

TRAINER'S EDITION

The Trauma Survivors Network

Peer Visitor Training Workbook



A Program of the
American Trauma Society
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Peer Visitor Trainer's Manual

This manual provides guidance for Trauma Survivor Network coordinators who are offering training to peer visitors. It assumes that the training has been arranged with a group of trauma survivors who would like to become peer visitors.

The training is expected to take two days, each lasting five to six hours, depending on the number of trainees and the length of discussions.

Peer Visitor Training Workbook

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Tips For A Successful Training

Before You Start

As you solicit and register trauma survivors for this training, be sure to discuss the format with them. Some may not be able to concentrate or sit in a chair comfortably for two full days. Going over the format with interested trainees before they register will help make the training a success.

During Training

Post Information on the Walls

- Write "**A peer visit is not about you– it's about the person you are visiting**" in large, bold, red letters on an easel sheet of paper and post it on the wall. Refer to it during the training whenever it applies to the current conversation.
- Post the agenda and refer to it during the day to ensure that you are staying on track.
- Post the goal sheet on the wall that you produce with the class in section 2. Refer to it during the training, checking items off as you address them. Add to the list during the training as new goals arise. Review the list after lunch and at the end of the day.

Make Flip Charts Easy to Read

- Handwriting should be very large on flip chart sheets- check in with trainees to be sure they can read what you record.
- Keep bulleted items short.
- Title each flip chart page.

Keep Trainees Focused

- Strive to change activities every 12 to 15 minutes or so, switching often among discussions, brainstorming, writing activities, role-plays and teaching. Break times have been suggested after sections 3, 5, 9, 11 and 13. Your group may need more frequent breaks, depending on how long it takes to do exercises or discuss things in your training.
- Plan a break every 60 to 90 minutes. *Be very dedicated to this rule.* This training can be quite draining for even the most energetic survivors, and they are much more likely to absorb it if they have regular breaks during the day.
- Take a break when food arrives or if there are other distractions.
- Don't talk too much.

Manage the Exercises

- Rotate partners for paired work, including role plays, discussions and skill building.
- Walk around the room during paired and small-group work to answer questions and offer suggestions.

Welcome

Recovering trauma patients become involved in the Trauma Survivors Network (TSN) for many reasons, including the opportunity to share their experiences with other survivors, learn new coping strategies, and support others through the recovery process. One of the most popular activities is visiting newly hospitalized trauma patients and providing peer support during this very difficult time.

As a trauma survivor, you are at a unique advantage when providing support to new trauma patients. Since you have lived through the trauma recovery experience, including the rescue scene, hospitalization and rehabilitation, you understand the concerns of new trauma patients on a deeply personal level. When a new trauma patient talks about anxieties regarding the long recovery ahead or the frustrations of dealing with the medical system, you can offer heartfelt sympathy and perhaps a few tips for getting through the day.

Trauma survivors can also be at a disadvantage when offering support to new patients. Old memories, images and frustrations may resurface and make it hard to provide support. Trauma survivors often discover unresolved issues when visiting new patients and have trouble figuring out what to say at that time. Even when trauma survivors feel comfortable and at ease with the many discussions that arise during visitations, there are times when it's not always clear what is appropriate to say.

This workbook accompanies your two-day Peer Visitor Training Seminar. It is designed to help you prepare for and become comfortable with new-patient support in the hospital. Thank you for your energy to help your fellow trauma survivors in recovery.

Logistics

Space

You will need a room with tables for food and tables for trainees to sit around to complete their written work. There should be enough space for trainees to pair off for role-plays and for wheelchairs to maneuver comfortably. Arranging tables in “conference room” style promotes the most interaction.

Team Preparation

Review all materials with any staff or trauma survivors who will be helping you during the training. Pre-plan the first role-play (Section 3), being clear about your expectations for a “successful” peer visit.

Supplies

You will need an easel and paper, markers for the flip chart, and a wall clock or watch. You will also need these supplies for all trainees:

- Light breakfast items with coffee for the registration and initial mingling time
- Lunch
- Water, cups, sodas for the breaks
- Sign-in sheets and name badges for registration
- Pens, pads of paper

Materials and Packets to Prepare for Trainees

- Training workbook
- ATS and Trauma Survivors Network Worksheet
- The packet of information given to patients (trauma handbook, PTSD information, etc.)
- Maps and information about the units involved in the peer visitor program
- **Worksheets 4a and 4b** explaining your referral process and showing what information peer visitors will receive on each patient.
- Vignettes for **Worksheet 7g** typed up onto separate sheets of paper for each trainee.
- Your contact information

Materials to Have Ready for the End of Training

- Completion certificate
- Evaluation forms

Peer Visitor Training Seminar Agenda

Day One

1. Introduction
2. Objectives and Expectations
3. Role of Peer Visitor

Break

4. The Visit: Logistics
5. The Visit: Meeting the Patient

Break, Lunch

6. Characteristics of Peer Visitor
7. Communication and Practice

Day Two

8. The Recovery Process: The Survivor's Journey
9. The Recovery Process: Role of the Visitor

Break

10. Cultural Concerns
11. Spirituality & Recovery

Break, Lunch

12. Difficult Issues
13. Self Care
14. Tour
15. Closing and Evaluations

1

DAY ONE

Section 1: Introduction

Time: About 30 minutes

Purpose:

- Put trainees at ease about what to expect of the day
- Introduce trainees to each other

What to include:

- Housekeeping details: location of bathrooms, distribute paperwork.
- A story about a peer visitor who made a difference to a patient (best when the patient tells the story).
- Brief introduction of yourself and your role in the hospital.
- Brief introduction of any other staff helping.
- Review of agenda and basic flow of the training.
- A get-to-know-you activity. One option: Ask everyone, one at a time, to introduce themselves by name and say something about the circumstances of their trauma and why they want to become a peer visitor. Keep track of what the trainees' stories have in common and the reasons the trainees give for taking part so that you can sum up after each person has spoken.

You may also want to

- Describe the Trauma Survivors Network and the American Trauma Society.

DAY ONE

1

Section 1: Introduction

Purpose

- To explain what you should expect of the day
- To meet the people who are participating with you
- To help you understand how you fit in

Section 2: Objectives, Expectations And Goals

2

Time: About 30 minutes

Purpose

- Ask trainees about their expectations
- Educate trainees about the training objectives

What to Include

- Partner exercise:
- Take a few minutes for trainees to talk with a partner (you assign partners) about what goals they have for the training and to write it down in the workbook (**Worksheet 2a**).
- Ask for trainees to volunteer to read their other goals, write them on the flip chart and check each one off as you get to it. Put this sheet where all can see it during the training: you will add to it and check items off as you get to them.
- Confirm which expectations are likely to be fulfilled (hopefully most) and how this will happen.
- Identify objectives of training.

Section 2: Objectives, Expectations And Goals

Purpose

- To elicit your expectations
- To help you become familiar with the objectives and goals of training

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Worksheet 2a (after discussing with your partner): What Are Your Goals for Today?

Training Objectives and Goals

This seminar will help you understand:

- the role of the peer visitor
- the process of the visit
- how to present yourself in a helpful manner
- the emotions that follow traumatic injury, as well as stages and phases of grief and loss
- communication techniques that promote emotional recovery
- empathic listening and how to handle sensitive issues
- common pitfalls of peer visits and how to deal with difficult issues
- how to become actively involved as a peer visitor
- how peer visiting might affect you
- your own recovery and healing

Section 3: Role Of The Peer Visitor

Time: About 30 to 45 minutes. Plan to take a 15-minute break after this section.

