INTRODUCTION
Establishing an Amputee Peer Support Visiting Service
This manual has been designed for use by the health service to assist in undertaking a training program for Amputee Peer Support Visitors.

Peer Support Visitors are people who have experienced an amputation themselves or who have a child who is limb deficient. Peer Support Visitors are volunteers who meet with new amputees or parents of children with limb deficiency to offer support at an early stage in recovery and adjustment.

Historically, peer support visiting programs have been operated in NSW by health services, as well as statewide and regional amputee associations and support groups. EnableNSW, in conjunction with amputee support groups, has developed a training program that provides Peer Support Visitors with a clear delineation of their role and responsibilities, as well as a set of protocols within which to operate.

The Amputee Peer Support Visitor Training Program also provides participants with a clear understanding of issues such as patient confidentiality, occupational health and safety, grief and loss and appropriate communication.

The Amputee Peer Support Visiting Service Establishment Guidelines are intended for use in conjunction with the Amputee Peer Support Visitor Training Program to establish and maintain an Amputee Peer Support Visiting Service from any hospital or community health service.

Further copies of the Amputee Peer Support Visitor Training Program manual and the Amputee Peer Support Visiting Service Establishment Guidelines can be obtained from the EnableNSW website at www.enable.health.nsw.gov.au or by contacting:

EnableNSW
Health Support Services
PO Box 1770
Chatswood 2057

Phone: 1800 ENABLE (362 253)
Fax: (02) 8797 6543
To start a new visiting service you need to discuss with your hospital/health service team how an Amputee Peer Support Visiting Service will operate in your ward, hospital or health service and the responsibilities you and your team will have as the Sponsor of the service.

Those involved will require a clear understanding of the roles of the Sponsor, the Co-ordinator and the Peer Support Visitor, as well as the process and the documentation required for the arrangement and follow-up of visits for new amputees.

Outlines of these roles and the responsibilities of the individuals who will perform them are set out in the following pages.

The Amputee Association of NSW Inc. may assist in finding amputees in your area who have been trained in the role of a Peer Support Visitor, or who would like to undergo training and become a Peer Support Visitor with your service. The Association can be contacted on 1800 810 969.

Your hospital or health service may promote the establishment of the Amputee Peer Support Visiting Service in local newspapers and amputee association newsletters, as well as using these media to advertise for individuals who may be interested in undertaking training and becoming a Peer Support Visitor within your Service. Local prosthetists may also suggest suitable candidates.

An example of a promotional advertisement for the print media is attached at Appendix B.

Arrangements for Peer Support Visitor training can begin once the Sponsor and Co-ordinator of the Service have been identified, and a number of prospective Peer Support Visitors have registered their interest in joining the Service.

The Amputee Peer Support Visitor Training Program is conducted over two days, ideally within a hospital or health service training facility or conference room. Please refer to the Amputee Peer Support Visitor Training Program manual for more information regarding the training process.
The role of the Amputee Peer Support Visiting Service Sponsor

The Amputee Peer Support Visiting Service Sponsor is the person(s) within a hospital or health service who manage the Service and undertake the organisation and administration required. The Sponsor ideally would be a full-time employee of the health service.

They:

- arrange for the induction of volunteers into a new or existing volunteer network based from a hospital or health service
- coordinate regular Peer Support Visitor training courses
- arrange for the orientation of new Peer Support Visitors into the relevant hospital department and/or ward
- liaise with hospital staff for Peer Support Visitors to visit patients in the hospital and ensure that the necessary documentation for the arrangement and recording of the visit is completed by hospital staff
- liaise with the Amputee Peer Support Visiting Service Co-ordinator to transfer requests for visits
- undertake necessary administration for the Amputee Peer Support Visiting Service, such as criminal record checks for new Peer Support Visitors
- provide support / debriefing for Peer Support Visitors as required
- monitor the quality of the Amputee Peer Support Visiting Service
- promote the Amputee Peer Support Visiting Service to the local and regional community. Examples of promotional material are set out at Appendix B. They include:
  - a promotional flyer
  - a letter to prosthetists
  - a letter to amputee journals, newsletters and local newspapers
  - an advertisement for placement in the print media.

