



Resident Death By Suicide: The GME Office's Role in the Response and Management in the Aftermath

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Disclaimer

- The presenter has no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.
- The views presented are those of the author and do not necessarily represent the views of the Department of Defense



Goals and Objectives

- **After the end of this session, each attendee will:**
 - 1. Identify the key initial assessment, communication and intervention strategies following a resident death by suicide**
 - 2. Identify at least 2 key resources to optimally identify before a crisis to ensure capacity to rapidly build your response team**
 - 3. Commit to at least one of the initiatives presented to address physician well-being, depression or suicide prevention in their institution**



Resources For Presentation

- Action Plan Worksheet

<http://www.acgme.org/Portals/0/PDFs/Webinars/CombatingBurnoutActionPlan.pdf>

- Polling Function, Group Chat and Question Box



Getting To Know Our Audience

- What is your primary role in your institution?
 - DIO
 - GME Institutional Office
 - Program Director/Associate Program Director
 - Program Coordinator
 - Faculty
 - Other



The Data On Death By Suicide

- **300 – 400 suicidal deaths each year¹**
- **1 in 16 surgeons report suicidal ideation²**
- **Death by suicide rates by practicing physicians higher than:³**
 - **General population**
 - **Compared with Professions**
 - **Age and Gender Matched Controls**

1. Center c, et. al. Confronting depression and suicide in physicians: A consensus statement. JAMA 2003;289:3161-3166.

2. Shanfelt TD, et. al. Special report: Suicidal ideation among American surgeons. Arch Surg. 2011;46:54-62.

3. Schernhammer ES, Colditz GA. Suicide rates among physicians: A quantitative and gender assessment. Am J Psychiatry. 2004;161:2295-2302.



Resident Death By Suicide

Suicide 2nd most common cause of death¹

- **Suicide most common in male residents**
- **Suicide more frequent:**
 - Earlier in training (interns/2nd yr)
 - During 1st and 3rd quarter of AY
- **Lower than age- & gender-matched general population**
- **No upward or downward trend over the 15 years**

Suicide ideation increases during internship²

- **370% increase in first 3 months**

1. Yagmour NA, et. al., Causes of death in ACGME-accredited programs 2000 through 2014; Implications for the learning environment. Acad Med. May 2017

2. Sen s., et. al., A prospective cohort study studying factors associated with depression during a medical internship. Arch Gen Psychiatry. 2010;67:557-565



Speakers Experience (Resident Death By Suicide)

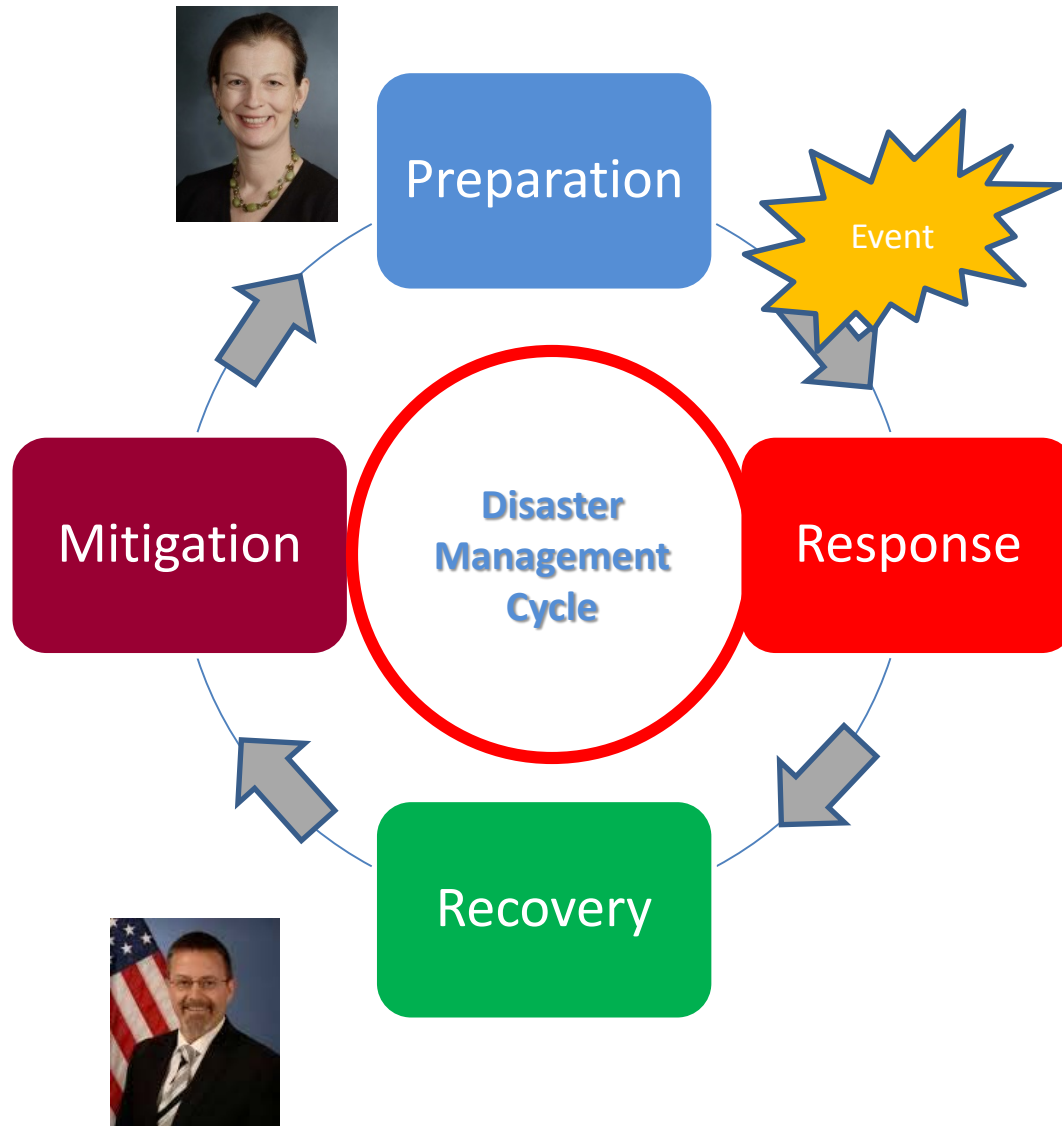
- **Lyuba Konopasek, MD**
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- **Woodson “Scott” Jones, MD**