3

Purpose

- Explain the role of the peer visitor
- Explain what the peer visitor does and does not do

What to Include

- Role-play exhibition for the group to discuss.
- Time for trainees to record thoughts and observations.
- Time to share observations and dialog.

Role-Play

Plan ahead to perform a role-play with another person (staff or trainee) to show what a peer visit might look like (a short but successful one).

Prompt the “patient” to be somewhat hesitant about talking with a stranger at first, but to warm up to the visitor after the introduction and appropriate opening remarks and questions. Have the peer visitor show good listening skills, be willing to share his or her own story but mainly as a segue into the patient’s story, and be able to answer a couple of hard medical, legal or personal questions. The role-play should take 5 to 10 minutes.

Ask the trainees to write down their thoughts and observations in their workbook during and after the role-play (**Worksheet 3a**)

After the role-play and after the trainees have taken a moment to record thoughts and observations. Ask them to share their observations with the group. Encourage dialog about questions and concerns.

Some issues that may arise include:

- How to start the visit
- What to do if the patient does not seem interested in a visit
- What to do with tricky questions
- How much to share about your own experience
- How much to “pry” into the patient’s experience

Encourage discussion about these and other issues as they come up, and assure the group that you will talk more about these issues during the training. Write down the issues to be addressed on the flip chart (below the goals list) and check them off as you get to them.

Section 3: Role Of The Peer Visitor

Purpose

- To identify what a peer visitor does
- To identify what a peer visitor does not do

3

Worksheet 3a

My Thoughts and Impressions of the Opening Role Play

My observations:

Section 4: The Peer Visit: Logistics

Time: About 30 minutes

Purpose

- Explain the logistics of the peer visit
- Discuss confidentiality

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What to Include

- Explain the referral process:
- How patients have been screened and prepared for the visit.
- How they will receive referrals/assignments.
- What information will be given about the patient and how to maintain confidentiality.
- Use **Trainer Worksheet 4a and 4b** to help create a flow sheet that explains the process. These flow sheets can be called **Worksheets 4a and 4b** and can be included as part of the worksheets offered with the workbook. See appendix for **Trainer Worksheets 4a & 4b**.
- Answer questions.

Section 4: The Peer Visit: Logistics

Purpose

- To learn about the logistical processes of the visit
- To talk about confidentiality

Worksheets 4a and 4b will be provided by your instructor

Section 5: The Visit: Meeting The Patient

Time: About 60 to -90 minutes. Plan to find a good place to take a break during this section (unless it's been less than 90 minutes since the last break).

Purpose

- Explain the process of meeting the patient
- Practice the beginning of a visit
- Identify when *not* to visit patients
- Identify common pitfalls of peer visits
- Review off-limit activities
- Give hospital resource information
- Discuss confidentiality

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What to Include

- Describe the process of conducting the visit, (5 to 10 minutes).
- Have groups of three role-play an introduction and meeting a patient (**Worksheet 5a**). Allow two minutes for each role-play. One trainee plays the role of the peer visitor, the second plays the patient and the third observes (10 minutes). Have trainees refer to **Worksheet 5b “Conducting the Visit”** and **Worksheet 5c “Getting Started”** for ways to get started. Ask trainees to discuss their observations in their small group, then write them down in their workbook (five to 10 minutes).
- In larger group, discuss role-plays and answer questions (10 to 15 minutes).
- Review when it is not OK to visit patients and what activities are off-limits while visiting patients (**Worksheet 5d**).
- Ask trainees to write down other off-limits activities on **Worksheet 5e**, then report on what they've written until it is clear that they get the point (10 minutes).
- Explain how patients can access certain resources in your hospital. Resources that patients often request are listed in **Worksheet 5f “Patients’ Common Concerns and Requests for Resources.”** Give trainees the details to fill in the blanks on their worksheet (5 to 10 minutes).
- Discuss confidentiality and privacy. Ask trainees to suggest ways to maintain patients' confidentiality, write them on the flip chart and add them to the list as appropriate.

Section 5: The Visit: Meeting The Patient

Purpose

- To learn the steps of conducting a visit
- To practice the beginning of a visit
- To know when not to visit patients
- To understand off-limit activities
- To recognize common pitfalls of peer visits
- To learn about resources available to patients in the hospital

Worksheet 5a

Small-Group: Practicing the Beginning of a Visit

In groups of three, role play (two minutes) an introduction and the start of a conversation with a patient. One person acts as the patient, the second acts as the peer visitor and the third acts as an observer. Rotate roles so that each person in your group takes a turn in all three roles.

Discuss your observations in your small group. Write your thoughts here:

Worksheet 5b

Conducting the Visit

- Knock on the patient's door before entering.
- Confirm the patient's identity.
- Introduce yourself and explain that you are with the Peer Visitor program.
- Ask if this is an OK time to visit. If it is not, tell the patient you have others you can visit and that you can return in a little while.
- Start the conversation with an open-ended question (How has your day been today?) or an invitation to talk about her situation (I see that you've got an external fixator; have they begun getting you out of bed yet?). Continue with this conversation if the patient is talkative.
- If family members and friends are present, include them in the conversation.
- Tell a little bit about your own trauma—just enough to let the patient know that you have been there, but little enough to let the patient indicate interest in more information through her questions. Remember, **a peer visit is not about you—it is about the person you are visiting.**
- Step outside, or offer to re-schedule the visit if medical staff arrive to conduct an exam or procedure.
- Share the resource information you have with the patient or family member; explain the materials.
- Be aware of increased pain or discomfort and/or the patient's waning interest in talking; use these signs to conclude the visit earlier than planned.
- Ask if the patient/family would like to have further conversations. If so, arrange for follow-up meetings or tell the patient you will let the coordinator know in case other peer visitors are scheduled to visit soon.
- End your visit by asking if the patient has any more questions or if there is anything you can do. Wish the patient luck in his or her recovery.
- Report your visit to the coordinator and discuss any concerns or questions you have about the visit.

Worksheet 5c

Getting Started

Knowing what to do and say when you enter a patient's room is not always easy. Not everyone is comfortable starting a conversation with a stranger. Although a staff member will meet with the patient earlier in the day, many patients will not remember that you are coming or what your purpose is.

Here are some ways to start your conversation:

"Hi, Mr. Jones. My name is Jane Smith (your partner will add, "and my name is Sandy White") and we are part of the trauma department's peer visitor group. Is this an OK time for us to visit you?"

If the patient says yes, then continue with:

"We are here to offer you support and answer any questions you might have about your recovery. How have you been feeling today?"

Not all patients will immediately engage in conversation or be able to think of questions for you. As a former patient yourself, you know that patients have good days, bad days and days when they are just exhausted. If the patient does not say anything, they may simply be tired, but could still appreciate the visit.

Other questions that may launch good conversation include:

- *How has your hospitalization been going?*
- *Have you been able to eat yet?*
- *Have you been able to sit up?*
- *Have you been able to get into a chair?*
- *Have you been able to get out of bed?*
- *I gather you were in a car crash. Do you remember anything about it?*
- *Have your family or friends been able to visit you since you've been here?*

Depending on the patient's response(s), you will be able to know how your own experiences relate to the patient's as you offer a little bit of information about your own hospitalization.