Ideally, the Sponsor should have experience in managing volunteers, and may be an individual or a group of people placed within a hospital or health service Social Work or Rehabilitation Department.
The role of the Amputee Peer Support Visiting Service Co-ordinator

The Co-ordinator is a member of an amputee association and/or local amputee support group who:

- maintains a list or database of Peer Support Visitors
- receives formal requests for visits - a pro-forma Request for Visit form can be found at Appendix A
- matches Peer Support Visitors with new amputees by age and type and/or level of amputation as closely as possible*
- receives the Visitor Report Form following a visit - a pro-forma Visitor Report Form can be found at Appendix B
- follows-up with Peer Support Visitors to ensure all visit requests are handled satisfactorily
- liaises with the service Sponsor as required regarding any issues that have arisen from a visit with a new amputee that might require follow-up
- maintains a list of local hospitals, professional contacts and other information of use to Peer Support Visitors
- may introduce new Peer Support Visitors to the Service
- may conduct in-service information sessions for hospital staff regarding the Amputee Peer Support Visiting Service.

* If a close match cannot be made, the Co-ordinator may contact the NSW Artificial Limb Service Manager, who can:

- expand the search geographically until a close match can be found. A distance of approximately 30 kms is considered reasonable
- expand the search to include a Peer Support Visitor among a younger or older age group and to a geographical distance beyond 30 kms
- expand the search to include a Peer Support Visitor who has undergone an amputation close to the level undergone by the new amputee (i.e. Above Elbow/Below Elbow or Above Knee/Below Knee), and the same search as outlined above is undertaken again.

If a match still cannot be made, the whole process is started again with the opposite gender.
The role of the Peer Support Visitor is to provide support and encouragement to individuals faced with the life-altering aspects of limb loss and assisting them through the recovery process. The Peer Support Visitor is an adult who has been an amputee for at least 12 months, or the parent of a limb-deficient child. The role includes:

- responsibility to the Amputee Peer Visitor Service Co-ordinator
- having sound communication skills, a non-judgemental attitude, an empathetic approach and the ability to actively listen
- visiting and talking with new amputees in the hospital, nursing home or home setting
- talking to new amputees by telephone in addition to, or as an alternative to a personal visit
- sustaining friendly and courteous conversations with a new amputee that endeavour to address his/her needs for support, whilst maintaining the Amputee Peer Support Visiting Service protocols and professional standards of conduct
- listening to a new amputee and sharing information relating to his/her own experience of limb loss where appropriate
- demonstrating the use of his/her prosthesis, if/when appropriate
- maintaining the confidentiality of all information received in conversation with a new amputee, as well as that provided by and to the Amputee Peer Support Visiting Service Co-ordinator and/or Sponsor
- complementing the care provided to the new amputee by trained medical professionals, rather than providing instruction or personal opinion regarding medical or prosthetic issues.

The Peer Support Visitor must:

- be a member of an amputee support association (for indemnity)
- be willing to volunteer his/her time to the role
- undergo a criminal record check before receiving an identification badge from the NSW Artificial Limb Service
- abide by the protocols of the Amputee Peer Support Visiting Service

The Amputee Peer Support Visiting Service Co-ordinator is responsible for matching Peer Support Visitors with new amputees by age and type and/or level of amputation as closely as possible. Therefore, the number of visits that each Peer Support Visitors are asked to undertake may vary considerably.

When the Peer Support Visitor visits a new amputee in the hospital setting, he/she is responsible for liaising with the Nurse Unit Manager, and other ward staff to ensure they are aware of the visit. This includes notifying them upon arrival at and departure from the facility and wearing an identification badge throughout the visit.

The initial visit with a new amputee may often last only 20-30 minutes. Subsequent or follow-up visits may be required and may last longer. Visitors should be mindful of their role as a support person and not use the visit as an opportunity to recruit to the NSW Amputee Association Inc.
The process undertaken to arrange and follow-up a visit

6.1 A hospital visit
A member of the hospital surgical staff, amputee ward or rehabilitation team (and/or Sponsor – the Sponsor may be one of these teams or staff members) determines whether a new amputee wishes to meet with a Peer Support Visitor.

