An Integrative Approach to Addressing Medical Student Mistreatment and Promoting Student Well-Being

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ABSTRACT

This article reviews the overlapping issues of medical student mistreatment and associated student mental health issues. The Warren Alpert Medical School of Brown University (AMS) has taken proactive steps to mitigate these challenges, focusing on improving the learning environment through mistreatment prevention and response along with efforts to reduce threats to student wellness. By engaging clinical departments and key stakeholders, AMS has launched an integrative approach designed to promote student success.

KEYWORDS: UME, mistreatment, wellness

INTRODUCTION

Amidst the escalating complexity of challenges to wellness in the healthcare landscape, medical students have emerged as a particularly vulnerable population, highlighting the need for proactive and sustainable measures to support their well-being. Investigating the myriad reasons behind the heightened susceptibility of medical students to adverse health outcomes, such as depression, anxiety, imposter syndrome, and suicidality, is a critical and necessary priority area.[1] Mistreatment, defined as unprofessional behavior that negatively impacts a student's ability to learn, is a significant risk factor for adverse mental health.[2,3] Addressing mistreatment is not only a moral-ethical imperative but also a matter of equity,[2] patient safety,[4,5] accreditation, and wellness.[6,7] The prevalence of mistreatment is particularly alarming, as at least 35% of medical students across the country report experiencing this behavior during their undergraduate medical education.[2,8] With national and local initiatives focusing on student wellness and mistreatment, The Warren Alpert Medical School of Brown University (AMS) has adopted an integrative approach, inclusive of mistreatment occurring in the learning environment, to enhance student well-being throughout their journey to becoming physicians. In this article, we assess current strategies at the national level alongside outlining our comprehensive approach at AMS to tackle these dual, interconnected challenges.

KEY STRESSORS, CONSEQUENCES

Medical students experience numerous threats to their well-being during medical school. Literature suggests that the consequences of these threats have been a higher prevalence of depression and anxiety, with levels of psychological distress consistently higher than the general population and age-matched peers by the later years of training.[9] What creates these threats? Key stressors for medical students include national board examinations, performance evaluations and potential biases within them, uncertainty about the future, isolation from loved ones, lack of control over personal schedules, and concerns about workload in residency.[9] Other variables identified as risk factors include disability status, non-male gender, debt, and the clinical phase of school.[10,11]

These barriers are paralleled by experiences that medical students should never encounter, such as mistreatment, which includes microaggressions, public humiliation, and inappropriate identity-based comments. Microaggressions are associated with medical student burnout and positive depression screening.[12,13] Additionally, it has been shown that ethnic minority and/or underrepresented medical students have a lower sense of personal accomplishment and quality of life than nonminority students within the medical school environment, highlighting the differential impact stressors have on minoritized and/or underrepresented individuals.[14] These factors are further exacerbated by the stigma of mental illness within medicine.

STRATEGIES FOR WELLNESS PROMOTION

Depression, anxiety, burnout, and suicide in medical students are known threats to medical student well-being, and accordingly, medical schools have increased access to mental health services and well-being programs. Existing strategies for wellness promotion and suicide prevention have focused on increasing access to mental health providers, creating peer-support programs, training mentor faculty, and embedding wellness programs into the curriculum. While these efforts are to be applauded, our experience suggests that providing resources for students, such as a dedicated mental health counselor, a robust longitudinal advising system, and policies designed to create time for students to address their basic needs (i.e., a personal day during clinical

rotations) are insufficient to prevent egregious outcomes, including student suicide. Medical students tend to avoid or postpone asking for help, especially when the University is involved, due to concerns around confidentiality and a perceived risk to their future careers.[15] Protecting student wellness, including suicide prevention, by reducing the aforementioned threats, is among the most important challenges for medical educators today.

