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UME Systemic Recommendations to Support Medical Student Well-being

GSA COSA Working Group on
Medical Student Well-being

Association of
American Medical Colleges

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Systemic factors in the UME environment have a major influence on medical student well-being. The Committee on Student Affairs (COSA) Working Group on Medical Student Well-being Systemic Recommendations Subgroup considered various systemic factors that impact the health and well-being of medical students. From a comprehensive list we identified the following areas of focus:

- Mental Health Questions on State Licensure Application
- Assessment of School-Specific Factors Affecting Well-being
- Advance Notice for Curriculum Schedule Distribution
- Continuous Quality Improvement Process for Clerkship Grading System
- UME-GME Transition

Below, we provide the UME medical education community additional information regarding these areas that can significantly impact medical student well-being. We include our recommendation, a brief description, the rationale for including the item, and relevant literature, resources, and additional information. We hope the medical education community finds this information of value as they continue to identify ways to support their students.

Mental Health Questions on State Licensure Application

Recommendation: Provide medical students and student advisors with information about what mental health questions are currently asked by medical licensing boards on state licensure applications.

Description: The Federation of Medical State Boards has a list of 10 recommendations regarding mental health licensure questions that balance the medical board's mission to protect patients from impaired physicians while allowing physicians to seek care without fear of losing one's license. Students have the right to be fully informed about what questions about mental health care may be asked later in their careers so they can make good decisions. Schools can help reduce stigma and student anxiety about potential impact on reputation and career options by openly discussing current state licensure application questions and training student advisors to routinely share and repeat this information.

Rationale: Mental health treatment must be normalized and encouraged without fear of losing one's livelihood and purpose from intrusive questions about physical or mental health issues on licensure application and renewal forms.

Resources:

- [Mental health questions on initial state licensure applications \(AMWA\)](#) – click on Know Your State
- [Humans before heroes – Reframing mental health licensure questions](#)
- [Breaking the culture of silence: The role of state medical boards](#)
- [FSMB Policy on Physician Illness and Impairment: Towards a Model that Optimizes Patient Safety and Physician Health](#)
- [FSMB physician wellness and burnout](#)
- [FAQs on mental & physical health care during medical school - University of New Mexico School of Medicine Office of Professional Well-being](#)

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- Barrett E, Lawrence E, Waldman D, Brislen H. [Improving How State Medical Boards Ask Physicians About Mental Health Diagnoses: A Case Study From New Mexico](#). *Ann Intern Med*. 2020 May 5;172(9):617-618.

Assessment of School-Specific Factors Affecting Well-being

Recommendation: Administer an annual assessment to obtain student feedback on school-specific factors impacting well-being.

Description: Locally-driven, school-specific factors in the learning environment that affect well-being can include learning culture, quality and clarity of instruction, approachability of instructors, pacing of material, exam content, and curricular and clerkship schedules. Student feedback can help schools make improvements that will significantly enhance well-being. Such an assessment should be done in collaboration with various offices (student affairs, curriculum, evaluation) and include closing the communication loop with the students to build trust.

Rationale: The UME learning environment may be the single most important factor affecting student well-being. Obtaining student feedback on school-specific factors affecting well-being will help schools understand students' lived experience and make incremental, meaningful improvements.

Resources:

- AAMC Sample Survey Items to Evaluate Stressors in the UME learning environment
- [National Academy of Medicine Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions](#)
- Wasson L, Cusmano A, Meli L, Louh I, Falzon L, Hampsey M, et al. [Association Between Learning Environment Interventions and Medical Student Well-being: A Systematic Review](#). *JAMA*. 2016 Dec 6;316(2):2237-2252.
- Dyrbye LN, Thomas MR, Harper W, Massie FS, Power DV, Eacker A, et al. [The learning environment and medical student burnout: a multicentre study](#). *ASME Medical Education*. 2009 Mar;43(3):274-82.
- Dyrbye LN, Satele D, West C. [Association of Characteristics of the Learning Environment and US Medical Student Burnout, Empathy, and Career Regret](#). *JAMA Netw Open*. 2021;4(8):e2119110.
- Slavin S. [Medical Student Mental Health: Challenges and Opportunities](#). *Medical Science Educator*. 2018;28:13-15.

Advance Notice for Curriculum Schedule Distribution

Recommendation: Institute a process or policy regarding minimum advance notice with which students are informed of upcoming pre-clinical course and clerkship schedules. A minimum of two weeks advance notice for a full schedule is recommended.

Description: The amount of advance notice with which medical students are provided schedules for upcoming clerkships and pre-clinical coursework varies significantly among medical schools, from a few hours to several months in advance. Receiving schedules with minimal advance notice makes it difficult for students to schedule medical and mental health appointments, schedule self-care activities such as

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exercise and meal planning, arrange childcare, and plan to be with family and friends, significantly impacting students' personal and/or family well-being.

