

22 February 2021

Report of the Student Wellness Working Group to the Curriculum Refresh Committee

Student Wellness Working Group membership

Lead:

Dr. Sue Zinck

Faculty/Staff members:

DMNS

Dr. Carolyn Thomson

Dr. Andy Rideout

DMNB

Dr. Lisa Sutherland

Renea Leskie

Dr. Wendy Stewart

Students:

Ryan Densmore

Lauren Miller

Claire Bullock

Summary

Over the course of eight (8) meetings, the Student Wellness Working Group to the Curriculum Refresh Committee met to discuss student well-being and the impacts associated with overall student wellness. Definitions of what wellness means for medical learners was discussed and from both this and further discussions associated with learner wellness, several different themes emerged. Both the definition of wellness and the themes that emerged are outlined below.

Wellness Definition

Two definitions of wellness were considered and one adopted.

The first, defined by Shanafelt et al, 2003, states that “wellness goes beyond merely the absence of distress and includes being **challenged**, **thriving**, and **achieving success** in various aspects of personal and professional life.”

The second, and the one the committee has chosen to adopt, defines wellness as “**when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge**” (Kemp et al., 2019). The committee chose this definition of wellness as it was operationalised in a way that was measurable while remaining flexible to the many aspects of medical training and practice.

Overview of approach to date

- Discussion of group’s mandate and proposed consultation plan and the curriculum map/syllabus survey yielded the following:
 - Review of the existing curriculum map with key words generated by the Student Wellness Working Group
 - The Working Group lead, Dr Zinck and Dr. Sutherland worked with Boon Kek to review the search terms in the curriculum map and mapped the EPA’s relevant to wellness. The MCC objectives in curriculum were bookmarked as the Wellness Working Group work proceeded as were the EPA’s **The EPA’s are well-distributed throughout the curriculum in all 4 years though very few identify learner wellness explicitly.**
 - The syllabus has many areas for wellness education, some explicit and some implicit. **We suggest that some implicit elements be made explicit for students to improve the visibility of the ‘hidden’ wellness curriculum**
 - **Additional spaces should be made for learners to reflect on how this content interacts with personal experiences and EDI considerations while respecting the need for privacy and boundaries.**
 - New wellness lectures given in 2020-21 academic year via Student Affairs should be added to update the curriculum map (several address some of the student working group members’ suggestions).
 - The Student-developed IPHE course on ‘Battling the Burnout’ identifies that explicit teaching on wellness versus burnout is helpful and that inter-professional communication, and collegiality are central to wellness. The content and outcomes data may be useful to review for the wellness curriculum content recommendations
 - Dr. Joanne MacDonald held focus groups and interviews of stakeholders in her design of a student wellness curriculum. The Working Group liaised with her about these findings which have been very helpful to identify opportunities in the current curriculum for increased content on wellness. One of several recommendations that came of her consultation work thus far is that **wellness information needs to be emphasized at points of transition or increased stress during medical training**
 - The working group gathered & reviewed accreditation-related student surveys done in our Faculty of Medicine. **Their findings were consistent with student working group member feedback & suggestions.**
 - **Discussions were had with updates from Dr. Carolyn Thomson and other members on the relevance of the Project Charter on the Learning Environment,**

as it is recognized that mistreatment and concerns around student reporting of same can significantly impact student wellness. The working group will be interested in reviewing the recommendations of the Project Charter when available.

Stakeholders/Town Hall

- Questions for stakeholders agreed upon by the working group:
 - What does student wellness look like? How would you recognize it?
 - What does student ill health look like? How would you recognize it? What would you do?
 - What needs do you see in our curriculum regarding student wellness? Content? Format? Providers?
 - What challenges are there in providing didactic teaching on student wellness?
 - How should wellness curriculum be evaluated and how do we optimize student feedback in this regard and make timely adjustments to content/format?
 - What challenges affect the implementation of practices that support student wellness? Resources? Systems issues? Learning environment?

The working group developed a list of stakeholders to consult with before the Town hall consultations were planned.

Dr. MacDonald has interviewed most of these, along with several wellness experts external to the Faculty of Medicine for her Wellness Curriculum project.

Emerging Themes and Issues for Consideration

Theme: Shifting from the overuse of “resilience” to the recognition of the demands of medical training.

All working group members agreed that the emphasis on resilience has often created the impression that the ideal medical student is bulletproof. Therefore, **Student working group members suggest** moving away from the use of the term “resilience.”

Rather, this Working Group and some recent literature suggests that recognition of the significant demands medical education has on well-being of learners would have a more significant impact on learners. The group recommends the building of a wellness curriculum built to educate learners on how to recognize wellness, and lack thereof, in one’s self and others. This same curriculum would help to develop wellness skills within the medical context. It would also include a recognition of the hidden curriculum regarding wellness from an individual and systems lens with the goal of creating a culture of psychological safety for learners.