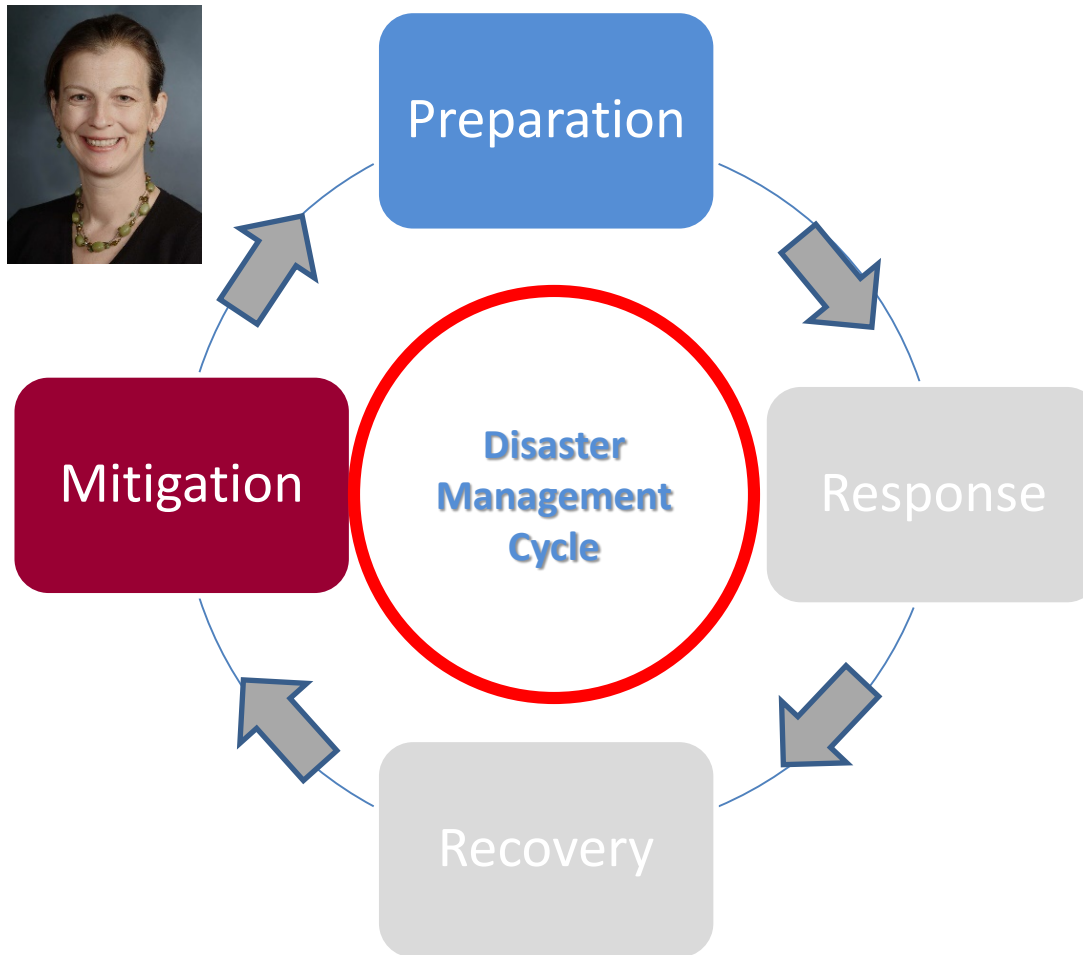
Crisis Management: Different Perspectives and Approaches

- Behavioral Health Professionals
- C-Suite
- Public Affairs
- Residents and Faculty
- DIO (GME Leader)
- GME Office
- PD/PC

Disaster/Crisis Management Model



Disaster/Crisis Management Mitigation – Preparation Phase





Institution/Program Status

- Does your institutions/program have a formal process or policy to guide response after a resident death by suicide?
 - Yes
 - No
 - Don't Know



Mitigation/Preparation (Pre-Impact)

- Well-being Inventories
 - Institutional (DIO)
 - Program Specific (PD)
 - Focus on prevention
- Focus on prevention
- This is really 99.99999% of the pie – for some, this will be 100% of the pie
- Crisis preparation is also important

What can we do?

The literature says...

- Systematic review and meta-analysis for interventions to prevent and reduce burnout (overall, emotional exhaustion and depersonalization)
 - 15 RCTs and 37 observational studies
- Both individual focused and organizational strategies can increase engagement and decrease burnout in physicians
 - Organizational
 - Shortened shifts and work process changes
 - Individual
 - Facilitated small groups
 - Stress management and self-care training
 - Communication skills training

West, Dyrbye, Erwin, Shanafelt, Lancet, 2016; Panagioti et al. JAMA IM, 2016.

Program Well-Being Inventory: Individual vs. Organizational Focus

- Leadership
- House staff mental health resources
- Crisis management Plan
- Resident Orientation
- Policies
 - Duty Hour, Fatigue, Sick call, Supervision, Grievance
- Curriculum
 - Making space for reflection - Process groups
 - Building skills - Mindfulness, Resiliency
- Operations discussions
- Mentorship and advising
- Creating community
- Faculty development
- Screening

As a DIO....what should you do?

- Serve as advocate for resources that address individual factors
- Serve as advocate for work flow issues and organizational factors
- Oversee Program Well-Being Plans and ensure compliance with new CPRs
 - Use your APE!
- Establish GMEC Well-Being Sub-Committee
- Discuss residents with difficulties with PDs
- Ensure you are prepared to manage a crisis

As a DIO...what do you need to have in place for Crisis Management

- SOP for finding missing residents
- Communication tree
- AFSP tool kit – do you know about it
- Mental Health Support



After a Suicide:

A Toolkit for
Residency/Fellowship
Programs

“After a Suicide” Toolkit: Crisis Response Tools

- Facts about Suicide and Mental Disorders among Medical Residents
- Tips for talking about suicide
- Sample death notifications to be used in face-to-face in small groups
- Sample death notifications to be sent by e-mail
- Memorial Service Planning Checklist
- Sample Media Statement
- Key Messages for Media Spokesperson
- Additional Resources
- <https://afsp.org/our-work/education/physician-medical-student-depression-suicide-prevention/#section0>

Contagion:

Consider this in advance

- Clusters of suicide occur, especially after a celebrity suicide
- Messaging is very important
 - Provide information, if you don't others will
 - Avoid glamorizing event – including graphic details
 - Avoid idealizing person who died by suicide
 - Avoid statements describing death as an acceptable/inevitable solution to problems
 - Focus on options and support systems
 - Provide resources for suicide prevention

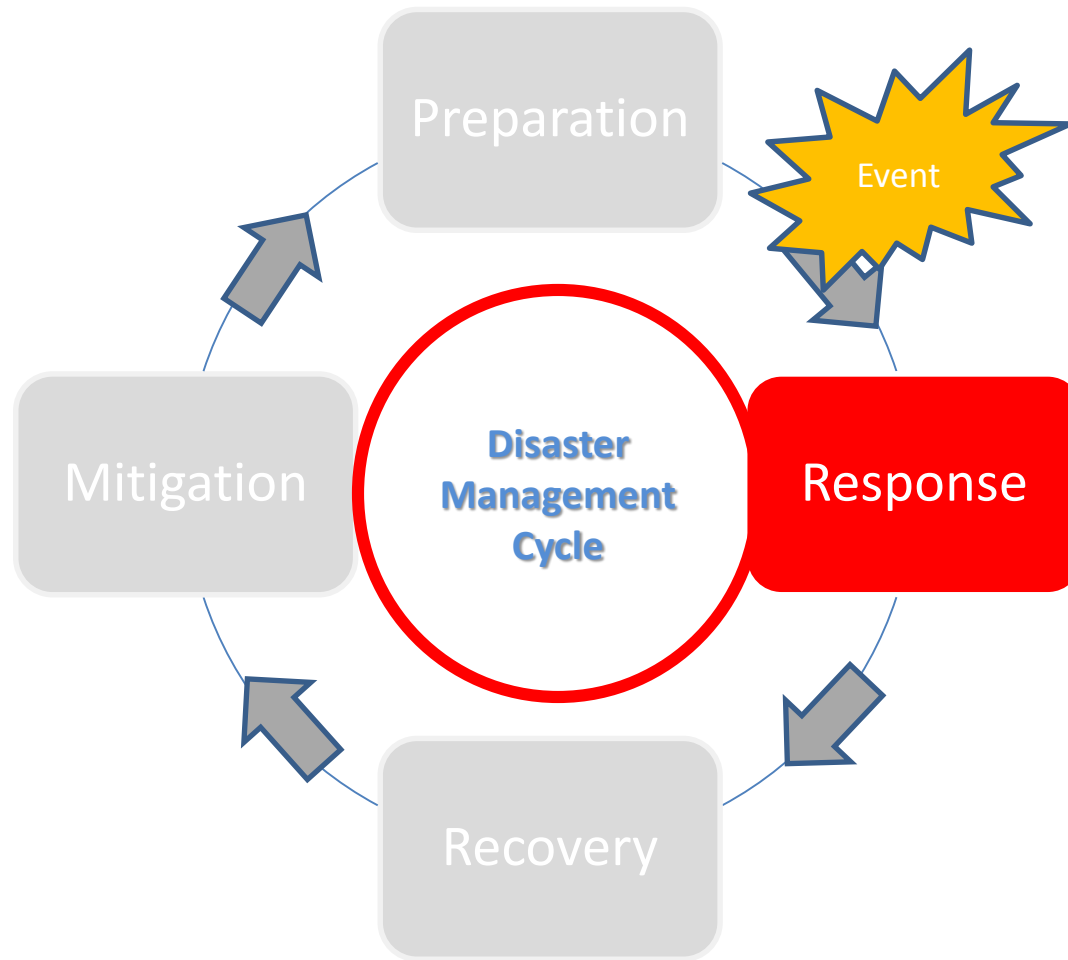
As a DIO...what do you have in place for Crisis Management?

- SOP for finding missing residents
- Communication tree
- AFSP tool kit – do you know about it
- Mental Health Support

What do you have in place for Crisis Management?

- SOP for finding missing residents
- Communication tree
- AFSP After Suicide Tool Kit – Did You Know About It? (Prior to Webinar)
- Mental Health Support

Disaster/Crisis Management Response





Initial Emergency Response

Four Components





Initial Response: Verification

- Clarification and Engaging the Team
 - Confirm death (depending on circumstances)
 - Cause of death (if known)
 - Engage Crisis Response Team (or equivalent)
 - Plan for engagement with family



Crisis Response Team

- Identified and coordinated in advance
 - Institutional or GME-Specific
 - Membership
 - GME leaders
 - Hospital Administration
 - Behavioral health/Grief Counselors/Chaplains
 - Public affairs/media relations
 - Chief Resident
- Identify team leader, roles
- Set up initial meeting of Crisis Response Team



Communication - Internal

- Initial Notification
 - Who needs to know
 - Groups with strongest relationship to deceased need earlier and more frequent communication
 - Live meetings or other strategy
 - Individual or group meetings
 - Based on strength of relationship to deceased



Initial Notification

- Health System
 - CMO
 - Deans (GME and UME)
 - Employee Health
 - Employee Counseling Services
 - Risk Management
 - Counsel
 - Media Relations Office



Initial Notification

- Department/Program of affected trainee
 - Chair
 - Vice Chair for Education
 - Program Directors
 - Program Coordinators
 - Trainees
 - Special relationships
 - General trainee group

Subsequent Notification

- Other GME programs
 - Shared rotations
- Consider other learners
 - Medical students
 - Other student groups
- Health Team members
 - Nurses, respiratory therapy, pharmacy, physical therapy, social workers



What should be shared?

- Acknowledge facts
- Respect for privacy
- Available resources
- Recognition that responses may vary
- AFPS: After a Suicide Toolkit
 - contains templates for communication
- Plan for additional communication/notification



Communication - External

- Engage media relations if available
- Refer all external questions to media office
- Monitor social media
- Circumstances of suicide will dictate the relative importance of external communication
- ACGME—resource, helpful



Who needs support?

- Program director and coordinator
- Significant core faculty
- Resident/fellow colleagues
- Other trainees
- GME staff
- YOU



Central GME Role

- Support for program leaders and trainees
- Support for program coordinator
- What can GME leaders do?
 - Attend the announcement meetings
 - Attend memorial services
 - Office hours—expanded availability
 - Walk Rounds



DIO Role

- Institutional Leadership
- Program Director support
 - Personal
 - Facilitate resources
- Lead the resource initiative



What Does Support Look Like?

- Behavioral Health & grief counseling services
 - Chaplains, ombudsperson
- Protected time and places
- Gestures of caring



Immediate support

- Coping with feelings
 - Loss and sadness
 - Guilt--how did we miss this?
 - Anger
 - Variable timing and expression
- Listening
- Look for others who are struggling
- Time away
 - For counseling
 - Trainees may want to establish care



Augmented Behavioral Health Resources

- People
- Times
 - Appointments
 - Clinical coverage
- Locations
 - Group meetings
 - Individual sessions

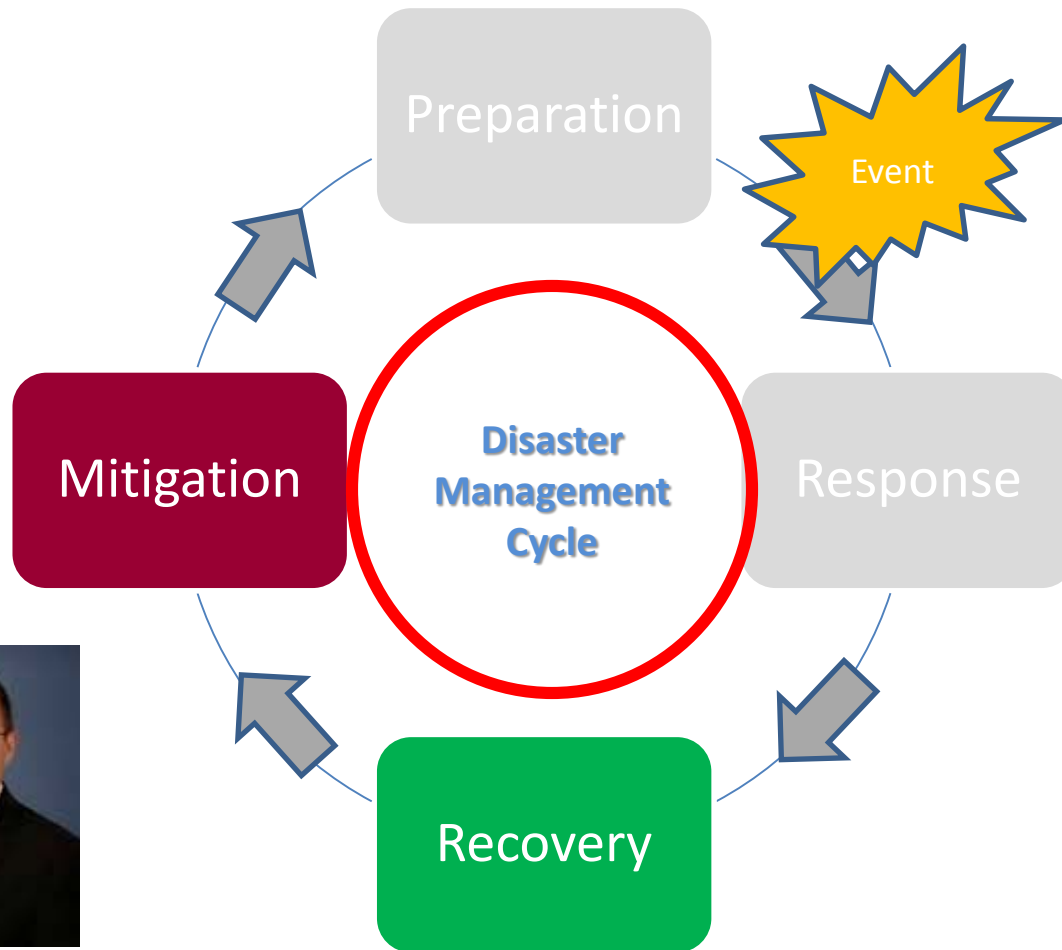


Memorial-Funeral

- Approach should be similar for trainee deaths from any cause
- Family-sponsored funeral
 - Allow department members to attend if possible
 - DIO can work with program and institution to facilitate
- Work event
 - Can be acute or a few weeks/months later

Disaster/Crisis Management

Recovery Phase





Recovery

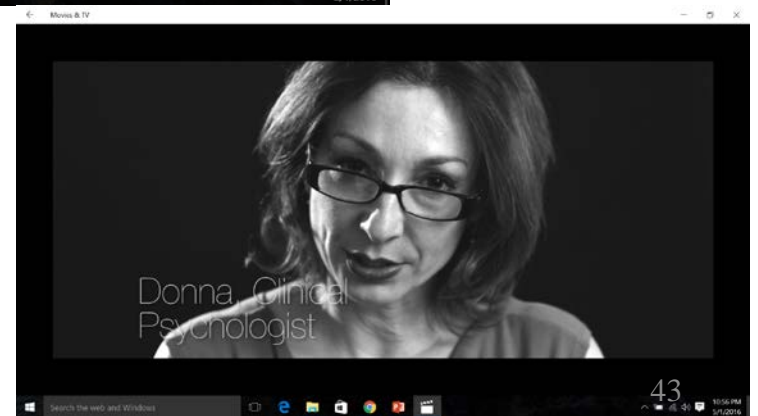
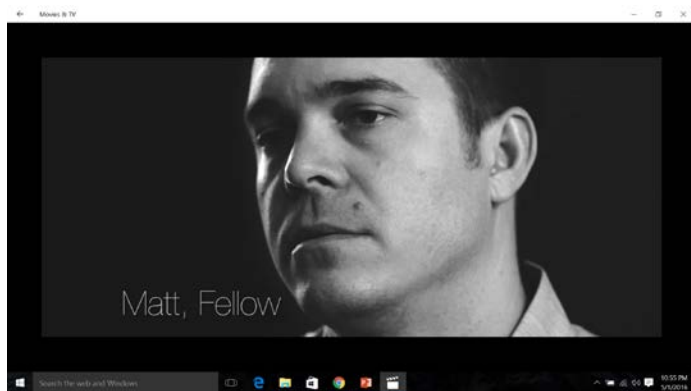
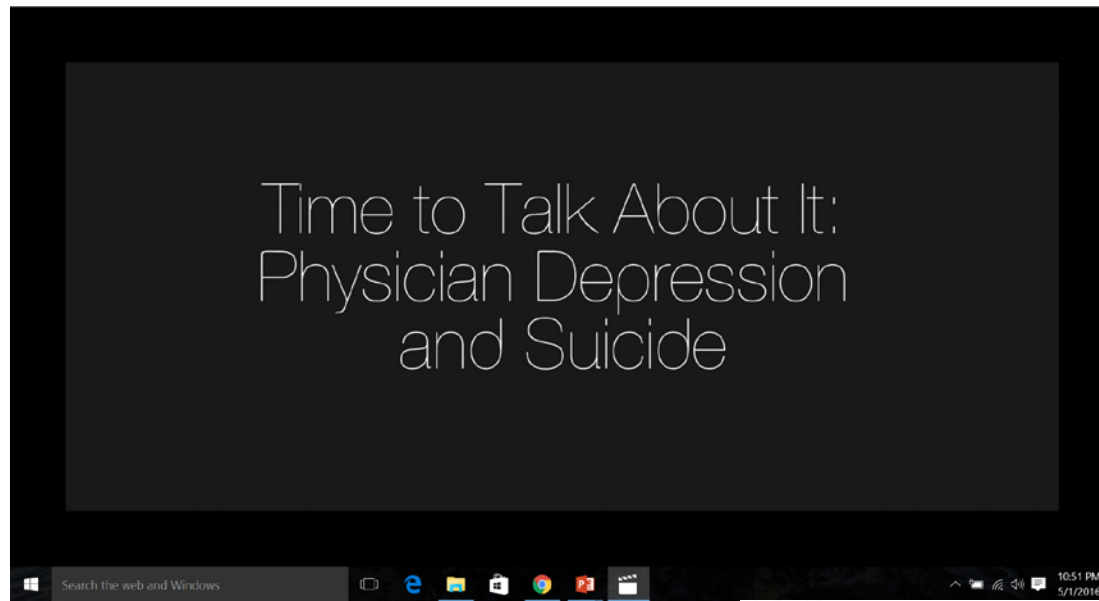
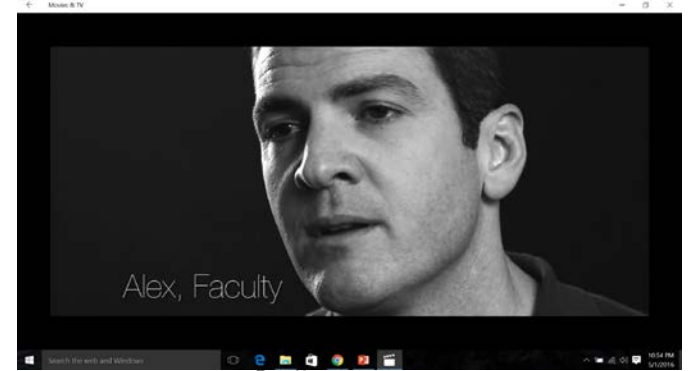
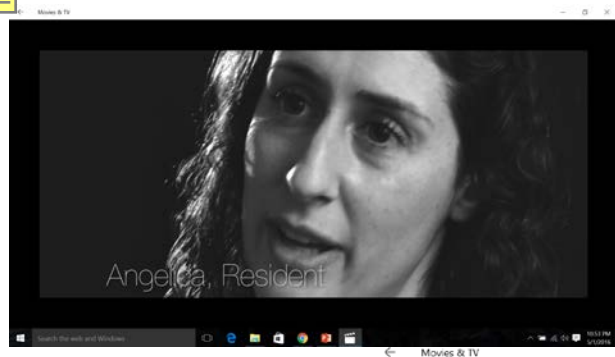
(Restoration/Reconstruction)

- Ongoing Program-Level Behavioral Health Interventions
 - Program Director/Residents
 - Ensure Behavioral Health/Chaplains remain engaged
 - DIO (How are you doing?)
 - Anniversary dates of events (remember/ask)

Recovery/Mitigation (Restoration/Reconstruction)

- Empower The Program
 - Encourage Program Level Initiatives
 - Program-level Wellness Initiative
 - Clarity of purpose, agenda, membership and roles
 - “Cura Personalis” IM Resident Medical Humanities Group
 - Program-level Wellness Curriculum
- Empower Residents (House Staff Council)
 - Quarterly Wellness Symposiums
 - Orientation Session (with mentorship)
 - Nidus for “Time To Talk About It: Physician Depress Suicide”
 - MedEdPORTAL https://doi.org/10.15766/mep_2374-8265.10508





“Time to Talk About It: Physician Depression and Suicide” Video/Discussion Session for Interns, Residents, and Fellows

Publication ID	Published	Volume	
10508	November 29, 2016	12	Download the Educational Summary Report



Abstract

Physician wellness has garnered significant recent national attention within graduate medical education (GME). Unfortunately, the resources to proactively address burnout, depression, and suicide are lacking. The “Time to Talk About It: Physician Depression and Suicide” video/discussion session is specifically designed for the GME community. The primary focus of this 60-minute video/discussion session is to promote an open dialogue among interns, residents, and fellows about depression and suicide within the profession of medicine. The centerpiece of the session is a 7-minute video featuring personal accounts from physicians at the San Antonio Uniformed Services Health Education Consortium (SAUSHEC). The materials associated with the publication include the video, a guide for facilitating group discussion following the video, a list of questions to guide small-group discussions, a session evaluation form, and examples of mental health resources for distribution at the end of the session. A field test of the video/discussion session with 22 trainees from the pediatrics residency program at SAUSHEC was very well received. Their average response to “This session was an effective first step in promoting an open dialogue among physicians about depression and suicide within the profession” was 4.5 out of 5 (i.e., Strongly Agree). One hundred percent of participants answered “Yes” to the question “Would you recommend this session to other physicians?” We hope that this resource will be useful to other institutions

Material Access

The file associated with this resource includes the following:

- [_Educational Summary Report_10508.pdf](#)
- [A. Time to Talk About It Video.mp4](#)
- [B. Time to Talk Facilitator Guide.pdf](#)
- [C. Time to Talk Small-Group Questions.pdf](#)
- [D. Example Handout - Suicide Warning Signs.pdf](#)
- [E. Example Handout - Talking About Suicide.pdf](#)
- [F. Example Handout - GME HARBOR.pdf](#)
- [G. Example Handout - Behavioral Health Resources.pdf](#)
- [H. Time to Talk Session Evaluation.pdf](#)



Related Materials



Mitigation

(Restoration/Reconstruction/Risk Reduction)

- Institutional Level Inventory
 - Lessons Learned
 - All “Hands on Deck” appreciated
 - Ensure active GME Office engagement is to support ... not ascribe blame
 - Better clarity & purpose for program-level initiative
 - Suicide Awareness Programs
 - Intake Risk Screening Assessments (next slide)
 - Launch Institution Level Physician Well-Being Program
 - Coordinate Services/Initiatives

