# Wellness Education:
## Seeding a Cultural Change

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Nothing in medicine happens overnight. Likewise, nothing in medical education, whether in the classroom or during residency, occurs as rapidly as we would like or by sheer force of will.

But a focus on wellness—that is, dealing holistically not with clinical issues, but with clinicians and would-be clinicians, attending to their emotional and psychological health—is at last becoming a movement. On the flip side, the absence of wellness is both urgent and complex, with profound ramifications for the medical profession and the people it serves.

The most important step in wellness education may be recognizing the manifestations that have given rise to the topic in the first place: stress, depression, burnout, prescription medication abuse and suicide. We view "wellness" as a process, a proactive effort to make "normal" human reactions to the outsized pressures of med school and residency fully acceptable at every level of medical education. In the field of medicine, it is ironic that mental health problems have not been taken as seriously as "physical problems." The stigma that attends the stress associated with medical school is real and has consequences, the foremost of which may be to subsume symptoms and delay treatment.

The contours of the problem are only now coming into focus. A study published in *JAMA* last December found a high rate of depression and suicidal ideation among medical students. This meta-analysis of nearly 200 studies involving 129,000 medical students in 47 countries found that the prevalence of depression or depressive symptoms was 27 percent, that 11 percent reported suicidal ideation during medical school, and only about 16 percent of students who screened positive for depression reportedly sought treatment.

Medical educators have long known that stress rides along on this four-year journey, too often silently and in the shadows, and that it doesn't abate during residency. This much is crystal clear: the pursuit of mental health in medical school and into residency must be normalized. That means articulating it clearly, integrating it within

the curriculum and during rounds, and engaging student and faculty in its pursuit on a continuous basis. We can do no less if we expect to decrease the stigma and begin to move the culture ever so slightly toward empathy and away from judgment.

In our roles as part-time director of medical student wellness and part-time GME director of wellness for residents at USC's Keck School of Medicine, we aspire to make that cultural shift in this community. It's a complicated task with an extended timeline, and we try to go at it from as many different angles as possible.

The "survival of the fittest" mentality dies hard, and it's not always clear that it deserves to die. It's a given that medicine is a demanding profession. Intellectually and academically, students and residents need to be at the apex. The conventional wisdom is that medical school should be just as demanding, rigorous and emotionally stressful. If students aren't strong enough to cut it while they're being trained, the thinking goes, perhaps they ought to consider another line of work. Of course medical school is not supposed to be a stress-free experience, but cut-throat is something else again. It's vital to differentiate between perceived competition and actual competition, between real career consequences and cultural norms that need rethinking.

Concerned about incidents at other schools (and, subsequently, at our own), USC embarked on an effort in the fall of 2014, focusing on wellness, listening and learning, meeting with students and faculty, figuring out what we could do, and what other schools were doing. We held focus groups, conducted surveys, gathered data and coded our findings like a qualitative research project. Themes emerged around mental health services.

As part of this process, we organized what turned out to be a remarkable exercise, in which third-year students shared in-class reflections after two six-week clinical rotations. Some students were very troubled. Some confessed to "not knowing what the heck I'm doing here." Some shared issues of mistreatment. Others recounted the newness of watching suffering and death—and their feelings about that patient with

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whom they had developed a relationship, and who died overnight.

Medical schools and academic medical centers need to lead in this realm, every bit as much as they do when shaping students for clinical practice. The keys are openness, engagement and transparency.

We're taking steps large and small—everything from faculty members regularly breaking bread with students, discussing bumps in the road with candor and compassion, to enlisting an array of professionals and programs: dieticians, occupational therapists, spiritual wellness counselors, academic support services, diversity officers, and more. Peers, likewise, are critical. Keck Peer Support (KPS) is a confidential, student-run group that provides assistance to fellow medical students.

We're innovating along the way. For first-year students, mental health screenings consisting of 15-20 minute interviews—dubbed "Keck-Checks"—are mandatory across the board, so no one feels singled out. We have incorporated "wellness days" into clerkship schedules, to provide students with an opportunity to attend to their personal well-being. We declared March "Mental Health Awareness Month," with panels featuring peer groups and faculty—venues for sharing often-painful life lessons.

We pay special attention to third-year students, who rotate in seven tracks. A hand-selected faculty member follows each of those tracks, and meets once every six weeks with her track. Some students have told us they don't know how they would have made it without that support.

Likewise, we envision program directors and coordinators for every resident program—faculty and other professionals, effectively serving as role models, who are attuned to symptoms of burnout amid the intense duty hours of the residents in their charge. Where med students take in information from a fire hose, residents are suddenly on the front lines, in a work environment where reality has replaced theory.

Wellness champions are steadily emerging within the community of physicians and nurses, mentoring through initiatives like the Second Victim Program. When something adverse happens, the patient and the family are understood to be the first victims; Second Victim provides support to the team—the medical staff, including residents—in the wake of loss. The program acknowledges that they too are affected, albeit in a different way.

On the schedule for the current academic year: periodic surveys of depression, burnout, alcohol abuse, maladaptive perfectionism and anxiety, along with suicide prevention training for students.

While that's only a smattering, we don't believe it's enough. In the year ahead, we're also looking at mandating study breaks involving yoga, walks and mindfulness activities; dedicating sessions to dealing with grief and loss in the curriculum; and, yes, doing what we can to eradicate the perception that perfection is expected at all times from all students.

When medical schools pay more attention to the mental well-being of their students and residents—which they can do in a variety of ways, including eliminating unnecessary class material and not requiring sleep deprivation as a matter of course—we find that students become more competent physicians. With wellness pillars supporting medical education and residency, we see higher board scores and, among residents, fewer errors. We find young physicians who know how to connect with their patients by listening more. We experience a return to the humanity of the art of medicine.

Wellness is firmly on our agenda. It is now central to the medical school experience at USC. As educators and clinical professionals, we fervently believe that an ongoing, honest conversation on wellness—and its inverse—is long overdue.

We trust that we're at the beginning of an intense upward focus on wellness. A decade from now, we fully expect that wellness will be embraced as a standard, and that clinicians and patients will all be the healthier for it. ●

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