



**After a Suicide:
A Toolkit for
Medical Schools**

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American
Foundation
for Suicide
Prevention

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This document was developed based on After A Suicide: A Toolkit for Schools, created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup: Joanne L. Harpel, J.D., M.Phil., Peggy West, Ph.D., MSW, Gayle Jaffe, MSW, MPH, Donna Amundson, LCSW

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Suggested Citation

Dyrbye L, Moutier C, Wolanskyj-Spinner A, Zisook S. After a Suicide: A Toolkit for Medical Schools. American Foundation for Suicide Prevention. <https://www.afsp.org/physician>. 2018.

At a Glance

In the event of a suicide within a medical school, it is critical to have a plan of action already in place. This toolkit gives you a foundation for doing so. First and foremost, we encourage you to assemble a **Crisis Response Team** (pg. 6), and have provided a suggested **Crisis Response Communication Plan** (pg. 7).

This toolkit also serves as a practical handbook to consult at the time a suicide death does occur. You will find guidance and step-by-step lists on how best to go about:

- **Get the Facts First** (pg. 8)
- **Informing the Emergency Contact Person/Family** (pg. 9)
- **Sharing the News** (pg. 12)
- **Helping Medical Students Cope** (pg. 17)
- **Memorialization** (pg. 20)

You will also find within the **Appendix** (pg. 23) immediately usable advice and checklists including **Tips for Talking about Suicide** (pg. 26); **Sample Scripts to be Used in Face-to-Face Communication** (pg. 29), and **Sample Email Death Notifications** (pg. 32); a **Memorial Service Planning Checklist** (pg. 35); a **Sample Media Statement** (pg. 37); and **Key Messages for the Media Spokesperson** (pg. 38).

It is our hope that you will read through this toolkit before an event takes place. Whether or not you do so, this handbook can serve as a useful guide in the immediate aftermath of a suicide.

Introduction

The death of a medical student by suicide is devastating, shocking, and stressful for all involved. It can feel different than the death of a patient and may be more like that of a family member or close friend. There are also aspects of suicide loss that can be traumatizing for many.

Being aware of the experiences common to suicide loss can help:

- Prevent contagion
- Allow the medical school community to grieve and feel supported
- Raise awareness of the mental health needs of the medical school community
- Engage in suicide prevention efforts at a later stage

While physicians may have experienced patient deaths, managing the death of a medical student carries with it a different set of responsibilities. Thankfully, this is not an everyday experience – but this means medical schools are often uncertain about how to respond and need reliable information, practical tips and tools, and guidance readily available.

Experts in undergraduate medical education, medical student distress and well-being, and suicide have collaborated to make this toolkit to help medical schools in the aftermath of a medical student death by suicide. The toolkit contains consensus recommendations endorsed by the American Foundation for Suicide Prevention (AFSP). It is designed to offer practical tips, modeled after the gold standard resource, *“After a Suicide: A Toolkit for Schools,”*¹ co-developed by AFSP and the Suicide Prevention Resource Center. Additional resources are provided in the Appendix. Key considerations, general guidelines for action, do’s and don’ts, templates, and sample materials are provided on strategies for notification of the event and support of the community. This toolkit may serve as a guide for the development of a local action plan.

It is important to have procedures in place that approach all medical student deaths in a similar fashion. Processes for notifications, bringing medical students together as a community, and creating memorials should be the same when responding to the death of a medical student who dies by suicide, by car accident or from any other cause. This approach minimizes stigma and reduces the risk of suicide contagion.

Proactively Developing a Suicide Response Plan

Ideally medical schools will develop a suicide response plan prior to a suicide occurring. If the medical school already has a protocol for death of a student, steps should be taken to ensure it specifically addresses suicide. Suicide death should be addressed in a similar manner as other types of death. However, there are some unique aspects of suicide loss that require consideration. Having a plan in place will facilitate a coordinated response by a team of individuals who can support each other. Development and endorsement of such a plan should involve key stakeholders, such as the dean of the medical school, associate dean for student affairs, student mental health service and/or employee assistance program personnel, office of student affairs, faculty from the department of psychiatry, communication office, human resources, law enforcement, housing, security, and legal. If the student was on a clinical rotation at the time of death it may also be appropriate to include the rotation supervisor of the service the student was on at the time.

The plan should include details about:

- Ensuring the emergency contact list is updated yearly
- Reinforcing the importance of timely arrival and notification of absences during orientation
- Addressing a missing medical student
- Confirming death of a medical student and how to do so
- Developing a Crisis Response Team
- Communicating with emergency contact/family
- Notifying medical students and faculty
- Determining who needs to know what (medical school community of deceased medical student vs. larger medical community)
- Creating templates for face-to-face, phone, and written notifications
- Planning a memorial service
- Managing media inquiries
- Managing social media
- Supporting the well-being of medical students, residents, faculty, other staff, Crisis Response Team members, and members of the student's family and significant other
- Conducting post-mortem reviews, psychological autopsies, and root cause analysis
- Once developed, the plan should be widely disseminated to the deans, and associate deans, along with office personnel; awareness of the plan should be part of all undergraduate medical education (UME) administrative staff orientations; the plan should be easily locatable after-hours and on weekends by key personnel, such as the dean and associate dean for student affairs

Checklist for After a Suicide

Day 1*

- Immediate notifications (see **Crisis Response Communication Plan**, pg. 7)
- Meeting(s) with medical students
- Strongly consider canceling classes (for pre-clinical students)
- If not already in place, develop a **Crisis Response Team** (pg. 6) using the template provided
- Initiate contact with the family
- Ensure that mental health services are available 24/7 for at least the first two weeks
- Make a plan for notifying students who were close to the deceased, and any significant others or close friends – they should be notified first, separate from the class

Day 2

- Remaining announcements (see **Crisis Response Communication Plan**, pg. 7)
- Identify and check in with individually with any at-risk medical students (e.g., Includes students in that class, close friends, roommates, potential romantic partners [current and former], students already receiving mental health care)
- Hold multiple open-hours sessions for mental health professionals to debrief with medical students – this will help identify at-risk students
- Have mental health professionals available for students to drop in and see as needed for the day
- Check in with the deceased medical student's emergency contact/family regarding funeral arrangements and next steps, plans to meet
- Attend to faculty and staff well-being by promoting access to one-on-one counseling, and coordinating a larger group meeting(s) facilitated by an expert, to debrief on the loss and its impact
- Debrief with Crisis Response Team, and plan to do so on a daily basis for the first week
- Let medical students, staff and faculty know about funeral arrangements and address for condolence cards/social media site according to family's preference

Day 3-4

- Encourage informal gatherings
- Return to regularly scheduled activities
- Debrief with Crisis Response Team

Checklist continued on next page >

Week 1

- Check in daily with class representatives and other student leaders – they will be on the frontline and may know who is struggling
- Crisis Response Team continues to meet for debrief, monitoring of community, and carry out of communication next steps

Week 2

- Create a statement that this is still early in grieving process, reinforce continued availability of mental health services, caring for each other, school leadership and faculty members who are available to speak with students, etc.
- Check in with family regarding any school-related issues (returning of electronic devices, etc.) and Memorial Service
- Plan Memorial Service
- Ask faculty advisors or mentors to check in with advisees or mentees, plan group dinners, etc.
- Debrief with the **Crisis Response Team** (pg. 6)
- Provide suicide loss resources to the medical community/appropriate individuals (afsp.org/AfterALoss)

Week 3-4

- Consider another session to debrief with medical students
- Continue checking with the class reps about how to support students and who may need additional help
- Monitor medical student coping and absences
- Debrief with the Crisis Response Team – focus on next steps

Beyond the First Month

- Hold memorial service if not done already
- Consider monthly process groups with mental health professional
- Attend to medical student well-being issues
- Develop a medical student well-being plan if none in place and/or engage your director of student wellness to develop a longitudinal plan to monitor and address students well being
- If not already done, develop a medical school suicide prevention plan that takes the long view on how the institution plans to address the factors that lead to stress, burnout, and suicide risk

* Suggested timeline should be modified to best meet the needs of the group. They are provided as a suggestion to illustrate suggested components and timeline to help a grieving community heal.

