

Creating culture change in the education and learning environments

Supporting the Whole Student: Mental Health, Substance Abuse, and Well-being in Higher Education Conference
National Academies of Sciences, Engineering, and Medicine

Geoffrey H. Young, PhD
March 11, 2020





AAMC Student Surveys

Post-MCAT Questionnaire (PMQ)

- all MCAT examinees

Matriculating Student Questionnaire (MSQ)

- all accepted students; Jun - Sep of matriculation year

Medical School Year Two Questionnaire (Y2Q)

- all active M2s; Oct – Jan of second year

Medical Student Graduation Questionnaire (GQ)

- all expected graduates; Feb – Jun of graduation year

PMQ

MSQ

Y2Q

GQ

WORK AND VOLUNTEERISM

INFLUENCES IN DECISION TO PURSUE MEDICINE

PREPAREDNESS

EDUCATION DEBT

MARITAL STATUS AND DEPENDENTS

SEXUAL ORIENTATION AND GENDER IDENTITY

STRESS, BURNOUT, AND QUALITY OF LIFE

EMPATHY AND TOLERANCE FOR AMBIGUITY

PERCEPTIONS OF LEARNING CLIMATE

EXPERIENCE OF NEGATIVE BEHAVIORS

CURRICULUM

SPECIALTY CHOICE AND CAREER PREFERENCE

Association of
American Medical Colleges

I often feel isolated at school

Possible response options: Strongly disagree, Disagree, Neutral, Agree, Strongly agree

Population	Percent responding agree or strongly agreeing
Black or African American (alone or in combination)	21.6%
Not Black or African American	15.3%
29 or older	24.5%
28 or younger	15.0%
Lesbian, Gay, or Bisexual	22.0%
Heterosexual or Straight (not LGB)	14.8%

2018 AAMC Year Two Questionnaire (Y2Q)

I often feel as if my performance is being judged as a member of the identity group that I belong to more than as an individual

Possible response options: Strongly disagree, Disagree, Neutral, Agree, Strongly agree

Population	Percent responding agree or strongly agree
Black or African American (alone or in combination)	31.5%
Not Black or African American	12.7%
Hispanic, Latino, or of Spanish origin (alone or in combination)	18.7%
Not Hispanic, Latino, or of Spanish origin	13.6%
Lesbian, Gay, or Bisexual	18.2%
Heterosexual or Straight	13.5%

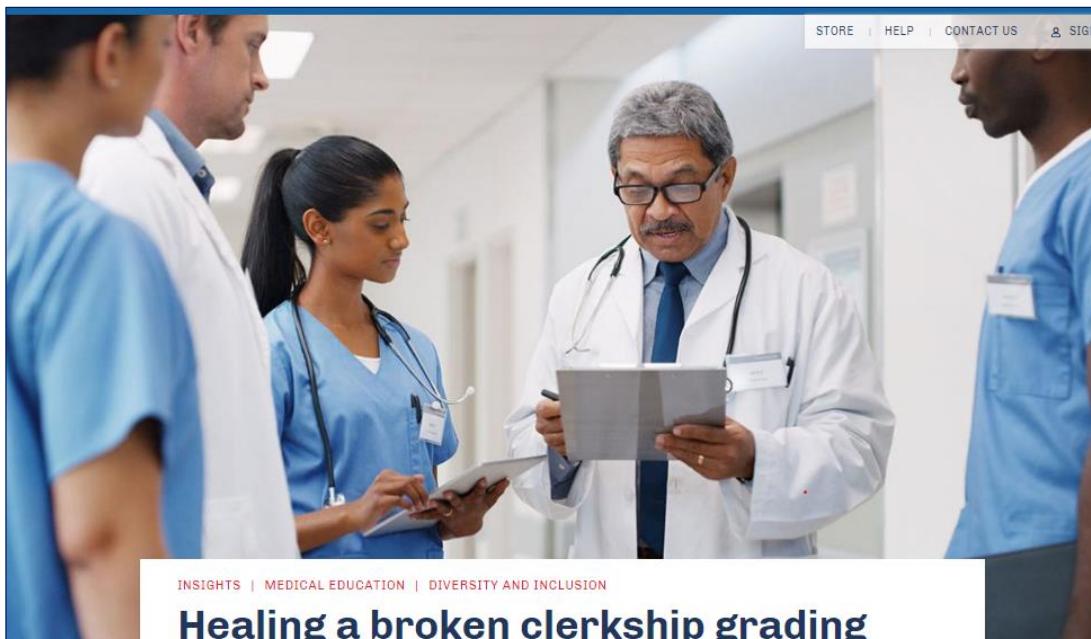
2018 AAMC Year Two Questionnaire (Y2Q)