Rationale: An informal August 2021 survey of medical student representatives by members of the AAMC's Organization of Student Representatives suggested that a lack of advance notice of schedules for upcoming classes and clerkships negatively affects many medical students' well-being. The majority (86.4%) of survey respondents indicated that they did not consistently receive enough advance notice of schedules and that such insufficient notice "adversely affects [their] well-being." Of those, 100% indicated that at their respective school they receive schedules, on average, either less than 1 week or between 1-2 weeks before the start of each course or clerkship, or that the amount of advance notice varies too much to estimate the average advance notice they receive. Therefore, a minimum of 2 weeks advance notice for course and clerkship schedules seems like an appropriate starting point. Over 72% of survey respondents indicated their school does not currently have a policy regarding the amount of advance notice with which students should be informed of schedules.

Resources: None currently available.

Continuous Quality Improvement Process for Clinical Grading System

Recommendation: Implement a continuous quality improvement process for the school's clinical clerkship grading system, including establishing methods for evaluating rater bias and skill competency, providing training and correction to raters, and evaluating impact on student well-being. Carefully consider the impact the grading and assessment process has on underrepresented in medicine students.

Description: The 2019-2020 LCME Annual Medical School Questionnaire Part II reported that out of 153 medical schools that utilize selected grading systems in required clinical clerkships, 85 employ an Honors/High Pass/Pass/Fail system, 26 use an Honors/Pass/Fail system, and 11 use a Pass/Fail system. Remaining schools reported using a numerical grade, letter grade or other grading system. In response to the COVID-19 pandemic, some schools temporarily modified their required clinical clerkship grading to a Pass/Fail system. Many schools are currently considering the risks and benefits of moving permanently to a Pass/Fail system.

Rationale: The GSA COSA Working Group on Student Well-being believes that grading systems for required clinical clerkships have a significant impact on medical student well-being. In the short term, moving to Pass/Fail grading would likely reduce anxiety and stress for many students. However, the impact of Pass/Fail grading on students in the long-term – specifically, their competitiveness for residency and their transition from UME to GME – is still unknown, limiting the ability to make a specific recommendation on this issue. As more data is forthcoming, schools can actively and continuously improve their grading system through the lens of quality improvement, with a close eye on potential impact on student well-being.

Resources:

- [Grading systems used in medical school programs](#)
- [Running a better mile: third year clerkship grading](#)
- [Healing a broken clerkship grading system](#)

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- Low D, Pollack SW, Liao ZC, Maestas R, Kirven LE, Eacker AM, Morales LS. [Racial/Ethnic Disparities in Clinical Grading in Medical School](#). *Teach Learn Med*. 2019 Oct-Dec;31(5):487-496.
- Onumah CM, Lai CJ, Levine D, Ismail N, Pincavage AT, Osman NY. [Aiming for Equity in Clerkship Grading: Recommendations for Reducing the Effects of Structural and Individual Bias](#). *AAIM Perspectives*. 2021;134(9):1175-1183.e4.

UME-GME Transition

Recommendation: We fully support the following recommendations that address medical student well-being from the Coalition for Physician Accountability Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC) [Recommendations for Comprehensive Improvement of the UME-GME Transition](#) report:

Theme: Educational Community and Resident Readiness

#27: Targeted coaching by qualified educators should begin in UME and continue during GME, focused on professional identity formation and moving from a performance to a growth mindset for effective lifelong learning as a physician. Educators should be astute to the needs of the learner and be equipped to provide assistance to all backgrounds.

Theme: Health and Wellness

#31: Anticipating the challenges of the UME-GME transition, schools and programs should ensure that time is protected, and systems are in place, to guarantee that individualized wellness resources – including health care, psychosocial supports, and communities of belonging – are available for each learner.

#32: Adequate and appropriate time must be assured between graduation and learner start of residency to facilitate this major life transition.

#33: All learners need equitable access to adequate funding and resources for the transition to residency prior to residency launch.

#34: There should be a standardized process throughout the United States for initial licensing at entrance to residency to streamline the process of credentialing for both residency training and continuing practice.

Rationale: An ideal state for the UME-GME transition optimizes well-being for all involved and focuses on learner health and well-being throughout the transition. For learners this ideal state includes:

- Minimizing the financial challenges of applying and transitioning to residency and being a resident.
- Providing adequate funding to establish and maintain their new living arrangements and focus on their training.
- Ensuring adequate but not excessive time for the geographic move from medical school to residency.
- GME programs that facilitate the creation of supportive social networks for each learner with special consideration of the needs of those from underrepresented backgrounds

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Resources:

- [Recommendations for Comprehensive Improvement of the UME-GME Transition](#)
- [AAMC information on Medical Schools with a Transition to Residency Course](#)
- ACGME Resources
 - [Transition to Residency](#)
 - [Transition in a Time of Disruption](#)
 - [New Toolkit to Support Medical Students and Programs in the Transition to Residency during the COVID-19 Pandemic](#)
 - [Medical Schools Overhaul Transition to Residency Programs](#)