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UME Wellness Programming and Strategies for Evaluating Wellness Programs

A National Review

GSA COSA Working Group on Medical Student Wellbeing

Association of
American Medical Colleges

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Introduction and Background

Over the past decade, medical schools have developed wellness programs to combat the high rates of student burnout, depression and mental health distress.[1,2,3,4] A 2019 study of 27 US medical schools found a wide range of variability in types of wellness programming, curricula, resources, infrastructure and evaluation strategies.[1] Due to this variability and lack of clear evidence to support a standard approach, it can be challenging for medical schools to know which wellness strategies to adopt.

The GSA COSA Working Group on Medical Student Wellbeing was charged with performing a national review of 1) UME wellness programming and 2) strategies for evaluating UME wellness programs. The intention of this review is to provide support for medical schools across the nation in making informed decisions about how to develop and refine their wellness efforts.

UME Wellness Programming

A review of programming

Working group members conducted a broad and extensive literature review on current UME wellness programs. The design and approach of student wellness programs varies widely among different medical schools. Four core components of wellness programs emerged:[1,5,6,7,8]

1. Wellness programming (i.e., educational sessions) to equip students with skills to manage the stressors of medical education and enhance physical, social, emotional, and financial health
2. Reactive initiatives to support and direct distressed students to resources (e.g., peer mental health support, strong partnerships with student counseling services)
3. Structural initiatives to address curricular issues (e.g., pass-fail grading, scheduled personal days off during clerkships)
4. Cultural initiatives to demonstrate institutional support of student well-being (e.g., leadership buy-in, alignment of policies with wellness priorities)

For the purposes of this review, our focus will be on wellness programming. We define wellness programming as both required and optional educational topics that are part of a school's formal "wellness curriculum," as well as additional, auxiliary, educational, or supportive sessions provided to the student body. A summary of our findings is listed below. Wellness programming is organized into four major wellness categories which have been previously cited:[1] Emotional/Spiritual Wellbeing, Physical Wellbeing, Financial Wellbeing, and Social Wellbeing. Specific topics are listed for each category. At the end of this document, relevant publications and resources for each of these wellness programming categories are provided.

Wellness Programming Category	Topics
Emotional/Spiritual Wellbeing	• Addiction/Substance Use Disorder • Annual 1:1 Check-Ins • Anxiety • Art Therapy • Avoidance • Biofeedback Training • Burnout • Cognitive Restructuring • Collaboration • Communication and Conflict Navigation • Depression • Empathy • Emotional Intelligence/Self-Awareness • Emotional Empowerment • Gratitude • Grit • Grief and Loss • Growth Mindset • Group Check-Ins • Healer's Art • Health Coaching • Impostor Syndrome • Improv Training • Mindfulness • Mental Health Assessments • Perfectionism/Imperfection • Personal Strengths • Positive Psychology • Reflection • Resilience • Spirituality • Step 1 2 Wellness • Stress • Student Panels • Suicide Prevention

	• Technology to Support Wellbeing • Time Management • Trauma • Values
Physical Wellbeing	• Nutrition/Healthy Eating • Physical Fitness/Physical Activity • Outdoor Group Activities • Sleep Management • Yoga
Financial Wellbeing	• Financial Wellness • Financial Literacy
Social Wellbeing	• Clerkship Wellness • Community Building • Faculty Mentorship • Men's Wellness and Issues in Medicine • Peer Support • Residency Wellness • Romantic Relationships in Medicine • Social Connection • Transition to Residency • Women's Leadership • Women's Wellness and Issues in Medicine

COSA Working Group Recommendations

Although there is considerable variability across UME wellness programming, the COSA Working Group on Medical Student Wellbeing provides the following recommendations:

1. Provide programming across all years of the medical school experience.
2. Provide a variety of evidenced-based skills and interventions, including stress management skills and mindfulness training, in which students can engage.[9,10]
3. Provide elective and longitudinal curricular options.[11]

4. Target populations who are more susceptible to psychological distress with specialized resources and programs.[12]
5. Focus on self-care (including mental health and personal wellbeing), patient care, and teamwork.
6. Provide explicit training in resiliency and the management of stressful situations.[13]

