
- So that you are competent, comfortable and confident.
- So that professionals can confidently recommend it to patients.

And that it is part of national policy to make formal (trained) peer supporters available to every kidney patient in the country.

At this point it is useful to describe a little bit about the shape of your peer support service. Is it already well established or is this the first group of volunteers being trained? Does it cater to all the patients in the kidney unit or only those in the advanced kidney / low clearance clinic? Does it include carers too? Does it offer long term buddying peer support? Or single support sessions only? Or a mix? Is it an individual to individual service or do you have peer support groups? Is it offered face-to-face, by phone, or email, or a mix?

Ask if there are any burning questions?

Comparison of Peer Supporters and other people kidney patients will meet

Slide 5

Explain that this exercise is an exploration of the role of peer supporters and the nature of the support they will provide.

Split the group into pairs and give each pair one of the worksheets belwo (pages 8 to 12).

Ask the trainees to compare a peer supporter with the person named on their worksheet, which will either be: Friend, counsellor, nurse, doctor, advocate. You can talk through an example: A peer supporter will work alongside the nurses in the unit, and both with want what's best for a patient, so in that sense they will be the same. But there are lots of important ways in which a peer supporter is different to a nurse. For example, will have personal experience of living with kidney disease. Same for friend – a peer supporter will have some things in common with a friend, but also is different in important ways to a regular friend.

Ask everyone to think about the questions on slide 5 – What makes a peer supporter?
What are their similarities with nurses/friends/counsellors/doctors/advocates?
How are they different from nurses/friends/counsellors/doctors/advocates?
What kind of person are they?
What skills do they need?
What 'rules' should they follow?
How should they behave?
What should they not do?
What knowledge should they have?

After 10 minutes get the groups' feedback by inviting each pair in turn to comment. Invite attendees to respond to eachother, particularly if someone makes a suggestion which you don't think is entirely appropriate. Usually one of the other attendees will present a different perspective, and you can then support that point of view, and explain why. This facilitation is better than direction from you as it helps the group to own and understand the outcomes better. The following table summarises the expected outcomes:

Peer Supporters	**Professionals**
First hand experience; practical knowledge; general life-relevant information about the 24/7 reality	Medical knowledge; up to date; specialised and focused; accurate and complete; knowledge of technology
Time to listen; more flexibility of time?; more readily accessible?; will have more/fewer demands on time?	Maybe less time; have to make an appointment to see?; will have more demands on time?
Open listening, not suggesting an answer or having to reach a solution	Listens but then suggests; has an opinion; will push for decisions/actions; may be thinking about other things such as cost
Experience of conditions and personal outcomes;	May be able to predict outcomes more; facts and figures
On same level; help people be themselves	Authority figure; patients may put on a brave face
Empathy; reassurance; can discuss feelings, how it felt for them; might find it hard to cope with patients' emotions	Empathy?; matter-of-fact?; has been trained to deal with patients' emotions
Encouragement; confidence; an example; can remember what it was like; reassurance	Encouragement; reassurance; seen it all before?
Treat people as individuals?	More general approach?
Person focused	Disease focused?
Uses jargon free language	Technical jargon
Can say no or walk away at any point	Has a duty of care
Reinforces the information given	Provides initial information

What are the similarities between a Peer Supporter and a Friend?
Example: Both a peer supporter and a friend should want what’s best for you.

What are the differences between a Peer Supporter and a Friend?	
Peer supporter	**Friend**
Example: A Peer supporter has also experienced kidney disease.	A friend probably hasn’t experienced kidney disease.

What are the similarities between a Peer Supporter and a counsellor?
Example: Both a peer supporter and a counsellor should want what’s best for you.

What are the differences between a Peer Supporter and a counsellor?	
Peer supporter	**Friend**
Example: A Peer supporter has also experienced kidney disease.	A counsellor probably hasn’t experienced kidney disease.

What are the similarities between a Peer Supporter and a nurse?
Example: Both a peer supporter and a nurse should want what’s best for you.

What are the differences between a Peer Supporter and a nurse?	
Peer supporter	**Friend**
Example: A Peer supporter has also experienced kidney disease.	A nurse probably hasn’t experienced kidney disease.

What are the similarities between a Peer Supporter and a doctor?
Example: Both a peer supporter and a doctor should want what’s best for you.

What are the differences between a Peer Supporter and a doctor?	
Peer supporter	**Doctor**
Example: A Peer supporter has also experienced kidney disease.	A doctor probably hasn’t experienced kidney disease.

What are the similarities between a Peer Supporter and an advocate?
Example: Both a peer supporter and an advocate should want what’s best for you.

