

# One is Too Many: Our Program's and Institution's Response to Loss

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# Faculty Disclosure

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The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Objectives

At the conclusion of this session, the participant will be able to:

- Understand the interdisciplinary and systemic impacts of resident suicide.
- Identify available resources and strategies for responding to suicide or unexpected loss.
- Proactively initiate a plan of action for addressing suicide and unexpected loss at your home institution.

# Bibliography / Reference

1. Bodenheimer, T. & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6), 573-576.
2. Gunasingam, N., Burns, K., Edwards, J., Dinh, M., & Walton, M. (2015). Reducing stress and burnout in junior doctors: The impact of debriefing sessions. *Postgraduate Medicine Journal*, 91(1074), 182-187.
3. Ripp, J. A., Fallar, R., & Korenstein, D. (2016). A randomized controlled trial to decrease job burnout in first-year internal medicine residents using a facilitated discussion group intervention. *Journal of Graduate Medical Education*, 8(2), 256-259.
4. Shanafelt, T. D., Noseworthy, J. H. (2016). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*, 1-18
5. West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: Contributors, consequences, and solutions. *Journal of Internal Medicine*, 283(6), 516-529.

# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

## Timeline



# Discussion



# Lessons Learned

- In person communication is far better than electronic
  - Importance of a communication plan
    - Who, what, when, how
- Grief
  - Many invested parties at your institution, not only your program
- Keep track of what you are doing to support all parties
  - You will forget
  - You can see the gaps that need filling when you list what you've done
- Outpouring of Support
  - Give people things to do!
    - Coverage, financial support

# Lessons Learned

- Faculty and Staff
  - Ask open ended questions
    - “How are things going for you?”
  - Be transparent about your own struggles
  - Ask residents about their peers - most likely to notice struggles in colleagues first
  - Model coping and reaching out for support
  - Share your feelings
  - Validate others’ feelings
  - Be vulnerable

# Developing a Proactive Plan

## Crisis/Disaster Management for a Training Program

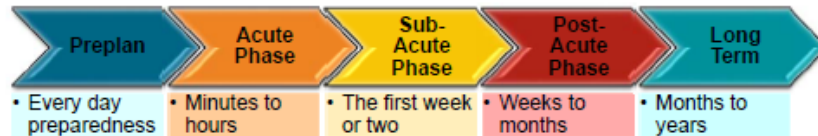
Authors: Lia S. Logio, MD, Bethany Gentilesco, MD, and Dominick Tammaro MD

Physicians are all susceptible to the modern day realities of disaster preparedness and response. We work in hospitals where we plan for the unthinkable, the natural, and the unnatural. Still we find ourselves unprepared when that disaster is a physician suicide. Collectively, the authors have experience in managing these tragedies and hope to share the lessons learned with the medical community at large.

This document outlines the basic phases and important steps to help manage crisis specifically related to physician suicide. We earnestly hope that no one needs to utilize the plan described but we understand the importance and necessity of preparing for the unimaginable. The following guideline can serve as a roadmap for response to a completed or incomplete suicide in a housestaff training program, medical school, or other medical community.

This strategic plan is divided into five parts, presented in chronological order. Together they represent our cumulative advice and best guidance. It should guide the unit (program, schools, and department) most acutely affected.

### Timeline



### Pre-plan: Every Day Preparedness

**Updated Emergency Contact Information.** For any crisis, the ability to communicate with every member of the community immediately is critical. An updated, correct phone list is crucial. Although group emails will reach most people, fast communication is key, so having multiple ways of reaching every person is important. It is also useful to have an easy way to identify any members of the community who are off site, on vacation, working nights, or otherwise apart from the group. In case of crisis, they will require individualized communication.

Keeping an accessible list of next of kin or emergency contact is also vital and should be available to the leaders day and night.



## After a Suicide: A Toolkit for Physician Residency/Fellowship Programs



AMERICAN FOUNDATION FOR  
Suicide Prevention

afsp.org

## Resources

### In This Section

[UME GME Program Resources](#)[Innovation Grants](#)[Wellness & Resiliency](#)[◦ CHARM](#)[Physician-Scientist](#)[Publications](#)[Diversity & Inclusion](#)

### Wellness & Resiliency

Physician, learner, and staff wellness and well-being is an important and critical issue in medical education. Mayo Clinic researchers found that more than half of U.S. physicians are experiencing at least one symptom of professional burnout (Shanafelt, 2015). The following pages contain resources to help explain and address the challenges. Please let us know if you have suggested resources to share with your colleagues.