Worksheet 5d

When Not To Visit Patients

- If you are feeling sick
- If you are feeling “down” or discouraged about your own recovery

Off-Limit Activities During the Visit

- Assisting in the bathroom (if the patient needs immediate help, get the family or medical staff)
- Administering medication
- Helping the patient walk or transfer from the bed
- Feeding the patient
- Sitting on the patient’s bed (sit on a chair)
- Offering medical or legal advice or recommendations
- Bringing an unexpected person with you (non-peer visitor)
- Handling money or valuables
- Offering to drive family members around
- Sharing information about other patients in the hospital

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Worksheet 5e

What other activities do you think would be off limits in the hospital?

Worksheet 5f

Patients' Common Concerns And Requests For Resources

Many different resources are available to patients in the hospital. It is usually best to suggest that the patient ask the nurse about getting in touch with these resources, including the chaplain, the discharge planner or an insurance representative.

Here is a list of people in this hospital who can address the most common concerns.

Insurance questions

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Financial help when the patient has no insurance

Chaplain/spiritual support

Discharge arrangements (rehab, home care, equipment, referrals)

Addictions treatment

Counseling/psychological help while in the hospital

Section 6: Characteristics Of The Peer Visitor

Time: About 20 to 30 minutes

Purpose: Identify the characteristics of a good peer visitor; dispel myths.

What to Include:

- **Worksheet 6a:** Ask trainees to discuss characteristics of a good peer visitor with a partner (someone they haven't worked with yet) and write down the top three characteristics on.
- Ask trainees to share their lists with the group, write what they say on the flip chart and tape the sheet on the wall.
- Have trainees record any new characteristics on their worksheets.
- Review **Worksheet 6b** "Characteristics of a Good Peer Visitor" list.

Section 6: Characteristics Of The Peer Visitor

Purpose

- To understand the characteristics of good peer visitors
- To dispel myths

Worksheet 6a

Partner Exercise: What Makes a Good Peer Visitor

Working with a partner, discuss the characteristics of a good peer visitor. List what you consider to be the top three characteristics

1. _____
2. _____
3. _____

6

Write down the top characteristics selected by other pairs in the group:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Worksheet 6b

Characteristics of a Good Peer Visitor

Besides being well adjusted to their own situation, good peer visitors:

- put others at ease
- have a personal support system in place
- are skilled listeners
- maintain confidentiality
- avoid off-limit activities
- are comfortable discussing trauma and offering support
- can separate a patient's physical and emotional pain from their own life
- understand the limits of their role
- understand the recovery process and their own part in that process
- communicate with compassion
- know the procedure for a hospital visit
- ask for help when needed
- respect the culture and values of others
- know common pitfalls and what not to do
- are non-judgmental, compassionate, attentive and sincere
- don't give false hope

Section 7: Communication And Practice

Time: About 75 to 90 minutes. Consider taking a break in the middle of this section, depending on the time since the last break.

Purpose

- Teach communication techniques that promote emotional recovery
- Teach active empathic listening and how to handle sensitive issues
- Practice listening skills

What to Include:

- **Emphasize** the goals of a visit:
 - To communicate empathy and caring
 - To allow patients to feel understood and part of a larger community of survivors
 - To share one's own story only in the service of these goals
- Ask trainees to write down their ideas (**Worksheet 7a**) about how patients may feel "unheard" or left out of communication about their own situation before the peer visit. Ask them to share their thoughts with the group.
- Ask trainees to write down their ideas (**Worksheet 7b**) about how empathy and caring are communicated and how a lack of empathy is communicated. Ask them to share their thoughts with the group, and encourage discussion (10 to 15 minutes).

Note: *Empathy and caring are communicated through good active listening. Patients often feel the medical staff ignores their concerns, that treatment means being told what is wrong with them and what will be done to them. The trauma experience and resulting hospitalization often lead to feeling powerless and invisible. A good peer visitor will focus on listening and drawing out the patient's view rather than telling the patient about trauma and recovery.*

- **Review** active listening skills (**Worksheet 7c**).
- **Discuss** the importance of being aware of nonverbal communication, both given and received (**Worksheet 7d**).
- **Brainstorm** ideas from the group about what "body language" means and what different messages can be communicated before you even introduce yourself. Write these on the flip chart.
- **Show** how messages are communicated non-verbally in a very brief (two- to five-minute) role-play with a trainee. Show how a person communicates hostility, openness, disinterest, anxiety, etc.
- **Complete Worksheet 7e:** Identify which statements communicate empathy; rewrite statements that need improvement. (This might be a logical break time since you will be re-arranging for pairs and small groups after this).
- **Exercise 7f: Active Listening and Empathy.** Set up paired exercise (new pairs) to practice active listening and communication skills. Have one partner talk for five minutes about one difficulty that he or she went through during recovery while the other partner practices active listening and communicating empathy. Switch roles and repeat. Discuss the exercise.
- **Worksheet 7g: Practice active/empathic listening in complex situations:** advice seeking, slow-talker or no-talker, depressed patient, pushy patient. Using **Trainer Vignettes for 7g**, break into

Section 7: Communication And Practice

Purpose

- To learn communication techniques that promote emotional recovery
- To practice empathetic listening
- To practice handling sensitive issues

Worksheet 7a

The Patient’s Perspective

Trauma patients often feel that the medical staff ignores their concerns and that treatment means being told what is wrong with them and what will be done to them. As a result, the trauma experience and hospitalization often make patients feel powerless and invisible. Good peer visitors focus on listening and drawing out the patient’s perspective rather than telling the patient about trauma and recovery.

List some ways that trauma patients may feel “unheard” or left out of communication about their own situation:



INSTRUCTIONS FOR PEER VISITOR TRAINERS

groups of four to allow for two trainees to interact at a time, while others observe and comment afterward. Rotate observer/listener/speaker roles (give one patient profile to each group member, which they will not share with their “peer visitor.”

Wrap Up the Day

After this section, sum up the day’s work, answer any pressing questions, and offer a preview of the training for tomorrow.

Worksheet 7b

Empathy and Caring

Caring and empathy are at the heart of a peer visit, and the way you communicate them is through good active listening. The burden of opening the lines of communication rests with you. This means that you need to communicate caring and empathy from the beginning, and foster trust.

Our goal is to allow the patient to feel understood and a part of a larger community of survivors. You share your own story only in the service of this goal.

List some ways that empathy and caring are communicated:

List some ways that a lack of empathy and caring are communicated:



Worksheet 7c

Active Listening Skills

- **Look** at the person; make frequent eye contact.
- **Focus** on what the person is saying; ignore background noises and activities.
- **Listen** for the emotion and meaning behind the person's words. For example, "*my family is only able to visit in the afternoons but they can't spend the night,*" might also mean, "*night times are hard for me, and I feel lonely and anxious when my family isn't here during the day, too*").
- **Ask** relevant questions to show that you are interested in knowing more. For example, "*Have the night times been hard since you've been here?*" or "*How have those days been without your family?*"
- **Respond with silence** and an understanding nod rather than chatter if you can't think of something to say right away. A pause in the conversation allows for the person to continue speaking and you to continue listening.
- **Reflect** the person's statements back to show understanding and or to be sure you do understand. For example, if the person says, "*they never tell me what's going on and what to expect,*" you might reply, "*it's frustrating having so many unknowns and not feeling included in the process.*"
- **Validate** the person's experience and add supportive statements: "*You've really been through a tough time. I'm impressed that you still have such a positive attitude.*"
- **Normalize** the person's experience (without simply bringing the focus back to yourself): "*When I was in the hospital, I also worried a lot about how I would manage once I got home. To be honest, it wasn't easy, and every day was a new adventure, but I think we all discover new strength that we never knew we had. I've talked to a lot of patients who have been pretty anxious about that transition.*"
- **Avoid giving advice** unless the person specifically asks for it, and then offer it judiciously. Offering unsolicited advice communicates your own need to be heard, not the other person's.