Crisis Response Team

A Crisis Response Team serves an important role following any critical incident, including the loss of a medical student to suicide. The team carries out the critical aspects of crisis management in the aftermath of suicide loss: communication, support of the medical community, and prevention of contagion.

Selecting the team leader and members can be accomplished in a number of ways, but the team should include several key individuals such as: decanal staff, other key faculty, and mental health professionals. The team leader needs to ensure the checklist is carried out.

In some instances, the associate dean for student affairs may be best suited to lead the team, and in other instances, it may make more sense for a psychologist/psychiatrist or other key faculty to take the lead, or for associate deans and a psychologist to co-lead the team.

It is strongly recommended that staff/administrators/faculty closest to the event seek counseling, both early on and then again in follow up several months later. There are many ripple effects of student tragedies, and many of those ripples come back to affect such staff/faculty/administrators. They too need support, yet may be reticent to seek it.

Crisis team members will likely need to meet twice a day, every day for the first week, morning and evening, report in and use the end of day meeting to determine detailed plans for the following day.

The following is a template to assist in the development and action planning of your Crisis Response Team.

Team Leader: _____

Team Member	Tasks from Checklist	Date Completed

Crisis Response Communication Plan

Once the death has been confirmed by the medical school, a coordinated crisis response should be implemented to manage the situation, provide opportunities for grief support, help medical students, residents, staff and faculty cope with their feelings, and minimize the risk of suicide contagion. (See [Crisis Response Team](#), pg. 6)

First, a Crisis Response Team should be identified. This team should coordinate communication across the School of Medicine, associated institutions, and others. Keeping a list of individuals who need to be informed and a plan for who will speak to each individual along with notes of when completed is useful (see [Appendix A](#) for example), as the manner and time of notification will vary. In-person notifications should be done whenever possible by respected authorities who know as much as is known about what has happened, so that they can answer questions and best convey institutional concern, involvement, gravitas and assurances. One approach and list of potential individuals to communicate with is shown below.

Timing is key. Students should not hear about this in the press or from social media before having heard about it from the school leadership.

Communication Plan

Immediately in Person or by Phone

- Institutional leadership (dean, president, CEO), undergraduate medical education leadership team and office support staff at the campus of the deceased student, student health service/mental health professionals, and chaplain office; if a doctorate of medicine and/or of philosophy student, also the doctorate of medicine and of philosophy program director/medical science training program director, dean of the graduate school, graduate school student affairs officers, research mentors, etc.

Same Day in Person or by Phone in Select Instances

- Medical students at the same school as the deceased medical student, medical school leadership team at other campuses (as applicable), faculty working directly with the deceased medical student at the time of death, emergency contact person of deceased student, legal, communications/public relations, leaders of medical student wellness programming (as applicable); if doctorate of medicine and/or of philosophy student, also members of research lab, if they knew the student

Within 24-48 Hours by Email

- Faculty who teach and supervise medical students at the medical school, medical student mentors/advisors, leaders within local medical school community, residents working directly with the deceased medical student at time of death, leadership at local medical schools

The first people to notify are those who need to know while formal announcements are prepared and medical students are notified (see [Sharing the News](#), pg. 12). A suggested communication checklist can be found in [Appendix A](#).

Get the Facts First

In the event of a possible death of a medical student, 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 medical school. Sometimes the family learns of the suicide first and informs someone at the medical school, such as the associate dean for student affairs; in other cases, the death of a medical student comes to light after the medical student does not show up for class or report to a clinical rotation or after a phone call from local authorities, Emergency Dept. personnel, or others. Depending on the situation, facts may be obtained or clarified by contacting the coroner, medical examiner's office, or local law enforcement.

The cause of death should not be disseminated without first speaking with the family about their preferences. Full discussion of this can be found in [Sharing the News](#) (pg. 12) and [Appendix D](#) (pg. 34).

Missing Medical Student

A medical student not showing up for class or clinical experience may be a serious problem or a simple mistake. Now that many medical students do not have a land line, or in some situations a pager, we are dependent on a charged cell phone for contact.

Medical schools should have a process in place for how to deal with a medical student who does not arrive when expected (see the box below for a suggested strategy).

Step-Wise Approach to Finding a Missing Medical Student

- Page, text, and email the medical student
- Call the medical student's cell or home phone
- If there is no response, next options include:
 - Calling medical student's emergency contact/family
 - Contacting local police or hospital security to request a welfare check

Informing the Emergency Contact Person/Family

Individuals within the medical school may be the first to know a medical student has been declared deceased. In such a situation the Crisis Response Team leader or a delegate (e.g., associate dean of student affairs) should contact the emergency contact person immediately. Every medical student should have emergency contact information on file (phone numbers, email address, and names of parents, spouse/partner, or other emergency contact person). Such information should be updated yearly. Please review the section titled: **Get the Facts First** (pg. 8) for guidance on how to proceed.

In other situations the police may know first, and will have their own protocol for notifying the next of kin. If the medical student was brought to the Emergency Room, the physician who declares the individual deceased would likely make the call. In situations where another individual has disclosed the death of a medical student, it is still important that the Crisis Response Team Leader or a designated individual from the medical school call the emergency contact person.

Prior to calling the emergency contact person it is helpful to obtain as much information as is currently available (see **Get the Facts First**, pg. 8) as well as information about what, if anything, has already been conveyed to the emergency contact person (e.g., by police, emergency dept. physician). Reaching out to the Chaplain office may also be helpful. This initial call should focus on condolences and extending support. Opening dialogue could go along these lines: “We have learned of some serious news about **[NAME OF STUDENT]**. Here at **[NAME OF MEDICAL SCHOOL]** we may not have complete information, but I want to talk with you about what we do know so far, and learn what you may know as well.” First, find out with whom you are speaking and if not the student’s family member, than ask if there is a family member with whom you should speak. Then, ask what the medical school can do to assist, and discuss the family’s preference regarding what information is provided to the faculty and fellow students. The emergency contact person/family member may ask what happened. Sometimes it is not clear early on if the death was by suicide or if the death was accidental. Starting by asking what they have heard or what they understand about what happened may be helpful. Be careful about sticking to the known facts and avoiding any conjecture. Ask if they have thought about funeral arrangements and if medical students and faculty from the medical school can attend. Some families wish for the funeral to be private.

Although difficult, it is vital to discuss what information can be relayed to faculty and medical students. If the death is determined to be a suicide and the family does not want it disclosed, the emergency contact person should be informed that it would be helpful for fellow medical students to know the cause of death. It is important to tell the emergency contact person that faculty and fellow medical students are deeply affected by the passing of their loved one and would benefit from honest disclosure of cause of death. Doing so enables peers, residents, faculty and support staff to fully process and grieve the death of the medical student, to learn more about suicide and its causes, and, importantly, is an important step to keeping the medical students safe and avoiding more tragedy. Given the stigma of suicide being even higher in various minority groups, a chaplain might be able to help family give permission to disclose the cause of death. That said, it should be kept in mind that the family may be in a state of shock immediately following the death, and may not be ready to accept suicide as the cause of death; it is advisable not to push too hard, with the understanding that acceptance may arise within 24-48 hours.

End the conversation by providing information about how the emergency contact person can reach one particular contact person at the medical school/institution (typically the caller) if questions arise following the initial call. If that person is not the individual making the initial call be sure that is clearly conveyed to the emergency contact person. Also, let them know to expect a follow up phone call within a few days. At that time, ask about travel plans so that Crisis Response Team members can meet with the family in person after they arrive. Suggested topics to cover with the emergency contact person can be found in the chart on Page 11. It may be relevant to inform the family of anticipated media attention surrounding the death of their loved one. Although suicides happen all over the world every day, the death of a medical student may draw unwanted media attention and the caller can help prepare the emergency contact person.

