11-8-2024

A Framework to Improve your System's Well-being Through Crisis Response Planning

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ABSTRACT

- Crises of all kinds can affect the learning environment in undergraduate and graduate medical education, including illnesses, assaults, and deaths that affect learners, faculty, and staff.

- Postvention plans have been deployed by college counseling centers to offer psychological support and crisis intervention to those affected by suicide.

- The term postvention has come to refer to, "an organized response in the aftermath of suicide, to facilitate healing of individuals who are experiencing grief, mitigate potential effects of exposure to suicide, and prevent suicide among those who may be high-risk in the population."

- It is important for those involved in undergraduate or graduate medical education to be equipped to respond to crises, and interdisciplinary planning and collaboration is crucial to increase preparedness.

- The goals of a comprehensive crisis response plan are to:
  o Facilitate the grieving process.
  o Stabilize the community.
  o Lower psychological distress.
  o Reduce the risk of negative behaviors.

- Proactive planning allows for a streamlined approach and helps team members to feel more prepared in a crisis.

- Our team has expanded the postvention plan to increase preparedness for any crisis affecting the medical education community.

- The plan provides guidance to help serve community members to navigate coping post-crisis and develop new skills for dealing with challenges.

- Components of a crisis response plan include identifying stakeholders, outreach procedures, safe messaging/tips on communication, how to facilitate groups, and guidance for staying well for leaders of the institution.

- Any institution can adapt our template to create their own individualized crisis response plan to fit their needs.

LEARNING OBJECTIVES

1. Examine critical components of a crisis response plan and how to adapt it for different crises.
2. Identify key partners within your institution to collaborate with to construct a framework for efficient information sharing after a crisis.
3. Devise strategies to implement a crisis response plan that helps support the well-being of your institution.

KEY PARTNERS

Identify Stakeholders: Compile a list of those at your institution who should be informed and involved in a crisis response (names, phone numbers, emails).
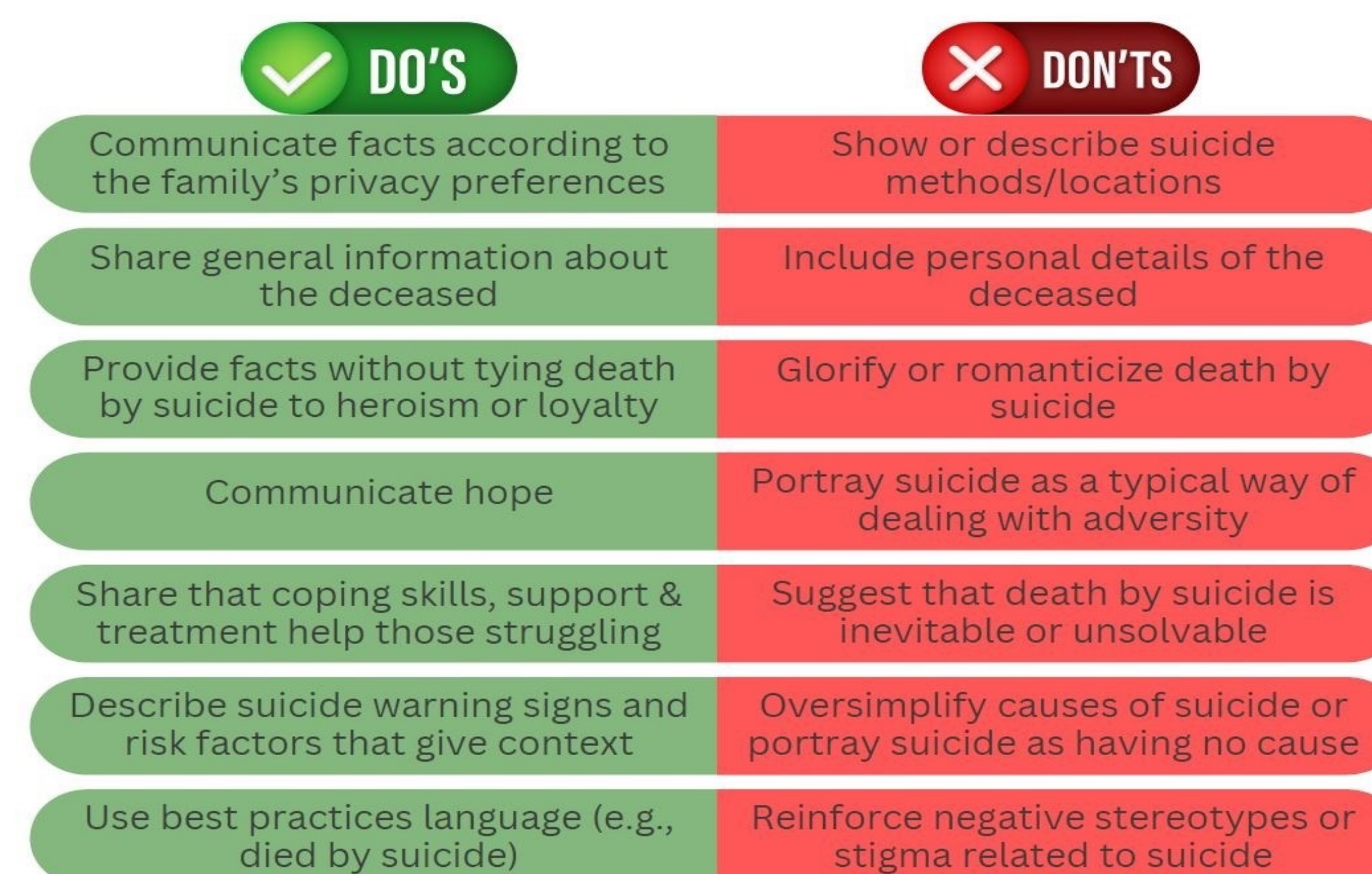
UME	GME
Student Counseling Center	Counseling Center
Provost, Deans, Faculty	GME, Hospital Administration, Program Leadership
Student Health Center	Occupational Health
Support Services (Student Affairs, Accessibility Office, Financial Aid, Residence Life)	Support Services (Employee Assistance Program, Peer Support, Human Resources, Pastoral Care)
Public Safety/Campus Police	Public Safety/Campus Police
Marketing & Communications, Legal	Marketing & Communications, Legal