If so, the following steps are taken to arrange and follow-up a visit:

1. a Request for Visit form is forwarded by the treating facility to the Amputee Peer Support Visiting Service Co-ordinator
2. using the information contained in the Request for Visit form, the Co-ordinator matches a Peer Support Visitor to the new amputee
3. having ensured that the Peer Support Visitor is available to undertake the visit, the Co-ordinator contacts the Sponsor to arrange a time and date for the visit to take place
4. the Sponsor ensures that the new amputee is advised of and comfortable with the arrangements made for the visit (who, where and when)
5. on arrival, the Peer Support Visitor reports firstly to the nurses’ station of the patient’s ward to ask permission to enter the patient’s room
6. if there is no impediment to the arrangements that have been made, the Peer Support Visitor may visit the new amputee
7. if the visit cannot go ahead for any reason, the Peer Support Visitor should advise the Co-ordinator and Sponsor
8. following the visit, the Peer Support Visitor is responsible for completing the Visit Report Form and providing it to the Nursing Unit Manager or nurse in charge before leaving the hospital
9. the Peer Support Visitor may wish to have a debriefing session with the Sponsor or report any unusual observations, especially signs of depression in the new amputee that may require professional intervention
10. the Peer Support Visitor should advise the Sponsor and Co-ordinator if the new amputee has indicated that he/she wishes to see the Peer Support Visitor again, so that arrangements can be made.

6.2 Nursing home/hostel or home visits
A nursing home visit is arranged in a similar way to that described above with the Amputee Association of NSW Inc. contacting the appropriate agency / family if a patient has already been discharged from hospital following a request for a visit.

A nursing home or home visit may often be arranged as a follow up to a hospital visit, and can be arranged by the Amputee Association directly with the new amputee or his/her carers.

Please refer to Module 8 of the Amputee Peer Support Training Program manual for protocols for hospital, nursing home/hostel and home visits, as well as the protocol for telephone contact with a new amputee.
Referral and visit pathway

1. Sponsor identifies patient suitable for the Visiting service from their database.
2. Sponsor requests the patient to consent to the visit.
3. Sponsor completes the Request for Visit Form and forwards it to the Co-ordinator for matching with a visitor.
4. Co-ordinator matches the visitor to the patient based on criteria.
5. Co-ordinator contacts the Visitor and the Sponsor to confirm that the visit is proceeding.
6. Hospital staff introduce the visitor to the patient.
7. Visitor notifies the staff upon arrival to ensure they understand the objectives of the visit.
8. Visitor completes the Visitor report form.
9. Form is sent to the Sponsor.
10. Visitor contacts the Co-ordinator to report on the outcome of the visit and advise of any further visits.
11. Copy of Visitor Report Form made by staff and noted in file.
12. Sponsor identifies any issues that require follow-up from the Co-ordinator.
13. Co-ordinator contacts the Visitor regarding any issues that require follow-up.
The need for service establishment guidelines and a training program for amputees who wish to assist others by becoming involved in an Amputee Peer Support Visiting Service was identified by the Amputee Association of NSW, the NSW Department of Health and the NSW Artificial Limb Service (NSW ALS).

The development of these Guidelines and the Amputee Peer Support Visitor Training Program was undertaken by a sub-committee of the Amputee Advisory Committee (AAC), a state-wide group convened by the NSW Health Department prior to 2008. The AAC included representatives of the NSW ALS, public prosthetic services, the Prosthetic Manufacturers Association, clinicians involved in the care and rehabilitation of amputees and the Amputee Association of NSW Inc.

Resources utilised in the development of the Amputee Peer Support Training Program and Establishment Guidelines include:

- The Amputee Support Program, Orthotic Prosthetic Services Tasmania, 1999
- The Hunter Prosthetic and Orthotic Service education program
- The peer training manual from the Amputee Coalition of America (ACA)
- Peer visitor programs developed for other people with other conditions.

The Amputee Peer Support Visitor Training Program has been piloted in the following sites:

- Hunter New England Health - Rankin Park Centre
- South Eastern Sydney Illawarra Area Health Service - Port Kembla Hospital

The training manual was funded by NSW Health and developed by the School of Volunteer Management in consultation with:

- The NSW Artificial Limb Service
- The Amputee Association of NSW Inc.
- The Amputee Association of Sydney Inc.
- Limbkids Vic/Tas Support Association
- The Australian Orthotics and Prosthetics Association
- Representatives from Hunter, Central Sydney and Illawarra Area Health Services
- The Amputee Coalition of America

A special thank you goes to the volunteers and focus group participants who shared their time and experience.
Appendix A: Amputee Peer Support Visiting Service Request for Visit Form

Patient’s name: ___________________________ MRN: ___________________

Date of birth: ___________________________ Male ( ) Female ( )

Consent by patient for a peer visit - patient’s signature: ___________________________

Location of person at time of referral

Facility name: ___________________________

Facility address: ___________________________

Referred by: ___________________ Profession: ___________ Tel no: ___________________