I often feel that my performance is being judged more closely than others

Possible response options: Strongly disagree, Disagree, Neutral, Agree, Strongly agree

Population	Percent responding agree or strongly agree
Black or African American (alone or in combination)	31.5%
Not Black or African American	12.7%
Hispanic, Latino, or of Spanish origin (alone or in combination)	18.7%
Not Hispanic, Latino, or of Spanish origin	13.6%

2018 AAMC Year Two Questionnaire (Y2Q)



INSIGHTS | MEDICAL EDUCATION | DIVERSITY AND INCLUSION

Healing a broken clerkship grading system

JUSTIN BULLOCK, MD, MPH
KAREN E. HAUER, MD, PhD

FEBRUARY 20, 2020

SHARE: [f](#) [t](#) [in](#) [e](#)

The way medical students are assessed in clerkships discourages learning, increases stress, and offers little useful feedback, say the authors. It's also particularly problematic for students from underrepresented backgrounds. Here's how to reform it.

Editor's note: The opinions expressed by the authors do not necessarily reflect the views of the AAMC or its

AAMCNews, 2/20/20

Research

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Assessment of the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation

Katherine A. Hill, BA, BS; Elizabeth A. Samuels, MD, MPH, MHS; Cary P. Gross, MD; Mayur M. Desai, PhD, MPH; Nicole Sitkin Zelin, MD; Darin Latimore, MD; Stephen J. Huot, MD, PhD; Laura D. Cramer, PhD, ScM; Ambrose H. Wong, MD, MSEd; Dowin Boatright, MD, MBA, MHS

IMPORTANCE Previous studies have shown that medical student mistreatment is common. However, few data exist to date describing how the prevalence of medical student mistreatment varies by student sex, race/ethnicity, and sexual orientation.

OBJECTIVE To examine the association between mistreatment and medical student sex, race/ethnicity, and sexual orientation.

DESIGN, SETTING, AND PARTICIPANTS This cohort study analyzed data from the 2016 and 2017 Association of American Medical Colleges Graduation Questionnaire. The questionnaire annually surveys graduating students at all 140 accredited allopathic US medical schools. Participants were graduates from allopathic US medical schools in 2016 and 2017. Data were analyzed between April 1 and December 31, 2019.

MAIN OUTCOMES AND MEASURES Prevalence of self-reported medical student mistreatment by sex, race/ethnicity, and sexual orientation.