KEY COMPONENTS

Outreach Procedures: Identify and plan for proactive outreach to at-risk members of the community.

FAMILY
- Consult the family before publicly disclosing any information.
- The family's wishes will direct next steps.

CLOSE FRIENDS & PEERS
- Consider informing them individually and offering support.
- Consider asking them to limit social media communication unless otherwise directed.

PROGRAM FACULTY & STAFF
- Provide information, give instruction on handling accommodation requests, and remind them of available resources.
- Identify a point person for those who need extra support.

AFFECTED PROGRAM(S)
- Coordinate communication after a review of safe messaging.
- Best mass communication is timely, respectful, and informative.

AFFECTED CLINICIAN(S)
- Consider informing them privately.
- Provide emotional support, encourage time off, ensure they are not part of the response, and remind them of available resources.
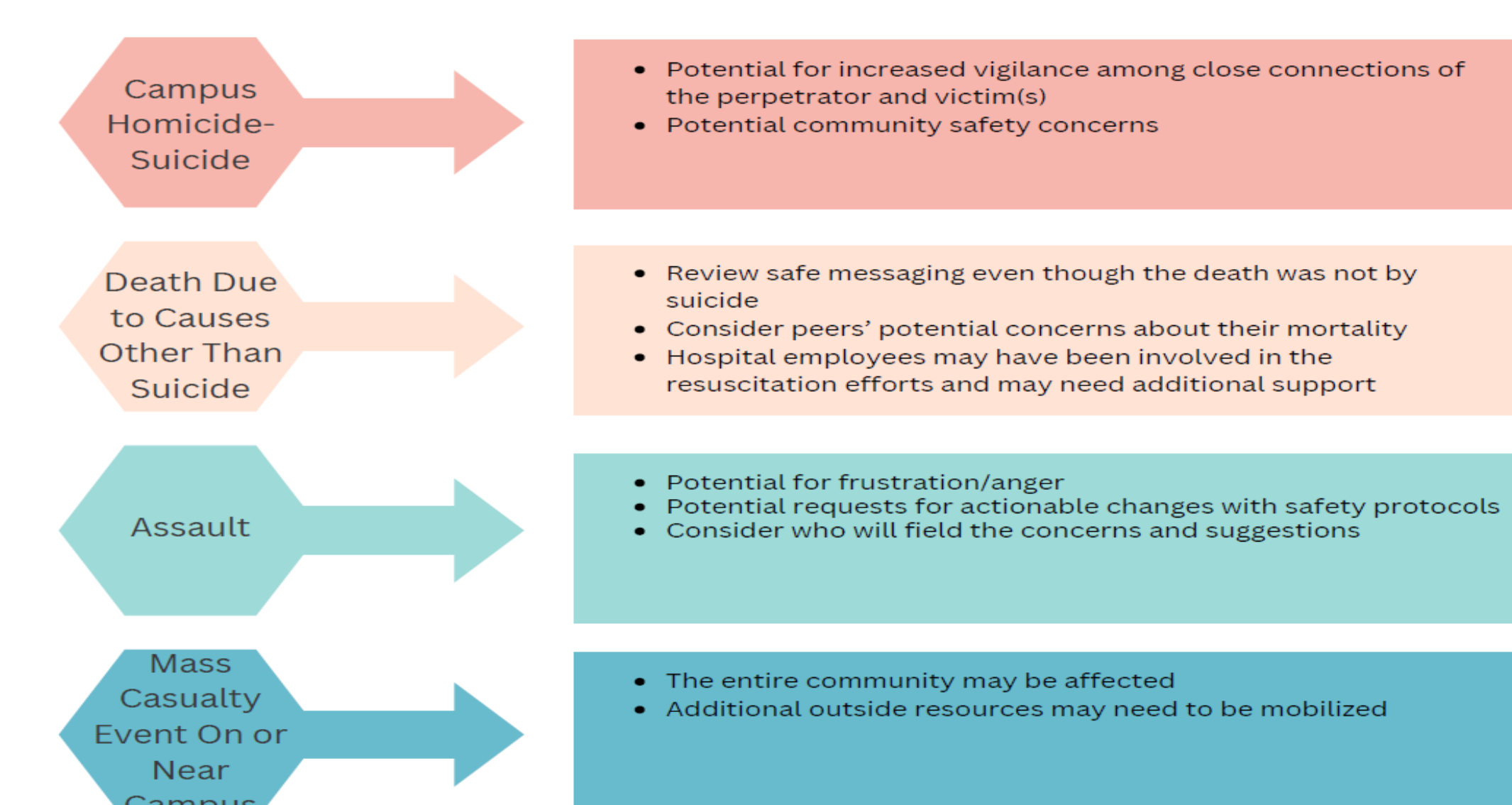
Safe Messaging and Communication: Prepare templates that adhere to standards of safe messaging. Mass communication should be clear, concise, and timely.

✓ DO'S	✗ DON'TS
Communicate facts according to the family's privacy preferences	Show or describe suicide methods/locations
Share general information about the deceased	Include personal details of the deceased
Provide facts without tying death by suicide to heroism or loyalty	Glorify or romanticize death by suicide
Communicate hope	Portray suicide as a typical way of dealing with adversity
Share that coping skills, support & treatment help those struggling	Suggest that death by suicide is inevitable or unsolvable
Describe suicide warning signs and risk factors that give context	Oversimplify causes of suicide or portray suicide as having no cause
Use best practices language (e.g., died by suicide)	Reinforce negative stereotypes or stigma related to suicide

Facilitating Group Support: Create a guide that any team member can refer to and adjust for different audiences.

Guidance for Facilitating Groups

Preparation By Leadership
Timing
Location
Announcing the group
Flyer for group - who sends
Coverage for clinical duties

Preparation By Providers
2+ Facilitators for Group
Goals
Location
Time
Materials
Resources

Group Facilitation
Structure
- Introductions
- Check-In
- Group Reflections
- Review Resources
- Check-Out
Attendance is optional
Facilitators stay until everyone leaves
What type of follow-up will be provided

Follow Up
Send message to all impacted
Provide resources for support
Note any schedule adjustments
Normalize reactions
Suggest self-care strategies

Crises Other than a Death by Suicide: Modify for other types of crises.