Theme: Wellness curriculum should begin at the orientation stage of Med 1 and continue through to the graduation in Med 4.

Theme: The ways and reasons to access medical primary care and mental health counselling, as well as peer supports, should be reviewed in each year, particularly in the transition to clerkship lectures. Clerkship marks a major transition in medical education: it is identified as a challenging time when students work long hours on the wards and on call, during which they are more isolated from their class cohort. It also is the first time many students experience their first exposure to the death of a patient under their care.

Theme: The students felt that the problems of stigma (both internal/individual and systemic) and its impact on making physicians late to seek support or treatment need to be taught.

Physicians tend to avoid help-seeking behaviours. This starts early in the medical education. Learners need to be taught about this early bias against seeking help for themselves, so they have the tools/resources necessary to move successfully into residency and, ultimately, into their careers as physicians.

As well, the students suggested that the excellent qualities and work ethic models that helped students gain entry to medical school, are also the same characteristics that can be their downfall. Qualities such as perfectionism, a strong work ethic, task-oriented, and altruism, can “bite them back later” and, therefore, content aimed at balancing these traits with expectations and sustainability need to be explicitly taught within wellness curriculum.

Theme: The students suggest a mini-course on wellness needs with the aim to normalize the need to and the means to cultivate well-being in medicine.

A lecture the students felt should be obligatory would include this message, outlining what wellness and burnout look like, as presented in the student-developed mini IPE course on Burnout.

Students also suggest early teaching of specific strategies such as mindfulness, and to build on foundational concepts towards how to practically incorporate such skills into effective patient care. Teaching of relaxation techniques, emotional regulation is recognized as important and students point toward evidence-based resources, especially apps such as Mind Shift and other apps and websites with free resources that students can access independently with the proviso that more formal supports are always available to them.

The students would also welcome hearing more from near to peer learners, residents, physicians, and allied health care providers who have experienced wellness and professional challenges, how they overcame these and, lastly, how they manage their own personal well-being.

Theme: The students also suggest that wellness curriculum be mandatory, not optional, or extra-curricular.

One student stated it should not “preach to the choir.” That is, extra-curricular lectures and seminars are often attended by students who are already interested in, and mindful of, their well-being and health needs. Optional sessions are attended by those seeking strategies.

Intent/Purpose of Learner Wellness Curriculum in Medical School (as agreed upon by the Working Group)

Objectives:

Curriculum should support learners to develop and enhance skills of self-awareness to determine/assess their own level of wellness, recognize signs of when they are unwell or in distress and when and where to seek assistance/support.

- 1. Provide opportunities to learn the basic tenets of wellness and be taught a variety of strategies for maintaining wellness*
- 2. Provide opportunities within the formal curriculum for reflection, discussion about impact of medical school experiences, as well as how learning experiences are received by students through the lens of their own life experiences and goals and how these have impact on students’ wellness*
- 3. Recognize that individuals have personal thresholds regarding the degree to which they want to share personal experiences/wellness in the formal curriculum*
- 4. Provide safe spaces for private discussions for those not able to share their concerns in a group/curriculum setting*
- 5. Provide wellness learning in a culturally competent manner with a sensitivity to equity, diversity and inclusion considerations*
- 6. Students should be able to recognize/understand that attention to self-care, and personal wellness, are integral factors in professional identity formation and the ability to provide optimal health and medical care to others (basically, you have to take good care of yourself in order to provide good care to others)*
- 7. Students should be taught skills to assist in how to recognize and approach peers/colleagues in distress to improve the culture of wellness and follow through on professional obligations of duty to report as responsibilities advance*
- 8. Students should be made familiar with the Quadruple Aim as per the CMA statement on Physician health where physician, patient, population health and health care systems/costs are considered as all being priority*
- 9. For consideration of approaching wellness in the context of students’ own background, patient care responsibilities, and present/future student involvement in health care systems,*

possible collaboration and connection between the EDI, Priority Population and Health Systems Working Groups could be considered for a cohesive approach to these contexts

References

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- (7) Drolet, B. C. & Rodgers, S. (2010). A comprehensive medical student wellness program – Design and implementation at Vanderbilt School of Medicine. *Academic Medicine*, 85(1), 103-110.
- (8) Chew-Graham, C. A., Rogers, A., & Yassin, N. (2003). 'I wouldn't want it on my CV or their records': Medical students' experiences of help-seeking for mental health problems. *Medical Education*, 37(10), 873-880.
- (9) Mousa O. Y., Dhamoon, M. S., Lander, S., & Dhamoon, A. S. (2016). The MD blues: Under-recognized depression and anxiety in medical trainees. *PLoS ONE*, 11(6), 1-10. doi: 10.1371/journal.pone.0156554

Appendices to full report

- (1) Syllabi search results using wellness terms
- (2) Map of MCC objectives related to Wellness
- (3) Map to EPA's Report of Wellness Consultations
- (4) Report of Joanne MacDonald's consultations on Wellness