Guide for procedures following a trainee death

The purpose of this guide is to provide a framework and recommended processes in the event of an unexpected death that involves a trainee in one of the Graduate Medical Education (GME) training programs in the Washington University School of Medicine/Barnes-Jewish Hospital/St. Louis Children's Hospital Consortium. While this guide focuses on the processes related to a trainee death, sudden death of a faculty member can have the same impact and the communication recommendations in this guide can serve as a resource for Departments.

The death of a trainee is devastating, shocking, and stressful for all involved. Although trainees may have experienced patient deaths, it is important to remember that these are colleagues, and it may feel more like the death of a family member or close friend. Additionally, if the death is due to a suicide, it can be traumatic, and it is particularly important to address thoughtfully. Death by suicide can have broad impacts on the community, not just those closest to the person, and there is risk of suicide contagion that should be mitigated. Using the toolkit compiled by the American Foundation for Suicide Prevention, especially the well-crafted language they provide for communications, can help to mitigate some of the impact. Approaching, all deaths in a similar fashion helps to reduce stigma and reduce risk of suicide contagion. Thankfully, trainee deaths are uncommon; the goal of this guide is to provide reliable and practical information on how to respond in these uncommon situations.

This guide includes important steps if a trainee death occurs suddenly and the program or GME office learns of the death before the family. Portions of this guide should also be considered when communicating about a death that occurs when the trainee is away from the program, such as a natural death due to illness. The support principles in this guide might also be applied to unexpected faculty deaths or deaths of trainees who recently graduated from the program.

Gather facts:

In the event of a trainee death, it is imperative to obtain accurate facts. Obtaining as much information as possible helps alleviate speculation and rumors that can fuel emotional turmoil within a training program. Sometimes the family learns of the death first and informs someone at the institution, such as the PD; in other cases, the death of a trainee comes to light after the trainee does not report for duty or after a phone call from local authorities, Emergency Dept. personnel, or others. Depending on the situation, facts may need to be obtained or clarified by contacting the coroner, medical examiner's office, or local law enforcement. Program leaders should contact the DIO or Director of Wellness to assist them with information gathering.

In all cases, cause of death and often even notification of death should not be disseminated until after speaking with the family and obtaining approval.

Management of missing trainee:

All programs should have processes in place in the event a trainee does not show up as expected.

1. Page, text or email the trainee
2. Call the trainee's personal phone
3. If no response, next options include:

a. Call the trainee's emergency contact person *(note – emergency contacts should be updated annually for all trainees in the program)*
b. Call the DIO to provide support and facilitate next steps as needed such as:
    i. Coordination with WU Protective Services (contact -John Ursch 314-362-4357) or BJC Public Safety 314-362-0750 to request a wellness check.
    ii. If WU protective services is not available then a wellness check can be requested via the St. Louis City Police (314-231-1212) or St. Louis County Police Crisis Intervention Team (314-615-5000)

Confirmed death:

Communication procedures:

As early as possible the training program director should notify the Department Chair, Program Coordinator, APDs, Chief Resident (if appropriate), and the Designated Institutional Official (DIO).

The DIO will notify the Chair of the GME Crisis Response Team (CRT) and the appropriate hospital GME Director for BJC employed trainees. If the DIO cannot be reached, the Chair of the CRT can be reached (see appendix for CRT composition). The CRT Chair will be responsible for coordinating the CRT. The CRT will help the program facilitate communications and emotional health support. The Program Director will have many things to manage within the program, therefore the following communications will be delegated. These should occur in person or by phone:

- CRT Chair or DIO will communicate with the Senior Associate Dean for Medical Education, the hospital GME office staff, appropriate hospital Chief Medical Officer, GMEC Chair, and the GME counselors.
- Senior Associate Dean will notify the Dean and the Chancellor's office
- The hospital CMO will notify the BJH/SLCH hospital presidents and communicate with relevant parties in the hospital.

The Chair of the CRT and DIO will convene a group from the CRT to coordinate additional communication and other efforts. This team should ideally meet in person (or via a live virtual meeting) to discuss appropriate steps and then keep each other updated by email. The Communication Table (see appendix) should be completed for tracking purposes.

The following communications will occur only after speaking with the family and obtaining approval.