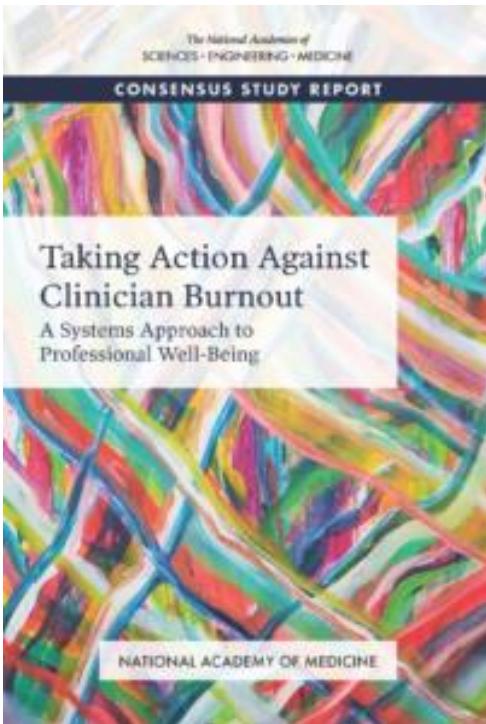
RESULTS A total of 27 504 unique student surveys were analyzed, representing 72.1% of graduating US medical students in 2016 and 2017. The sample included the following: 13 351 female respondents (48.5%), 16 521 white (60.1%), 5641 Asian (20.5%), 2433 underrepresented minority (URM) (8.8%), and 2376 multiracial respondents (8.6%); and 25 763 heterosexual (93.7%) and 1463 lesbian, gay, or bisexual (LGB) respondents (5.3%). At least 1 episode of mistreatment was reported by a greater proportion of female students compared with male students (40.9% vs 25.2%, $P < .001$); Asian, URM, and multiracial students compared with white students (31.9%, 38.0%, 32.9%, and 24.0%, respectively; $P < .001$); and LGB students compared with heterosexual students (43.5% vs 23.6%, $P < .001$). A higher percentage of female students compared with male students reported

- + Editor's Note
- + Supplemental content

JAMA Internal Medicine, 2/24/20



National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience



Goals

- Create positive work environments
- Create positive learning environments
- Reduce administrative burden
- Enable technology solutions
- Provide support to clinicians and learners
- Invest in research

Holistic Student Affairs (HSA) Model:

- Systems- and structure-based model to transform student affairs practice into a culture that provides holistic and equitable support to enable all students to thrive.
- Each focus areas in student affairs should aim to be integrated, accessible, navigable, and accountable.
- Provides systems thinking tools to have a deeper understanding of identifying levers for change in student affairs structures, policies, and practices.



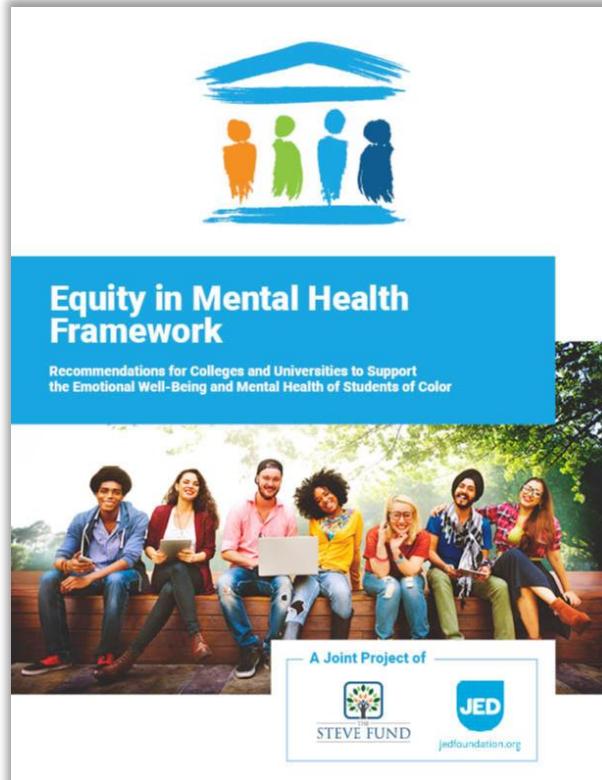
Group on Student Affairs Committee on Student Affairs Working Group on Medical Student Well-being

Priorities:

- Understanding the impacts of curricula and the learning environment on student well-being
- Evaluation and impact of institutional student well-being initiatives.

Preliminary findings highlight the need for institutions to strategically assess if and how existing wellness initiatives are effective in both the pre-clinical and clinical phases.