Worksheet 7d

Body Language and Nonverbal Communication

In our contact with other people, it is impossible not to communicate. Even our very presence conveys a message, and we always use body language. Looking at someone, for example, means something completely different than not looking.

Researchers estimate that at least 70 percent of the communication between people takes place through body language and tone of voice. The best-known theory is that of the American psychologist Albert Mehrabian, who states that when it comes to expressing feelings:

- 55 percent of the communication consists of body language
- 38 percent is expressed through tone of voice
- 7 percent is communicated through words.

If that is the case, then we express 93 percent of our feelings in a non-verbal way.

Worksheet 7e

Empathetic Statements

Which of these statements show empathy and an interest in learning more about the other person's concerns? How might these statements be improved?

- You shouldn't worry about losing your job. You should really focus on getting out of the hospital and recovering before you think about that.
- I hear you saying that it's really tough being away from your children. They must miss you, too.
- I'm sure you'll be walking in the next couple of months and won't have to worry about moving this wheelchair around any more. I only had to have the wheelchair for about six weeks, and my hip was broken in addition to my leg.
- Some people just don't like coming to the hospital. Do you think that maybe your friends are nervous about being here?
- Night times are lonely times, aren't they. You should probably ask for a sedative at night.
- Things look bleak now, but it won't be long before it all turns around for you. All you need is to work hard in PT and to adopt a positive attitude.

Trainer Vignettes for Worksheet 7g

Put each vignette onto a separate piece of paper and give one to each group member in the four-person groups.

1. Advice-seeking patient

You have a broken leg and broken arm from a car crash when the other driver ran a red light. Once you get to know your peer visitor a little and have developed a nice rapport and comfort level, ask him or her for advice about various things, such as getting a lawyer, how long you're likely to need the wheelchair, when you might go back to work, how to get a ramp built, how to apply for disability. If your visitor offers advice, question his or her judgment and advice.

1. Slow or shy talker

You are in the hospital as a result of a car crash. You agreed to accept a peer visitor, but you're not sure you want to share the circumstances of your trauma with this stranger. Even though you are polite, you are a bit wary of talking to him or her. Ask a question or two about the peer visitor's situation, but don't follow up or show a lot of interest.

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3. Depressed patient

You are in the hospital as a result of a work accident. You are an independent contract landscaper with no insurance and no income without work. Your injuries make it impossible to work for several months, and it seems like you might never be able to do hard physical labor again. You live alone and have no local family, but you do have good friends. You have not felt like visiting when these friends come by because you're too depressed and just "don't want to live like this." It seems no one really could understand what you're going through. You don't think talking about it will help, but you did agree to have a peer visitor come by.

4. Inappropriate patient

You have been hospitalized as a result of a fall off a balcony during a party. You are eager to meet with your peer visitor and are very friendly. When you've established a rapport with your visitor, ask if he or she could get you a Coke from the vending machine because the soda the nurse brings doesn't have caffeine and if he/she could bring you cigarettes from the gift shop. Be reasonable and pleasant if you are refused but continue to come up with other requests to help ease your suffering.

Worksheet 7f

Partner Exercise: Active Listening and Empathy

Practice your active listening skills with a partner. Have your partner talk for five minutes about one difficulty he or she faced during recovery while you practice active listening and communicating empathy. Then switch roles and have your partner listen as you tell your story.

Notes/thoughts on this exercise

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Worksheet 7g

Small-Group Exercise: Active Listening in Complex Situations

In groups of four, practice interacting with different kinds of patients and families. Each person in the group will take on specific roles and will rotate roles of observer, listener and speaker.

Notes/thoughts on this exercise

DAY TWO

Section 8: The Recovery Process: The Visitor's Journey

Time: About one hour

Purpose

- Educate about the varied responses to trauma
- Identify phases of recovery that trainees have experienced
- Identify examples of resilience, coping and successful recovery

What to Include

- Describe the maze and process of recovery (**Worksheets 8a and 8b**) and the various paths that survivors may take (5 minutes).
- Brainstorm trainees' definitions of each stage and write them on the flip chart (5-10 minutes).
- Have trainees write in their workbooks (**Worksheet 8c**) a list of some of the stages they went through and a brief description of what it was like for them.
- Share responses in the larger group, noting similarities and differences (10 minutes). Sum up:
 - There is no universal response to trauma
 - There is no set path of recovery
 - Not every trauma survivor "achieves" acceptance (or resolution or reintegration or final adjustment)
 - Each phase of adjustment requires different coping patterns
- Discuss protective factors that foster positive recovery (10 minutes). These might include having strong family and community support, having an uncomplicated physical recovery, using stress management successfully, having a positive outlook, being actively involved in managing your own health, taking part in a support group.
- Have trainees complete **Worksheet 8d**, on factors that helped them achieve the level of recovery they enjoy. Take 5 to 10 minutes for trainees to share these ideas.
- Brainstorm characteristics of someone who has "recovered" and ask trainees to write their own definition (**Worksheet 8e**).