Topics to Cover with the Emergency Contact Person/Family

First Call

- Introduction (identify who you are and your role at the medical school), and verify with whom you are speaking
- "I'm calling to speak with you about a serious matter concerning your son John"
- Ask what they have been informed of thus far, and gather any other knowledge or thoughts they may have (but be careful not to confuse this person's conjecture with fact)
- Relay only what you know to be the facts concerning the student's death
- Offer to meet and provide condolences; Ask if there is any assistance the medical school can provide to the family/emergency contact
- Ask permission to speak with fellow medical students about the cause of death
- Consider suggesting a vigil; in some cases, there is a strong wish on the part of students to do this, and the family can be included
- Consider mentioning the potential for media attention (they are not obligated to take interviews, and can refer media to the medical school's communications team if they prefer)
- Contact information for the investigating officer
- Inquire about funeral arrangements and whether school staff can help, and if they are welcome to attend
- How best to contact the emergency contact person going forward and how that individual can best contact the caller (phone number, email, evening/weekend)
- Identify/confirm who the family spokesperson is for ongoing communication
- Commitment to calling again the next day

Second Call at 24-48 Hours

- Willingness to share funeral plans, may flowers be sent, and may faculty and medical students attend
- If appropriate, desire for on-campus memorial service and acceptable venue
- Assistance the medical school can provide:
 - Collecting deceased medical student's belongings before their arrival
 - Finding local accommodations
 - Packing up belongings (if the death occurred inside the medical student's housing it will likely be sealed by police during their investigation and unavailable)

- Release of home address for condolence notes
 - The medical school may want to collect condolence notes and send to the family in one package
- Discussion with family about the medical school placing an obituary
- Assistance with administrative issues
- Provide resources for suicide loss survivors (afsp.org/loss)
- Ask about travel plans so Crisis Response Team members can meet with the family in person

Subsequent Call, Up to Several Weeks Later

- Coordinate with family regarding medical school items (e.g., pagers, electronics)

Sharing the News

Following notification of key personnel and the emergency contact person, a plan must be developed and implemented for how to notify fellow medical students of the deceased medical student and relevant faculty, residents and staff. What to say and how to say it varies by the group being informed along with the family’s wishes.

When communicating about suicide do not use the outdated phrase (and offensive to some) “committed suicide.” Rather, use terms such as “died by suicide” “took her life,” or “killed himself.”

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 or graphic communication about the suicide or when the deceased’s manner of death or life is portrayed in an idealized manner.² 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 do’s and don’ts in mind:

Do’s	Don’ts
Avoid Contagion	
<p>In written communications, acknowledge the tragic loss to suicide of a member of our school (and call it a suicide if emergency contact person has given permission). But do not include the suicide method in written communications.</p> <p>During in-person meetings, it’s ok to mention the method of suicide, but avoid dwelling on the manner of death during in-person conversations (e.g., “ took his life by hanging. We probably won’t ever fully know all of the factors that led to his suicide, but we recognize that there must have been overwhelming pain/struggle and we grieve his loss”).</p>	<p>Don’t include graphic or detailed descriptions of the suicide method, location, circumstances surrounding the death.</p> <p>Don’t highlight pictures of the location or sensationalized media accounts.</p> <p>Even during in-person meetings, avoid providing more detail than the general method (e.g., “died by overdose, hanging, took his life using a firearm”). Going beyond this into more detail is not advisable especially in writing or group settings.</p>
Don’t Glorify the Act of Suicide	
<p>Talk about the person in a balanced manner. Avoid idealizing the person and only extolling virtues. Do not be afraid to include the struggles that were known, especially during conversations.</p>	<p>Try to avoid describing the deceased medical student only in terms of his/her strengths. This paints a picture of suicide being an option/ solution or presents a confusing picture when the person’s apparent struggles aren’t mentioned or alluded to.</p>

Do's	Don'ts
Encourage Help-Seeking	
<p>Always include the list of resources and the after-hours numbers that anyone can call 24/7. Include the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), and the Crisis Text Line at 741-741.</p>	<p>Don't include graphic or detailed descriptions of the suicide method, location, circumstances surrounding the death.</p> <p>Don't highlight pictures of the location or sensationalized media accounts.</p> <p>Even during in-person meetings, avoid providing more detail than the general method (e.g., "died by overdose, hanging, took his life using a firearm"). Going beyond this into more detail is not advisable especially in writing or group settings.</p>
Give Accurate Information About Suicide	
<p>Explain that 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, dynamic and changing like other aspects of health, that we all face challenges, and can support one another. Explain that along with risk factors, there are known protective factors that mitigate risk for suicide. Emphasize the medical school's stance on help-seeking as a sign of strength, a way to show the most proactive, mature level of professionalism. Mention the fact that there have been times when all good leaders have sought support or healthcare to the good of their personal health/well-being, as well as for the betterment of their professional work.</p>	<p>Don't portray suicide as the result of one problem, event or issue.</p>

Notification should occur as soon as possible, ideally the same day of the death or before classes or clinical rotations start in the morning. If there are medical students who were very close to the deceased who are known to the medical school (significant others, close friends), they should be notified first and separate from the others. Members from the Crisis Response Team should connect regularly with these individuals over the next few weeks.

Although it is permissible to disclose a medical student has died, the cause of death should not be disclosed unless approved by the emergency contact person. In situations where the family does not want the cause of death shared with other medical students, it is still important to acknowledge the death and follow that immediately by saying or writing about the supportive mental health resources that are available to the medical students. If the cause of death has not been confirmed and there is an ongoing investigation,

individuals on the Crisis Response Team should state that the cause of death is still to be determined and additional information will be forthcoming. Suggested processes and oral as well as written scripts to help convey this information are provided below and in [Appendix C](#) and [D](#).

Notifying Medical Students at the Same School as the Deceased

Medical Student

- Ideally this should occur in-person the same day of the death or before classes/clinical rotations start in the morning; practically this can be difficult, especially if the school has multiple campuses and clinical sites; attempts should be made, however, to communicate the news in person simultaneously to all students who may have known the deceased students; ideally, in person communication to the remainder of the student body should occur the same day
- If possible to divide the medical students into small groups (20 or less), to deliver the news, this is recommended in order to encourage honest dialogue and to avoid group escalation in anxiety, which is more likely in a large group setting; if not possible, the office staff should secure a room large enough to hold all the medical students
- The office staff should contact every medical student telling them of an emergency mandatory meeting; medical students should be reached by phone, email, or text with instruction to attend the meeting regarding “sad news”; medical students who are off should be called and asked to come in to attend the meeting
- Medical school leadership, including the dean, and the Crisis Response Team should attend this meeting, as well as all med school support staff
- It can be helpful to have mental health professionals (i.e., point of contact for mental health needs in the student body or school), chaplain services, and employee assistance counselors available at the meeting when possible
- In situations of multiple campuses, efforts should be undertaken to identify which students are at external sites, or other campuses and bring students together at clinical sites to be informed at the same time as students on the main campus; during these site-based discussions, local site directors including student affairs officers and mental health personnel should facilitate the discussion; in these cases, the Crisis Response Team should identify a faculty or staff point of contact at each site to coordinate this initial meeting and to identify any students who seem vulnerable to keep a close eye, offer additional support, and ensure that the office of student affairs is aware of those students
- During the meeting, the Crisis Response Team members should introduce themselves (if not known to the medical students) and other guests; tips for how to talk about suicide and avoid contagion are provided in [Sharing the News](#) (pg. 12); sample scripts to relay information in person about the death can be found in [Appendix C](#); share accurate information about the death of the medical student, as permitted by the emergency contact person.
- If the emergency contact person refuses to 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 medical students 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.”

