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AAMC Group on Student Affairs (GSA) COSA Working Group on Medical Student Wellbeing Community Call – October 17, 2022

Evaluation of Medical Student Wellbeing Programs and Consideration of Structural Changes to Support Wellbeing



Association of
American Medical Colleges

COSA Working Group on Medical Student Wellbeing

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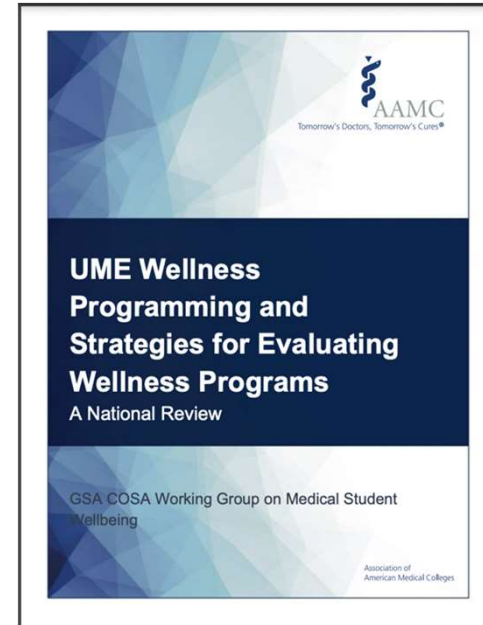
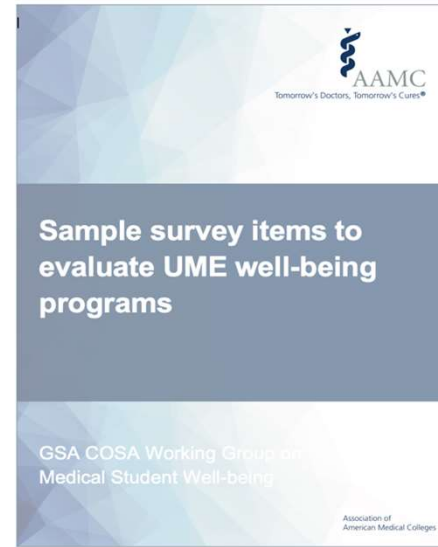
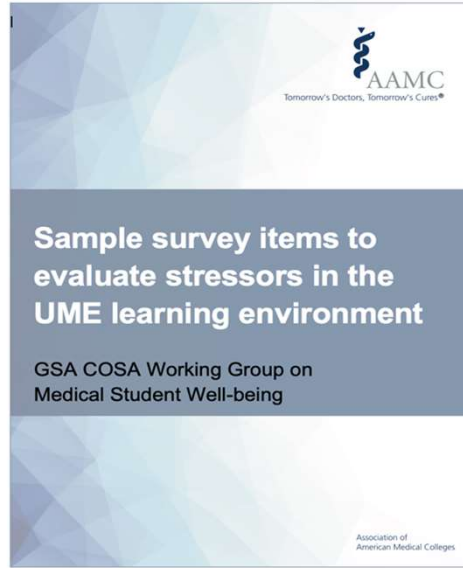
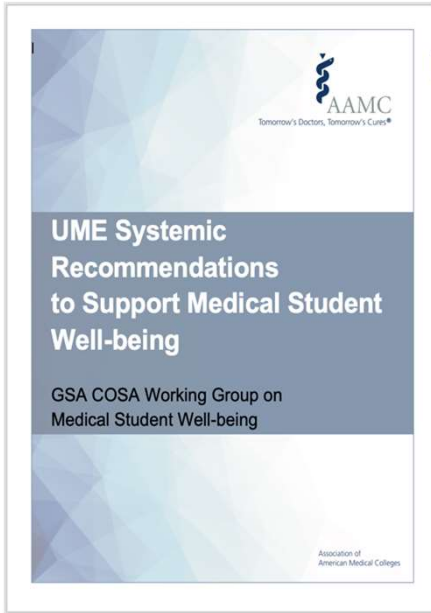
Kathleen Kashima, University of Illinois