UME strategies for evaluating wellness programs

A review of evaluation strategies

Student wellness is now an LCME standard and the key qualifier in the LCME standard is "effective" wellness programming.[14] Yet few studies have assessed the impact of wellness programs on student wellbeing.[1]

In the 2019 study of 27 US medical schools, the most common strategies to evaluate wellbeing programs were student participation rates, student satisfaction on surveys or course evaluations, surveys administered by external vendors, and AAMC surveys (e.g., Graduation Questionnaire [GQ]), student focus groups, and faculty attitudinal surveys).[1] Some schools developed formal competencies related to wellbeing based on the AAMC Physician Competency Reference Set, such as appropriate help-seeking behaviors and adaptive coping skills.[1,6] Few schools used anonymous self-assessment tools to assess and track student wellbeing over time,[1] despite evidence that administering iterative self-assessments can help identify at-risk students, aid in connecting students to support, and promote help-seeking behavior.[6,15,16]

In a larger study of formal wellness programs at 104 US and Canadian medical schools, 52 schools (50%) reported evaluating their wellness programs.[6] The AAMC GQ was again the most common evaluation tool used, which presents concern as it only asks one question pertaining to student wellbeing (students rate their satisfaction with "Student programs/activities that promote effective stress management, a balanced lifestyle and overall well-being").[17] Other commonly used assessment tools included annual student surveys and surveys of individual wellness events. Like the 2019 study, few schools tracked rates of student burnout, depression, or anxiety to assess the impact of their wellness programs. Common barriers to this type of evaluation included lack of time, expertise, and administrative/financial support.[6]

In addition to published studies, an informal inquiry regarding assessment of wellness programs was solicited via the "The Medical Student Wellness Professionals email listserv," which as of May 2020 had over 200 members who work in the area of medical student wellbeing. In October 2019, a message inviting participants to submit wellness evaluation measures was sent to the listserv, and six weekly reminders went out. Thirteen schools responded, and eight schools submitted information on the tools they used at their institution. Of these, five schools shared their student wellness surveys, two submitted wellness curricula evaluations, and others submitted examples of tools used to assess student wellbeing (e.g., MBI, CDRISC, Mayo WBI, perceived cohesion scale, mindful self-care scale). Overall, zero schools responded with comprehensive evaluation strategies for their wellness programs.

Evaluation of individual wellness interventions

Although few studies focus on the evaluation of entire wellness programs, literature exists on individual wellness interventions, e.g., one-off sessions such as mindfulness training or single measurements of access to mental health services.[18,19] Targeted interventions for stress and burnout reduction, as well as incorporation of reflective practice, may have an impact on overall care-seeking among medical students.[20,21] However, the majority of studies on individual wellness interventions focus primarily on short-term outcomes, and emphasize the need for more extensive research that studies longitudinal outcomes to determine how and if these interventions ultimately decrease physician burnout.[19]

What about systemic change?

The literature also suggests a significant lack of attention on systemic change, i.e., attention on organizational-level stressors associated with medical education and training.[22] Research has demonstrated that changes to course content, contact hours, scheduling, grading, electives, learning communities, and required resilience or mindfulness experiences are associated with significantly lower levels of depression symptoms, anxiety symptoms, and stress, suggesting a powerful role that curricular changes hold in improving medical student mental health.[23]

Additional organizational interventions include having a specific faculty position dedicated to student wellness, which has been shown to increase self and faculty referrals of students to mental health services,[14] and implementing online mental health services, which could increase access and willingness for students to seek care.[24]

Overall, the current literature reveals the need for institutional and divisional leadership support and engagement, creation of global wellness committees and/or programs, administration of needs assessments, implementation of targeted interventions, and longitudinal assessment of trainee wellness and burnout.

