**3 Hour -TSN Peer Visitor Training**

**5:00 pm**- Meal Tickets for Cafeteria (Bring food back to meeting room) or Cater dinner

**5:15pm**- TSN Coordinator and TSN Peer Visitor: **Welcome and Introductions**

* What makes you a trauma survivor?
* What do you want to learn or know before leaving tonight?

**TSN Coordinator**: **Logistics of a Peer Visit (Pgs 9-11)**

* How TSN team rounds on patients/families and get verbal consents for visits
* How TSN team match the best peer visitor for the patient, (not always same injury type)
* How TSN team Schedules Peer Visitors to each come monthly (or bi-monthly on occasion) but may also call in on shorter notice specifically for a patient in need
* CMC Peer Visits: Meet at 11th floor family waiting room at 10:00 am on a Tuesday or 1st floor at 10:00 am on a Friday
* TSN team explains who the peer visitor is going to see, Brings peer visitor to every room, FOAM IN, Introduce Peer Visitor to patient for the visit, private peer visit, then FOAM OUT,
* Always WEAR VOLUNTEER BADGE,
* Dress code is business casual, closed toed shoes, prefer no denim
* CONFIDENTIALITY and not sharing too much about patients in the hallway
* Only come once or twice per month, 2 (or 3) hours each time, depending on day-- Tuesdays: Snack n Chat and Peer Visits or Fridays: just Peer Visits
* How many peer visits to expect to have each time: 3 to 5 visits?
* How sometimes peer visits are set up but don’t work out: patient is asleep, in pain, in the OR, etc. (It’s ok. Expect to be flexible.)
* Briefly review workbook pgs 9-11 with some of pg 9 already done for them)

**TSN Coordinator and TSN Peer Visitor**: **Role of a Peer Visitor** **(Pg 5)** (Write on White Board)

* Two Columns on White Board:
* What a peer visitor DOES
* What a peer visitor does NOT do
* **Explain The 80/20 rule** 
  + **20% of the visit about your survivor story**
  + **80% of the visit about the patient and how the patient is doing today.)**

**TSN Coordinator and TSN Peer Visitor**: **Characteristics of a Great Peer Visitor** **(Pgs 13-14)**

* Differences between a Great Peer Visitor and a Bad Peer Visitor
* Non-Judgmental: Discuss GSW’s/Assaults, drug/gang activity, DUI’s/Substances, etc.

**6:15 pm-6:30 pm**: BREAK!

**TSN Coordinator**: **Caring and Listening**

* Empathy and Caring **Pg 16**
* Active Listening **Pg 17**
* **Watch Brene Brown Video:** <https://www.youtube.com/watch?v=1Evwgu369Jw>

**TSN Coordinator and TSN Peer Visitor**: **Spirituality, Self-Awareness, and Encouragement**

* Faith: Do’s and Don’ts
  + (Let the Patient Lead. Self-awareness and awareness of patient’s needs. Don’t go in with an agenda or assumptions on the person’s faith. If patient shares about his/her faith and peer visitor is comfortable with that conversation, it’s ok to discuss.)
* E+R=O Handout (Events/Experiences + Response/Reactions = Outcomes, (+ or -)
  + (Events are often out of our control. Survivor can get some control back in how they choose to respond to the situation. That choice can help determine a more positive or a more negative outcome.)
  + The Peer Visitor can model a healthy response to a traumatic injury and model a more positive outcome in their own healing and recovery.

**7:00 pm** **TSN Coordinator and TSN Peer Visitor**: **The Recovery Process: Patients and Peer Visitors are at different stages**

* Pg 20 The Recovery Process is a MAZE
* Pg 21 Phases of Recovery
  + Peer Visitors are in a different phase of recovery than the patient they are visiting in the hospital or over the phone after discharge.
  + Peer Visitors are at least 1 year out from injury date.
* Pg 24 How a Peer Visitor Can be Supportive to a Patient at a different stage of recovery
* **ROLE PLAYS:** Practice Peer Visit situations

**7:45 pm Pictures** (with a signed hospital photo release)

* Group picture of your training to share with Trauma Team
* Individual pictures of new peer visitors for volunteer badge and for Snack n Chat board display

**8:00 pm Good Night!**