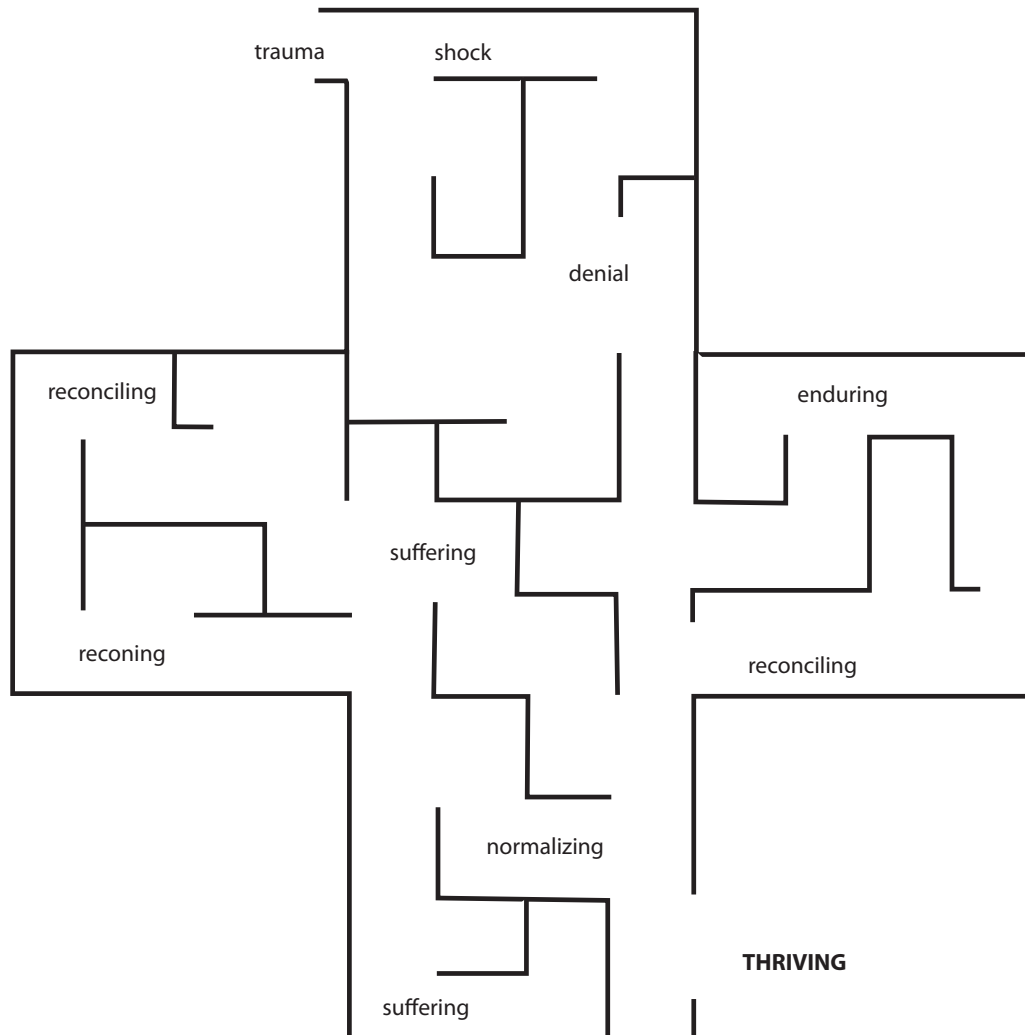
DAY TWO

Section 8: The Recovery Process: The Visitor's Journey

Purpose

- To learn about the varied responses to trauma
- To identify phases of recovery that participants have experienced
- To identify examples of resilience, coping and successful recovery

Worksheet 8a The Recovery Maze



Worksheet 8b

The Recovery Process

Phase	Characteristic	Description
Enduring	Surviving trauma and initial hospital treatments	Hanging on; focusing on present to get through the pain and confusion; blocking out distress about future; consciously not dealing with the full meaning of the loss; may refuse a visit
Grief and Suffering	Questioning: Why me? How will I...? Reacting to the losses associated with the trauma	Intense feelings about the losses; fear, denial, anger, frustration, guilt and loneliness; vulnerable and confused; emotional anguish about loss of self
Depression	Feeling hopeless and helpless about future, recovery, life changes	Low feeling that may last weeks, months or years. Affects body, mood and thoughts. People with depressive illness cannot merely "pull it together."
Reckoning	Becoming aware of new reality	Coming to terms with the extent of the trauma; accepting what is left after trauma; implications for the future, such as role changes, life changes; minimizing own losses in comparison to others'
Reconciling	Putting the trauma in perspective	Regaining control; increased awareness of one's strengths and uniqueness; more assertive; taking control of one's life; self-management of illness and recovery; changed body image; need for intimacy
Normalizing	Reordering priorities	Bringing balance to one's life; establishing and maintaining new routines; allowing priorities rather than the loss to dominate; advocating for self
Thriving	Living life to the fullest	Being more than before; trusting self and others; confidence; being a role model to others (this does not generally occur in the hospital and does not occur for everyone)

Worksheet 8c

Your Own Recovery Stages

List of some of the stages you went through with a brief description of what it was like for you.

Stage

Stage

Stage

Stage

Stage

Worksheet 8d
What Helped You Recover?

Write down factors that helped you achieve the level of recovery you have enjoyed.

Worksheet 8e
Defining Recovery

Write down how you would define recovery (characteristics of someone who is “recovered”):



Section 9: The Recovery Process: Role Of The Peer Visitor

Time: About 60 to 70 minutes. Plan to have a break in the middle of this section, mostly likely just before Worksheet 9c.

Purpose

- Teach the role of the peer visitor during recovery

What to Include

- **Worksheet 9a** Arrange trainees in pairs to share their own experiences with the various phases and brainstorm what they felt they would have most appreciated from a peer visitor at that point (including set-up: 5 minutes).
- Refer to **Worksheet 9b** to discuss trainees' role as peer visitors supporting trauma patients. Remind them to practice their active listening skills.
- Stop the paired discussion and have each pair of trainees practice **Worksheet 9c** for 20 minutes.
- Return everyone to the large group and discuss **Worksheets 9a and 9c**. Identify and address concerns and questions (15-20 minutes).
- Lead a discussion (5-10 minutes) about communicating hope. Ask the group this question:
 - *How does a peer visitor communicate hope for the future? (Answer: By the visitor's own example of positive experiences and successes in recovery, not by telling the patient to have hope).*
- Lead a discussion (5-10 minutes) about including family members in the conversation. Ask the group these questions:
 - *How would you include family in the conversation?*
 - *What would you do if the family is dominating the conversation but you feel the patient would like to talk more?*
- Refer to **Worksheet 9d**.

Section 9: The Recovery Process: Role Of The Peer Visitor

Purpose

- Teach the role of the peer visitor during recovery

Worksheet 9a

Partner Exercise: Being Supportive

Talk with your partner about your own experiences using two or three of the phases from the chart.

Brainstorm what you would have appreciated most from a peer visitor at that point.

Use the chart below to discuss your role as peer visitors supporting trauma patients.

Worksheet 9b

The Role of the Peer Visitor in the Recovery Process

PHASE	WHAT YOU MIGHT HEAR	ROLE OF THE PEER VISITOR
Enduring	I'm just getting through one day at a time. I can't really begin to think about what's next.	Quiet companion, good listener, family support
Grief and Suffering	I can't believe this is happening to me. I keep thinking this has got to be a bad dream and that I'll wake up and it will all be right again.	Listening, empathy; validating; supporting family
Depression	I just don't see how I'm going to make it through this mess. There really isn't much to fight for anymore.	Listening, normalizing, educating about depression.
Reckoning	Well, it really could have been a lot worse. At least they say I'll eventually walk again. My last roommate might not even get that back.	Information about possible future; emotional support
Reconciling	I've already talked to my boss and he's going to set me up to work at home until I can drive again. I know it will be a while before I'll be able to do that, but I'm really lucky to have his support.	Validation; information; role model
Normalizing (usually in support group)	My son has taken over a lot of the work I can't do at home, and I've learned that I need to take a nap in the afternoon so I can stay awake through dinner time.	Validating; information; role model
Thriving	I wouldn't wish this on anyone, but I have to say that my family is closer as a result of this experience. I have a much deeper appreciation for the good things in my life.	Recruiting as peer visitor

Worksheet 9c

Role Play

Continuing with the same pairs from **Worksheet 9a**, role-play a peer visit. Have one person play the patient and one play the peer visitor for 5 to 10 minutes, then switch roles. Have them assume that they have already gotten to know each other a little bit, so they don't need to role-play the introduction to each other.

Patient: Choose a "phase" from your own recovery and role-play yourself from that time.

Visitor: Do your best to offer appropriate support and empathy.

Worksheet 9d

Including Family Members in the Visit

Although the patient is clearly the primary survivor of the trauma, family members often suffer too and go through their own post-traumatic stress, anxiety and uncertainty. Peer visitors should consider the family as much their "client" as the patient.

It is appropriate to focus your attention on the patient, but if family members are in the room, you will want to include them in the conversation. The patient is often "out of it" when you arrive, which allows you to focus your full attention on family members and friends who may be present.

- Talk about how they feel the patient is recovering.
- Find out what their plans are when the patient leaves the hospital.
- Ask about their experience: Have they visited much? Missed work? How did they find out about their loved one's trauma?
- Acknowledge and empathize with the stress family and friends experience during a loved one's hospitalization.

If you are a family member of a trauma survivor, you'll likely have much in common and will be able to provide good support.