Interpreter required: yes / no Language: ___________________________

Is the visit to be conducted alone with the patient or with family present? ___________________

Type / Level of amputation

( ) Above Elbow ( ) Above Knee

( ) Below Elbow ( ) Below Knee

Other ___________________________

Cause of amputation

( ) Congenital ( ) Accident

( ) Vascular/ Diabetes ( ) Tumour

Other ___________________________

Date of amputation: ___________________________

Additional Comments: ___________________________

SEND TO:
Amputee Peer Support Co-ordinator ___________________________

Assigned to: ___________________________

Date: ___________________________
Appendix B: Amputee Peer Support Visiting Service
Visit Report Form

Patient’s name: _____________________________________________________________

Length of visit: ___________________________________________________________

Outcome of visit

Did the patient request a follow-up visit?

Yes  ☐

No ☐

Comments: (if required): ___________________________________________________

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Volunteer’s Name: _________________________________________________________

Volunteer’s Signature _____________________________________________________

Date: ______________________

Instructions for Nurse Unit Manager / CNC

Once the visit has been recorded in the patient’s medical record, please provide a copy of this form to the Amputee Peer Visitor Program Co-ordinator:

Ms/Mr ________________________________________________________________

on ________________________________________________________________

Thank you
This manual is designed as a resource for the course facilitator. It is offered in a flexible format so that the materials can be used in a variety of ways, such as a springboard for discussions, pre or post-course reading, or as a reinforcement of class activities and learning. The way that you choose to use this material will depend on the needs of the volunteers participating in the program, your own circumstances, skills, preferences and requirements.

The manual assumes that you have an understanding of the principles of adult learning and the knowledge, skills and attitudes to provide relevant work-related, structured training on a small group basis. It also assumes that you are competent in the preparation, delivery and review of training sessions for adult learners, and are skilled in the application of adult learning techniques such as group work, brainstorming, ice-breakers and role-plays.

11.1 Principles of Adult Learning

The following principles of adult learning underpin the course:

• Adults expect to learn information that is relevant to them and has immediate application to their lives.
• Adults have valuable experience which should be acknowledged and used during training. They often start out knowing more than they think they do.
• Adults learn best when they are actively engaged, rather than passively observing. Active involvement might take the form of small group activities, discussions, hands-on practice or analysing a case study.
• Adults want more than information. They want practical answers to their questions and problems. A course for adults should include:
  • time for learning new material
  • development of problem-solving skills
  • reinforcement of learning and key points
  • time for applying new skills.
• Adults learn well from each other. Participation and the sharing of ideas and experiences facilitate group learning.
• Adults like to take some control over their learning. Actively seek input from participants.
• Adults enjoy learning, but it can be threatening. If the conditions are right, and the environment is participatory and inclusive, training should be effective and enjoyable.

11.2 Interaction

The course materials are intended to promote interaction and participation, and are based on the assumption that everyone, including the facilitator, has something to learn, and to share, during the training. Everybody in the session should be regarded as a resource to other people in the group, sharing experiences, knowledge and skills at a level at which each individual feels comfortable.

Consequently, course information should be treated as confidential. Mutual respect and the acceptance of diversity are fundamental to the success of this learning experience.
11.3 Appropriate placement
It is also important that you have a sound understanding of the goals of the Amputee Peer Support Visitor Service, the aims of the Training Program and the roles and motivations of participants. The motivations of participants are individual and diverse, and need to be recognised and appropriately accommodated, both during the training and throughout their activities as Peer Support Visitors. You must be clear about the skills and qualities required of Peer Support Visitors. It might be that during the training, you and/or a course participant recognise that they are not suited to the Program. Sensitivity in this situation is required when providing feedback.

11.4 Customise to local environment
As the facilitator, please take time to familiarise yourself with the course content so that you can present the material in your own style and tailor the content to meet the specific needs of your participants. Awareness of additional resources (e.g. books, magazines, newsletters) to support both the training and volunteers’ on-going self-education and self-care will enhance the quality of the training. Sample pamphlets, newsletters and magazines can be obtained from the Amputee Association and the NSW Artificial Limb Service. Check regularly with these organisations to access the most current materials and resources.

11.5 Support
Consider your own availability and commitments. You will need to have the time and commitment to support the participants through their training. The Training Program should take approximately 10-12 hours to deliver, depending on how many activities you undertake, the size of the group and how your course is organised. It is designed to allow completion over two days, and is achievable over a weekend.

