

00:26:50: Thank you amazing COSA working group!!

You can read more about the working group and access its resources here

<https://www.aamc.org/career-development/affinity-groups/gsa/cosa-working-group-medical-student-well-being>.

00:35:39: You can find the working group's systemic recommendations to support medical student wellbeing here <https://www.aamc.org/media/61826/download?attachment>.

00:36:41: <https://www.amwa-doc.org/our-work/initiatives/physician-mental-health/>

Teherani A, Hauer KE, Fernandez A, King TE Jr, Lucey C. How Small Differences in Assessed Clinical Performance Amplify to Large Differences in Grades and Awards: A Cascade With Serious Consequences for Students Underrepresented in Medicine. Acad Med. 2018 Sep;93(9):1286-1292

<https://physicianaccountability.org/wp-content/uploads/2021/08/UGRC-Coalition-Report-FINAL.pdf>

00:43:10: You will be sent to breakout rooms in groups of 8-10

You will have 15 minutes in your breakout room (there will be a one-minute warning)

BRIEFLY, please introduce yourself by name, institution, and role

Designate one scribe, one facilitator

Facilitator leads discussion; scribe takes notes. Scribe will also be asked to put 2 or 3 key discussion points in the chat. A few volunteers will be asked to share verbally key points from their group.

00:43:21: What systems/structural changes have you made at your home institution to support medical student wellbeing?

What has worked well, what has been challenging in making systems change?

What other areas/systemic factors do you think contribute to medical student wellbeing?

01:00:47: Please put your name and e-mail address in the chat if you would like to join the medicalstudentwellnessprofessionals listserve - thanks again to Dr. Young for her leadership in this area!

01:02:34: The question of how to garner support for structural change in the first place came up.

01:04:23: SYSTEMIC CHANGES MADE BY OUR GROUP: Protected wellness days for clerkship students; Wellness rounds for clerkship students; Shortening preclinical curriculum, specifically year 2; Annual assessments of student feedback on learning environment; Process for requesting recurring time off for healthcare appts for clerkship students

01:05:08: Some of the things our group discussed:

- Determining how to gauge student wellness on a regular basis
- Implementing initiatives like wellness walks; wellness weeks; meditation
- Embracing creativity in the development of wellness and well-being
- Dedicated time off for students during clerkships
- Three days off no questions asked during interview season
- Additional training for faculty on providing feedback

01:05:22: things that worked:

- o learning communities, “houses”
- o peer support,
- o wellness check ins to encourage wellness and engagement.
- o Wellness committees – student involvement

01:05:30: We use My-MD-to-Be & Early Alert for our students. It is a wonderful resource and helpful for our community.

01:05:54: At Carle Illinois we allow personal days too. I can share the policy in the chat in a moment.

01:06:17: If you are interested in Early Alert there was an AAMC webinar yesterday that I participated in. The video should be available next week

01:06:41: There was also information during that presentation on MyMDtoBe

01:06:52: Here is our Process for Requesting Recurring Time Off from Rotations. We actually didn't have to change the time off policy at all, we just put the burden on administration rather than the student! <https://medstudent.usc.edu/process-for-requesting-recurring-time-off-from-rotations/>

01:07:40: We simply require 2 weeks notice of the leave request, and it cannot conflict with a lab session: <https://uofi.box.com/shared/static/tg9qzc758m06sy35mlgf2ua4vgxmhhc2.pdf>

01:07:43: Systemic changes discussed in my group:  
Switch to a Pass/Fail system, weekly THRIVE sessions (lunch bunch for students), Annual Wellness Retreats, Innovation Pods (initially helpful but with growth of program there is uncertainty), creation of a mental health task force

01:08:00: I love this change XXX and it sounds like the students are using them!

01:08:11: We have a 1st gen retreat and significant other support group as well to assist with supporting these students and their partners. For M3 orientation we assigned the student a peer to check in with monthly as well due to our distributed campus model.

01:08:14: Our students have one PTO day per clinical rotation to use without "justification"....some limitations on the day used such as not day before shelf exam although some rotations do limit demands on that day

01:08:54: At Brown, I provide feedback and train faculty in the family medicine clerkship to provide formative feedback to students' reflective writings (using frameworks we developed at Brown) so there is an individualized, supportive approach to their professional identity formation to complement the socialized - happy to discuss

01:09:58: At Boonshoft SOM, we now offer six free mental health sessions for our students--their insurance is not billed. We pay for those sessions. This is heavily utilized by our students. Just knowing they have this available helped lessen stress.

01:10:39: We have 3 half days a week of "independent study time" during which students can make appointments or attend functions

01:10:48: I love all these creative approaches to wellness!

01:10:54: The listserv is an exemplary resource...highly recommend it

01:11:40: Structural changes to impact well-being requires collaboration and communication across the wellness, curriculum, and DEI leads- we need break down silos to make needed change

01:11:48: Our group discussed different efforts with promoting wellness

- Success with transitioning to pass/ fail, both in pre-clinical and clinical years
- Removing reporting of class rankings
- WARM (Wellness, Academics, Rest(?), Meditation) worked into academic schedule.
- Giving students time off school after assessments
- Mixed reviews with mandatory wellness, voluntary wellness is not attended. Goals of working it in smaller ways into curriculum.
- Equine therapy, pet therapy.
- Self-assessments of AOD Use, DV, Anxiety, Depression. (Entered into a draw to win prizes)
- Student led wellness committees, Peer Support Program
- Art events

01:14:01: <https://www.aamc.org/about-us/mission-areas/medical-education/wellbeing>

01:14:27: Resilience includes both emotional and moral resilience. Students express concerns about moral dilemmas and moral injury. History in the health humanities with critical reflection can support the moral education/moral resilience of a health professional -students express gratitude for the opportunity to learn and discuss - also as a component of DEI curriculum - Lancet Commission on Medicine & the Holocaust will publish a report in late 2023 on this and YYY and XXX will be leading a session on this for AAMC on Jan 26.

