Designing a Wellness Curriculum for Undergraduate Medical Education: What to Include and How to Deliver
Workshop Worksheet – WGSA Spring 2022

Please introduce yourself to your tablemates with your name, institution, and a brief (30 seconds!) description of your wellness curriculum, if you have one. These are some points you might want to share (no need to discuss all):

a. How much time do you have for wellness curriculum?
b. Voluntary or mandatory (or a combination)?
c. Student driven or faculty created?
d. Integrated or separate from general curriculum?
e. Who teaches it? Student, faculty, residents, other experts?
f. What components are and or are not working well?
g. Format (lectures, student panels, faculty or resident panels, small group work...)

This is where you are...let’s talk about what an optimal wellness curriculum would look like. Please brainstorm one or more of the following questions with your small group:

1. What content should be included in the curriculum? Consider the list provided on the back.

2. Should the wellness curriculum and/or elements of the curriculum be mandatory? If only certain elements should be required, discuss why they are essential.
3. Should the wellness curriculum be integrated into the existing educational curriculum or be stand-alone? For example, might education on mindfulness be included during a physiology course or should it be taught in a wellness curriculum?

4. At what point in the educational calendar should each element be delivered (overall chronological design of the curriculum).
   a. Consider year in school, time of year?
   b. Consider what content belongs in preclinical vs. clinical years. For example, is there content that is critical for a beginning medical student versus content for a clinical student?

5. Where and when and by whom should the wellness curriculum be delivered?
   a. Consider time of day, length of sessions, who will deliver the curriculum?
   b. Consider format of session: small group; panels; didactics.....

6. How will the impact of the curriculum be measured?
Additional questions to be thinking of when building a wellness curriculum – To be completed on your own/when time permits

1. **My inventory.** What resources do I have already to support my goals for developing a wellness curriculum?
   a. What are the main barriers to my success? Consider: lack of resources such as faculty to teach the curriculum, culture, etc.
   b. What additional resources will I need?

<table>
<thead>
<tr>
<th>Action items- Short-term</th>
<th>Action items- Long-term</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* SMART Goals: **Specific** (simple, sensible, significant). **Measurable** (meaningful, motivating). **Achievable** (agreed, attainable). **Relevant** (reasonable, realistic and resourced, results-based). **Time bound** (time-based, time limited, time/cost limited, timely, time-sensitive).

<table>
<thead>
<tr>
<th>What I have!</th>
<th>What could hold me back?</th>
<th>What I need!</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. If the curriculum is mandatory, how will I get the buy-in on developing the wellness curriculum? Who can I approach to initiate discussions? (e.g. discuss with curriculum team to identify opportunities to integrate into existing courses)?
Contact Information:

- Alicia Hurtado, MD; Mount Sinai; Associate Dean for Medical Student Wellness and Student Affairs; Assistant Professor Medical Education and Psychiatry; Alicia.hurtado@mssm.edu
- Liz Lawrence, MD; Professor, Department of Internal Medicine; Assistant Dean for Professional Wellbeing; Chief Wellness Officer; UNM School of Medicine; ELawrence@salud.unm.edu
- Wei Wei Lee MD MPh FACP; Associate Professor of Medicine; Associate Dean of Students and Professional Development; The University of Chicago Pritzker School of Medicine; wlee3@medicine.bsd.uchicago.edu
- Michelle Lizotte-Waniek, Ph.D.; Director of Health First; Lead M1/M2 Basic Science Course Director; Associate Professor of Integrated Medical Science; mlizotte@health.fau.edu
- Amelia (Amy) Phillips, MPH, CPH; Director of Wellbeing; USF Morsani College of Medicine; Department of Medical Education; Adjunct Faculty, College of Public Health; aphillip@usf.edu
- Margaret Rea, Ph.D.; Director Student and Resident Wellness UC Davis School of Medicine; Clinical Professor, Emergency Medicine; mrea@ucdavis.edu
- Jeffrey Woods, Medical Student, Mayo; woods.jeffrey@mayo.edu
- Chantal Young, Ph.D.; Director of the KSOM Office of Well-Being; Director of Medical Student Well-Being; Chair of the GSA COSA Working Group on Medical Student Well-Being; Clinical Assistant Professor of Psychiatry & the Behavioral Sciences; Chantal.Young@med.usc.edu

Options to Include in Curriculum:

1. Overview of well-being – what it is, why it matters, why you matter (values), resources, asking for help
2. Managing mental health – anxiety, stress, depression, burnout and suicide
3. Suicide awareness and prevention
4. Nutrition, sleep and exercise for success – physical wellbeing as it relates to outcomes/performance, including STEP scores – self-care (self-compassion and boundary-setting comes in here too)
5. Growth mindset, grit, excellence vs perfectionism and self-compassion
6. Thought/cognitive distortions and what to do with them – CBT/REBT (negative self-talk, comparing to others, black/white thinking)
7. Time, energy, and mood management – addressing procrastination, lack of motivation, avoidance, goal-setting, boundary-setting
8. Introduction to mindfulness (awareness, compassion, gratitude)
9. Positive psychology – introduction to finding meaning in your work, gratitude, appreciative inquiry, building relationships, self-compassion – PERMA
10. Peer support and social connectedness – belonging
11. Assertiveness/limit setting/communication, advocating for self-wellness
12. Self-reflection and awareness including emotional intelligence, professional identity formation and imposter syndrome, debriefing critical incidents, managing negative outcomes
13. Diversity, equity, and inclusion – where we are now in medicine, where we have been (acknowledgement of historical trauma and distrust), dealing with microaggressions
14. Spiritual wellbeing – mindfulness, religion, grounding in values – awe and mystery in medicine
15. Substance abuse (binge drinking, drug use/misuse etc.) and other maladaptive stress management behaviors
16. Financial Wellness
17. Shame and vulnerability