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School of Occupational Therapy

Development of a Peer Mentor Program for the Inpatient SCI Population at the Rehabilitation Hospital of Indiana

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Abstract

The Rehabilitation Hospital of Indiana (RHI) is an acute inpatient rehabilitation hospital in the Midwest. The hospital serves many populations, however the needs of the spinal cord injury (SCI) population were identified to develop a peer mentor program. The SCI Peer Mentor Program Manual was developed through a doctoral capstone project to provide RHI with a detailed protocol for implementing and evaluating the program. A separate Peer Mentor Training Manual was developed to guide training peer mentors. An extensive search through literature and an examination of needs of the site and population were completed through needs assessments and a SWOT analysis. When disseminating the capstone project to RHI stakeholders, individuals reviewed contents of each manual and discussed challenges with implementing the program. However, stakeholders reported that each manual supported their mission to provide the best care for their patients and fulfilled requirements to maintain CARF accreditation.

Introduction

RHI provides acute inpatient and outpatient services for brain injury, spinal cord injury (SCI), stroke, transplant, and comprehensive acute rehabilitation (RHI, n.d.). The hospital strives to create leading-edge interventions that reduce disability, maximize patient outcomes, and improve methods for measuring and tracking patient progress and rehabilitative effectiveness. Expert clinicians at RHI are committed to clinical and translational research of brain injury, spinal cord injury, stroke, and comprehensive medical populations. The inpatient acute SCI program treats central cord injuries, paraplegia, quadriplegia, tetraplegia, transverse myelitis, simultaneous SCI and brain injuries, and other neurological disorders (RHI, n.d.).

As a CARF-Accredited SCI program, RHI has many regulations they have to follow to maintain their accreditation status. One requirement is that the spinal cord specialty program provides peer support services that address the needs and preferences of the person served (CARF, n.d.). CARF standards also indicate that peer support programs must have a competency-based training and written procedures for the recruitment of peer supporters.

My capstone project at RHI had a focus of program development and creating a comprehensive Peer Mentor Program Manual for the SCI population, as well as curriculum-based Peer Mentor Training Manual that will be used when RHI begins implementing the program. The following sections of this scholarly report will highlight the results of the needs assessment for the SCI population, a summary of current literature to support this program, project design, implementation, and outcomes. This scholarly report will also discuss the site's plan for continuation of the program and recommendations for future research studies.

Background

In 2011, the National Spinal Cord Injury Statistical Center (NSCISC) reported 12,000 new yearly SCI cases in the United States (NSCISC, 2011). In 2021, the number of new yearly cases increased to 17,900 (NSCISC, 2021). After experiencing an SCI, individuals spend an average of 11 days in acute care, 30 days in rehabilitation, and then begin community reintegration (NSCISC, 2011). Patients at RHI have an average length of stay of 14 days (RHI, n.d.). There are many important things for people to learn during their time in the hospital to prepare them for life after discharge. Li et al. (2020) state that inpatient rehabilitation programs are "crucial to promote coping and adaptation to the injury" (p. 218).

Patients in acute inpatient rehabilitation at RHI receive comprehensive skill training, education on the anatomy of SCI and preventing medical complications, and acute discharge planning in group and individual treatment. There is a need for preparing individuals with shortened rehabilitation stays to detect potentially avoidable outcomes, such as re-hospitalization (Stillman et al., 2017). Recent estimates indicate 36% of SCI patients will have unplanned readmissions, and over 12% will have multiple readmissions within the first year. In turn, patients leave feeling emotionally overwhelmed, socially isolated, and lacking in competence and confidence needed to assume responsibility for their care needs (Gassaway et al., 2017). Inpatient rehabilitation assists patients with SCI to acquire new skills necessary for physical, psychological, and social functions and helps patients build confidence and self-efficacy with community re-integration and managing life after injury (Li et al., 2020). Self-efficacy is defined as a belief in one's ability to execute actions required to achieve desired outcomes, and is an important predictor of participation and contributes to resilience, quality of life, and well-being after SCI (Gounelle et al., 2021; Jones et al., 2021). Low levels of self-efficacy are associated with long-term complications and decreased psychological well-being (Gounelle et al., 2021), while higher self-efficacy is associated with successful psychological adaptation to SCI and positive correlation with quality of life and well-being (Li et al., 2020).