- Allow medical students to express their grief, and identify those who may need additional support and resources; it is often expected that students and others would/should “process” feelings after being notified; rather, it is important to stress that it is normal to have feelings, memories, and thoughts that may catch them off guard and are intense and these should lessen over time, and if anyone is feeling distressed and feels like talking would be helpful, let them know how to access resources; explain that everyone’s grief response is different – some medical students will need time off and others may find solace in working; commit to changing classes or clinical schedules as needed; remind all medical students of the importance of seeking help if they are experiencing difficulty, and how to do so
- Remind the medical students of the processes in place for accessing care:
 - – Encourage students to debrief/process their experience of losing a peer; provide a list of individuals, such as attendings/advisors who are available to medical students, and who the medical students can reach out to talk about the loss and to debrief; this is not mental health treatment, but rather supportive debriefing with an advisor/mentor; consider providing cell phone numbers of Crisis Response Team leaders and/or other staff, and encourage the students to feel free to call 24/7 for support as needed (this should be done in person during meetings as well as via emails reminding the students of the support available to them)
 - Clinical treatment may be indicated for sleep, anxiety, mood and prevention of a depressive episode (e.g., in a medical student with a history of recurrent depressive episodes); explain how medical students can access treatment, if indicated
 - For debriefing and for clinical treatment options, include medical school and community-based mental health providers
- Address barriers to engaging in self-care:
 - Explain the process for taking time off
 - Remind medical students that the deans and staff will not know who is receiving mental health care; consider having people in the audience speak about their own experience with seeking mental health care, or stating that many people who have never sought mental health services find speaking with a trained mental health professional at times like these very helpful
 - Some medical students may have heard that seeking mental health services may have negative ramifications on their application to residency/MSPE or licensure; it is important to remind them that, in fact, medical diagnoses and care are protected under HIPAA, and unaddressed mental health problems are much more likely to negatively impact safe practice or medical licensure than appropriate help-seeking behaviors
- Remind medical students if they have struggled with depression themselves or are actively getting mental health care, they may want to check-in with their therapist and/or psychiatrist
- Inform them of a clear mechanism to help identify anyone they are concerned about (e.g., whom to bring that information to if concerned) including the video produced by the AFSP ([youtube.com/watch?v=I9GRxF9qEBA](https://www.youtube.com/watch?v=I9GRxF9qEBA))
- Share information about suicide bereavement groups in the community (afsp.org/SupportGroups has a list of over 800 nation-wide suicide loss support groups)

- Ask if medical students know if there are others (outside of the medical school) who may need to be notified or sent resources; for example, the medical student may have a significant other in the local area who is not known to the family but whom friends of the deceased know
- Talk about the importance of coming together as a community and supporting each other in times like these
- As applicable, inform the medical students about the funeral and process for requesting time-off to attend the funeral
- Medical students may also experience guilt about not recognizing the signs of distress and suicide risk in another student; medical students tend to see themselves as sensitive to others, and not having “noticed” the signs of distress can induce guilt; it is important to remind everyone that medical students often feel the need to appear strong as part of their identity as physicians in training, and may cloak their feelings of anxiety, worry, feeling overwhelmed or trapped, and/or other psychiatric symptoms; this both makes it difficult to identify those in distress so they can receive assistance and ends up making the individual feel more isolated as no one knows how they really feel; remind medical students that hindsight is 20/20, and as with all health outcomes, while many suicides can be prevented, not all can
- This presents an opportunity to highlight the importance of reaching out and the complexity of suicide – that it has multiple “causes” in every instance, and that we often do not know all of the physical, emotional or life stressors/past experiences with which the person was contending (for tips on how to talk about suicide, see the textbox on pages 12-13, and [Appendix B](#)); and while it’s important to learn the warning signs, people saw the student in different contexts at different times; therefore each person likely had minimal data points to fill in the fuller picture of the multiple converging risk factors before death

There are likely to be individuals in the group who are more deeply affected by the death. It may be difficult to meet their needs during the initial meeting. It might be helpful to allow for a separate time for those who wish to discuss in more detail, particularly if the reporting is to a larger group. For example, Crisis Response Team members could offer to spend an additional 30 minutes with anyone who wants to talk further about the death. It’s best to provide several options for individuals to speak with, including one to two individuals outside the medical school or even home institution, since privacy is very important to some medical students and faculty.

A second meeting with the medical students may also be wise to encourage them to think about how they would like to remember their peer. Ideas include writing a personal note to the family, participating in or attending the memorial service, and/or doing something kind for another person. Other reflective activities such as writing, poetry reading, or an art project can also be very helpful. These can be done individually or as a group. It is important to acknowledge the need to express their feelings while helping them identify appropriate ways to do so.

At the end of the meeting, the Crisis Response Team should gather to review the day’s challenges, debrief and share experiences and concerns, consider strategies for individuals who may need additional support, remind each other of the importance of self-care, and plan for next steps and follow up. This might also be a good time to write an email to the medical students and key faculty about resources that were verbally shared during the meeting and any next steps.

Immediately after this meeting it is critical to inform faculty currently teaching this class of students, and attendings and staff assigned to the services with affected medical students (e.g., Emergency Dept. staff, Hospitalist Services, etc.) and nursing leadership (so that they can let the nurses on the floor know) about the death and the fact that the medical students have just been informed. These individuals may have known the

medical student and may also be affected by this news. It is also important that these individuals understand that some medical students may be distraught when they return to the floor or to class.

Fellow medical students from the same class who did not attend the in-person meeting should be informed as soon as possible, preferably by telephone and not email.

Written Communication with Others

Next, an email announcement should be sent to faculty who teach and supervise medical students at the medical school, medical student mentors/advisors, leaders within local medical school community, residents working directly with the deceased medical student at time of death, leadership at local medical schools. Such communication should be sent within 24-48 hours. A follow-up email can be sent later with details regarding the obituary, address of emergency contact person and if applicable, funeral/memorial service information. Sample email scripts can be found in [Appendix D](#). A similar approach should be used for cases of death by any cause.

For leaders at other medical schools in the surrounding geographical area, particularly where medical students from different medical schools have rotations together, a thoughtful approach to whether an announcement should be made must be considered. On the one hand, if medical students at other schools have learned about the death, it can be helpful for leaders to gather them together to provide factual information and similar messages about the importance of well-being, support being available, and help seeking being a sign of strength. However, if most medical students have not become aware, this type of messaging can create unnecessary anxiety. It is recommended for the associate dean for student affairs and/or Crisis Response Team members to start by meeting with class representatives to determine the level of knowledge among the nearby medical student community, as well as to gauge the tone and level of concern the community is experiencing.

Helping Medical Students Cope

The death of a classmate, under any circumstances, triggers an acute grief response, which may be intensely painful but is generally a self-limiting process. There are no prescribed ways of going through grief and each individual goes through it on their own terms, with uniquely individualized experiences, symptoms, trajectories and time courses. For some, grief is hardly noticeable; while for others, it can be a devastating experience, an emotional tsunami ripping apart a person's sense of meaning and belonging. The emotional expressions of grief, often occurring in waves, tend to peak within days to weeks to months. Ultimately the waves become less intense and less frequent. For most bereaved individuals, grief provides an opportunity to say goodbye, pay respects, feel the pain, and, hopefully mourn in the comfort and support of friends, relatives and neighbors. There is no situation where the old adage, "a trouble shared is a trouble halved" is more true. Overall, the mourning process is the way bereaved individuals come to grips with their loss and ultimately transition to a life in which the deceased classmate is forgotten, but rather resides in a comfortable place in the bereaved individuals' hearts and memories. Grief after especially sudden and unanticipated losses, such as after a death by suicide, often has the added dimension of psychological trauma, and will have symptoms related to that, e.g., hypervigilance, avoidant behaviors, intrusive memories, numbness, sleep disruption, or changes in mood. These symptoms should lessen in intensity over time (days to weeks usually); if they do not lessen or if they are at a level of severity that interrupts the medical student's functioning, the student should be encouraged to seek out mental health care.

It may be helpful to reach out to medical students to help them process their emotions, and to better identify those who may need additional support. Mental health professionals can meet with small groups of medical students to help express feelings and discuss safe coping strategies. Medical students can be encouraged to use relaxation or mindfulness skills as a way to cope with intense emotions related to the event. Medical students may need to hear permission from the deans and staff and faculty that they should engage in activities that will help them feel better and to take their mind off the stressful situation, as well as permission to seek help. Participating in rituals, such as attending the funeral or memorial service, may help students resume their daily lives and responsibilities.

Pay attention to medical students who are having particular difficulty, including those who may have struggled previously, or who begin to show signs of deteriorating health/well-being, e.g., tardiness, sick days, short temper, trouble managing workload, or any persistent changes from baseline behavior patterns. Encourage them to talk with counselors, chaplain, and other appropriate personnel.

