INTRODUCTION: Background

• Approximately 300 to 400 practicing physicians die by suicide annually.
• Medical residents are at high risk for depressive disorders, depressed mood, burnout, and suicidal ideation.
• ACGME endorsed an “After a Suicide” toolkit to use in time of crisis.
• ACGME approved an “After a Suicide” toolkit to use in time of crisis.

METHODS: Measures/Metrics

MEASURE #1: MOCK DRILL SCORECARD
• 3 Mock Drills with scoring rubric implemented
  o Unexplained absence, attempted suicide and suicide
  o Participants rated on ability to:
    • Access plan (all available in MedHub)
    • Communicate appropriately to colleagues
    • Attend to confidentiality
    • Utilize GME Leadership Support
  • Follow the Crisis Communication Timeline

MEASURE #2: CLINICAL LEARNING ENVIRONMENT QUICK SURVEY (CLEQS)
• 10 Item evidence-based survey framed to match 4 learning environment domains

RESULTS: Continued

MEASURE #1: MOCK DRILL SCORECARD
• Majority of programs unaware of CCP or its location
  o Note: CCP presented at GMEC and emails sent prior to mock drills
• Many programs lacked documented policy/procedure for handling unexplained absences
• Major scored well in maintaining confidentiality

MEASURE #2: CLINICAL LEARNING ENVIRONMENT QUICK SURVEY (CLEQS)
• Post-test survey results demonstrated that program leadership felt increased sense of engagement and support from GME Leadership

INFORMAL RESULTS:
• Successful activation of the CCP soon after drills were held (in response to distressed resident)
• CCP use expanded:
  o Launched at Illinois sites with mock drill sessions held to orient faculty
  o Mock drills held to orient Undergraduate Medical Education and they are now revising CCP to respond to unique needs of students
• System-wide Resident/Fellow Unexplained Absence Plan was drafted and launched
• Key success of work was awareness building with system and program leaders through dedicated time to address and raise importance of this critical issue

DISCUSSION

• Critical/important policies should be “mock drilled” to assure our leadership responses approved by GME leadership and HR
• Pilot, reconcile assessor differences, and revise

KEY FINDINGS:
• Critical/important policies should be “mock drilled” to assure our GME leader’s understanding and ability to take appropriate actions
• Multiple communications channels are necessary to guarantee awareness and ability to correctly implement new policies

LIMITATIONS:
• As we connected within our GME leadership and hospital wide, we discovered multiple ambiguities in policies around crisis response
  o When to contact emergency contact, who should be informed of the details, leave of absence considerations
• Formalize rater training prior to conducting the mock drills

NEXT STEPS AND SUSTAINABILITY:
• From GME perspective, medicine is a high stress profession and it is vital that we all have opportunity to practice how to enact the processes and procedures for unexpected events (suicide, unexpected no show) with safe feedback
• Critical to involve/prepare all GME program leadership teams to enact policies with strong and visible organizational support