COSA Working Group Recommendations

Although there is a clear need for more rigorous research on evaluation strategies of UME wellness programs, the COSA Working Group on Medical Student Wellbeing provides the following recommendations:

1) **Identify wellness program goals.** The first step in developing an evaluation strategy for a wellness program is to conduct a needs assessment and identify specific short-term and long-term goals for your wellness program (e.g., decreasing student burnout and depression rates, expanding mental health resources, improving peer support resources, etc.). Any evaluation strategies should be tailored towards your school's specific outcomes. The goals of your student wellness program should be

discussed at the top leadership level with input from student affairs, curriculum, and the student body, and should align with existing policies to signal that student wellbeing is a priority and to decrease mixed messaging.

2) **Identify evaluation measures.** Once wellness program goals have been determined, evaluation measures can be chosen. We recommend administering a standardized mental health instrument(s) with national benchmarks to assess one or more aspects of student wellbeing (e.g. burnout, depression, anxiety, etc.). Brief instruments are ideal and can be used in conjunction with results from national surveys such as the AAMC GQ and the Medical School Year Two Questionnaire (Y2Q).

   Examples of well-established brief instruments include: the Medical Student Well-being Index, the Professional Quality of Life Scale (ProQOL), Maslach Burnout Inventory (MBI), Oldenberg Burnout Survey, Perceived Stress Survey (PSS), Generalized Anxiety Disorder Assessment (GAD-7), or Patient Health Questionnaire-9 (PHQ9). Another tool to consider is the Jefferson Scale of Physician Empathy–Student Version (JSPE-S). Research supports a tendency for decline in empathy after medical students begin clinical years, which is relevant since clinician empathy results in higher patient and physician satisfaction. Further, decreased empathy may be a response to early signs of burnout.

   Regardless of instrument choice, we recommend that the instrument(s) be administered anonymously and ask about relevant student demographic data (student year, sex, race/ethnicity, etc.) to allow for more nuanced analysis of data. Students should be explicitly informed that the data will only be reported in an anonymous, aggregate, de-identified format to inform program development.

   The planning, oversight and implementation of student mental health surveys will vary by institution. Decisions about who administers the surveys (e.g., office of wellness, student health services, student affairs office, etc.) and how to address responses that raise concern about the immediate health and safety of a student need to be thought of proactively.

   In addition to mental health assessment, student satisfaction with wellness leadership and program goals, programming ideas, and accessibility of mental health services should be assessed. Faculty support resources should also be included.

3) **Identify timing and frequency of evaluation.** We recommend longitudinal and iterative assessments. Schools should consider administering a baseline survey to assess wellbeing and mental health prior to students starting medical school. Repeat measurements should be considered annually, or at a minimum at the end of the preclinical curriculum, at the end of the first clerkship year, and prior to match. Evaluation of the overall wellness program can occur at the end of each academic year as a retrospective review.

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Additional References by Wellness Programming Category

Wellness Programming Category	Relevant Publications and Resources
Emotional/ Spiritual Wellbeing	**Resilience, Coping Strategies, General Wellness:** 1. Anton NE, Howley LD, Pimentel M, et. al. Effectiveness of a mental skills curriculum to reduce novices' stress. *J Surg Res.* 2016;206(1): 199-205. 2. Hardeman RR, Perry SP, Phelan, et al. Racial identity and mental well-being: The experience of African American medical students, a report from the medical student CHANGE study. *J Racial Ethn Health Disparities*. 2016;3(2):250-258. 3. Houser MM, Worzella G, Burchsted S, et al. Wellness skills for medical learners and teachers: Perspective taking and cognitive flexibility. *Med Ed Portal.* 2018;14:10674-10674. 4. Kulman-Lipsey S, Yang S, Javidan AP, et al. An integrative longitudinal resilience curriculum. *Clin Teach*. 2018;16(4):395-400. 5. Ayala EE, Omorodion AM, Nmecha D, Ayala EE, Winseman JS, Mason HC. What do medical students do for self-care? A student-centered approach to well-being. HRC. *Teach Learn Med*. 2017 July-Sept;29(3):237-246. 6. Pathipati AS, Cassel C K. Addressing student burnout: What medical schools can learn from business schools. *Acad Med.* 2018;93(11),1607-1609.

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