Risk Screening Assessments



AMERICAN FOUNDATION FOR
Suicide Prevention

DONATE

TAKE ACTION

FIND SUPPORT

ABOUT SUICIDE

OUR WORK

NEWS



Home » Our Work » Interactive Screening Program



Interactive Screening Program

ISP connects individuals to mental health services before crises emerge

The Interactive Screening Program (ISP) is an online program utilized by mental health services at institutions of higher education, law enforcement agencies, workplaces, and Employee Assistance Programs (EAPs). ISP provides a safe and confidential way for individuals to take a brief screening for stress, depression, and other mental health conditions, and receive a personalized response from a caring mental health counselor.

Resident-Focused Mental Health Resource

CONFIDENTIAL. COMPETENT. CARING.

The GME Harbor Program provides individual psychotherapy, medication management, psychological testing/referrals, wellness programming, consultation, professional advocacy and more.

GME Harbor is a self-referral or program-facilitated referral service. Contact Dr. Donna Schwabe at donna.g.schwabe@mail.mil or 210-539-8647.

GME HARBOR

Brooke Army Medical Center
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Fort Sam Houston, TX 78234

Harnessing Adaptive Resident Behavior for Occupational Resilience

SAMMC
Department of Behavioral Medicine

GME HARBOR*

*Harbor: noun—a place of safety or refuge

Harnessing Adaptive Resident Behavior for Occupational Resilience

- In Hospital
- ISP Results Linked to HARBOR Providers

Harnessing Adaptive Resident Behavior for Occupational Resilience (HARBOR)

- Psychological Treatment
- Psychological Testing
- Cognitive Screening and Referrals to Neuropsychological Testing
- Wellness Programming
- Suicide Prevention
- Faculty Consultation
- Resident Advocacy
- Medication Consultation and Management
- Reflective practice and other support groups
- ADHD Screening and Treatment
- Seminars, Workshops, and Presentations
- Referrals to Community Resources

HARBOR PROGRAM

The GME Harbor is a wellness program founded on the mission of providing confidential, compassionate care and psychoeducational services to the graduate medical population of the San Antonio Uniformed Services Health Education Consortium. It's easy to refer yourself! Contact Dr. Donna Schwabe or Dr. Theresa Mokay by encrypted email or leaving a confidential voicemail. If interested, give permission for your Program Director or faculty mentor to submit collateral information if you think this might be helpful to understanding your circumstances. If you are uncertain whether or not you might benefit from HARBOR program services, contact us and a confidential courtesy screening can be set up to help you evaluate your situation and answer your questions.

AVOIDING MEDICAL ERRORS AND BURNOUT

Wellness and healthy living programs for medical residents that focus on improved nutrition, increased physical activity, and improved sleep hygiene have been shown to reduce burnout and the incidence of medical mistakes in patient care. The HARBOR program takes this one step further by offering services designed to increase residents' self-awareness, improve coping skills, enhance time management, and emphasize the importance of optimal self-care and obtaining social support.

Institution Level Well-Being Program





Resources

- ACGME Physician Well-Being Resources, Information, Education
<http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>
- After Suicide a Suicide: A Toolkit for Physician Residency/Fellowship Programs (American Foundation for Suicide Prevention - AFSP)
http://www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_Clinician_Toolkit_Final_2.pdf
- MedEDPortal: “Time to Talk About It: Physician Depression and Suicide” Small Group Sessions (SAUSHEC)
https://doi.org/10.15766/mep_2374-8265.10508
- Making a Difference: Preventing Physician Suicide Video (Mayo/ AFSP)
<https://www.youtube.com/watch?v=I9GRxF9qEBA>
- Inventory of Elements of Your Institutional Well-Being Plan
<http://www.acgme.org/Portals/0/PDFs/Webinars/DIOWell-BeingInventoryACGME2016.pdf>
- Inventory of Elements of Your Program’s Well-Being Plan
<http://www.acgme.org/Portals/0/PDFs/Webinars/ProgramSpecificWell-BeingInventoryACGME2016.pdf>



Questions?

Short and Long Term Wellness Action Plan Items

<http://www.acgme.org/Portals/0/PDFs/Webinars/CombatingBurnoutActionPlan.pdf>



Action Plan

- As a result of this workshop, I plan to develop: (Pick all that apply)
 - A Crisis Management Plan
 - An SOP for missing residents
 - A communication tree
 - An institutional Well-Being Plan
 - A Program Well-Being Plan
 - A Depression Screening Program/Process
 - Orientation/Small Group Sessions
 - Other



Speakers

(Resident Death By Suicide)

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