What are the differences between a Peer Supporter and an advocate?	
Peer supporter	**Advocate**
Example: A Peer supporter has also experienced kidney disease.	An advocate probably hasn’t experienced kidney disease.

Peer Support Job Description

Slides 6 & 7

Read out the job description and invite volunteers to confirm agreement or express disagreement with each point:

A Peer Supporter:

Provides a voluntary service to kidney patients and their relatives, which compliments the work of the professional kidney team.

Listens before speaking, sensitively follows the other’s lead.

Avoids making assumptions and asks open questions to check understanding.

Shares their personal life experience of kidney disease and its treatments in a friendly way.

Provides a realistic but positive example, to give reassurance, confidence, and hope.

Is honest and confidential.

Supports and encourages others to care for themselves, and take control of their situation. Is non prescriptive, non directive.

Avoids giving medical advice, instead helps others get the best from their health care team.

Responds respectfully to each individual in a non-judgemental and empathic manner, even when people make choices or have values different to their own.

Knows their limitations, including when to sign-post or refer on.

Is open to learning from those they support and receives support themselves from their link nurse and other peer supporters.

Listening

Listening is a key skill for anyone wanting to offer support to another. It is often the confident and extrovert patients who volunteer to become peer supporters, and during the training most volunteers spend quite a lot of time talking. It can therefore be extremely helpful to spend some time thinking about listening. The importance of listening should already have come up during the first session. Ensure that everyone understands explicitly that before you can give support to another, you must first understand their viewpoint, their situation, their worries, their needs. In other words, you need to listen first, if what you say is going to be useful and appropriate. For many peer support recipients it is the sharing of their experience with someone who truly understands which is most helpful, rather than the receipt of information or advice.

Ask the group to divide into pairs for a short listening exercise.

Slide 8

Each pair should decide which person will be the 'recipient' and which the 'peer supporter'. They are going to have a pretend peer support encounter.

The 'recipient' should think back to the time that they were first told that they had kidney disease; they are going to pretend that they are back at that point in time, and that they have come to meet a peer supporters for the first time to get some help. Most volunteers are comfortable talking about their feelings and problems around that time, and of course it is highly relevant. Ask the 'recipients' to:

- Imagine they are a patient wanting peer support because they are struggling to accept and understand their diagnosis of kidney disease.
- Talk to the 'peer supporter' about their concerns and worries.
- Use their own memories and experiences if they wish.

Tell the 'peer supporters' that there are two sections to what they should do.

- For the first few minutes, their job is to interact *badly*: behave as if they have no interest or concern for the recipient.
- After a few minutes you will ask them to switch to being a 'good' peer supporter. They should try to listen carefully, and show your 'patient' you care.

Once everyone is clear about what the exercise involves, give the ok for the conversations to start. Circulate the room so you are available if there are any further questions. After a few minutes, ask the 'peer supporters' to switch from doing it badly to doing it well. After another few minutes ask for conversations to be brought to an end, and bring the large group back together to discuss the behaviours related to good and bad listening.

Slide 9 & 10

Once the group is out of ideas run through the listening dos and don’ts to ensure completeness.

Listening Dos

Make eye contact
Look interested
Smile, nod and encourage
Relax and open your body language
Ask questions, particularly open ones
Follow the other persons lead
Check out your understanding, clarify things
Reflect, summarise and paraphrase
Keep quiet sometimes

Listening Don’ts

Don’t interrupt
Don’t set the agenda or go off on a tangent
Don’t jump in with advice or try to problem solve
Don’t interrogate with too many questions
Don’t try to find yourself in the situation
Don’t jump in with your own experiences too soon
Try to avoid too much baseless reassurance: ‘I’m sure it will be fine’
Don’t fidget
Don’t make judgements or preach.

Peer Support Training

Session Two – 2 hours

10 mins	Welcome and introductions	Whole group
15 mins	Recognising Emotional Problems	Whole group
10 mins 45 mins	Difficult scenarios Feedback and discussion	Small groups Whole group
20 mins	Practicalities - The journey of the renal patient - Who's who in the unit - Peer support – when and how, referrals - Support for the supporters - Any other questions	Whole group
15 mins	Documenting and formalising - Preferences and contacts - Trust volunteer application	Whole group
5 mins	Thanks and home	Whole group

Welcome and Introductions

To refresh memories of names, it’s a good idea to ask the group to introduce themselves once more. To warm everyone up again, ask them to share a bit more information about themselves, such as one fact that few other’s would guess about them. Start the ball rolling with yourself.

Run through the main points of the first session to refresh peoples memories then give an overview of the aims and schedule for session two.