Agenda

- Introduction to the COSA Working Group on Medical Student Wellbeing (who we are and what we have done)
- Discuss Structural Changes to Support Wellbeing
- Evaluation of Medical Student Wellbeing Programs
 - Review of Literature and Discussion
 - Strategy for Evaluation
 - Pilot Evaluation Tool
 - Conclusions
- Questions, next steps, conclusions

Working Group Deliverables

2019-2020	2020-2021	2021-2022
Published best practices related to wellness programs and evaluation of wellness programs	Guidelines on how to support students during COVID	Published 11 curricular modules for use by any interested institution (9/22/22 Community call)
	Surveyed schools to understand current makeup and function of wellness programs	Published UME Systemic Recommendations to Support Medical Student Well-being (9/22/22 Community call)
		Published sample survey items to evaluate stressors in the UME learning environment
		Published sample survey items to evaluate UME wellbeing programs



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Home / Career Development / Affinity Groups / Group on Student Affairs / COSA Working Group/ Medical Student Well-Being

AFFINITY GROUP

COSA Working Group: Medical Student Well-Being

About COSA Working Group on Medical Student Well-Being

The COSA Working Group on Medical Student Well-being supports the GSA Committee on Student Affairs by providing and soliciting expert input on ways to advance medical student well-being; identifying gaps, opportunities, and collaborations related to student well-being; and socializing student well-being and longer AAMC well-being efforts to the broader GSA community.

- [COSA Working Group Roster \(PDF\)](#)
- [COSA Working Group Charge and Reporting Structure \(PDF\)](#)

Featured Resources

- [UME Systemic Recommendations to Support Medical Student Well-being \(PDF\)](#)

Well-being Evaluation Resources

- [UME Wellness Programming and Strategies for Evaluating Wellness Programs: A National Review \(PDF\)](#)
- [Sample survey items to evaluate stressors in the UME learning environment \(PDF\)](#)
- [Sample survey items to evaluate UME wellness programs \(PDF\)](#)



Rethinking How We Define Wellness

- When we talk about wellness we must make room for life's unpredictability and difficult moments. Wellness does not always have to equal happiness and success.
- Wellness also means embracing what we often experience in the field of medicine: difficult feelings such as grief, futility and exhaustion.

Life's peaks and valleys are the catalyst of growth and wellness means having the tools to face life's challenges



Structural and Systemic Initiatives

- Systemic factors influence medical student wellbeing.
- Systemic factors are external to the individual.
- Shift to consider systemic factors in addition to individual factors.
- The Working Group on Medical Student Wellbeing considered various systemic factors.
- Identified **five** areas of focus.

Systemic Recommendation Five Focus Areas

1. Mental Health Questions on State Licensure Application
2. Assessment of School-Specific Factors Affecting Wellbeing
3. Advance Notice for Curriculum Schedule Distribution
4. Continuous Quality Improvement Process for Clinical Grading System
5. Wellbeing support during the UME-GME Transition

Systemic Recommendation #2 : Assessment of School-Specific Factors Affecting Wellbeing

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

- AAMC Sample Survey Items to Evaluate Stressors in the UME learning environment
<https://www.aamc.org/media/61786/download?attachment>



Community Call on 9/21/22 Follow-Up

Ideas generated during that call include:

- Dedicated wellness/flex time for students, specifically during the clerkship
- Pass/Fail assessment system throughout the four years to support wellness while not disadvantaging students
- Establishing interventions that gauge student wellness on a regular basis such as using screening platforms

Evaluation



How Does Student Mental Health and Wellbeing Factor into Evaluation of Wellbeing Programs?

- Our position: Measures of student mental health are distinct from assessment of wellbeing programs. This sounds rational but often gets blurred.
- For example:
 - Y2Q and GQ measures of stress as indicators of “success” of wellbeing services; satisfaction with wellness services
 - Poor mental health or suicide or of students as indicators that counseling & wellness services are inadequate.
- Student mental health is complex and multifactorial
- Wellness professionals are not responsible for some outcomes (learning environment, mental health), but may use this information to guide outreaches and interventions.

