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Medical Education in the Era of Provider Well-Being



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ABSTRACT

Medical education is fraught with an exhaustive set of stressors and challenges. Students require unique support systems and programs to ensure their well-being and prevent disillusionment with the rigorous process of becoming a physician. Strategies must be designed to support students and facilitate their ongoing adjustment to the demands of medical school, and beyond. To best serve learners for long-term success, leadership must promote and champion student well-being, including resilience and balance. Students must advocate for opportunities and be enabled and empowered to help achieve these goals. Students and faculty fully represented and engaged in the process must work together as “wellness partners.” Given the diversity of learners, there must be a holistic framework for wellness in medical education.

COVID-19 has had far-reaching and long-lasting implications on everyone. In addition to dramatically altering approaches to medical education, the unique challenges presented by the pandemic negatively impacted medical learner well-being and subsequent performance. If there is a “silver lining,” the pandemic served as an opportunity to further our understanding of medical learner wellness, including the efforts needed to mitigate the bevy of existing and new stressors (1). Supporting well-being has increased in importance. By engaging with learners, the medical education community has an opportunity to learn valuable lessons about navigating “Black Swan” events. COVID-19 has been a catalyst for re-envisioning medical education (2).

Even prior to the pandemic, those actively involved with education were keenly aware of the tremendous framework required to support learners during their successful transition to future providers. This includes the seamless integration of motivated learners, dedicated teachers, and world-class resources including innovative programs that foster interdisciplinary collaborative relationships. Well-educated and well-rounded caregivers able to consistently exceed patient outcomes is a clear and compelling goal. With the right strategy, it is an achievable goal.

Along the pathway to becoming physicians, modern learners are exposed to and expected to master, a “mind-numbing” array of requisites. These include not only rigorous academics but also enumerable practical skills and what were formerly considered “soft skills” in order to help foster professionalism. Examples include interpersonal and communication skills and the ability to work effectively in a collaborative team environment. Empathy is a vital component of the physician-patient relationship. Yet, medical students succumb to empathy erosion as they advance from preclinical to clinical training (2). Medical students with a reduced sense of wellness are prone to struggles with their academics as well as their professionalism, including empathy (3). Learners must be provided with exemplary role models of professionalism by individuals that can instill these desired qualities and skills in others. Patients expect, and deserve, providers that are well-trained and highly-skilled, but also courteous, compassionate, and empathetic. This combination is necessary to optimize patient outcomes, including patient satisfaction. It also portends a sustainable competitive business advantage for the organization.

Yet, it seems many organizations operate in a system where workload and workflow are regimented to maximize throughput, productivity, standardization, efficiency, cost-effectiveness, and profit. The unintended consequence is that our desire to shape our work to be meaningful is

threatened. In healthcare, many non-revenue generating, yet clearly value-added activities “that count,” are not “counted.” Unfortunately, this may sometimes include the education space. More than ever, we are asked to efficiently maximize capital and human resources, optimize cost-effectiveness and fiscal responsibility, and execute innovative strategies; all while maintaining our focus on excellent care. We are reminded to prioritize patient-centered care; where informed, engaged patients, share in decisions regarding their care, guided by outcomes that matter to them. We are reminded that value-based care means great outcomes (quality, safety, service) at a fair cost.

At the same time, we must pay very close attention to our learners. We must be keenly aware of the diverse needs and expectations of a diverse student body. To maximize impact and target optimal interventions, evaluation of wellness domains should invite and assess student perspectives regarding ways to promote their wellness given their expertise as consumers of education (2). Solicit feedback - ask them what they need and desire to support their wellbeing (4). Work to better understand their collective and individual “value chain.” It is an opportunity for mentors to be and to do what they most need and value (5). How can we enhance their experience? What are the weak links and blind spots where we can improve? What needs to change to provide the best inclusive educational experience to our next generation of caregivers? For medical learners, wellness is a holistic sense of personal well-being.

To maximize medical student wellbeing, develop and implement wellness initiatives, programs, activities, and support services. Regularly analyze and evaluate your targeted strategies to improve and promote medical student wellness (3). In addition to academic advising and guidance, including mentoring and tutoring, provide easily accessible confidential personal counseling resources, chaplain services, and legal assistance needed to facilitate both routine and crisis responses. Broad support and counseling will help build resilience to support learners through stressful challenging circumstances. Assist with social well-being, relationship building and physical well-being (including exercise, activity, nutrition, and limiting addictive behaviors or substance use). The key ingredient is open dialogue, free discussion, and ongoing communication - without fear of reprisal.