Dealing with emotional problems

Explain that it can be worth spending a little time thinking about emotional problems because they are very common in people with kidney problems. The aim is to provide volunteers with a little information to help them recognise such problems either in themselves or those they support. It also helps them know what to do about it. This section should be fairly brief: reassure volunteers that it's about making them aware, you're not expecting them to deal with significant emotional difficulties.

Slide 11

Ask the group:
1 - How do you feel when you are stressed/anxious? Depressed?
2 - How might you recognise those problems in others?
3 - What can you do to help yourself/recommend to others?

- Recognise that stress, anxiety and depression can be problems in their own right and that if you are suffering from any of them, it is with good reason. Accept that you need to actively take time to "de-stress".
- Know what is available locally: how do you contact your unit's social worker or counsellor? Find out about the local kidney patient association, and visit the websites of the national kidney groups.
- Do an activity that you enjoy
- Encourage yourself to relax, perhaps by listening to music
- Do some physical activity (within safe limits)
- Take a short break or a holiday
- See if there is something practical you could do to help you feel better. Make that appointment to see the doctor/dietitian/social worker/counsellor about what is worrying you. Ask a nurse about that part of the procedure you don't understand.
- There will of course be things that worry you that you can do nothing practical about. Most patients will say, however, that they find it helpful simply to talk about their worries to people who understand. Whether it's another patient, a nurse, a family member or a counsellor, don't keep yourself alone.

Ask the group:
What would you like in terms of support for yourselves/each other?

- It can be helpful to share everyones' contact details if volunteers are all happy to do so.

- Stress that they can contact peer support lead nurse by phone or email any time.
- Offer regular meets for all peer supporters – chance to share, give each other peer support, update knowledge/skills, develop your roles and the service, and for us to say thank you. At least annually recommended.

Slide 12

A quote to end this section:

"To support your peer is more than to listen and to talk. It's more than effective questioning. It's more than sharing your story. Those are mechanics. To be truly present is to communicate in a whole new way. It's as if, each time, with each conversation, you're hearing the story for the first time...and it's the most important story you've ever heard. The connection is made, not with the ears, not with the tongue. Not even with the brain. The connection is made with the heart."

Difficult Scenarios

You will probably find that you have been asked 'What do I do if…?' a number of times already through the training. This is an opportunity for the volunteers to explore how they would feel and what they would do in a number of tricky situations, so that they can answer those questions for themselves.

Divide everyone into small groups or pairs and give each group one or two scenarios to consider (pages 22-25 are some examples, though you could of course come up with your own). Allow them to read and discuss the scenarios in their groups. Explain that you want them to think about the key issues the scenario raises; how it makes them feel, what they would think, and what they would do. Give them about 10 minutes in their groups, and circulate quietly in case further assistance is required.

Slides 13-19

Invite everyone back together ask the group that had scenario to read their scenario out, and to share what their thoughts and feelings were about the situation. What did they think they would have done? Then invite comments from the rest of the group. You will probably find some differences of opinion. For example, some volunteers will be happy for individuals who they support to have their personal contact details, others will not. There is not necessarily an absolute right and wrong answer. As the link nurse your opinion will also be important, so make sure that you have had time to consider what you feel is the appropriate response to each situation.

Give each scenario about 10 minutes discussion. Listen carefully to the input of each volunteer. Occasionally you may feel that an individual is not responding appropriately. If the rest of the group do not challenge their stand-point, try to do so gently yourself. You may need to clarify the issue individually at a later time. But ensure that you are confident with every volunteers approach and attitude to the situations, as once they begin to conduct peer support sessions you will be placing significant trust in them. They will be interacting with and influencing real patients, but the responsibility will ultimately rest with you.

Confidentiality is a particularly difficult issue. Some volunteers feel it is their duty to maintain absolute confidentiality with those they support, others will be keener to share information which is worrying them with the link nurse. I encourage my volunteers to treat their sessions as private conversations which clinicians shouldn't automatically be told about. However, I also advise that they avoid promising to keep anything secret as there are some circumstances when they should share concerns. The concept that rational, informed adults are allowed to make ‘unwise’ decisions, even if they are dangerous to themselves, should be discussed (i.e. that people with mental capacity must be allowed to make their own decisions). For example, adults have the right not to take prescribed medication but many peer supporters feel they should ‘report back’ if the person they are supporting says they won’t take their medication. I reassure volunteers that medical staff are usually able to tell when patients aren’t taking prescribed medications, and it is rare for this to be significantly dangerous. I ask them to always try to encourage the patient to talk with their clinician about such concerns, and if necessary support them to do so, before going and telling the clinician themselves. Peer supporters can also obtain advice from a professional by describing the situation which is concerning them without actually mentioning the name of the patient concerned.