Peer mentorship has been shown to support coping with a recent SCI and prepare individuals for discharge. According to Jones et al. (2021), peer mentoring and peer-led instruction have also been shown to improve self-efficacy. Peer mentorship is defined as a peer interaction with someone who shares similar lived experiences and provides encouragement, resources, and knowledge to help the peer adapt and/or thrive (Gainforth et al., 2019 & Sweet

et al., 2021). Gassaway et al. (2017) reported that “people learn more and try harder when they learn from people they perceive to be like themselves, managing similar circumstances” (p. 1527). In a study by Wobma et al. (2019), 73.3% of inpatient rehabilitation patients expressed a need for peer support upon admission. The researchers also suggested that healthcare professionals’ support in rehabilitation teams is insufficient to satisfy all patients’ needs.

There are many well-established peer mentor programs in the United States, including the Christopher and Dana Reeve Foundation, Mount Sinai, the United Spinal Association, and Shepherd Center. These programs utilize research and participant feedback to support their program and maximize the benefit to those served. Support is offered through one-on-one interactions, group interactions, and topic specific educational groups. Many of these programs offer long-distance mentoring and communication is done through e-mail or telephone. While these programs have benefitted many individuals across the country, there continues to be a need for matching peers with mentors who live close in proximity. Peer mentors who live in close proximity to their peers are able to provide more appropriate community resources and introduce peers to a community of other peers that live nearby. In addition, living near peers gives peer mentors an opportunity to visit their peers during their inpatient stay and after they discharge home.

RHI’s Peer Mentor Program is designed to provide support and resources through a 1:1 relationship between and individual who has been successfully living with SCI for at least 1 year (peer mentor) and an individual who is currently in inpatient rehabilitation with an SCI (Bridges, A., 2021). The goals of the program are to close the gap between current methods of care and the specific needs of the acute inpatient SCI population. More specifically, the program is

intended to decrease unplanned hospital readmissions, assist in community reintegration, improve self-efficacy, and improve psychological well-being (Hibbard, M. R. & Cesario, J., n.d.). Peer mentors will be from Indiana so mentors are able to meet with peers during their inpatient stay and continue in-person meetings in the community following the peers' discharge. Through the development of the RHI Peer Mentor Program for the SCI population, a peer mentor program manual and peer mentor training manual were developed to provide the hospital with a detailed protocol for implementing the program. The training manual provides specific evidence-based training topics that will improve outcomes and satisfaction for both peer mentors and peers. Lastly, these manual are each unit because they were developed from the most up-to-date literature, whereas the only other SCI peer mentor program manual utilizes outdated literature.

Model and Frame of Reference

The Person-Environment-Occupation-Performance (PEOP) model suggests that occupational performance results from the interaction between the person, environment, and occupation. In this model, dysfunction is evident when a person's occupational performance is limited, and they cannot fulfill their role responsibilities (Cole & Tufano, 2008). Individuals who are in the acute inpatient SCI unit experience dysfunction because they are unable or unsure how to perform meaningful occupations and will likely be unable to fulfill their role responsibilities for some time after discharge. The SCI Peer Mentor Program is designed to help individuals recognize that they are competent to achieve occupational performance to facilitate their persistence through change. Based on evidence from the PEOP model, the program will

also increase occupational performance competency, develop life-long skills, and increase one's sense of health and well-being.

The Psychodynamic Frame of Reference suggests there might be something beneath the surface in a person that should be explored using psychodynamic strategies. The frame also indicates that change is the result of insight, self-understanding, and reflection upon their perceptions of past experiences. Through the SCI Peer Mentor Program, the Psychodynamic Frame of Reference will aid peers in relating to individuals they are paired with and facilitate a strong sense of self to improve occupational performance areas. Further, therapeutic relationships will help individuals become aware of the emotions, motivations, and conflicts that are hidden in their unconscious (Cole & Tufano, 2008).