Day 1 Notifications (ideally in person or by phone) will include:

- The deceased trainee's emergency contact person (by the PD, see section on informing the emergency contact person)
- Deceased trainee's co-residents/fellows (by PD, coordinated with CRT and GME counseling)
- All faculty in deceased trainee's department (by Department Chair/Division Chief(s))
- Chaplain (314-362-5200)
- Select nursing staff (if appropriate – coordinate with PD, CMO and nursing leadership)
- Select other faculty
- GME psychiatry partners
- WU psychiatry clinic medical director

- Director of WUSM Student Health Services and BJH/SLCH Occupational Health Office
- WUSM Associate Dean for Student Affairs
- Human resources for both WUSM and BJC
- Legal counsel
- Public affairs (WU and BJC)

Within 24 hours the following additional communications can occur via email:

- Institutional GME community (other PDs, PCs, trainees)
- Chairs of other Departments at the institution
- Medical students (via WUSM Student Affairs office)
- ACGME
- Associate deans and assistant deans at WUSM

Within 48 hours by email:

- Dean of Students at deceased trainee's medical school and former residency program director if a fellow

Informing the Emergency Contact Person

- When training program members are first to know of a death, the PD or CRT leader should contact the emergency contact person immediately
    - **All trainees must have an emergency contact on file that is updated annually**
- In other situations, ED personnel or police may have notified an emergency contact. It is still important for the PD or designee to call the emergency contact person
- **Making the call (see AFSP guide Informing the Emergency contact. Pg. 8; and on topics to cover with emergency contact, pg. 9):**
    - Gather information about facts and what they may already know
        - If there is an ongoing police investigation, protective services is a useful liaison and can serve as point persons for communication.
    - Translators may be available through BJH (314-747-5682)
    - Focus on condolences and extending support. What can the program do to assist?
    - What happened? – sometimes it is not clear early on. Start by asking what they have heard or what they understand about what happened. Stick to known facts.
    - Critical to discuss what information can be shared with faculty and trainees. If the death is a suicide and family does not want it disclosed, the emergency contact person should be informed that it would be helpful for fellow trainees to know the cause of death.
        - Emphasize that faculty and fellow trainees are deeply affected by the passing of their loved one and would benefit from honest disclosure of cause of death. This enables peers, faculty and staff to grieve fully and learn more about suicide and prevention.
        - Important step in avoiding more tragedy
        - Do not to push too hard, family is often in a state of shock. Acceptance may arise later.
    - As appropriate - ask if they have considered funeral arrangements and if program members can attend.
    - Invite them to come to St. Louis if appropriate. Offer assistance with coordinating this trip.

    - End conversation by providing contact information for PD and staff member as appropriate.
    - May be helpful to warn about possible media attention (if relevant)
    - Let them know to expect a follow up call in a few days.
- Follow up calls:
    - 24-48 hours:
        - Discuss funeral plans
        - Discuss memorial service
    - Further assistance with visit to STL
        - Gather belongings
        - Book hotel
    - Discuss institution obituary
    - Release of home address for condolences
    - Assistance with any HR issues (final paycheck)
    - Provide resources for grief/suicide as appropriate
    - Discuss follow up check-ins (weekly x 1 month, then taper off, continue annual check-in around anniversary of the death)

Sharing the News – key tips and Do's and Don'ts (see AFSP guide pg 10):

If the death is a suicide, it is critically important for steps to be taken to ensure that suicide contagion risk is minimized to every extent possible. Contagion risk is heightened when a vulnerable individual is exposed to sensationalized communication about the suicide or when the deceased's manner of death or life is portrayed in an idealized manner. (Gould, 2003) The risk of suicide contagion is mitigated by including support and mental health resources in several communications, and ensuring that every communication following the death is vetted with the following in mind:

- Avoid contagion:
    - In written communication acknowledge tragic loss to suicide (if ok with emergency contact) but DO NOT include suicide method.
    - During in-person meetings it is ok to mention method of suicide but avoid dwelling on manner of death or providing details beyond general method (e.g. ___ took his life by hanging. We probably won't ever fully know all the factors that led to this suicide, but we recognize that there must have been overwhelming pain/struggle and we grieve his loss."
    - Don't highlight descriptions of suicide method, location or circumstances or sensationalized media accounts
- Don't glorify the act of suicide:
    - Talk about the person in a balanced manner. Avoid idealizing the person or only focusing on virtues. Don't be afraid to discuss the known struggles
    - Try to avoid describing the deceased trainee only in terms of his/her strengths.
- Encourage help seeking:
    - Always include list of resources and after-hours numbers in all communication
    - (1-800-274-TALK and Crisis text: 741-741)
    - Don't portray suicide as a reasonable solution to the person's problems
- Give accurate information:

- Suicide is a complicated outcome of several health and life stressors that converge at one moment in a person's life to increase risk.
- Mention the fact that mental health is a real part of life, that we all have common life struggles, and can support one another.
- Explain that along with risk factors, there are known protective factors that mitigate risk for suicide.
- Emphasize that the program/institution believe that help seeking as a sign of strength
- Mention the fact that there have been times when all good leaders have sought support or healthcare to the good of their personal health/wellbeing, as well as for the betterment of their professional work.
- Don't portray suicide as the result of one problem, event or issue

Informing co-trainees

- If there are co-trainees that were very close that are known by the program, they should be notified first and separate from the others
  - These individuals should have frequent check-ins from CRT members and/or program faculty
- If possible divide trainees into smaller groups
- Office staff should page/call every trainee informing them of a mandatory meeting, including those that are away from the hospital that day. Trainees away on vacation should be reached as soon as possible (ideally by phone) after the meeting and should be checked on again within a few days.
- Assemble personnel to attend the meeting (CRT to assist in coordination):
  - Program leadership – PDs, APDs, Department Chair, Coordinators
  - CRT members, GME counselors, chaplain, WeCare team members (WeCareTeam@BJC.org)
  - Department of Psychiatry personnel. (314-747-2680)
  - Any individuals not known to the trainees should be introduced
  - Provide Kleenex
- See sample scripts in AFSP guide (pg. 25) to inform trainees of the death. If the emergency contact person has not allowed manner of death to be released, then it is important to respect that.
- Allow trainees to express grief and identify those who may need additional support and resources
- Acknowledge that all grief responses are different – some may need time off, others may find solace in working
  - Commit to providing coverage or changing schedules as needed
- Remind trainees of importance of seeking help if needed
- Provide resources
  - Lists of individuals (e.g. faculty/peer support program) available
  - GME counseling and community provider contacts
  - GME psychiatry: Office of Drs. Brady, Sultana: (314) 721-3381 or Office of Dr. Shah: (314) 312-2191
  - WU psychiatry: 314-286-1700
  - PCP resources:
    - WU primary care clinic

        - PCPs in community
    - Behavioral Health Response information (crisis support, telephone counseling and resources 24/7) and crisis hotline: 800-811-4760 or 314-469-6644
- Address barriers to help-seeking:
    - Provide process for taking time off – emphasize that in course of training things even out and colleagues are happy to cover
    - Remind trainees about confidentiality around MH care. PDs do not need to know
    - Consider having people in the audience willing to share their own prior help-seeking
    - Address concerns around licensure/credentialing if seeking help. It may help to remind that GME counseling does not require a mental health diagnosis and does not use insurance or chart in EPIC.
- Provide a clear mechanism for trainees to identify people they are concerned about
- Provide information about suicide or other bereavement groups
    - BJC Hospice bereavement groups
- Ask if trainees know of others outside the institution that need to be notified
- Inform trainees about the funeral if applicable and process for time off.
- Discuss plans for a memorial service if appropriate
- See tips on talking about suicide in AFSP – page 10, appendix B.
- Set plans for follow up meetings that might cover things like:
    - Additional debrief with MH professionals
    - Ways to remember their friend (time writing, doing art, letters to family)
- **Immediately following this meeting must inform attendings and staff assigned to services with the trainees (including nursing leadership where appropriate)**
- Inform any trainees not at the meeting by phone if possible
- Arrange for quiet spaces for trainees, faculty and staff to gather, provide food, coffee
- Send a follow-up email to all trainees once everyone has been informed that outlines all resources

Ongoing Support

- Arrange ongoing support sessions for trainees.
- Ensure residents hear permission from PD to attend appointments and groups
- Ensure close check-in with at-risk trainees
- Remind faculty and trainees how to identify colleagues in distress
- Provide additional suicide loss and grief resources

If the emergency contact person does not allow disclosure, members of the Crisis Response Team can state: "The family/emergency contact person has requested that information about the cause of death not be shared at this time." Members of the Crisis Response Team can take the opportunity to talk with trainees about suicide in general terms, and state: "We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed, struggling, or may be suicidal."

Supporting Faculty and Staff

Use the CRT to help inform others. The PD should not have to tell the story repeatedly

- Remind that self-care is an important part of professionalism and in modeling for the trainees

- If you notice changes in a trainee or other faculty, say something.
- Build relationships with trainees deliberately
- Acknowledge and thank hard work
- Share your experiences mindfully
- CRT should help provide information/support for debriefing meetings for faculty and staff. Useful to follow up regularly in 2 week intervals, and then taper.

Planning Memorials

Memorialization can be very helpful for the community. First it is important to discuss with the emergency contact if they approve of a memorial service or remembrance event and if so, what venue is acceptable. The AFSP toolkit (page 17) offers many suggestions on memorials for trainees. They also offer additional suggestions for ways to memorialize someone who has died, such as:

- Community service days
- New curricula
- Raising funds to defray costs for funeral expenses
- Online memorial pages

Managing the Media

- Public affairs should be the point person for all communication.
- The DIO will serve as the point person for communication with public affairs.
- Residents and faculty should be advised not to speak to the media.
- The media statement prepared by public affairs should be reviewed by the DIO. Language from the AFSP guide can be used to craft this statement (AFSP page 32)
- For suicides - language from the AFSP toolkit should guide all responses to media inquiries (AFSP page 33) – this is important in avoiding suicide contagion.

Table 1 - Checklist for After a Trainee Death

Day 1
• Notify DIO/Activate crisis response team (CRT) (pg. IX) • Immediate notifications (pg. II) • Meeting(s) with trainees (pgs. IV-VI)
Day 2
• Remaining notifications (pg. III) • Individual check-ins with at-risk trainees (pgs. IV-VI) • Support faculty and staff (pgs. VI-VII) • Use conference time for debriefs with MH professionals • Check in with emergency contact/family regarding funeral arrangements and next steps (pgs. III-IV)
Days 3-4
• Consider canceling didactics and allowing trainees to gather together • Provide meals over the weekend if possible • Consider having attendings cover the weekend to check in with trainees • Encourage informal gatherings for trainees not on call for weekend • Inform trainees and faculty about funeral arrangements and address for condolences • Debrief with CRT
Week 1
• Daily check-in with Chief trainees/fellows • CRT continues to meet to debrief, monitor community, carry out communication
Week 2
• Return to regular didactic schedule • Acknowledge grieving process is still early. Reinforce availability of MH support, caring for each other, faculty availability to speak • Check in with family on HR issues (benefits, final paycheck, apartment, returning hospital-owned devices etc…) and potential memorial service (pgs. III-IV) • Plan memorial service (engage trainees) (pg. VII) • Have faculty advisors check-in on advisees, plan group dinners • Debrief with CRT • Provide suicide loss resources to community (pg. VI)
Week 3-4
• Consider another noon conference debrief with MH professional • Continue check-ins with chief trainees and think about options for supporting them • Monitor schedules and work flow • Monitor trainee coping • Debrief with CRT – refine plans for future
After 1st month
• Hold memorial service if not already done • Consider monthly process groups with MH professional • Attend to trainee well-being issues (consider departmental strategic plan) • Evaluate institutional suicide prevention strategy

Adapted from: "After a suicide: A toolkit for physician residency/fellowship programs" by AFSP

Crisis Response Team

Team should include several key individuals such as: DIO, PDs, other key faculty, CR, mental health professionals, and other key staff such as PC and hospital staff (from nursing or other services). The team leader needs to ensure the checklist is carried out.

Team should meet 2-4 weeks after any event to review the process and modify as needed.

Table 2: CRT Membership and responsibilities

Primary Team member	**Responsibilities**
Jenny Duncan *Director of Wellness for GME* 314-853-7505	CRT Chair Notifications of leadership Coordination of CRT meeting and ongoing support
Tia Drake *Designated institutional official* 314-852-3058	Communication with key stakeholders Coordination of support
Raquel Cabral, Ph.D *GME Counseling* 314-285-3667	Organize mental health support
Appropriate GME Staff BJH – Terra Mouser SLCH – LeighAnn Bryant/Suzzi Harper WU – Jamie Bolar	Assist with communication plan Assist with any resource coordination Assist with family visit
Resource team members	**Responsibilities**
Jessi Gold, M.D	Provide mental health support and education
Doug Char (peer support program)	Help coordinate additional peer support as appropriate
Krista Jarvis, LPC	Assist with faculty and staff support
BJH/SLCH HR Director	Assist with staff notification/nursing support

Figure 1: Communication Plan

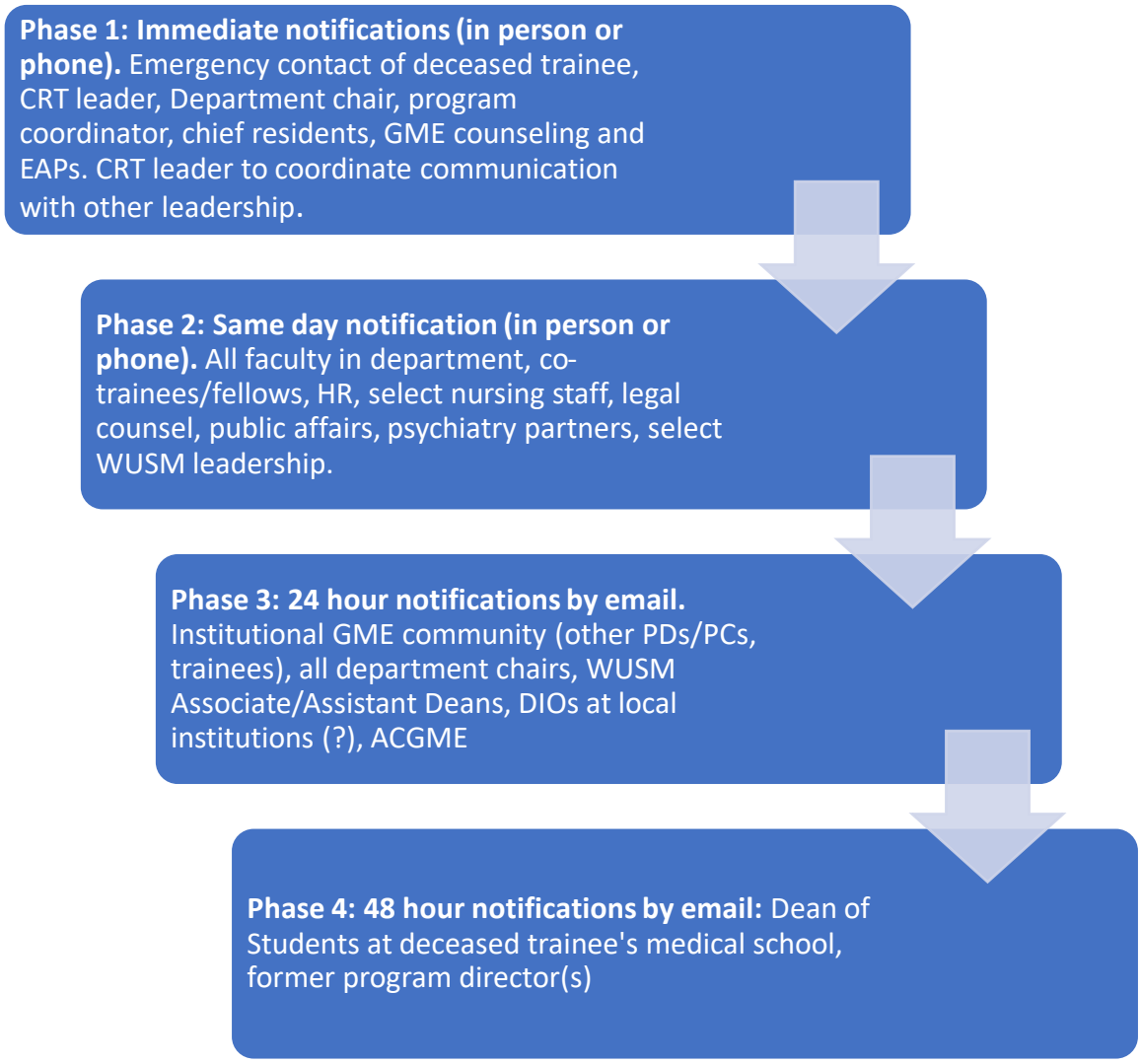

Table 3: Communication Table/Checklist

Phase 1 – immediate	**Who**	**When**	**Notes**
Emergency Contact person			
CRT Leader			
DIO			
Sr. Assoc Dean for Educ			
Hospital CMO			
Hospital GME Directors			
GMEC Chair			
Dean			
Hospital president			
Dept Chair			
Coordinator			
GME office staff (WU and BJH/SLCH)			
Chief residents			
GME counselors			
Phase 2 - Same day notification			
WUSM student affairs			
WUSM student health			
WU psychiatry			
GME psychiatry partners			
Chaplain			
WeCare Team			
Co-trainees			
Faculty			
Nursing staff			
General counsel			
MPA			
HR Director			
Phase 3: Notification within 24 hours (by email)			
All other program directors			
Residents in other programs			
Chairs of other Depts			
ACGME			
Other WUSM Asst/Assoc Deans			
Phase 4: Within 48 hours			
Dean of students at trainee's school			
Former PD (if applicable)			