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Recommended Procedure for Dealing with a Suicidal Resident

Approaching a distressed physician (from AMA Steps Forward):

There is no “right way” to handle reaching out to a physician who is distressed. The important thing is to reach out early and encourage your colleague to share what is going on and, if appropriate, seek care.

Asking about suicide risk: if you suspect a colleague may be suicidal, be direct. People are often relieved to have the subject raised by someone in a caring way.

If a resident is not actively suicidal but distressed,

remind them about the value of treatment and support, and the potential impact on their loved ones and patients. Physicians may be hesitant to talk to a colleague because of the stigma or privacy concerns, and may be more willing to access help from an outside source.

If a resident is suicidal,

please personally escort them to the Emergency Department for evaluation. Call UT Police for escort assistance if needed: 419-530-2600.

Offer to call the resident’s emergency contact or other personal support, if given permission.

Please make certain the following individuals are notified: the Program Director, the Department Chair, the Director of GME and DIO. The GME office will, if necessary, address issues related to leave of absence or sick time. The GME office will coordinate with a third party a fitness for duty evaluation to return to work, if indicated. We discourage programs from coordinating care for their residents.

Resources

- IMPACT Solutions at 1-800-227-6007 or visit <http://www.myimpactsolution.com>. Use "UT" as the username. Provides confidential professional phone support around-the-clock, on an unlimited basis, 24 hours a day, 365 days a year. Face-to-face counseling is also available
- National Suicide Prevention Lifeline Network: 988 or visit www.suicidepreventionlifeline.org
- Ohio Physicians Health Program: 614-841-9690
- University of Toledo Police: 419-530-2600