Project

Project design

During the development of the SCI Peer Mentor Program, the specific needs of the site were identified through two needs assessments with the site and patients on the acute inpatient SCI unit, a strengths weakness opportunity threat (SWOT) analysis with RHI stakeholders, and a comprehensive review of literature and CARF guidelines regarding spinal cord injury specialty programs.

The RHI SCI Peer Mentor Program Manual and SCI Peer Mentor Training Manual were created to provide an evidence-based protocol for implementing the program. The SCI Peer Mentor Program Manual includes the following information: background information of RHI and the SCI population, description of the SCI Peer Mentor Program, review of CARF requirements, results from the needs assessment and SWOT analysis, methods of funding,

protocols for recruiting and screening peer mentors and peers, protocols for matching individuals to ensure effective mentorship and training peer mentors, methods for effectively evaluating the program. An appendix is located at the end of the manual which includes HIPAA and release of information forms, flyers, and handouts for peers and mentors.

The SCI Peer Mentor Training Manual was created to be utilized by Training Facilitator(s) or Program Coordinator(s) during mentor training sessions. Each activity in the training manual is designed to reflect group training protocols at RHI for continuity and usability with RHI employees. Training activities were designed to reflect existing peer mentor programs as well as updated to incorporate suggestions from the literature surrounding peer mentoring and improving self-efficacy, community reintegration, and self-management of injury.

Implementation

My project was implemented through evaluating the continuum of care for patients with SCI and analyzing patient responses surrounding their needs in rehabilitation. Therapists who primarily treat patients with SCI were provided parts of the SCI Program Manual throughout its development and encouraged to participate in needs assessments when they were administered to patients.

The SCI Peer Mentor Program Manual was disseminated to relevant stakeholders at RHI. Therapy leadership, the Physical Medicine and Rehabilitation doctor, nursing leadership, and other members of the programs management team attended a zoom meeting to discuss contents of the program manual and strategies to implement the SCI Peer Mentor Program. When designing and implementing my project, there was limited participation and feedback provided my SCI therapists.

During dissemination of my project, the programs management team identified the biggest challenge to implementing the program will be identifying Program Coordinator(s). After discussions about using resources to mitigate this barrier, the team reported they will not be able to immediately implement the program and the process of implementation will take time. The development of the SCI Peer Mentor Program was successful in finding resources and relevant literature to support contents of the SCI Peer Mentor Program Manual and Training Manual. Another success of developing the SCI Peer Mentor Program for RHI is that it provides guidelines for peer mentoring that can be adapted for other populations at RHI and other facilities that treat these populations.

Project Outcomes

The results of the inpatient needs assessment supported and informed the development of the peer mentor program. Most individuals recalled topics from spinal cord education groups. However, many individuals and caregivers reported that most information from group education “didn’t apply to them”. The biggest concerns that individuals expressed about returning home were regarding caregiver burden, managing their injury at home, returning to work, applying what they learned in rehabilitation to their daily life at home, and lacking community resources. 84% individuals that responded to questions shared that they do think peer mentoring would be beneficial during their acute inpatient stay at RHI, and 69% of individuals indicated they would participate in the program if it were currently offered.

The table below captures responses from the SWOT analysis given to RHI stakeholders.

Strengths	Weaknesses	Opportunities	Threats
• "Destination of choice" across the state for inpatient and outpatient SCI population Specialized MDs, RNs, and therapists • Positive patient experiences • Follow-up clinic, adaptive equipment resources, sports program	• RHI Spinal Cord Program lacks resources • Presence of virtual platform • Funding • No current mentor pool • Longitudinal monitoring of previous SCI Peer Mentor Program	• Restarting adaptive sports teams, support groups, community fitness, driving program • New research • Virtual platform • Maintaining patient relationships • Advertising in the community	• Other inpatient rehabilitation facilities • New facilities creating community resources • COVID-19 and visitor restrictions • Mentor distances from RHI facility

After disseminating the SCI Peer Mentor Program Manual, RHI stakeholders shared that they were impressed with the program I developed for them and they appreciated that the program was uniquely made to address the needs of their patients. Stakeholders remarked that the manual was "made to reflect best practice" and "the relevance of literature used to support the program and training of peer mentors is impressive". Many individuals who attended the dissemination presentation were excited to present this to CARF in the coming weeks to show their goals for providing the best care for patients with SCI at RHI.