As facilitator, you might also consider whether you have the time and energy to support the volunteers after they’ve completed their training. If not, is there someone appropriate available to undertake the Co-ordinator role?

11.6 Guest speakers and involving others
Consider ways to involve others in the delivery of the Training Program, such as veteran volunteers, health professionals (social workers/occupational therapists) and members of the Amputee Associations. Encourage stakeholders to participate, perhaps as guest-speakers or co-facilitators of some modules. Alternatively, consider talking with experienced volunteers or tape interviews with them, for sharing during the training. Encourage others to get involved and to support the program.

This manual is designed in a flexible format to be adapted by the facilitator to meet the specific needs and circumstances of participants. Suggested learning activities are included at the end of each module for your use. You might choose to modify these or to develop alternative delivery methods to suit your group and their preferred learning styles.

11.7 Preparation and Planning
There are a range of variables which can affect how the training is delivered - the number of volunteers in the session, the language and literacy levels of the group, physical considerations and access to appropriate facilities and venues, the time availability of participants, access to resources including video, printed materials and “experts”, from whose experience you can draw.

Practical issues also need to be arranged, such as the booking of a suitable, accessible venue, ordering food and beverages, hiring equipment, organising guest speakers and/or co-facilitators,
preparing participant lists and certificates, collecting and preparing resources, notifying participants of the location of the training venue, duration of the course, parking/transport, what to bring, program details etc.

11.8 Evaluate
Also consider how you will evaluate the program. We have included a feedback form but you might like to supplement this with reflective discussions, post-course interviews with participants, clients, health professionals and relevant others, regarding the overall effectiveness of the training.

11.9 Promote
You might also need to promote the Amputee Peer Support Visitor Training Program. This can be done by word of mouth, targeting relevant groups and associations, such as the Amputee Associations, hospitals, clinics and community centres. Advertisements may be placed in local newspapers, over community/local radio stations, in newsletters, via the internet or via guest-speaking spots at local clubs or groups.

11.10 Support
Due to the nature of the Training Program, you will need to be sensitive and supportive of participants. This is particularly important during the module concerning grief and loss. This topic can be painful and upsetting for people and they may need your support. This might be an appropriate time to check with everyone to find out if they feel comfortable with the material or whether anything is concerning them that may require your supportive ear. Debriefing will be important throughout the Training Program.

Monitoring participants’ progress will also allow you to assess areas of strength and areas in need of development. This information will be important in determining each participant’s suitability and readiness for the Peer Support Visitor role. It will also help in matching Peer Support Visitors to clients.

11.11 Recognition of Volunteers
While Peer Support Visitors will derive a great deal of personal satisfaction from the work they do, their commitment and contribution of time and energy, should be acknowledged and recognised. We recommend that the contributions of the Peer Support Visitors be recognised and celebrated during annual events such as National Volunteer Week (second week in May) and International Volunteer Day (December 5), as well as throughout the Training Program.

During the training, you might recognise the contribution made by participants by giving and receiving constructive feedback, providing adequate breaks such as morning and afternoon teas and lunches. You might also consider a celebratory dinner or “happy hour” for participants at the end of the course. These occasions provide important social and team-building opportunities.

Try to establish links with the volunteer network within your health care facility or service.

Certificates of participation awarded at the end of the course by the facilitator or an appropriate guest, such as a health professional, member of the Amputee Association hospital representative, or EnableNSW representative provide another way of recognising the achievement and contribution of the participants.
11.12 Skills practice

Role plays are included in the Training Program to allow the participants to practice conversation skills with clients. The communication module should be finished on the first day and participants given the relevant handouts to take home and read. It is anticipated that the role-plays are completed on the second day. Modules on dealing with difficult conversations and grief and loss should begin on day two, with the role-plays directly afterwards.

Explain to participants that the role-plays are not an assessment task but are to help participants to gain confidence in addressing a number of situations that they may encounter.

We suggest you use the term “skills practice” as an alternative to “role-play”, which people sometimes associate with acting or performing and are reluctant to participate in. Organising participants into simultaneous pairs or small groups for skills practice sessions may reduce anxiety.

11.13 Use of the manual

The training manual is divided into five sections:

- trainer’s information package and session plans
- PowerPoint presentations
- handouts
- exercise sheet
- module separation pages.

The trainer’s package contains relevant background information and suggestions for facilitating the course. Handouts, PowerPoint presentations and Exercises are denoted by symbols: