



Guidelines for a Resident/Fellow Crisis or Sudden Death

In the event of a resident/fellow crisis (e.g., suicide, suicide attempt, major injury or illness, victim of a crime, etc.), these guidelines will serve as a basis for communicating the crisis to appropriate constituencies, responding to the crisis, and identifying ways to prevent future crises.

GME Crisis Team and Communication

A GME Crisis Team includes the Vice Dean for Education and Academic Affairs, the Designated Institutional Official (DIO) and all members of the GME Taskforce. When notified of a resident/fellow crisis, the Vice Dean and/or DIO will schedule an emergency meeting of the GME Crisis Team. The Executive Dean, and/or DIO, or designee, will communicate the crisis to the Vice President/Executive Dean of the School of Medicine, CEO of WVU Medicine, the Chief Medical Officer, the Vice President of Clinical Programs at WVU Hospitals, the UHA Board, the WVU Medicine Board, or other officials (e.g. University President and/or Provost) as needed depending on the crisis.

When appropriate, the crisis response team will notify and/or contact:

- Resident(s)/Fellow(s)
- The residency/fellowship program of interest including the chair and program director (see Appendix 1 for sample communications)
- Family members
- General counsel for health sciences
- Risk Manager/Privacy Officer
- Director, Communications & Marketing, School of Medicine Administration
- Hospital chaplain
- WVU Police
- The home institution if the resident/fellow was a visiting resident/fellow.
- Faculty and Staff (see Appendix 1 for sample communications)

Crisis Response

The Vice Dean and/or DIO will serve as the leader for the emergency crisis response meeting. The Vice Dean and/or DIO will designate specific tasks and duties. The immediate duties and responsibilities may include the following:

When appropriate, the GME crisis response team will reach out to the resident/fellow and/or family to:

1. Offer assistance.

2. Collaborate with the Vice President of Clinical Programs at WVU Hospitals to provide referrals to counseling services available in family's locale.
3. Solicit information from family about funeral arrangements, family's wishes regarding privacy and confidentiality, family's wishes related to attendance by school community at funeral and any other requests from family. Assist in hotel arrangements near campus.
4. Ask for the name and phone number of an appropriate family representative for the School to maintain communication with the family.
5. Contact general counsel if a resident/fellow was a victim of a crime.

When appropriate, the GME Crisis Team will:

1. Send counseling staff immediately to location.
2. Meet immediately with any individuals identified as having a close relationship to the resident/fellow in crisis, or known to be "at-risk."
3. Communicate crisis to residents/fellows, faculty, and staff and arrange times and locations for counseling sessions/crisis stations for residents/fellows, faculty, and staff (see Appendix 1 for example communications).
4. Identify outside resources to assist family of deceased and/or to visit the hospital for follow-up assistance.
5. Alert faculty and staff to signs and symptoms of "at-risk" individuals that should be reported to the Vice Dean and/or DIO (See Appendix 2).

When appropriate, the GME Crisis Team will collaborate with appropriate leadership and the Director, Communications & Marketing, School of Medicine Administration to:

1. Send a letter of condolence to family.
2. Disseminate information about funeral and/or memorial service to faculty, staff and residents/fellows. Include driving directions to funeral services.
3. Consider whether school memorial service, moment of silence, school flag half-mast or other gestures are indicated.
4. Consider whether school schedule or calendar should be modified.
5. Entertain requests for tangible memorials, such as plaques, scholarship funds, etc., keeping in mind that all future deaths will need to be addressed consistent with these decisions.

When appropriate, the GME Crisis Team will:

1. Arrange for personal items to be returned to family. Empty desk, locker and mailbox and maintain inventory of items returned to family.
2. Remove resident's/fellow's name from rosters and directories.
3. Consider providing sympathy cards at a central location for hospital community to write notes and sign.
4. Consider leaving resident's/fellow's photo in any class composite photographs.