Summary

RHI is a leading rehabilitation hospital that strives to maximize outcomes for each population served. There has been an increase in research that aims to understand how patients, specifically with an SCI, reintegrate into the community and manage their new diagnosis. Many studies indicate that high levels of self-efficacy correlate to improved

outcomes after discharge from inpatient rehabilitation (Li et al., 2020). However, it has become increasingly evident that support from peers improves coping with life after injury and better prepares patients for discharge. The SCI Peer Mentor Program was developed in response to needs indicated through literature, patients with SCI at RHI, and RHI stakeholders. More specifically, many patients on the acute inpatient SCI unit at RHI shared that information from SCI education groups was generalized and generally not applicable to them. 84% of patients who completed the needs assessment indicated that peer mentoring would be beneficial during their hospital stay and over half of respondents stated that they would participate if the program was currently offered. The SCI Peer Mentor Program Manual and Training Manual reflect what the site aims to provide when the program is implemented. However, the site will need to discuss strategies for finding Program Coordinator(s) and peer mentors prior to beginning implementation.

Conclusions

Throughout the development of the RHI SCI Peer Mentor Program, it became evident that rehabilitation nurses, doctors, and therapists can equip patients with skills to successfully return home. However, patients often lack confidence in managing life after injury and hearing experiential knowledge from peers improves coping, resilience, and community reintegration after injury. The SCI Peer Mentor Program at RHI will improve outcomes, satisfy CARF requirements to maintain accreditation, and increase community resources for individuals living with SCI.

It is suggested that future studies or expansions from this program evaluate effective implementation steps and which stakeholders should be more involved from the beginning of

program development. After the SCI Peer Mentor Program is implemented, the site should consider having mentors lead group education sessions to improve carry-over of knowledge and increase participation from patients. It is essential for researchers to continue examining how peer mentoring effects success after patients are discharged from inpatient rehabilitation.

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Appendix

Week	DCE Stage (orientation, screening/evaluation, implementation, discontinuation, dissemination)	Weekly Goal	Objectives	Tasks	Date complete
1	**Orientation**	1) Complete orientation by the end of the week 2) Read and annotate new literature articles	Meet with site mentor, other site personnel, and the site participants to introduce myself and educate them on why I am here/what I will be doing for the 14 weeks Document supervision plan and update MOU with site mentor Understand site environment/where to work/dress code/ etc Review new literature that has been published regarding peer support and SCI recovery	Set up meetings with key personnel- SCI team Create a talking point document for when I meet with various people and come up with questions for SCI team Finalize MOU Ensure that all paperwork for orientation is complete Determine who to meet with and what questions to ask and set up meeting	**1/14/22**
2	**Screening/Evaluation**	1) Complete search of literature for program evaluation measures by mid-week	Establish Outcome assessment	Review outcome assessments with site mentor & faculty mentor	**1/21/22**
		2) Continue searching through literature for training procedures, evidence on peer mentor programs 3) Bi-weekly meeting with rehab team	Continue to develop inclusion/exclusion criteria for mentors and patients Write up standardized mentor recruitment + screening process Update training manual documents/notes	Reach out to Christopher and Dana Reeves Foundation for more details on training for mentors. Cost of training, length of training, etc. Meet with rehab team to discuss progress	
3	**Screening/Evaluation**	1) Continue searching through literature for training procedures, evidence on peer mentor programs 2) Attend SCI education groups 3) Begin needs assessments with patients	Continue to develop criteria for mentors and patients Write up standardized mentor recruitment + screening process Observe SCI ed groups to gain understanding of topics covered and styles of education.	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training Grant funding Recruitment flyers/e-mail Administer needs assessment	**1/28/22**
4	**Implementation**	1) Continue searching through literature for training procedures, evidence on peer mentor programs	Continue to develop criteria for mentors and patients Write up standardized mentor recruitment + screening process	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training	**2/4/22**

