

Caring for the Survivors When a Resident or Fellow Dies

We read with interest the Perspectives article by Dickey and Cannon regarding the death of a resident or fellow in a recent issue of the *Journal of Graduate Medical Education*.¹ The death of a colleague is, unfortunately, something that touches almost everyone in the medical field. Managing the surrounding events can be traumatic, as illustrated in the article.

Our institution, Baylor Scott & White Health, has created a support system for medical staff to deal with unanticipated adverse life events. The Staff Well-Being During Difficult Life Events (SWADDLE) program was designed to provide prevention, intervention, and remediation of second-victim/health care adversity trauma experiences seen with adverse patient outcomes, depositions, litigation, board complaints, and other disruptors that can negatively impact a trainee's life. The program is based on data from our institution that showed these second-victim events are traumatic for trainees and other health care providers.² Having trained medical staff members ready to provide peer-to-peer counseling also proved useful after the death of a trainee or faculty member at our teaching hospital. Physicians chosen to provide this service are selected based on several criteria, including the ability to maintain confidentiality, be an empathic listener, establish proper boundaries, and make a firm commitment to the support system. A medical staff member who accepts the invitation to participate then attends a 2-hour training session on how to identify a peer in duress, provide psychological first aid/active listening, and, if needed, escalate to

a licensed clinician for trauma reset. Based on needs, appropriate care is provided internally or a referral is made. The program is voluntary and confidential; no records are kept.

Embedded SWADDLE peer supporters are encouraged to provide immediate, real-time support for staff experiencing unexpected events, such as the death of a colleague. Our health care system's leadership supports the program, which is steered by an executive committee and the SWADDLE medical director. The program is system-wide, serves 50 hospitals and more than 1000 patient care sites, and has a program director/counselor, staff support counselor, volunteer coordinator, and an administrative assistant.

Adversities, such as the death of a colleague, are inevitable in the medical field. Instead of having a reactionary response to these traumas, Baylor Scott & White Health has chosen to create an infrastructure that can immediately assist our trainees and guide them toward recovery from these devastating events.

Russell K. McAllister, MD

Interim Chair of Anesthesiology, Baylor Scott & White Health—Central Division

Maxine Trent, MS

System Director of Staff Support, Baylor Scott & White Health

References

1. Dickey CC, Cannon B. When a resident or fellow dies. *J Grad Med Educ*. 2018;10(4):387–391.
2. Trent M, Waldo K, Wehbe-Janek H, et al. Impact of health care adversity on providers: lessons learned from a staff support program. *J Health Risk Manag*. 2016;36(2):27–34.