Campus Homicide-Suicide
- Potential for increased vigilance among close connections of the perpetrator and victim(s)
- Potential community safety concerns

Death Due to Causes Other Than Suicide
- Review safe messaging even though the death was not by suicide
- Consider peers' potential concerns about their mortality
- Hospital employees may have been involved in the resuscitation efforts and may need additional support

Assault
- Potential for frustration/anger
- Potential requests for actionable changes with safety protocols
- Consider who will field the concerns and suggestions

Mass Casualty Event On or Near Campus
- The entire community may be affected
- Additional outside resources may need to be mobilized

IMPLEMENTATION

Regular Team Practices:
- Training and education
- Yearly reviews and updates
- Editing and evaluating effectiveness with every use

Self-Care for Responders: Leaders can create psychological safety for their team members using trauma informed practices. We need reminders to take care of ourselves.

- Emotional Health
- Communication and Vulnerability
- Restorative Activities
- Rest and Fuel
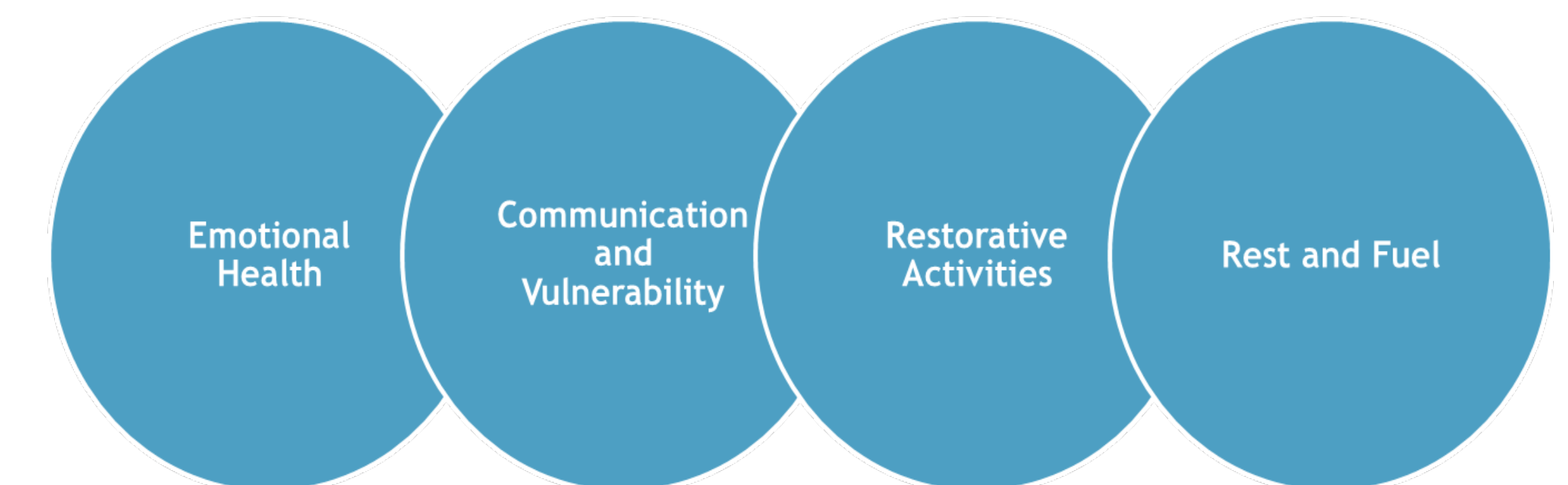
CONCLUSIONS

- Crises are becoming more frequent; they can be stressful, unexpected, and often happen at inopportune times. UME and GME leaders are tasked with coordinating and organizing an institutional response.

- We recommend every institution have its own unique crisis response plan based on the needs of their learning environment, with an identified point person/team who can help organize the response.

- By creating and implementing a crisis response plan institutions can:
  o Enhance their ability to support the community in a timely manner.
  o Restabilize the environment to prevent further trauma.
  o Create a more resilient and compassionate medical education environment.
  o Increase help-seeking behaviors.
  o Lower team anxiety by increasing preparedness for any crisis.

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