The one-year anniversary of the death, or other significant dates such as the deceased's birthday, may stir up emotions and can be an upsetting time for medical students. Remember that while medical students may be desensitized to death in general and may react to patient death differently, the death of a peer, particularly by suicide, can evoke strong emotions. It is helpful to anticipate this, particularly for those medical students who were close to the deceased medical student or who are exposed to other deaths or challenges soon after the loss.

Supporting Residents, Faculty and Staff

Although the residents, faculty, and staff will have known the medical student to varying degrees, the experience may still have a powerful personal impact. Taking the time to offer support in the aftermath of a traumatic event is important. Some faculty and staff will have had very close ties to the deceased. For those who struggle with their own baseline mental health issues, the death of a student with whom they had a close relationship with can be triggering. Physicians may also experience guilt about not recognizing the signs of distress and suicide risk in a student. It is important to remind everyone that medical students often feel the need to appear strong as part of their identity as physicians in training, and may likely cloak their feelings of anxiety, worry, and/or other psychiatric symptoms in order to carry out their job. This both makes it difficult to identify those in distress so they can receive assistance, and ends up making individuals feel more isolated as no one knows how they really feel. Remind physicians that hindsight is 20/20; as with all health outcomes, while many suicides can be prevented, not all can. Some residents, faculty, and staff deeply touched by the experience may need to discuss with their program director or immediate supervisor whether they can take the rest of the day off and how to handle the immediate workload. These individuals may also be directed to Employee Assistance Program personnel or other in-house experts.

In situations of longitudinal clerkship experiences, other clinical staff may also be impacted. In an effort to communicate support to this broader network of the hospital/clinical community, make sure key leaders such as Chief of Nursing are made aware. (See [Appendix D](#) for template emails)

Residents, faculty, and staff should be reminded that:

- Caring for oneself is an important part of professionalism and is critical in caring for others; medical students and residents learn from watching others model solid self-care practices

- Unattended feelings and mental health needs can lead to poor communication skills
- If you see something, say something (i.e., speak with the medical student or resident and/or call the associate dean of student affairs or program director if you notice changes in a medical student's or resident's behavior, irritability, etc.)
- Build relationships with medical students and residents
- Medical students and residents are working extremely hard – remember to acknowledge that and thank them
- Mindfully share your own experiences – it is important for medical students and residents to know that many of the difficulties are a part of training

Ideally, steps should be taken so that one individual, such as an associate dean of student affairs, does not repeatedly have to tell the story of the medical student's death. Using a Crisis Response Team, as previously described, helps ease the burden

Residents, faculty and staff, and members of the Crisis Response Team should have debriefing meetings with in-house experts. Reaching out to these individuals two to eight weeks after the event is also a useful way to support their well-being and ongoing bereavement. Many find speaking with a therapist or counselor tremendously helpful as well

Working with the Community

It may become necessary in the aftermath of a suicide to communicate with community partners such as the coroner/medical examiner and police.

If warranted, the coroner or medical examiner is the best starting point for confirming that the death has in fact been declared a suicide. (In some cases, it may also be necessary to contact the police department to verify the information). However, given how quickly news and rumors spread (including through media coverage, email, texting, and social media), medical schools may not be able to wait for a final determination before they need to begin communicating with the medical students and faculty. There may also be cases in which there is disagreement between the authorities and the family regarding the cause of death. For example, the death may have been declared a probable suicide but the family believes it to have been an accident or possible homicide. Or the death may have been declared a suicide, but the family does not want this communicated, perhaps due to stigma, respect for their loved one's privacy, for fear of risking contagion, or because they simply do not (yet) believe or accept that it was suicide.

Medical schools have a responsibility to balance the need to be truthful with the community while remaining sensitive to the family. As mentioned above, this is an opportunity to educate the community (including potentially vulnerable medical students) about the causes and complexity of suicide and to identify available mental health resources, without divulging the cause of death if the family does not offer their permission. Communication scripts can be found in [Appendix C](#) and [D](#).

The police will likely be an important source of information about the death, particularly if there is an ongoing investigation (for example, if it has not yet been determined whether the death was suicide or homicide). The Crisis Response Team will need to be in close communication with the police to determine (a) what they can and cannot say to the community so as not to interfere with the investigation, and (b) whether there are certain medical students who must be interviewed by the police before the Crisis Response Team can debrief or counsel them in any way. In situations where law enforcement must speak with medical students to help

determine the cause of death, a Crisis Response Team member may offer to accompany the medical student for this discussion and notify institutional/medical school legal counsel.

Memorialization

Communities often want to memorialize an individual who has died. It can be a challenge to balance meeting the needs of distraught medical students and staff while preserving the day-to-day activities of taking care of patients and learning. **It is very important to treat all medical student deaths with the same basic approach, while giving special consideration to contagion risk and the unique aspects of suicide loss.**

The approach for responding to the death of a medical student from a car accident or cancer should be basically the same as for a medical student who dies by suicide. This approach, particularly not remaining silent in the face of a suicide, minimizes stigma and reduces the risk of suicide contagion. In the case of suicide, it is very important not to inadvertently glamorize or romanticize the deceased medical student or the death. It is best to emphasize the link between suicide and underlying mental health problems (such as depression, anxiety, and burnout). These conditions can cause substantial psychological pain while not being apparent to others.

The first step is to discuss with the emergency contact person if they approve of a memorial service or remembrance event, and if so what an acceptable venue would be. Particular religious beliefs may make a chaplain service inappropriate, for example.

A memorial service planning checklist can be found in [Appendix E](#).

- In choosing a location, it is best that the memorial service not be held in regular meeting rooms; doing so could inextricably connect the space to the death, making it difficult for medical students and faculty to return there for regular learning
- The location should not be the place of death
- It is also best if services are held outside of regular hours; involving family and the medical student's close friends in planning the memorial can be helpful
- It is important to provide an opportunity for medical students to be heard; it will be valuable to remind all who will be talking at the funeral the importance of emphasizing the connection between suicide and underlying mental health issues, and not romanticizing the death in any way
- When announcing the memorial, include details regarding what to expect and policies for attending funerals
- Consider the timing of the service for particular faith traditions
- Mental health professionals should attend the memorial and be available to provide support
- Attendees should be requested, if at all possible, to turn off their phones and pagers as a sign of respect to their deceased colleague; being able to truly focus for this brief span of time means a great deal to those most intimately affected by the loss; for those on call, they should try to have a colleague cover for them for 2-3 hours, if at all possible

Sometimes there is a desire to establish a permanent memorial (e.g., planting a tree, installing a bench or plaque, establishing a scholarship). Although such memorials may not increase risk of contagion they can be upsetting reminders to bereaved medical students and faculty. Careful consideration should be given to whether a permanent memorial is warranted, and this should only be done if this is protocol for other medical student deaths. If possible, permanent memorials should be located away from common areas of work and

learning. It is also important to remember that once a permanent memorial is set up, it establishes a precedent that can be difficult to sustain over time. Sometimes families choose to set up a memorial scholarship fund in honor of their loved one, and these can be handled case by case; memorial funds are almost always positive since they take some time to set up, therefore are not likely to lead to contagion.

Other approaches for memorialization include:

- Holding a day of community service or creating an medical school-based community service program in honor of the deceased
- Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (e.g., outofthedarkness.org), or holding a local fundraising event to support a local crisis hotline or other suicide prevention program
- Sponsoring a mental health awareness day
- Purchasing books on mental health for the local library
- Working with the administration to develop and implement a curriculum focused on effective problem-solving or other pro-mental health activities such as mindfulness
- Volunteering at a community crisis hotline
- Raising funds to help the family defray their funeral expenses
- Making a book available in a common space for several weeks in which medical students and faculty can write messages to the family, share memories of the deceased, or offer condolences; the book can then be presented to the family on behalf of the community

Online Memorial Pages and Social Media

Online memorial pages and message boards have become common practice in the aftermath of a death. At times medical schools may choose (with the permission and support of the deceased medical student's family) to establish a memorial page on the medical school's website or on a social networking site. As with all memorialization following a suicide death, such pages should take care not to glamorize the death in ways that may lead other at-risk medical students to identify with the person who died. It is therefore vital that memorial pages utilize safe messaging, include resources, be monitored, and be time-limited.