Section 10: Cultural Concerns

Time: About 45 minutes

Purpose

- Educate about the impact of culture on the response to trauma
- Offer tips for successful cross-cultural communication

What to Include:

- Ask trainee(s) to read definitions in **Worksheet 10a** aloud.
- Ask trainees to list (**Worksheet 10b**) which cultural group(s) they are most familiar with and those they are least familiar with.
- Ask trainees to share what they wrote with the group and write down their responses on the flip chart. List the responses in two columns: most familiar cultures and least familiar cultures.
- Brainstorm ways to fill in gaps in knowledge.
- For each culture that was named, identify norms regarding the following issues (add your own knowledge to the list):
 - Personal space and touch
 - Sense of privacy and talking openly about problems
 - Independence vs. reliance on others
 - Role of women
 - View of destiny vs. personal control

10

You may use a grid like this one:

Cultural Norm	Culture 1	Culture 2	Culture 3
Personal space and touch			
Sense of privacy			
Independence vs. reliance on others			
Role of women			
View of destiny vs. personal control			

- Brainstorm ways to communicate effectively across cultures (write on flip chart).
- Review **Worksheet 10c**, on communication across cultures.

Section 10: Cultural Concerns

Purpose

- To learn about the effect of culture on the response to trauma
- To learn tips for successful cross-cultural communication

Worksheet 10a

Definitions

Culture: learned patterns of behaviors or thoughts that have been passed through the generations.

Cultural diversity: the wide range of differences among people, including race, gender, ethnicity, religion, national origin, socio-economic status, age, sexual orientation, and physical/mental challenges.

Cultural sensitivity: knowing that cultural differences as well as similarities exist, without assigning values, such as better or worse, right or wrong, to these cultural differences.

Cultural knowledge: being familiar with some of the characteristics, history, values, beliefs and behaviors of the members of a group.

Note: Culture is not necessarily the same thing as religious beliefs. The next section offers guidance on this.

Worksheet 10b

Familiar and Unfamiliar Cultures

Which cultural group(s) are you most familiar with?

What are some cultures you are less familiar with?

Worksheet 10c

Communicating Across Cultures

- Pay attention to body language, facial expressions and behavior. When you are not sure what they mean, ask.
- Avoid asking questions that need a yes or no answer. Yes could mean *"I heard you"* rather than *"I understand"* or *"I agree."*
- Be aware that smiles and laughter could signal discomfort or embarrassment.
- Introduce people using titles (Mr., Mrs., etc) and let the other persons decide when it is time to be more familiar.
- Take your cue from the other person about distance and touch.
- Be open to including family members in discussions.
- Think about the best way to show respect, which could be by addressing the head of the family first.
- Do not take behaviors personally. The way people from other cultures first react to you may have less to do with you as a person than with other factors such as your age or gender.
- Be patient and have a sense of humor. It's not always easy (or successful) when communicating across cultures.
- Ask for clarification. Check for understanding often.
- Recognize when your own communication style may clash with the style of the patient or family.
- Be aware of your own biases and assumptions, and work to control them.

Section 11: Spirituality And Recovery

Time: About 30 minutes, then lunch.

Purpose

- Educate about the impact of spirituality on the response to trauma
- Offer tips for talking about spirituality with the patient

What to Include

- Ask the group whether they think *peer visitors should discuss religion or spirituality with the trauma patients* and have the group discuss this for 5 to 10 minutes.
- Review **Worksheet 11a**.
- Set up a paired discussion: **Worksheet 11b**. Return to the whole group and ask trainees to discuss and sum up. Write down notable insights and thoughts on the flip chart.
- Review **Worksheet 11c**.
- Reinforce that peer visitors may respond to these topics as patients raise them but should not be the ones to bring them up. Brainstorm what an “opening” sounds like and how one might respond.

Section 11: Spirituality And Recovery

Purpose

- To learn about the effect of spirituality on the response to trauma
- To learn ways to discuss spirituality with patients

Worksheet 11a

Trauma, Religion, and Spirituality

Traumatic events often lead to dramatic change in survivors' views of the world and challenge their basic assumptions about meaningfulness, goodness and safety. Persons who believed, before their trauma, that they were spiritually protected can react with despair when they or someone they love falls victim to trauma. They may feel that the traumatic event is some sort of punishment. They may express this with such questions as *"How could this have happened?"* or *"What was I doing wrong?"*

Trauma survivors often find themselves searching for the meaning of their experience. You may hear: *"I don't understand what I'm supposed to do now. How am I supposed to go on? My whole life has been turned upside down."* This may lead to searching for meaning or purpose in their lives and a way to bring the trauma experience into that understanding. In this way, trauma recovery becomes a spiritual journey for many survivors.

Definitions

Spirituality: our common need to find purpose and meaning in our lives and in our relationship to something beyond ourselves.

Religion: adherence to a given set of institutionalized belief systems that offer an organized attempt to address our spiritual questions.

Research Tells Us

Religion plays an important part in the lives of Americans. A 2001 Gallup poll found that 95 percent of those surveyed believed in God, and 58 percent said religion was "very important in life."

People want their doctors to ask them about spiritual concerns. A 1996 *USA Today* survey found that 63 percent of those surveyed believed it is good for doctors to talk to patients about spiritual beliefs.

Exercise 11b

Partner Exercise: Thinking About Spiritual Questions

Talk over with your partner how would you respond to these questions and statements:

- *How could this have happened?*
- *What was I doing wrong?*
- *I don't understand what I'm supposed to do now.*
- *How am I supposed to go on?*
- *My whole life has been turned upside down.*

What are you communicating by your responses?

What might make a patient comfortable or uncomfortable in this discussion?

Notes/thoughts on this exercise

Worksheet 11c

Spiritual Support

Peer visitors must be very careful to never try to change or sway a patient's beliefs. No matter how valid you think your views are, you must put them aside in favor of understanding the patient's sense of existence. Even if the patient is searching and questioning, a process that trauma survivors find both essential and exhausting, your role is only as a listener, not as a director.

There are questions you may ask that communicate an interest and acceptance of the patient's unique experience. If it seems that the patient wants to share his or her thoughts and beliefs, some of these questions may open the door to a more in-depth conversation:

- *How is this trauma experience affecting you?*
- *Have you been suffering a great deal?*
- *What seems most important to you in your life right now?*
- *What has been meaningful and helpful to you as you have coped with your trauma?*
- *Do you have a support system you rely on?*
- *What has strengthened you as you deal with this?*

When a patient brings up religion or faith, you might ask, "Has your faith helped you in coping with this trauma?" If the answer is yes, you could then ask, "How has it helped?" If the answer is no, you might ask, "Are there ways you think it might help?"

If a patient asks how your faith was affected by your trauma, it is fine to answer directly, reminding the patient (and yourself) that each trauma survivor's relationship to his or her faith is unique.

Section 12: Difficult Issues, Remaining Concerns

Time: About 45 minutes

Purpose

- Identify some of the difficult situations that peer visitors may encounter
- Offer tips for handling them
- Address remaining concerns

What to Include

- Lead a brainstorming session (10-15 minutes) on the question: "What issues or situations would make you anxious or uncertain in the peer visiting role?"
- Knowing what trainees have learned about their role as a peer visitor, discuss (10-15 minutes) appropriate ways to approach these various situations.
- Offer **Worksheet 12a**.
- **Worksheet 12b** Ask the group to name situations that would be uncomfortable for them and design role-plays based on the concerns they raise. Ask a concerned trainee to play the patient while you (or a volunteer) play the peer (15-20 minutes).

