WHEN TRAGEDY HITS MEDICAL SCHOOLS:
Coping Strategies for the Learning Community

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OBJECTIVES

Attendees will:

- Understand the prevalence of tragic events in UME
- Recognize effective strategies that promote resiliency when learning communities experience loss

Action items:

Develop a crisis toolkit to employ in the event that a tragic event occurs
SESSION OUTLINE

1. Data presentation
2. Panel Discussion: Learning communities that experience loss
3. Small group discussions
OSR SURVEY ON TRAGEDY IN MEDICAL SCHOOLS

Survey period:
- March-April 2016

Methodology:
- Elective participation; advertised via OSR email listserv

Survey respondents:
- 97 students responded
- OSR representatives from >20 medical schools across the country (all regions represented)
RESPONDENTS BY STATE

>1 Response
1 Response
No Responses
INCIDENCE OF TRAGEDY

Has a tragedy ever affected your medical school class since beginning medical school?

- Yes: 37.1%
- No: 62.9%
### Types of Tragedy Experienced

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious accident/illness/accidental death involving a student</td>
<td>31.7%</td>
<td>19</td>
</tr>
<tr>
<td>Suicide of a student</td>
<td>20.0%</td>
<td>12</td>
</tr>
<tr>
<td>Serious accident/illness/accidental death involving a faculty or staff member</td>
<td>20.0%</td>
<td>12</td>
</tr>
<tr>
<td>Suicide of a faculty or staff member</td>
<td>3.3%</td>
<td>2</td>
</tr>
<tr>
<td>Disappearance/kidnapping of student</td>
<td>1.7%</td>
<td>1</td>
</tr>
<tr>
<td>Disappearance/kidnapping of faculty or staff member</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>No tragedy has directly affected my medical school class</td>
<td>40.0%</td>
<td>24</td>
</tr>
<tr>
<td>Other:</td>
<td>10.0%</td>
<td>6</td>
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</tbody>
</table>
HOW HAS TRAGEDY AFFECTED YOUR CLASS?

“It has radically changed my class.”
HOW HAS TRAGEDY AFFECTED YOUR CLASS?

“I didn’t seek help because I wasn’t sure whether there was an effective person to approach.”
HOW HAS TRAGEDY AFFECTED YOUR CLASS?

“It was very difficult for those that had to continue working while also trying to mourn.”
HOW HAS TRAG EDY AFFECTED YOUR CLASS?

“I think, as a whole, the medical education community is still being more reactive instead of proactive about these tragedies. Our school and others are working on this, but there are not widespread effective guidelines that we can look to on these issues. Until then, too many will suffer in silence, and it’s hard to imagine that this would not affect current and future patient care.”
INSTITUTIONAL RESPONSES TO TRAGEDY

- Memorial service: 26.2%
- Extended counseling services: 22.6%
- Large group counseling: 16.7%
- Fundraising: 11.9%
- Permanent memorial: 11.9%
- Cancel/reschedule classes: 6%
- Extended exam/study hours: 11.9%
INSTITUTIONAL RESPONSES TO TRAGEDY

Most common

1. Memorial service
2. Extended counseling hours
3. Fundraising for victim’s family or an important cause
4. Permanent memorial
5. Large group counseling session

Most Effective

1. Cancel/reschedule classes
2. Memorial service
3. Permanent memorial
4. Extended exam/study hours
EFFECTIVENESS OF RESPONSES FOLLOWING TRAGEDY
OTHER STRATEGIES TO PROMOTE COPING

Small, informal memorial service open only to class members
  “It was a time for us to support each other and be vulnerable together”
Obituary emailed to all of institution
  Timely
  Compassionate
  Informative: memorials, counseling, details surrounding tragedy
Recognition during large group sessions
OUR PANELISTS

Dr. Donna Elliott :: Keck School of Medicine of USC
Senior Associate Dean for Student and Educational Affairs

Dr. Carolyn Kelly :: UCSD School of Medicine
Associate Dean for Admissions and Student Affairs

Dr. Charlie Pohl :: Sidney Kimmel Medical College
Senior Associate Dean, Student Affairs & Career Counseling
Associate Provost for Student Affairs

Kate Carroll :: UCSD School of Medicine
Fourth Year Medical Student
Tell us about when your institution experienced a tragedy and how your school responded.

What elements of your school’s response worked well? What was not effective?
Was there any framework in place that made crisis management easier?

What do you wish you had in place before tragedy struck that might have improved your school’s response?
What barriers prevented your institution from mounting the most effective coping response?
What can be done to prevent medical students from committing suicide?
Ask our panelists!
Small group discussions
Identify a strategy to take back to your institution

What resources will you need to execute this plan?

What are some barriers that might prevent your learning community from coping with tragedy?
THANK YOU!

Your feedback on our session will be greatly appreciated.