It is recommended that online memorial pages remain active for up to 30 to 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the caring and supportive messages that had been posted and encouraging medical students who wish to further honor their friend to consider other approaches.

If the deceased medical students' friends create a memorial page of their own, it is important that the Crisis Response Team communicate with the friends to ensure that the page includes safe messaging and accurate information³. An example of recommended language for a friends and family memorial page could include: "The best way to honor your loved one is to seek help if you or someone you know is struggling." When possible, memorial pages should also contain information about where a person in a suicidal crisis can get

help (e.g., National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or the Crisis Text Line at 741-741). Crisis Response Team members should also join any medical student-initiated memorial pages so that they can monitor and respond as appropriate.

Social media should be monitored for several weeks following the death. A member of the Crisis Response Team who is adept at social media can watch for distressed posts by other medical students, and also for posts that get into graphic details about suicide, pictures of location of death, or memes that make suicide seem like a positive outcome, e.g., meme of picture from movie Aladdin: “Genie, you’re free” that unfortunately went viral after Robin Williams’ death. Posts that increase risk of contagion should be taken down.

Media and the Press

A member of the Crisis Response Team should be assigned to media relations. A media statement should be prepared (see **Appendix F** for example) and a designated media spokesperson identified. Identifying key messages for the media spokesperson can be helpful (see **Appendix G** for example). Typically only authorized staff or medical school communication personnel should speak with the media. It may be best to advise medical students to avoid interviews with the media. The media can also be provided guidance on how best to report on suicide to minimize risk of suicide contagion (afsp.org/reporting).

Moving Forward

Promoting the well-being of medical students and all members of the academic medical center requires a long-term, sustained effort. Continuing to improve the learning environment and support for trainee wellness must occur beyond the acute phase after a suicide. A few months following the suicide, medical schools should consider implementing:

- Mental health and suicide awareness programs to educate medical students, residents, and faculty about the symptoms of depression and the causes of suicidal behavior
- Programs to educate medical students, residents, and staff about physician mental health and the risk of suicide among physicians
- The AMA has developed a set of resources to address physician mental health that is available at stepsforward.org/modules/physician-wellness
- A suicide prevention program that utilizes an educational campaign directed at all levels of the academic medical center and specific mechanisms for help seeking to be safe and encouraged⁴
- For additional resources and studies regarding physician suicide and burnout, visit afsp.org/physician
- Some medical schools may also wish to take collective action to address the problem of suicide, such as participating as a team in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center

Death of a medical student by suicide poses a significant emotional challenge. A comprehensive and step wise approach to help the community grieve should be developed and tailored to the school. Although one hopes to never face this difficult loss, preparation can ease the anguish and optimize the outcomes for the medical community at large.

Appendix: Crisis Response Tools

Appendix A:

Suggested Internal Communication List

	Who?	When?	Notes/Completed
Phase 1: Immediate Notification by Phone or In-Person			
Institutional leadership (president/CEO/dean)			
Undergraduate medical education leadership team and office support staff			
Crisis response team members			
If doctorate of medicine and/or of philosophy student, also MSTP director, dean of the graduate school, graduate school student affairs officers, research mentors, etc.			
Medical student mental health professionals /employee assistance personnel			
Phase 2: Same Day Notification In-Person or by Phone			
Deceased medical student's emergency contact person/family			
Chaplain			
Fellow medical students			
Human resources			
Legal/risk management			
Communication/public relations office			

Checklist continued on next page >

	Who?	When?	Notes/Completed
Medical school leadership team at other campuses (as applicable)			
Faculty working directly with the deceased medical student at the time of death			
Phase 3: Notification Within 24-48 Hours by Email			
Faculty who teach/supervise medical students at the school			
Medical school mentors/advisors			
Leadership within the local GME community			
Leadership at local medical schools			
Residents working directly with the deceased medical student			

Appendix B:

Tips for Talking about Suicide

Give Accurate Information about Suicide	Say
<p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>Research is very clear that in most cases, underlying mental health conditions like depression, substance abuse, bipolar disorder, PTSD, or psychosis (and often comorbid occurrence of more than one) were present and active leading up to a suicide. Mental health conditions affect brain functioning, impacting cognition, problem solving, and the way people feel. Having a mental health problem is actually very common and is nothing to be ashamed of, and help is available.</p> <p>Talking about suicide in a calm, straightforward manner does not increase risk of medical students.</p>	<p>“The cause of [NAME]’s death was suicide. Suicide most often occurs when several life and health factors converge leading to overwhelming mental and/or physical pain, anguish, and hopelessness.”</p> <p>“There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts.”</p> <p>“Since 90 percent of people who die by suicide have a mental health condition at the time of their death, it is likely that [NAME] suffered from a mental health problem that affected [his/her] feelings, thoughts, and ability to think clearly and solve problems in a better way.”</p> <p>“Mental health problems are not something to be ashamed of – they are a type of health issue like any other kind, and there are effective treatments to help manage them and alleviate the distress.”</p>
Address Blaming and Scapegoating	Say
<p>It is common to try to answer the question “why?” after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>“The reasons that someone dies by suicide are not simple, and are related to mental anguish that gets in the way of the person thinking clearly. Blaming others – or blaming the person who died – does not acknowledge the reality that the person was battling a kind of intense suffering that is difficult for many of us to relate to during normal health.”</p>

List continued on next page >

<p>Do Not Focus on the Method or Graphic Details</p>	<p>Say</p>
<p>Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>If asked, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>"It is tragic that he died by hanging. Let's talk about how [NAME]'s death has affected you and ways for you to handle it."</p> <p>"How can we figure out the best ways to deal with our loss and grief?"</p>
<p>Address Anger</p>	<p>Say</p>
<p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>"It is not uncommon to feel angry. These feelings are normal and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behavior and still care deeply about that person."</p>
<p>Address Feelings of Responsibility</p>	<p>Say</p>
<p>Reassure those who feel responsible or think they could have done something to save the deceased. Many physicians have exceedingly high expectations of themselves, and along with medical training, they may feel that they should have detected signs of suicide risk. The reality is that many cloak their internal distress (to their detriment) so that it can be challenging for even the closest people in their lives to observe the change in their mental state. This highlights the importance of asking and caring when you notice even subtle changes in others' usual way of behaving and approaching problems.</p>	<p>"[NAME] was a colleague, a friend, and not your patient. No one has the ability to predict imminent suicide. We do know that talk saves lives. If your gut instinct tells you something is different about a fellow medical student's behavior, just engage in a conversation with them, and if you are concerned encourage them to seek help and consider letting [NAME OF APPROPRIATE LOCAL PERSON] know."</p> <p>"This death is not your fault. This is an outcome we all would have wanted to prevent, and no one action, conversation or interaction is what caused this."</p> <p>"We can't always predict someone else's behavior. Especially when many of us are able to hide distress."</p>

List continued on next page >

Promote Help-Seeking	Say
<p>Advise medical students to seek help from a trusted mentor or mental health professional if they or a friend are feeling depressed.</p> <p>Communicate that we don't need to wait for a crisis – early help seeking is a sign of strength. If medical students have thoughts of self-harm, encourage them to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), text TALK to the Crisis Text Line at 741-741, go to the emergency room, or call 911.</p>	<p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”</p> <p>“There are effective treatments to help people who have mental health struggles or substance use problems. Suicide is never the right answer.”</p> <p>“This is an important time for all in our community to support and look out for one another. If you are concerned about a friend or colleague, you need to be sure to tell someone.”</p> <p>“Whether you get help from recommended resources or others, the important thing is to get help when you need it.”</p>

A four-minute video from Mayo Clinic and the American Foundation for Suicide Prevention explains how everyone can help prevent suicide by being alert for the signs of depression and how to be most helpful. This film can be accessed from the ACGME and American Foundation for Suicide Prevention websites or YouTube.

- afsp.org/physician
- acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources
- youtube.com/watch?v=I9GRxF9qEBA

Appendix C:

Sample Scripts to be Used in Face-to-Face Communication

Death Ruled a Suicide

It is with great sadness that I have to tell you that one of our medical students, **[NAME]**, has died by suicide. All of us want you to know that we are here to help you in any way we can. (Provide a few moments for acute reactions of students, which may include gasps, loud crying etc. as some students may react very strongly to the news.)