It is however vital that peer supporters understand that they have a responsibiltiy to act on any concerns that the person they are supporting is putting anyone else in danger/harm, or being harmed or abused by anyone else. Please refer to and familiarise yourself with your local safeguarding policies for more information.

Scenario One

A patient asks you about a treatment that you tried but found painful. You know other people who have had good experiences with it but for you it was difficult and you were unable to continue with it for long.

What do you say?

The session ends well, and you keep in touch with the person. A few weeks later they call and invite you to go to the cinema with them.

What do you say and do?

Scenario Two

One of the people you are meeting tells you that they are going to stop taking their medication because they believe that God will cure them if they pray hard enough. You have overheard the family talking about healings at their church, and that someone with the same condition got better after they rejected conventional medicine.

What do you think?

What do you say and do?

Scenario Three

The person you're supporting is having money problems. They ask to borrow money from you.

What do you do?

They say they can't afford childcare and are leaving their 4 year old son at home on his own when they go to haemodialysis.

What do you say and do?

Scenario Four

You meet with someone on three occasions to help them think through their dialysis options. Since then, they seem to have become over-dependent on you. They have somehow got hold of your personal telephone number, and ring you regularly at all times of day and night.

How do you feel?

What do you do?

Scenario Five

The person who you are supporting raises an issue that was very painful for you in the past. You feel yourself becoming overwhelmed by your emotional reactions.

What do you do?

At the end of the session the patient offers you a gift.

Do you accept it?

Scenario Six

You meet with a woman who is worried about the impact that dialysis will have on her family. However, she starts to tell you about a friend of hers who is having marriage problems. She thinks her friend is being abused by the husband but is worried about the children so stays with him. She asks where her friend can go for help, but you get the feeling she is actually talking about herself.

How do you handle the situation?

Scenario Seven

You meet with a patient who is having problems adjusting to their chronic kidney disease. During the meeting they become very emotional, sometimes crying, sometimes talking angrily. After an hour and a half you are beginning to feel tired and overwhelmed.

What might you say and do?

Two weeks later the peer support coordinator at your unit calls and asks you to meet with another patient. You don't want to let her down, but you have a bad cold and don't feel that you have the energy at the moment.

What do you do?

Practicalities

Slide 12

It's useful to ensure the volunteers have an up-to-date understanding of the path that most patients take through your renal unit, including the treatment options and resources that are available. Discussing the patient journey can be a good way to do this.

You may also like to provide a Who's Who of your renal unit, including all ancillary staff and contact details. It's extremely important that peer supporters know who and what is available, such as counsellors, social workers, physiotherapists, and so on. Don't forget the kidney patient association, if there is one. It can also be useful to give details of other sources of information and support, such as the British Kidney Patient Association, websites, and books. Many of these resources are listed in the handbook; you will need to fill in the local details.

Then describe to the group how peer support works/will work in your area. You will probably need to answer the following questions:

- Who will be referred for peer support?
- When, by whom, and how?
- How will a referral be matched up to a peer supporter?
- How will referrals and supporters be contacted? Will they meet, if so, where? Will phone numbers be given out?
- What happens afterwards, and what are the arrangements for feedback?
- What support will there be for the supporters?

In order to match supporters with patients appropriately you will need to keep some information about the supporters' experiences of renal disease and treatments, their age, sex, and preferences. The form on page 27 is useful for this.

Depending on local policy you will probably need to ensure all volunteers complete a hospital volunteer application form, and / or criminal record check forms.

Peer Supporter's Preference Form

You do not have to respond to every question if you would prefer not to share some of the information

Name ………………………………………………………………………………

Address ……………………………………………………………………………
……………………………………………………………………………
……………………………………………………………………………

Preferred Phone ……………………………………………………………………

Email ………………………………………………………………………………

Approximate Age ……………………………………………………………………

Social Situation ……………………………………………………………………
………………………………………………………………………………………

Back-ground kidney disease …………………………………………………

Treatments Experienced (circle all that apply)

Kidney biopsy **Angiogram**

HD at Kings **HD at Satellite Unit** **Home HD**

HD through a line **HD through a fistula/graft**

CAPD **APD**

Cadaveric Transplant **Live-donated Transplant**

Preferences (please circle all that apply)

I am willing to support patients over the phone

I am happy for my phone number to be given to patients

I am willing to meet patients in the hospital

I am willing to meet patients at my home

I am willing to support patients through email

I am willing to speak to groups of patients (eg on patient education days)

Do you have any preferences regarding who you are willing to support? …………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

Do you have any limits on when or how often you are available? ……………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

Do you speak any other languages? …………………………………………
………………………………………………………………………………………

Any other preferences or comments ………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

Signature ………………………………………………………………………………

Date ……………………………………………………………………………………