Discussion Questions

- From your perspective, to what extent does mental health reflect effectiveness of wellness programming?
- How should mental health be factored into evaluation of wellbeing programs?

What is a Medical Student Wellbeing Program?

- LCME for calls for schools to provide “**programs to promote wellbeing and to facilitate adjustment to the physical and emotional demands of medical education.**”
- We define a school’s wellbeing program as an effort that is **overseen by faculty, staff, or committee** that addresses student wellbeing through **curricula, events, or resources** promoting physical, financial, academic, social, and emotional health

Mental Health Services and Wellbeing Programs

- UME wellbeing program
 - separate entity from mental health services
 - provides a wide scope of programming for students
- Access to mental health services are essential to a comprehensive wellbeing program
 - 65% schools employ mental health providers with dedicated FTE for medical students
- While overlap exists, we will focus on evaluation of wellbeing programs

Current State of Evaluation

- 2021 study, 50% of 104 US and Canadian schools surveyed evaluated wellbeing programs
- Common strategies for evaluation:
 - Student participation rates, satisfaction surveys, focus groups
 - **83% used AAMC GQ question**
 - Satisfaction “student programs that promote effective stress management, a balanced lifestyle and overall well-being”
 - Allows benchmarking of results to national norms
 - Limited ability to assess specific goals and longitudinal scope of programming

Barriers to Evaluation - Large Group Discussion

- What are your barriers to evaluation?
- What resources do you need to evaluate?

Barriers to Evaluation

- Lack of time
- Lack of funding
- Lack expertise
- Lack of clarity, consensus, and formal guidance from leading organizations on which benchmarks, constructs, and outcomes to consider.



Meaningfully assess:

- student perceptions
- alignment with student needs and program goals
- whether aspects of program are causing harm
- efficacy of interventions

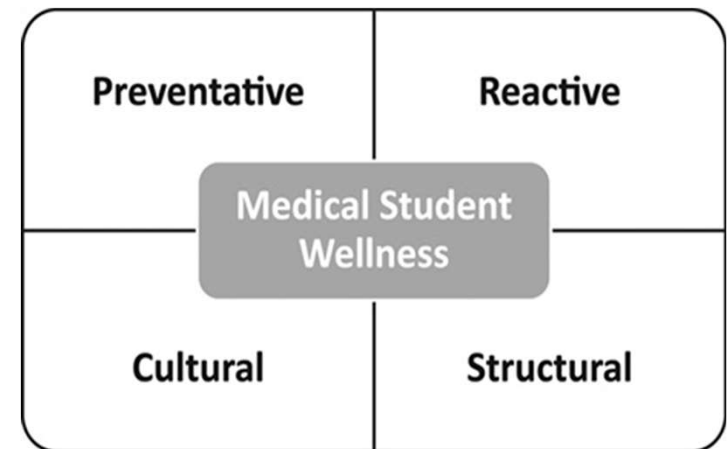
* Guide allocation of resources

Evaluation Tools and Strategy



Proposed Strategy for Evaluation

- Evaluation subcommittee reviewed literature and existing measures
- Developed large number of pilot items, brought back to working group for multiple revisions and iterations
- Factor framework identified by WW Lee used to ensure inclusion of items from various domains that are important for consideration in evaluating wellness programs



Five Key Strategies

1. Articulate wellbeing program goals
2. Gain buy-in and agreement on program goals
3. Develop evaluation tool
4. Decide when and how often to evaluate
5. Decide how to communicate results

Thinking about Evaluation in Tiers

- If you are wondering where to begin with evaluating your wellness program, any evaluation is better than none.
- For all the passionate, hard work going into planning, funding, and executing wellness programs and the student impact, it is important to ask yourself “*Is my program working?*”

Tier 1: Foundational

- Attendance
- Satisfaction survey after each workshop
- M2Q and GQ items

Tier 2: Moderate

- Attendance
- Satisfaction survey after each workshop
- Y2Q and GQ items
- Pilot Measure, Annual Survey

Tier 3: Robust

- Attendance
- Satisfaction survey after each workshop
- M2Q and GQ items
- Pilot Measure, Annual Survey
- Learning Environment measures
- Examine changes to students wellness and mental health in tandem

Pilot Evaluation Tool

Section 1: Student awareness and access to wellbeing resources

1. I understand how to access wellbeing services at my medical school.
2. The wellbeing professionals at my medical school are easily accessed.
3. The wellbeing professionals respond quickly to student requests.
4. The wellbeing professionals have good availability to meet with students.
5. My medical school has a committee specifically devoted to student wellbeing.
- 5a. If you answered yes to the previous question, my medical school's wellbeing committee actively involves students.