A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We'll do our best to give you accurate information as it becomes known to us.

Suicide is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors are not identified or noticed; in other cases, a person will show obvious changes or warning signs. One thing is certain: there is support and treatments that can help. Even when crisis occurs, suicide isn't the solution.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known very well and may not be as affected, while others may experience a great deal of sadness whether you knew him/her well or not. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

We have mental health professionals available to help us with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, these are the contacts. **[INSERT CONTACTS HERE]**

Sometimes when we are confronted by the death of a colleague, we feel responsible. We wonder if there was "something that we missed." First, remember, that **[NAME]** was a colleague, a friend, and that was not your patient. No one has the ability to predict imminent suicide. We do know that talk saves lives. If your gut instinct tells you something is different about a fellow medical student's behavior, just engage in a caring conversation and listen to their thoughts; if you are concerned encourage them to seek help and consider letting **[NAME OF APPROPRIATE LOCAL PERSON]** know. This video produced in association with the AFSP provides some real life examples of how to broach this topic. [youtube.com/watch?v=I9GRxF9qEBA](https://www.youtube.com/watch?v=I9GRxF9qEBA)

This is a time to take a moment to be together, to remember **[NAME]** in our grief, and to support one another. Please remember that we are all here for you.

Cause of Death is Unconfirmed

It is with great sadness that I have to tell you that one of our medical students, [NAME], has died. All of us want you to know that we are here to help you in any way we can. (Provide a few moments for acute reactions of students, which may include gasps, loud crying etc. as some students may react very strongly to the news.)

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask you only share information known to be factual since inaccurate information can be hurtful to those coping with this loss. Please also be mindful of the use of social media in discussing this event. We'll do our best to give you accurate information as it becomes known to us.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known [NAME] very well and may not be as affected, while others may experience a great deal of sadness whether you knew him/her or not. All types of emotions are common following the loss of someone you know – sadness, confusion, guilt, anger, numbness. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

We have counselors available to help our community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let us know.

Sometimes when we are confronted by the death of a colleague, we feel responsible. We wonder if there was "something that we missed." First, remember, that [NAME] was a colleague, a friend, and that was not your patient. No one has the ability to predict death. We do know that talk saves lives. If your gut instinct tells you something is different about a fellow medical student's behavior, have a conversation with them. If you are concerned, encourage them to seek help and consider letting [NAME OF APPROPRIATE LOCAL PERSON] know.

This is a time to take a moment to be together, to remember [NAME] in our grief, and to support one another. Please remember that we are all here for you.

Cause of Death May Not be Disclosed

It is with great sadness that I have to tell you that one of our medical students, [NAME], has died. All of us want you to know that we are here to help you in any way we can. (Provide a few moments for acute reactions of students, which may include gasps, loud crying etc. as some students may react very strongly to the news.)

The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you only share information known to be factual since inaccurate information can be hurtful to those coping with this loss. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors are not identified or noticed; in other cases a person with a disorder will show obvious changes or warning signs. One thing is certain: there are treatments that can help. Suicide should never be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Feeling sad, upset, confused, angry, or numb are normal responses to loss. Some of you may not have known **[NAME]** very well and may not be as affected, while others may experience a great deal of sadness whether you knew him/her or not. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction. We have counselors available to help us deal with this sad loss. If you'd like to talk to a counselor, just let us know.

Sometimes when we are confronted by the death of a colleague, we feel responsible. We wonder if there was "something that we missed." First, remember, that **[NAME]** was a colleague, a friend, and that **[NAME]** was not your patient. No one has the ability to predict death. We do know that talk saves lives. If your gut instinct tells you something is different about a fellow medical student's behavior, have a conversation and listen to them, and if you are concerned encourage them to seek help and consider letting **[NAME OF APPROPRIATE LOCAL PERSON]** know. This video produced in association with the AFSP provides some real life examples of how to broach this topic. [youtube.com/watch?v=I9GRxF9qEBA](https://www.youtube.com/watch?v=I9GRxF9qEBA)

This is a time to take a moment to be together, to remember **[NAME]** in our grief, and to support one another. Please remember that we are all here for you.

Appendix D:

Sample Email Death Notifications

Sample Email Death Notifications for On-Site Students, Faculty and Staff

To be sent by email with subject "Sad News".

An email announcement should be sent to members of the surrounding undergraduate and graduate medical education community (e.g., deans and associate deans, DIO, chairs, select residents, core faculty of the deceased student's program), the student's preceptors, attendings and instructors, faculty in the local community (as applicable)..... A follow-up email can be sent later with details regarding the obituary, address of emergency contact person (if released, see above) and if applicable, funeral/memorial service information. Remember that the same approach should be used in other types of death.

Death Ruled a Suicide

I am writing with great sadness to inform you that one of our medical students, [NAME] a [FIRST/SECOND/THIRD/FOURTH] year student, has died. Our thoughts and sympathies are with [HIS/HER] family and friends and medical school community.

All available medical students were given the news of the death today. The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/ or physical pain, anguish, and hopelessness. Sometimes these risk factors and warning signs are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

Resources for support and mental health care are listed below. We encourage any community members to seek the help they need. It is a time to come together, to grieve, and to support each other.

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.)

Please do not hesitate to contact me with any questions or concerns.

Sincerely,

[CRISIS RESPONSE TEAM LEADER OR DEAN/ASSOCIATE DEAN]

Cause of Death is Unconfirmed

I am writing with great sadness to inform you that one of our medical students, [NAME] a [FIRST/SECOND/THIRD/FOURTH] year student, has died. Our thoughts and sympathies are with [HIS/HER] family and friends and the medical school community.

All available medical students were given the news of the death today. The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask you to respond to any speculations as to the cause of death with a reminder that this is not yet clear. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness. Sometimes these risk factors are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

Resources for support and mental health care are listed below. We encourage any community members to seek the help they need. It is a time to come together, to grieve, and to support each other.

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.)

Please do not hesitate to contact me with any questions or concerns.

Sincerely,

[CRISIS RESPONSE TEAM LEADER]

Cause of Death May Not be Disclosed

I am writing with great sadness to inform you that one of our medical students, [NAME] a [FIRST/SECOND/THIRD/FOURTH] year student, has died. Our thoughts and sympathies are with [HIS/HER] family and friends and medical school community.

All available medical students/fellows were given the news of the death today. The family has requested that information about the cause of death not be shared at this time. We are aware that there has been speculation that this may have been a suicide. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness. Sometimes these risk factors are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

Resources for support and mental health care are listed below. We encourage any community members to seek the help they need. It is a time to come together, to grieve, and to support each other.

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.)

Please do not hesitate to contact me with any questions or concerns.

Sincerely,

[CRISIS RESPONSE TEAM LEADER]

Sample Email Death Notification for Instructors, Mentors, Supervisors and Attendings in Other Rotational Sites

Refer to the emails above in addressing whether the cause of death is known and if the family wishes it to be shared. The email to the rest of the programs should come from the associate dean.

I am writing with great sadness to inform you that one of our medical students, [NAME] a [FIRST/SECOND/THIRD/FOURTH], has died. Our thoughts and sympathies are with [HIS/HER] family and friends and medical school community.

All available medical students were given the news of the death today. The cause of death was suicide. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness. Sometimes these risk factors and warning signs are not identified or noticed; other times, a person who is struggling will show obvious symptoms or signs.

Please speak with the medical students and your residents about this sad news and the supports which are available to them. Consider if you have any medical students rotating at your institution or residents who may be at risk and reach out to them individually. Please notify me of any concerning behavior by a medical student.

Resources for support and mental health care are listed below. We encourage any community members to seek the help they need. It is a time to come together, to grieve, and to support each other. [INSERT CONTACTS HERE]

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.

Please do not hesitate to contact me at with any questions or concerns.

