

Consensus Statement on Postvention Planning

This Consensus Statement has been developed by Medical Deans Australia and New Zealand to support member schools in planning a proactive response in case of a traumatic event such as the death or attempted suicide of a student or staff member. It contains a set of framing principles for use in conjunction with existing postvention guides (links provided below) that contain the more detailed advice required for postvention planning.

1. What is postvention?

The term ‘postvention’ generally refers to an intervention conducted after a suicide to support bereaved family, friends, colleagues, and peers. Within medical education it generally refers to the suicide or attempted suicide of a medical student. Medical Deans recommends that member schools take a whole-of-program approach to this issue by including staff, as the death of a staff member or clinical trainer also has a very significant impact on those in the medical program – students and staff.

Principle 1: *Broaden the scope of your postvention response planning to include the death or attempted suicide of a staff member or clinician working with students.*

2. Why does every medical school need its own postvention plan?

Because a sudden death or attempted suicide is a distressing event, the risk is that schools do not confront or prepare for the issue until an event occurs. Schools may rely on university-wide protocols, only to find they do not adequately cover the medical school context. A university plan will not, for example, identify who should be in the school’s crisis response team and their responsibilities; nor will it cover the clinical context in which medical students train. Postvention planning needs to be proactive and medical school-specific to be effective. The crisis response team must be in place and ready to take action as soon as the school has news of an event occurring.

Principle 2: *Every medical school needs to be proactive in developing and maintaining its own bespoke postvention response plan.*

3. What existing protocols must be considered?

An important part of developing a bespoke plan is being aware of existing protocols. Medical schools should align their response with the university protocols that must be followed in case of a death or attempted suicide. There may also be legal requirements for the school to meet. If the event involves a clinician, the health service will have its own response protocols. Proactive postvention planning provides the space for the medical school to consider other relevant protocols and ensure the school’s plan aligns with these requirements.

Principle 3: *Be aware of other protocols that must be followed (i.e., university, health service, legal) and align the school’s bespoke postvention plan with these protocols.*



4. What resources are available to help medical schools create a bespoke plan?

Rather than starting a plan from scratch, there are several guides that schools can use as a base or a reference to map out their individual postvention response plan:

- The Australian Medical Students Association (AMSA) guide provides an essential reference point for supporting students (contact president@amsa.org.au)
- The University of Melbourne Medical School protocol was one of the first recognised good practice resources in this space (contact *Health and Wellbeing Practitioner, Melbourne Medical School*)
- The Universities Australia gives the whole of university perspective (<https://www.universitiesaustralia.edu.au/wp-content/uploads/2020/09/210107-Suicide-Postvention-Toolkit-for-Australian-universities.pdf>)
- If the event involves a clinician, you might find this resource helpful: *After a Suicide – A Toolkit for Physician/Residency Fellowship Programs* (<https://www.datocms-assets.com/12810/1578318836-after-a-suicide-a-toolkit-for-physician-residency-fellowship-program.pdf>).

Principle 4: Consult existing good practice resources when developing your individual medical school postvention plan.

5. Involve medical students in the planning process

Students should be consulted and actively involved in the development of the bespoke school plan. Student representatives are best placed to provide insight into the needs of students in case of a critical incident, and can make an important contribution to planned messaging, timing of messaging and choice of platforms for message delivery. Engaging students from the beginning of the planning process is likely to result in an end product that is nuanced, reflective of community needs and widely accepted. The school's medical society is the most likely point of contact to engage student representation.

Principle 5: Involve medical students throughout the planning process.

6. Ensure that the plan remains fit for purpose

To ensure the planned postvention response remains effective over time, someone must be responsible for keeping the plan up to date. The names and contact details for staff members assigned roles in the plan will change over time and must be revised. Also, to embed a culture of learning if an incident does occur, the responsible staff member should reconvene the critical response team to discuss the effectiveness of the plan and make any necessary amendments based on lessons learned. The best way to ensure the plan remains current and effective over time is to assign responsibility to a specific member of staff.

Principle 6: Assign accountability to a specific member of staff to keep the plan up to date and make amendments based on lessons learned.