What will success look like? Understanding and appreciating the Liaison Committee on Medical Education (6) national accreditation requirements for medical education as it relates to wellbeing

is just the beginning. Assess, monitor, and address data, benchmarks, metrics, and outcomes for wellbeing. Success requires an ability to engage others; to collaborate; and when necessary, to be a “subtle disruptor.” Identify gaps and make the necessary meaningful operational decisions, process improvements and required interventions. Advocate for necessary change based on data and evidence, not anecdotes. Utilizing Kotter’s (7) eight steps of successful change management involves: 1) raise awareness; create a “burning platform” that describes the urgency to change the status quo and highlight the risks of not changing; 2) build your team – your powerful guiding coalition, 3) get the right vision and strategy, 4) communicate to optimize buy-in, share successes with others, 5) enable and empower action; remove obstacles, 6) create and celebrate short-term wins; 7) build on the change, accelerate, don’t let up, 8) make the new stick – anchor it so people don’t fall back to the old. When able, generate scholarly activity (publications and presentations) on the implementation of your methods and the innovation of your programs for promoting well-being.

Despite the post-pandemic increased focus on well-being programs, many will still not participate. To maximize investments made in well-being offerings, consider three strategies to boost participation: 1) via appealing and believable communications, increase understanding/awareness of personalized well-being offerings to help those unsure about programs offered or about their own needs. Encourage sharing of well-being experiences and how offerings helped. 2) Reduce the stigma sometimes associated with well-being and reduce apathy. Many do not seek support due to fear of being stigmatized. Apathy stymies participation. Communicate the importance and normalcy of seeking support. Empower discussions of personal well-being topics. Sharing well-being concerns, stories, and successes minimizes the stigma. People are more likely to act when they hear multiple ways in which colleagues utilized offerings to their benefit. 3) Reduce the time and effort needed to participate. Those most in need often have the least time, energy, and motivation to act.

Consider default enrollment in offerings with an option to opt-out, rather than opting-in. Integrate well-being activities into processes and everyday activities to avoid the burden of another “to-do” item (8). To maximize investments made, leaders must proactively address challenges preventing participation.

Learner wellness is a key component of medical education. Promoting and supporting medical student wellness is vital to the development of a healthy workforce. Wellness must be emphasized in our workplaces, and for our students. Wellness makes us happier and thereby more productive, with less burnout. Healthy caregivers portend better patient outcomes. Conversely, burnout negatively affects quality (errors), safety, engagement, empathy, productivity, and work-life integration. These premises establish a compelling societal (and business) case to manage burnout, and to do so early. Reducing burnout and promoting wellness requires prioritizing sustainable processes that maintain autonomy, flexibility, creativity, and innovation.

Leaders contribute to inspiring and encouraging students by committing to timely responses to student needs and concerns as they relate to well-being. While many of these lofty goals are universal, many will be unique to each individual. Beyond just leaders, it behooves all stakeholders to prioritize student happiness and wellness. Build on current strengths and address existing challenges utilizing strategies guided by organizational values and culture.

Develop, implement, and supervise wellbeing and success goals for your learner cohort. Offering holistic well-being programs is just the first step. Provide the specific operational strategies to make this vision a reality, supporting individuals to help them thrive rather than simply survive (8). Success demands more than theories, success demands results.

As Richard Branson (9) so eloquently summarized: we will train our people well enough so they can leave and treat them well enough, so they don't want to!

REFERENCES:

1. Sandhu, P. and deWolf, M. The impact of COVID-19 on the undergraduate medical curriculum Medical Education Online 2020; 25(1).
2. Southworth E. and Gleason S. COVID 19: A Cause for Pause in Undergraduate Medical Education and Catalyst for Innovation HEC Forum 33 (1-2):125-142 (2021).
3. Nikolis, L. et al. Medical student wellness in the United States during the COVID-19 pandemic: a nationwide survey BMC Medical Education 2021; 21(401).
4. Butcher M, et al. Assessment of Student Perspectives on Improving Wellness in Medical School: Qualitative Results from a Cross-Sectional Survey of Medical Students in Florida Advances in Medical Education and Practice 2021;12:1067-1079.
5. Cherak S. et al. Wellness in medical education: definition and five domains for wellness among medical learners during the COVID-19 pandemic and beyond Med Educ Online. 2021; 26(1)
6. AAMC <https://www.aamc.org>.

7. Kotter J. Leading Change: Why Transformation Efforts Fail Harvard Business Review May 1995.
8. Valencia C. How to Get Employees to (Actually) Participate in Well-Being Programs HBR October 05, 2021.
9. Western, D. <https://wealthygorilla.com/richard-branson-quotes>.