Section 12: Difficult Issues, Remaining Concerns

Purpose

- To identify some of the difficult situations peer visitors may face
- To learn tips for handling them
- To answer questions and talk about concerns

Worksheet 12a

Silence

You will have lulls in conversations with your patients. Your task is to figure out whether the patient is:

- ready to end the visit
- not sure what is appropriate to share
- wishing for company but not conversation
- reflecting on a thought or thinking about asking a question.

Be sure your body language communicates that silence is OK. Don't fidget or check your watch. Don't feel that you have to fill in the gaps with chatter. Learn to tolerate silence without letting the silence make the patient feel uncomfortable.

If you feel at ease with the patient and the visiting process, you may decide to ask directly if the patient would prefer to be alone or have you stay a little longer. Or, to gauge the patient's interest in conversation, you could try an open-ended question or two, such as, "How have you felt the care has been on this floor?" or "How has your family been coping with your hospitalization?"

Intimacy

Intimacy and sexuality are an important part of life, and trauma often damages patients' self-image as a sexual being. The topic of sexuality will rarely come up in a peer visit, but the patient may raise concerns about relationships. Before your visit, think about how you will respond if the patient expresses concerns about relationships or body image. Also consider how much about your own experience you are comfortable sharing. It is almost always safe to reflect what you hear the patient expressing. You might say, for example, "I know a lot of trauma survivors worry about how this experience will change their marriage or ability to relate to their girlfriend or boyfriend (normalizing). In my case, . . . (offer something relevant that you are comfortable sharing). Have you been thinking about this lately?"

Insurance/financial difficulties

Each state has resources for people without health care benefits, and each hospital has staff assigned to address the patient's insurance and financial concerns. Even though you may be a good person to listen as the patient talks about financial worries and brainstorms solutions, you are probably not in a good position to be an adviser. You can remind the patient that there are financial counselors in the hospital that the nurse can call on to help during the hospitalization.

Worksheet 12a (continued)

Well-intentioned family and friends

Family and friends may inadvertently cause distress to the trauma patient in their efforts to help. As a peer visitor, you can help by acknowledging this common experience (perhaps providing examples from your own life) and suggesting responses to these “well-meannies” in the patient’s life.

Family: *“If I were you, I would (followed by advice)”*

Patient: *“It’s been a pretty overwhelming time, but they have good professionals here helping me work out some of those details.”*

Family: *“You shouldn’t think about the accident. It just seems to upset you.”*

Patient: *“I have noticed that when I talk about the accident it upsets everyone else, but I feel like I just need to talk about it a little. It actually makes me feel better.”*

Friend: *“You sure were lucky.”*

Patient: No response is probably best, if the patient is not truly feeling lucky.

Patients who are very upset with their medical care

Confidence in the care providers and the facility is one of the most important factors in reducing anxiety and stress for trauma patients. It is therefore not therapeutic to add to a patient’s distress by joining the patient in the criticisms and offering details about your care providers’ incompetence. Instead, help clarify the concerns and brainstorm ways that the patient or family might address them. Offer solutions that you found helpful during your stay, such as keeping notes on providers’ names and roles, meeting with a manager on the floor, or even requesting a second opinion. When the patient is hospitalized in a trauma center, you can offer assurance that that he or she is in the most medically appropriate place.

Patients who have suffered a loss (death) in the trauma

You will likely be briefed if someone died as a result of the trauma in which the patient you are visiting was involved. This is not something that you should bring up first in conversation with the patient. If the patient wants to talk about the loss, he or she will more than likely bring it up during the conversation. In that case, your first response should be to acknowledge the loss and express your condolences. To see if the patient wishes to discuss the issue further, you could then ask a leading question, such as *“How did you find out?”*

This can be an uncomfortable issue, but the patient may want or even need to discuss it on some level. By asking leading and open-ended questions, you are leaving it up to the patient to decide how much to reveal.

You also could ask if the patient wants to talk about it. If the answer is yes, the patient will drive the conversation from there.

Worksheet 12b

Role-Playing Tough Situations

As you and other members of the group raise concerns about handling difficult situations that you may face, the group leader will set up role-plays. You or another group member will play the role of the patient, and the group leader or other volunteer will play the role of the peer visitor.

Section 13: Self Care

Time: About 45 minutes

Purpose

- Identify the effect of peer visiting on the visitor
- Offer tips for self care

What to Include

- Lead a group discussion (5-10 minutes) on these questions: How has this training affected you? and How do you expect that visiting patients will affect you? Write down themes on the flip chart.
- Brainstorm with the group (5-10 minutes) how they would be able to tell if they are feeling overwhelmed from this kind of work. Write down the signs and symptoms on the flip chart.
- Using colored 3 x 5 cards, lead **Worksheet 13a**.
 - Break into small groups of three to four.
 - Have the small groups make lists of positive coping strategies or activities that seem to get them back on track when they are feeling anxious or stressed, particularly ones they feel would be useful to “recharge” from the work of peer visiting (10 minutes).
 - Ask each small group to make 5 to 10 “coping cards” that can be collected and shared (see example).
 - Return to the larger group and have each small group read their coping cards and put them into a collective pile (10 minutes).
 - After all the cards have been read and submitted, hand out the cards (as evenly as possible) to the trainees, along with one to two blank cards so trainees may write their own. Advise the group to refer to their cards when they feel overwhelmed, stressed or other negative effects of visiting.

Section 13: Self Care

Purpose

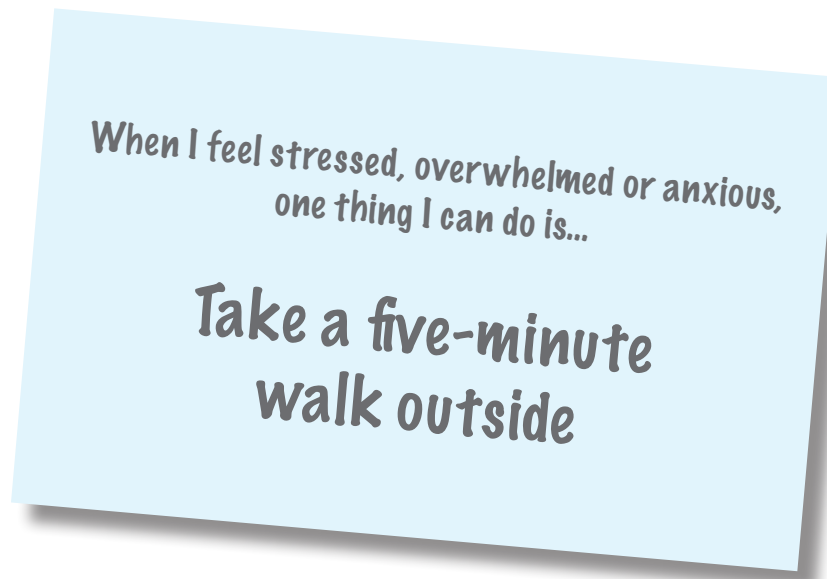
- To identify the effect of peer visiting on the visitor
- To learn tips for self-care

Worksheet 13a

Small-Groups: Sharing Self-Care Tips

In small groups, make a list of positive coping strategies or activities that seem to get you back on track when you are feeling anxious, stressed or overwhelmed. Think of things that would help you “recharge” from the work of peer visiting.

Create 5 to 10 “coping cards” that you can collect and share (see example). Pick a group member who will read the cards to the larger group.



