

Proactively Developing a Suicide Response Plan

Ideally institutions will develop a suicide response plan prior to a suicide occurring. If the institution already has a protocol for death of a trainee, steps should be taken to ensure it specifically addresses suicide. Suicide death should be addressed in a similar manner as other types of death. However, there are some unique aspects of suicide loss that require consideration. Having a plan in place will facilitate a coordinated response by a team of individuals who can support each other. Development and endorsement of such a plan should involve key stakeholders, such as Designated Institutional Official (DIO), Education Committee leaders/Associate Deans, Graduate Medical Education (GME) Dean, House Staff Mental Health Service or Employee Assistance Program personnel, GME office staff, resident/fellow representative, communication office, human resources, and legal.

The plan should include details about:

- Ensuring the emergency contact list is updated yearly
- Reinforcing importance of timely arrival and notification of absences during orientation
- Addressing a missing resident
- Confirming death of a resident and how to do so
- Developing a Crisis Response Team
- Communicating with emergency contact/family
- Notifying residents and faculty
- Determining who needs to know what (program of deceased resident vs. larger medical community)
- Creating face-to-face, phone, and written notifications
- Planning a memorial service
- Managing media inquiries
- Managing social media
- Supporting wellbeing of residents, faculty, other staff, and Crisis Response Team members

Once developed, the plan should be widely disseminated to Program Directors (PDs) and Program Coordinators (PCs), along with GME office personnel. Awareness of the plan should be part of all GME staff orientations. The plan should be easily locatable after-hours and on weekends by key personnel, such as PDs and the DIO.

Checklist for After a Suicide

Day 1

- Immediate notifications (see Figure 1)
- Meeting(s) with residents
- If not already in place, develop a Crisis Response Team using the template on Page 5

Day 2

- Remaining announcements (see Figure 1)
- Check in individually with any at-risk residents
- Use noon conference to debrief with residents with mental health professional
- If Chairperson was not at earlier meetings with residents, beginning of this meeting is another opportunity for him/her to check in with residents
- Check in with deceased resident's emergency contact/family regarding funeral arrangements and next steps, plans to meet

Day 3-4

- Consider cancelling didactics and convening residents to gather
- If possible, provide meals over the weekend. Ask attending(s) covering the weekend to check in
- For residents not on call for the weekend encourage informal gatherings
- Let residents and faculty know about funeral arrangements and address for condolence cards/social media site
- Debrief with Crisis Response Team

Week 1

- Check in daily with Chief Residents (CRs) – they will be on the frontline and will know who is struggling; this is also a very difficult time for CRs
- Crisis Response Team continues to meet for debrief, monitoring of community, and carry out of communication next steps

Week 2

- Return to regularly scheduled didactics
- Make statement that this is still early in grieving process, reinforce continued availability of mental health services, caring for each other, faculty who are available to speak, etc.
- Check in with family regarding any HR issues (benefits, final paycheck, hospital apartment, returning of electronic devices, etc.) and Memorial Service
- Plan Memorial Service
- Ask faculty advisors to check in with advisees, plan group dinners, etc.
- Debrief with the Crisis Response Team
- Provide suicide loss resources to community/appropriate individuals (afsp.org/AfterALoss)

Checklist continued on next page >