Pilot Evaluation Tool

Section 2: Impact of wellbeing program on student self-care

6. The belief that “I matter” has increased as a result of my medical school’s wellbeing program.
7. My ability to understand how to care for and prioritize my wellbeing has increased as a result of my medical school’s wellbeing program.
8. I have made improvements to my self-care behaviors such as sleep, exercise, nutrition, rest and relaxation, hobbies, and/or socializing as a result of my medical school’s wellbeing program.
9. I have made improvements to my internal self-talk or cognitions such as refuting automatic negative thoughts and/or increasing self-compassion as a result of my medical school’s wellbeing program.
10. I am more likely to seek out mental health care if I need it as a result of my medical school’s wellbeing program.

Pilot Evaluation Tool

Section 3: Student satisfaction with the wellbeing program

11. My medical school cares about me.
12. I am satisfied with my medical school's wellbeing program.
13. My medical school's wellbeing program is perceived positively by students.
14. There is usually high student attendance at my medical school's optional wellbeing offerings.
15. My medical school addresses wellbeing longitudinally throughout all four years of medical school.
16. My medical school takes student feedback into account to inform future wellbeing events and curricula.
17. My medical school's wellbeing committee is receptive to student feedback.
18. When there is a local crisis or a national event that affects the medical student community adversely, my school takes appropriate measures to respond in ways that support student wellbeing.

Open-Ended questions

What are some of the creative or additional ways that wellbeing is addressed at your medical school?

The most valuable part of my medical school's wellbeing program is (please include why you feel it is valuable):

The least valuable part of my medical school's wellbeing program is (please include why you feel this part lacks value):

Student satisfaction with the wellbeing curriculum:

- Place a check in the first column for wellbeing curricular topics currently offered by your medical school. Place a check in the second column if you'd like to see greater emphasis/coverage of this wellbeing area at your medical school. You can check one or both columns.
- Link to tool to provide comprehensive list.
- This question really highlights if students actually register that administrators and professionals are providing wellness in target areas.

Summary Question

In sum, if I were to assign a grade to my medical school on how well I feel they address wellbeing, it would be:

<u>Grade</u>	<u>Description</u>
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A	Aspirational wellbeing program that goes above and beyond
B	Basic wellbeing program that addresses many elements of my wellbeing
C	Critical wellbeing requirements met, but leaves much to be desired
D	Deficiencies in wellbeing program
F	Fails to offer even the most basic wellbeing program

Limitations of Pilot Tool

- Not a validated measure
- Factor structure has not been empirically tested (it is theoretical at this point)
- Student self-report via survey items
 - Consider focus groups, interviews, and listening tours are quite valuable, especially in conjunction with objective measures.

Small Group Instructions

- You will be sent to breakout rooms in groups of 8-10
- You will have 15 minutes in your breakout room (there will be 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.

Discussion topics:

1. Based on earlier discussion, do any of you have similar tools or assessments you use to measure your wellbeing program?
2. Would you classify your current evaluation strategy as tier 1, 2, or 3?
3. What do you think is the best timing for this type of evaluation?

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

Large Group Debrief

Evaluation Conclusions

- Wellbeing remains a young and emerging field
- Rigorous evaluation of wellbeing programs needed to assess effectiveness of interventions.
- We do not recommend effectiveness of wellbeing programs be determined through measures of student mental health, burnout, or individual wellbeing status.
- Need to address learning environment and curricular drivers of distress
- Manuscript

Conclusions

- Questions? Comments?
- What steps will you take as a result of this call and new tools introduced?