Section 14: Tour Of Units

Arrange to offer a tour of the facility and the units where the peer Visitors will be working.

Prepare maps of the units, and include in the packet of materials that is given to trainees any information about the units that is available to patients and families.

Closing/Evaluations

Purpose

- Formally conclude training

What to Include:

- Offer concluding remarks, thank trainees for being willing to volunteer and help the trauma community.
- Hand out evaluation forms (see the example in the appendix).
- When trainees turn in their forms, give them their packets of information and a certificate of participation if you choose to create one.

Section 14: Tour Of Units

You will have an opportunity to tour the facility and the units where you will be working.

Closing And Evaluations

You will have an opportunity to give feedback on how well you think this seminar has prepared you to be a peer visitor.

Trainer Worksheet 4a

The Visit

Consider some of the following issues as you create handout 4a:

Referrals

- Will visits be arranged for a regular day of the week/month, or will Peer Visitors be contacted individually on an “as needed” basis?
- What do the patients know about the Peer to visit?
- How have the patients been screened/identified/consented for visits?
- How will Peer Visitors be contacted to receive their assignments (email, phone, information left in a secure location)
- What information will be given to the Peer Visitor about the patient?

Preparing for the Visit

- How will the Peer Visitor get the sheet of information from the Coordinator?
- Who does the Peer Visitor need to check in with on the unit (i.e. secretary or patient’s nurse etc.)
- Does the Peer Visitor need to reconfirm that the patient is indeed still in the same room as the contact information states (as patients are frequently moved with short notice) or will the coordinator take care of that?

Confidentiality

- How should identifiable patient information (on paper)/information shared over voicemail/ email be protected and disposed of?

Worksheet 4a

(this is an example of what you will create using Trainer Worksheet 4.a)

THE VISIT

Referrals

If you choose a regular day to visit, you and the Coordinator will work out a system for where you will receive your assignments for the day. If you are an on-call visitor, you will receive your referrals via email or phone. The Coordinator will have met with the patient ahead of time and received consent for the visit. The following information will be passed on to you:

- Name of contact, age
- Room number
- Length of stay
- Mechanism of injury, general idea of medical condition
- Any special circumstances (others involved, emotional state, other background information)

Preparing for the Visit

- Collect the assignment and materials to hand out.
- Check in at the nurse's station to inform nurse that you will be visiting the patient.
- Confirm that the patient you are looking for is in the bed you were told to go to (and confirm the patient's identity).

Confidentiality

As it is critical that we maintain patients' privacy and confidentiality, no identifiable information about a patient will be communicated over email, and all paper containing identifiable information and health information must be shredded after the visit. Your trainer will show you how this is done.

Trainer Worksheet 4b

Create an information sheet – using a mock patient – similar to the ones the Peer Visitor will receive in preparation for a visit.

A) Include the following (information that will help the Peer Visitor find and best serve the patient)

- Room number
- Patient name
- Basic and very abbreviated history of trauma/hospitalization
- Age, sex, mechanism of injury, most significant injury(s), length of stay
- Relevant psychosocial information, e.g. homeless, out of state resident, strong family support, plans for rehab
- Unique considerations: others involved in trauma, death of loved one in crash (only if known by patient), patient experiencing significant post-traumatic stress symptoms, patient facing limb loss

B) Exclude the following This information is of a more sensitive nature that should be shared only under the express permission of the patient. The patient or family may choose to share some of this information with the Peer Visitor, as these issues are frequently of great concern to them)

- Detailed information about a patient's injuries or treatments
- Insurance information
- Addiction history/substance abuse
- Positive HIV status

You will need to use your best judgment as you decide which information belongs on the "A" and "B" lists.

Explain Commonly Used Abbreviations. If you anticipate using abbreviations on your information sheets, explain those here.

Describe patient in narrative form. Using the mock patient described in abbreviated form on the patient information sheet, describe the patient in "plain English."

Worksheet 4b

(this is an example of what you will create using Trainer Worksheet 4.b)

You will be given a sheet of information about your patients that will look like the form below.

Room Number	Name	History and Information
475-02	John Smith	47 y.o. male; MVC- leg injuries; LOS: 3 days Lots of family in the room, will probably be d/c to home next week
756-01	Amy Jones	21 y.o. female; fall from balcony- TBI; LOS 23 days; patient beginning to follow commands; mother looking at rehab facilities- interested in talking about Mount Vernon Rehab

Some abbreviations

- MVC** Motor Vehicle Crash
- LOS** Length of stay
- TBI** Traumatic Brain Injury
- d/c** Discharge
- 01** "Bed 1" which is nearest to the door
- 02** "Bed 2" which is nearest to the window

What this means

John Smith is in room 475 in bed 2 which is by the window. He is 47 years old and was admitted 3 days ago following a motor vehicle crash in which his legs were injured. He expects to leave the hospital and go home next week (although it could be sooner, later, or to some other facility, as you know!) and you might find he has a number of visitors in the room with him.

Amy Jones is in room 756 in the bed near the door. She is 21 years old and 23 days ago was admitted as a result of a fall off a balcony, sustaining a traumatic brain injury. She is not able to communicate with you as she is only now beginning to follow commands (e.g. "squeeze my hand" or "lift your thumb" or "blink your eyes"), but her mother would like to visit with you. She will probably be transferred to a rehabilitation facility- her mother would like to talk about your experiences with Mount Vernon Rehab hospital.

What is not included

Detailed information about a patient's injuries or treatments will not be included, nor will information about substance abuse or insurance coverage. The patient or family, however, may choose to share some of this information with you, as these issues are frequently of great concern to them.

AMERICAN TRAUMA SOCIETY PEER VISITOR TRAINING

Evaluation

Listed below are the objectives of peer visitor training. Please rate on a scale of 1 (low) to 5 (high) how well you are now able to meet each objective.

Identify the role of the peer visitor	1	2	3	4	5
Describe characteristics of a good peer visitor	1	2	3	4	5
Explain the process of the peer visit	1	2	3	4	5
Discuss off-limit activities during the visit	1	2	3	4	5
Describe communication techniques that promote emotional recovery.	1	2	3	4	5
List several ways that empathy and caring are communicated	1	2	3	4	5
Identify several stages of recovery	1	2	3	4	5
Identify ways in which a peer visitor can support a patient during recovery	1	2	3	4	5
Discuss ways in which a peer visitor communicates effectively across cultures	1	2	3	4	5
Describe how a peer visitor can discuss spirituality and the meaning of the experience with a patient	1	2	3	4	5
List some difficult situations a peer visitor might encounter	1	2	3	4	5
List some tips for handling the difficult situations	1	2	3	4	5
Identify the effect of peer visiting on the visitor	1	2	3	4	5
List 2 to 3 tips for taking care of yourself when engaging in this work	1	2	3	4	5
Locate the units and hospital rooms where peer visiting occurs 1.	1	2	3	4	5
The objectives clearly related to the purpose and goals of the activity.	1	2	3	4	5
The physical environment was helpful for learning	1	2	3	4	5

Please rate each presenter (and content) on a scale of 1 (low) to 5 (high) for each item.

Presenter

Presenter was knowledgeable on the topic	1	2	3	4	5
Presenter had an effective presentation style	1	2	3	4	5
Content was relevant to the objective	1	2	3	4	5
Teaching strategies were appropriate	1	2	3	4	5
Teaching strategies were effective	1	2	3	4	5

Please include additional comments on the back. Return your completed evaluation sheet to receive your Verification of Attendance Certificate.



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