Equity in Mental Health Framework



- **The Steve Fund and The Jed Foundation partnership**
- **First-of-its-kind effort to provide practical, expert recommendations and strategies to help colleges and universities to take action to support the mental health of students of color, and ultimately, for all students.**
- **Based on a systematic literature review, a survey of existing evidence-based programs, expert input from mental health and higher education leaders, and a survey of over 1,000 students.**
- **10 recommendations along with 10 key implementation strategies that provide guidance on their in vivo application**

Additional AAMC initiatives to address the environment

Mistreatment/ Harassment

- Unconscious Bias/Microaggression Training (Cook-Ross)
- Restorative Justice for Academic Medicine (Pilot)

Culture/Climate

- Foundational Principles of Inclusion Excellence

Programs and Resources to Alleviate Concerns with Mental Health Disclosures on Physician Licensing Applications

Catherine M. Welcher, BA; Carrie L. Radabaugh, MPP; Alejandro Aparicio, MD; Humayun J. Chaudhry, DO, MACP; Mark L. Staz, MA; Lynne M. Kirk, MD; Linda Bresnahan, MS

ABSTRACT: This article considers concerns about the presence and phrasing of questions on physician licensing applications related to mental health, substance abuse, and leave from practice. These questions may discourage physicians from seeking appropriate treatment due to fear of stigmatization, public disclosure, and career effects related to licensing or credentialing concerns. Accessible and affordable resources and programs are needed to allow physicians to seek treatment in a non-punitive, confidential manner. The authors discuss how some state medical boards have taken steps to address barriers that prevent licensees from seeking help and review the work of the Federation of State Medical Boards Workgroup on Physician Wellness and Burnout, which addressed concerns about physician wellness, burnout, and suicide prevention. Physician health programs also have begun to intervene in areas related to mental and physical health and are providing confidential and professional support. Additionally, medical schools, hospitals, and medical societies have increased their focus on mental health by implementing programs and offering resources to help students and physicians improve their overall health. Raising awareness about the importance of physician wellness has inherent value to physicians and the public and ultimately contributes to patient safety and the health of our nation.

There is widespread concern among the medical profession and the public about physician depression, burnout and suicide. Although physical and mental health care services for medical students and physicians are accessible, there is a long-standing and deeply ingrained stigma endured by students and physicians who seek care for both physical and mental health issues. Related to this stigma are data showing that up to 15% of physicians who commit suicide did not receive the mental health care they needed due to fear of losing their job, medical license, malpractice insurance, hospital privileges and patients.¹

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule related to mental and behavioral health provides important privacy rights and protections with respect to health information, including important controls over how a person's health information is used and disclosed by health plans and health care providers.² Ensuring strong privacy protections is critical to maintaining individuals' trust in their health care providers and willingness to obtain needed health care services. These protections are especially important where very sensitive information is concerned, such as services related to mental health.

Despite the protection afforded by HIPAA, medical students and physicians remain concerned that information related to mental health treatment may

be disclosed. Although residency programs are not permitted to inquire about applicants' health status or history, and applicants are not required to disclose this information, medical students worry that they might be stigmatized or marginalized if their illness were to become known to the Dean of Students, other faculty and peers. Applicants may also face a dilemma regarding how to account for leaves of absence or academic struggles related to psychiatric illness.³

Resident physicians experience depression more frequently than the general public.³ Distressed residents who do not seek treatment, especially for conditions such as depression, anxiety and burnout, may ultimately have an adverse effect on public safety because they may be less likely to identify and treat similar conditions in their patients and more prone to medical errors in daily practice.^{4,5} Although medical students' access to student mental-health services is usually available,⁶ well-structured mental health systems geared toward residents' needs may be harder to find.³ Sponsoring institutions must provide residents and fellows with access to confidential counseling and behavioral health services. However, the resident may feel it is not in his or her best interest to tell the full story of their treatment to the program director.^{2,7} Since previous mental health problems are a strong predictor of experiencing mental health problems as a resident, program directors would benefit from knowing this

“Even if physicians realize that they need help, many have reported substantial and persistent concern regarding stigma, which inhibits both treatment and disclosure of mental health conditions on licensure applications.”

shutterstock.com • 719034481

Thank you!