When appropriate, the GME Crisis Team will contact the Department to:

1. Close academic record.
2. Inactivate all addresses and e-mail lists.

When appropriate, the GME Crisis Team will contact University Hospital insurance to:

1. Assist resident/fellow and family to determine coverage and potential benefits.

When appropriate, the GME Crisis Team will contact staff to:

1. Remove from mailing and e-mail distribution lists.

When appropriate, the GME Crisis Team will:

1. Determine if the resident/fellow has pending rotations that may require modifications.
2. Determine if the resident/fellow applied to any residency or fellowship programs and communicate accordingly.

Appendix 1

Sample Communications to Residents/Fellows, Faculty, and Staff

We are deeply saddened to inform you that Jane Doe, a member of the Class of XXXX, passed away, on Saturday, December 1, 2018.

Services are scheduled as follows:

Grief counselors will be available on Monday, December 4, 2018 at 12:00 in XXXX.

**Some residents/fellows may be more vulnerable to the impact of a sudden loss than others, especially in cases of presumed suicide. These residents/fellows should be contacted separately to ensure that their needs are met.*

Due to the tragic news of John Smith's untimely passing, we will be holding special grief counseling sessions on the following dates and times:

Wednesday, January 2, 2018 @12:00 PM in XXXX

Thursday, January 3, 2018 @1:00 PM in XXXXXX

These sessions are open to all residents/fellows who wish to attend. Bereavement counselors and mental health providers will be available to speak with you. In addition, the Wellness Director will be holding a number of slots open on those days for individual counseling. Please call XXXXXXXXXX if you wish to schedule an appointment.

As you all know, Jane Doe, Class of 2020, died suddenly on the night of January 7, 2020. As the WVU community mourns the tragic loss of our resident/fellow, some of us may seek more information, asking

how did this happen and why? We have limited ability to answer these questions, in part because we do not know precise answers, and in part out of respect for the privacy of the deceased and his family.

Here is a capsule of the facts we do know, which you may share with any resident/fellow who ask for information:

1. Richard Doe was killed in an automobile accident on Wednesday, January 7th at approximately 10:15 p.m.
2. The location XXXXX.
3. The Dominion Post has reported this event in one article as a suicide.
4. To our knowledge, no suicide note has been found.
5. The County Prosecutor's Office has not allowed the University to view any evidence gathered.
6. The Police and authorities are conducting an investigation to determine the cause and manner of death. Neither suicide nor accidental death has been confirmed. A final report is not expected for some weeks or months.

Sudden death of a young person, a member of our University family, causes shock, anger, denial and numerous other reactions. There is no "right" way to feel, and, whatever the cause of death, each of us will have unique responses to this tragedy. We can all help each other as friends and colleagues, and professional assistance is readily available. The Faculty and Staff Assistance Program (FSAP) has provided counselors to quickly assist residents/fellows, faculty and staff since the day the death became known.

Anyone who wishes to consult a counselor should do so by calling XXXXXXXX. I ask that anyone who identifies a member of the WVU family who appears to need assistance notify me, so that help can be provided.

Warmest regards,

Dean

The following is reproduced in part, with permission from Underwood, Maureen M., LCSW and DunneMaxim, Karen MS, RN, Managing Sudden Traumatic Loss in the Schools, New Jersey Adolescent Suicide Prevention Project.

If the death has been declared a suicide:

This morning we heard the extremely sad news that John Doe took his life last night. I know we are all saddened by his death and send our condolences to his family and friends. Counselors will be available today for residents/fellows, faculty and staff who wish to talk to a counselor. Information about the funeral will be provided when it is available.

Suspicious death not declared suicide:

This morning we heard the extremely sad news that John Doe died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by John Doe's death, and send our condolences to his family and friends. Counselors will be located today in Room _____ at __ a.m., __ p.m., and __ p.m. for residents/fellows,

faculty and staff who wish to talk to a counselor. Information about the funeral will be provided when it is available.

Appendix 2

Signs of “at-risk” residents/fellows:

Close friends and roommates of deceased

Residents/Fellows in clubs and activities with deceased

Residents/Fellows with antagonistic relationship with deceased

Residents/Fellows who have experienced losses that may be reactivated by the current death

Residents/Fellows with drug/alcohol/emotional problems or previous suicide attempts or ideation

Residents/Fellows preoccupied with death or suicide

Witnesses to the death

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