Sincerely,

[CRISIS RESPONSE TEAM LEADER]

[CONTACT INFORMATION]

Appendix E:

Memorial Service Planning Checklist

In consultation with the family, the following details may be considered:

	Who?	When?	Notes/Completed
Name and date of remembrance			
Location			
Order flowers			
Obtain a sign-in book for family to keep			
Framed picture of medical student to place on easel			
Furniture needs			
How many chairs are needed			
Tables to display pictures and belongings			
Coat racks			
Tissues			
Basket to collect cards			
Catering and room reserved			
Organization: How will the program run?			
Will there be a master of ceremonies?			
Which medical student will speak? Open microphone?			
Does the family want/feel comfortable speaking?			

Checklist continued on next page >

	Who?	When?	Notes/Completed
Music and/or slideshow			
What music will be playing when guests arrive? Are medical students/staff able to play piano at opening, during service, and after?			
Will a slide show be put together to run with pictures while people are arriving or as part of the memorial?			
Video - Does the family want it videotaped?			
What AV is needed?			
Program: Who will design program for memorial?			
Support: Will counselors be on hand to support guests?			

Appendix F:

Sample Media Statement

It may be necessary to proactively or upon request provide a statement to local media outlets. Such statements will likely need to be reviewed by the medical school's communication and legal team. In some states there may be a state law regarding discussing cause of death. A sample script is below:

We were informed by the coroner's office that a [AGE] year-old medical student at [LOCATION] has died. The cause of death was suicide.

OR

We were informed by the coroner's office that [NAME], a [AGE] year-old medical student at [LOCATION] has died unexpectedly. He was graduate of [COLLEGE].

Our thoughts and support go out to [HIS/HER] family and friends at this difficult time.

Trained crisis counselors will be available to meet with medical students, residents, faculty, and staff starting tomorrow and continuing over the next few weeks as needed.

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can increase the risk of suicide contagion ("copycat" suicides), particularly among youth. Media are strongly encouraged to refer to the document "Reporting on Suicide: Recommendations for the Media," which is available at afsp.org/media.

Media Contact

NAME:

TITLE:

SCHOOL:

PHONE:

EMAIL ADDRESS:

Appendix G:

Key Messages for Media Spokesperson

For use when fielding media inquiries.

Suicide/Mental Illness

- Suicide is one of our nation's leading, yet preventable, causes of death
- Among the top ten leading causes of death in our nation, suicide continues to be on the rise; we must invest in research and prevention at a level commensurate with suicide's toll on our nation
- The risk of suicide increases when several health factors and life stressors converge at the same time in a person's life
- Multiple risk factors and protective factors interact in a dynamic way over time, affecting a person's risk for suicide; this means there are ways to decrease a person's risk, once you learn which modifiable risk factors are pertinent in a particular person's life (getting depression treated and well managed, limiting use of alcohol particularly during times of crisis, developing healthy boundaries in relationships, limiting exposure to toxic people, developing healthy self-expectations and accepting imperfection as a part of life, etc.)
- We are learning how to connect the dots and notice warning signs, to detect when people are at increased risk – suicide is generally preventable
- Depression and other mental health problems are the leading risk factors for suicide
- Depression is among the most treatable of all mood disorders; more than three-fourths of people with depression respond positively to treatment
- The best way to prevent suicide is through early detection, diagnosis, and vigorous treatment of depression and other mental health conditions, including substance use problems
- Physicians are more likely to die from suicide than many other occupations

Medical School/Hospital Response Messages

- We are saddened by the death of one of our medical students; our hearts, thoughts, and prayers go out to **[HIS/HER]** family and friends, and the entire community
- We will be offering grief counseling for medical students, residents, and staff starting on **[DATE]** through **[DATE]**

Medical School/Hospital Response to Media

- Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at afsp.org/media
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (“copycat” suicides)
- Media coverage that details the location and manner of suicide with photos or video increases risk of contagion
- Media should avoid oversimplifying the cause of suicide (e.g., don’t say “medical student took his/her own life after breakup with significant other”); this gives people a simplistic understanding of a very complicated issue, and doesn’t allow for learning about the many risk factors that can be points for intervention
- Instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental health condition such as depression, and that mental health can be managed and optimized like any other aspect of health
- Media should include links to or information about helpful resources such as local mental health resources, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), and the Crisis Text Line at 741-741

Appendix H:

Facts about Physician Suicide and Mental Health

Suicide is more common in physicians than in the general population. Accessing appropriate mental health treatment at key times is a critically important part of reducing suicide risk.

General

- Suicide is generally caused by the convergence of multiple risk factors, the most common being untreated or inadequately managed mental health conditions
- An estimated 300-400 physicians die by suicide in the U.S. per year⁶
- In cases where physicians died by suicide, depression is found to be a significant risk factor leading to their death at approximately the same rate as among non-physician suicide deaths; but physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives⁷
- The suicide rate among male physicians is approximately 1.41x higher than the general male population; and among female physicians the relative risk is even more pronounced – 2.27x greater than the general female population⁸
- While a recent ACGME study found that suicide is the leading cause of death among male residents and the second leading cause among female residents, the suicide rate among residents is not higher than similarly aged individuals in the population, with the exception of residents who are 35 years of age or older⁹
- Suicide is the second leading cause of death in the 24-34 age range (accidents are the first)¹⁰
- Although suicide is the second leading cause of death among young Americans age 15-34, suicide has a low base-rate (about 13/100,000 in the U.S.) so the numbers are still low
- Some data suggest that depression is more common among medical students than in similarly aged individuals in the general U.S. population – 28 percent of residents experience a major depressive episode during training versus the general population rate of 7-8 percent¹¹
- Culture and beliefs play a role in suicide risk; regional variations in culture are linked with suicide risk: the populations that have lower stigma related to mental health problems and help-seeking behaviors, have lower rates of suicide than those populations with higher stigma¹²
- Access to (and knowledge regarding) lethal means elevates risk of suicide
- A higher proportion of physician suicide deaths are by overdose compared with the general population suicide methods⁷
- Fears about the potential for seeking mental health care to negatively impact one's professional reputation, ability to get or maintain licensure, or malpractice insurance are largely unfounded; what is more likely to harm a physician's reputation, licensure and insurance, are unaddressed and worsening mental health conditions

- Successful suicide prevention programs utilize stigma reduction, education, and policy to increase healthy behaviors and access to mental health services⁴

Suicidal Ideation

- In surveys of students, house staff and faculty 10-12 percent report suicidal ideation^{13, 14}
- In one prospective study, 23 percent of interns had suicidal thoughts, but among those interns who completed four sessions of web-based Cognitive Behavior Therapy nearly 50 percent fewer had SI¹⁵
- Burnout has been found to be a risk factor for suicidal ideation¹³

Substance Use

- Alcohol and other substance misuse is a common response to unmanageable stress
- Alcohol and drugs are involved in 30% of completed suicides; substance use also increases impulsivity and the risk of a suicide attempt
- In the general population, drugs and alcohol are present in 30% of suicide decedents; the combination of mental health conditions and substance use cannot be understated in terms of elevating suicide risk
- Among physicians, risk for suicide may be particularly elevated when mental health conditions go unaddressed and when self-medication occurs as a way to address anxiety, insomnia, or other distressing symptoms; although self-medicating may reduce some symptoms, the underlying health problem is not effectively treated and this can lead to a tragic outcome^{7, 16}

Stressors

- The experience of becoming depressed is in itself tremendously stressful; while fewer than 25 percent will suffer from depression or significant depressive symptoms during their intern year; interns are under tremendous stress and have little time to rest^{17, 18}
- Drivers of burnout include work load, work inefficiency, lack of autonomy and meaning in work, and work home conflict
- Feeling like a failure or making a medical mistake often leads to severe distress¹⁹
- Impostor syndrome: despite countless successes, when confronted with their clerkship, medical students may start feeling like they don't really belong here; the worry about being "exposed" or "failing" may be intolerable

Stigma

- Perfectionism, self-perceived identity as a caregiver to others, and lack of practice seeking help for oneself are all common among physicians, making it hard for medical students to recognize and accept their need for mental health care; there is also concern about being "found out" by their peers or supervisors
- Medical students often mask symptoms of depression or other mental health problems, leading at least some suicides to appear shocking or seem to come out of the blue

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