#### AAIM Resources

- [AAIM Wellness Committee](#)
- [Collaborative for Healing and Renewal in Medicine \(CHARM\)](#)
- [Physician Suicide: Crisis Management for a Training Program](#)
- [Best Practices: Annotated Bibliography of Evidence Based Well-Being Interventions](#)
- [CHARM Perspective Paper: Well-Being in Graduate Medical Education: A Call for Action](#)

#### Presentations at AAIM Conferences

- 2016 APDIM Spring Education precourse: [Teaching Resilience to Residents and Physicians](#)
- 2016 Skills Development Conference workshop: [The Fourth Aim: A Toolkit for Medical Educators to Develop Resilience, Maintain Professional Satisfaction, and Restore Joy to Teaching and Medical Practice \(CHARM\)](#)
- 2017 Academic Internal Medicine Week: [Catalytic Communication: Engaging Institutional Leadership to Create Learning and Practice Environments that Support Wellness \(CHARM\)](#)

### External Resources

#### AMA "Steps Forward" CME Modules

- [Physician wellness: preventing resident and fellow burnout](#)
- [Preventing physician burnout](#)
- [Improving physician resiliency](#)

#### Accreditation Council on Graduate Medical Education

- [Resources for physician well-being](#)
- [Resources for resident well-being](#)

#### American Foundation for Suicide Prevention

- [Physician and Medical Student Depression and Suicide Prevention](#)
- [After a Suicide: A Toolkit for Physician Residency/Fellowship Programs](#)

#### American College of Physicians

- [Physician Well-being and](#)

# Group Activity

- What are your resources?
- Which resources that we shared can you use?
- Who are your collaborators?
- Develop a plan.





# Moving Forward



# Medical Resident Life Program

“Empower residents by providing biopsychosocial wellness education and tools that can enable residents to achieve optimal wellbeing.”

Mentorship

Education

Shared  
Experience

Connection to  
Meaning and  
Joy in Medicine





#medreslife

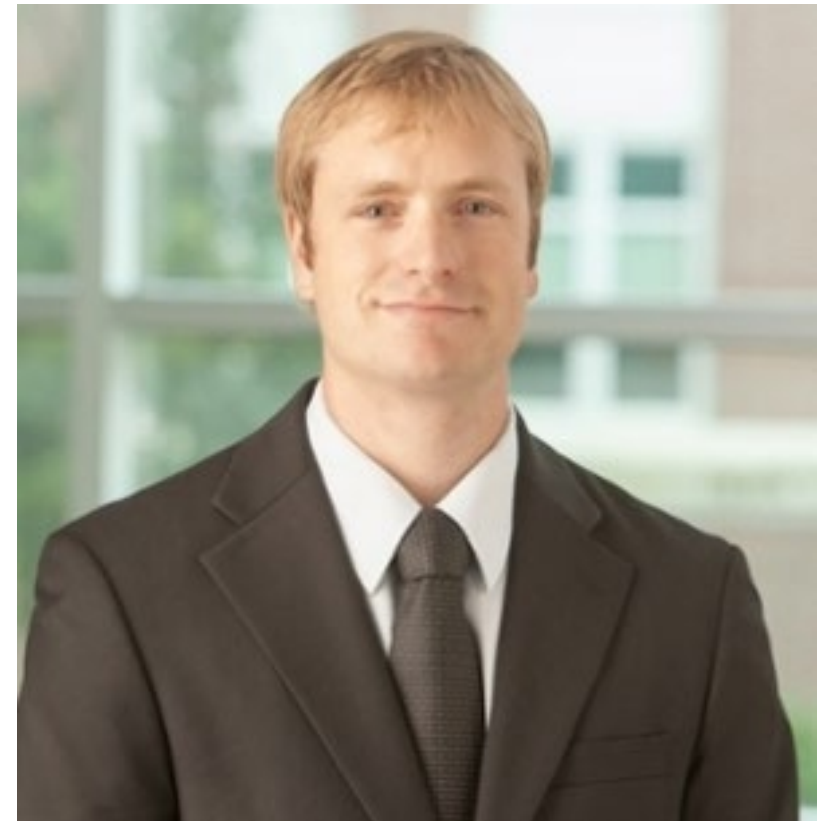
ANY  
QUESTIONS  
?



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# Session Survey

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Use the CFHA mobile app to complete the survey/evaluation for this session.



**Join us next year in Philadelphia, Pennsylvania! Thank you!**