		2) Bi-weekly meeting with rehab team 3) Begin writing Program Manual 4) Continue attending SCI education groups	Complete rough draft of section 1 for program manual Observe SCI ed groups to gain understanding of topics covered and styles of education.	Grant funding Recruitment flyers/e-mail Meet with rehab team to discuss progress Section 1 of Program Manual	
5	**Implementation**	1) Continue searching through literature for training procedures, evidence on peer mentor programs 2) Continue writing Program Manual	Continue to develop criteria for mentors and patients Write up standardized mentor recruitment + screening process Revise Section 1 of Program Manual Get therapist feedback from section 1 of manual	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training Grant funding Recruitment flyers/e-mail Contact SRT regarding development of mentor program	**2/11/22**
6	**Implementation**	1) Continue searching through literature for training procedures, evidence on peer mentor programs	Continue to develop criteria for mentors and patients Write up standardized mentor recruitment + screening process	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement	**2/18/22**

		2) Bi-weekly meeting with rehab team 3) Meet with SRT employee regarding mentor program at RHI 4) Continue Needs Assessment with patients 5) Complete Section 2 of Program Manual	Perform needs assessments with patients Review Section 2 of program manual with Kristin	Hospital volunteer training Grant funding Recruitment flyers/e-mail Meet with rehab team to discuss progress	
7	**Implementation**	1) Continue working on creation of program documents 2) Continue Needs Assessment with patients 3) Send out SWOT analysis to RHI stakeholders 4) Begin Section 3 of program manual	Create and edit documents for recruitment and training Perform needs assessments with patients Review Section 3 with Kristin	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training Grant funding Recruitment flyers/e-mail	**2/25/22**

8	**Implementation**	1) Continue working on creation of program documents 2) Bi-weekly meeting with rehab team 3) Analyze SWOT analysis 4) Progress on Section 3 of Program Manual 5) Begin weekly shadowing of therapists 6) Continue Needs Assessment with patients	Create and edit documents for recruitment and training Review progress of section 3 with Kristin Shadow therapist on Tuesday morning Administer needs assessments	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training Grant funding Recruitment flyers/e-mail Meet with rehab team to discuss progress	**2/4/22**
9	**Implementation**	1) Continue working on creation of program documents 2) Finish Section 3 of Program manual	Create and edit documents for recruitment and training Shadow therapist on Tuesday morning	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training	**2/11/22**
		3) Begin writing Training manual 4) Shadow therapist 5) Continue needs assessments with patients	Administer needs assessments	Grant funding Recruitment flyers/e-mail	
10	**Implementation**	1) Continue working on creation of program documents 2) Bi-weekly meeting with rehab team 3) Shadow therapist 4) Contact Renee Van Veld regarding Amputee mentor program 5) Progress on Program and Training manuals	Create and edit documents for recruitment and training Shadow therapist on Tuesday morning Meet with Renee on Thursday Start planning PMT meeting/dissemination Administer needs assessments Meet with Kristin to review manual progress	Inclusion/exclusion criteria Training protocols Welcome letter Confidentiality Statement Hospital volunteer training Grant funding Recruitment flyers/e-mail Meet with rehab team to discuss progress	**2/18/22**

		6) Continue needs assessments with patients			
11	**Implementation**	1) Finalize manuals 2) Update documents as needed 3) Last week of needs assessments 4) Disseminate to PMT team	Finalize and print documents Administer final needs assessments and analyze themes	E-mail Kristin final documents, share documents with PMT team prior to dissemination meeting	**2/25/22**
12	**Implementation**	1) Update documents as needed 2) Finish Training manual 3) Bi-weekly meeting with rehab team	Move finished documents to final folder for sharing	Continue finalizing program documents	**3/1/22**
13	**Discontinuation**	1) Finalize resources and project	Meet with Stakeholders about progress	Review feedback on documents and training manual	**3/8/22**
14	**Dissemination**	1) Update PMT team on program manuals/project development	Present work and conclude project Meet with PMT team again	Final meeting with stakeholders Share all documents created for the program	**3/15/22**

		2) Prepare strategies for implementing program			