01:17:59: Many thanks for their hard work in preparing and posting these templates.

01:18:38: This is amazing! Thank you for all your hard work.

01:19:52: Can the students see these PowerPoints as well or only faculty?

01:20:05: Thank you - it is so important that you are acknowledged!

01:20:21: Everyone can see the templates

01:20:43: But you can create custom presentations from the existing templates

01:22:03: What is your home wellness curriculum like?

Mandatory vs. elective vs. hybrid

Small group vs. large didactic

Integrated or separate curriculum

Taught by physicians or BH professionals or other

What is your curricular initiative best received by students?

How do you see using these new curricular modules?

What other curricular topics do you think should be covered?

Please be ready to report 2 or 3 key discussion points to the larger group.

01:41:06: Trauma informed medical education as outlined in this article would be a great addition...a lot here for sure

01:41:10:

[https://journals.lww.com/academicmedicine/Fulltext/2021/05000/Trauma\\_Informed\\_Medical\\_Education\\_\\_TIME\\_\\_.32.aspx](https://journals.lww.com/academicmedicine/Fulltext/2021/05000/Trauma_Informed_Medical_Education__TIME__.32.aspx)

01:41:44: Scribes - please post in the chat - or unmute to share. We want to learn from you!

01:42:18: What is your home wellness curriculum is varied and includes hybrid, required, and extracurricular?

Pieces are in orientation, some are part of the transition into clerkship, some of the courses are mandatory and some are elective, and host outreach events that are elective, the things that are most popular are things that include free food, free art, therapy dogs

3 campuses with 300 students, the curriculum is primarily delivered during synthesis groups, plenary style by experts, smaller groups are facilitated by medical student advisors - self-compassion, sleep/fatigue, the stigma of suicide/mental health, nutrition/fitness, resilience, and mindfulness  
Extra-curr that are well attended: equine therapy retreat; therapy dogs on campus periodically; goody bags that M2's make for M1's before their first block exam; goody bags that M1's make for M2's after STEP; a 3-day retreat on Cognitively Based Compassion for M1's before orientation week; step challenge in April using PACER app

01:43:17: Our group had a good discussion about integration:

How can we genuinely integrate wellness into the rest of the curriculum?

A request of faculty teaching longitudinal courses on patient care - Can we make the lens look both ways when we discuss patients? How do those same factors impact our students' health and well-being?

Found faculty willing to integrate assessments of their health and well-being into course material.

01:43:43: we forgot to identify a scribe, but there was some great discussion about a designated wellness afternoon where students met with a coach initially to develop a wellbeing plan for this designated time. It is also used for health and counseling appointments, fitness, laundry, quiet restorative time.

01:45:15: a good resource with good straightforward tips to prevent suicide: <https://npsaday.org/>

01:45:22: Curriculum on Emotional Intelligence

01:46:48: "Health" vs. "Disease Prevention" vs. "Treatment" - how do students understand the differences between these concepts and pursue health?

01:47:08: Sometimes I integrate wellness in my lectures by ending it 15 minutes early so they get some "me" time

01:47:25: We have faculty incorporating wellness into their lectures

01:48:14: Univ of So Dak SSOM uses Myers-Briggs and Hogan Assessment personality assessments in our Emotional Intelligence curriculum.

That's the hard part. Changing the culture. Sometimes I think I'm changing medicine one medical student at a time. A sad truth

01:49:23: You may find this webinar of interest, Clinician Well-Being and Resilience: What the Data Show and How We Move Forward. <https://aamc.elevate.commpartners.com/products/clinician-well-being-and-resilience-what-the-data-show-and-how-we-move-forward-september-15>

01:50:22: National Academy of Medicine National Plan on Health Workforce Wellbeing <https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/>

01:51:58: I just used that quote today! There is so much around systems change, self-efficacy, & modeling.

01:53:20: So appreciate being a part of this session today - gives me hope for our current and future medical students, residents and physicians

01:54:01: Incredible job COSA Working Group. Thank you for your service and your heart

01:54:04: I describe the skills I'm teaching to students as "Defense Against the Dark Arts". I'm pretty frank in letting them know that they will need to actively defend their wellbeing from the system of medicine as it is practiced.

01:54:09: Thank you to everyone for all the rich discussion - these calls are so hopeful and invigorating!

01:54:33: Very beneficial session, thank you for all the preparatory work!!

01:54:47: And the wonderful discussions!

01:54:59: Thank you for this session/discussions and resources. There is hope!

01:55:03: Thank you everyone, I think this was a very insightful session

01:55:06: Folks have a hard time offering the compassion that they have not received themselves.

01:55:33: Wellness isn't just personal though. Wellness could mean integrating your life/family into medicine and calling some things you do hobbies particularly if you have meaning and purpose when doing them.