To support wellness at AMS, we have launched innovative programming, such as opt-out wellness checks at the start of medical school, mental health and wellness assessments, and student peer counseling. Integral to the wellness of students is the concept of collective care, rather than solely focusing on self-care. Specifically, the wellness of the community of resident learners, faculty, and staff predicts the wellness of each of our students. We have begun to address and prioritize collective care by establishing two key inaugural roles at the medical school - Chief Wellness Officer (CWO) and Assistant Dean for Student Affairs, Learning Environment (ADSA-LE), providing suicide awareness training to faculty mentors and administrators, offering wellness-focused courses through the Office of Biomedical Faculty Affairs, supporting the building of wellness programming within graduate medical education and clinical departments, as well as supporting a medical school staff Wellness Committee.

These initiatives often do not consider student mistreatment as a modifiable risk factor. We believe the learning environment, work environment, and patient environment are interconnected. By enhancing the learning environment through prevention strategies and timely response to mistreatment, we can improve healthcare delivery for all stakeholders involved, including physicians, other healthcare professionals, and our patients. To create and sustain change across institutions, robust engagement of key stakeholders is needed to understand the scope of the problem, propose solutions, and implement them. Clinical departments, in particular, are critical partners in this process, given their significant impact on student learning and disproportionate influence on student mistreatment. In 2021, The Office of Medical Student Affairs at AMS launched the Program for a Healthy Learning Environment (PHLE) to address medical student mistreatment within the learning environment and our clinical departments.

At AMS, the PHLE recently asked leaders from all clinical departments to complete self-studies about their policies, procedures, and practices for creating a healthy learning environment. The self-study tool was designed by a committee of stakeholders, including AMS administrators, students, faculty, and departmental and health-system leaders. In addition to departmental self-studies, we simultaneously engaged stakeholders in a model of change, Learning Environment Action Plans (LEAPs), characterized by goal setting, data collection, sense-making, and action.[16]

Through a systematic analysis of available internal data related to mistreatment in the learning environment (i.e., sense-making) and the departmental self-study process, we can more fully understand opportunities to mitigate mistreatment. Through this process, we have gained a comprehensive, multi-dimensional understanding of mistreatment in the learning environment, including its most common perpetrators, types, and locations.

By identifying the who, what, where, and when of mistreatment, we can create targeted interventions. to prevent mistreatment from occurring. As part of this effort, the AMS CWO and ADSA-LE have collaboratively launched Wellness and Learning Environment Rounds for third-year students. Wellness and Learning Environment Rounds are designed to: 1) understand current student concerns and experiences, 2) provide immediate student support and connection to resources, and 3) collect data related to wellness and the learning environment for ongoing program development, evaluation, and targeted intervention. While mistreatment is an important issue to tackle across all four years of medical school, the clinical years are a particularly vulnerable time, with the majority of mistreatment reports taking place in the clinical setting. During these Rounds, either the CWO or ADSA-LE meets third-year students at their clinical sites once per Clerkship to facilitate reflection on wellness, discuss any mistreatment concerns, and highlight outstanding educators who excel in fostering a positive and inclusive learning environment. Wellness and Learning Environment Rounds are an important component of broader institutional efforts to improve the learning environment and reduce mistreatment. Additional interventions include educator development on policies related to student mistreatment, information on best teaching practices, 1:1 non-judgmental feedback sessions when mistreatment is reported, and a Learning Environment Liaison pilot program to facilitate communication and collaboration between students, faculty, and administration.

Through these focused and targeted efforts, we aim to foster a supportive, respectful, and inclusive learning environment that promotes the collective well-being and success of all students We anticipate our integrative approach towards wellness, inclusive of the learning environment, will foster resilience without compromising self-care, and promote graduates who are healthy and well-positioned for their future careers.

CONCLUSION

In conclusion, addressing medical student mistreatment and promoting wellness is essential to ensuring a healthy learning environment, effective teaching, and positive patient outcomes. By adopting an integrative approach that involves key stakeholders, targeted interventions, ongoing evaluation, and accountability, AMS aims to be at the forefront

of these critical efforts. The next steps include continued program implementation and planning for evaluation. We believe that our comprehensive approach will contribute to a culture of support and respect, better preparing our graduates for successful, healthy medical careers.

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Disclosures

The authors report nothing to disclose.

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