FINAL REPORT ON UNIVERSITY TEACHING DEVELOPMENT GRANT

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Title of Project: Towards improved theory and practice of professional resilience in medical students and doctors: an international perspective. **Amount awarded:** $17,252.

This report is in three sections: a short report suitable for web-posting; a financial summary; and other outputs.

1. **Web-based report**
   a. **Title of project and project team:** "Towards improved theory and practice of professional resilience in medical students and doctors: an international perspective."
   Researcher: Dr Hamish Wilson.
   Research Supervisors: Associate Professor David Perez, Course Director, ELM; Joy Rudland, Director, Faculty Education Unit; Dr John Adams, Dean of the Dunedin School of Medicine.

   b. Snapshot

The two broad aims of this project were to: 1. Build on existing theory of medical student and doctor resilience, and 2. Identify and implement effective undergraduate medical curricula at Otago. After a literature search and identification of leading academics and researchers, I visited several medical schools in Canada, US and the UK to interview key faculty who had expertise related to student wellness. I taped and transcribed 51 interviews using a qualitative, iterative approach to data collection and analysis. The key finding was the highly variable approach by medical schools around the world in relation to student wellness. I have presented my findings to the Faculty Curriculum Committee here at Otago as well as to Faculty leaders in the Professional Development Module and to the Deans of Student Affairs in the three clinical schools. I am currently preparing an article for publication in the medical education literature.

   c. Introduction – the context, rationale and objectives

Extensive research around the world indicates that doctors are at significant risk of stress, anxiety, depression, substance abuse and burnout. Further research also indicates how physician health and wellbeing can impact negatively on patient outcomes and many other aspects of healthcare systems. Doctor wellness and resilience is thus vital, not only for individual doctors, but also for the delivery of high quality health care. Many medical schools overseas are now more conscious of these links, attending closely to the health and wellbeing of students and attempting to increase their capacity for workplace resilience. Specific interventions into postgraduate training are also beginning.

In New Zealand, there are concerns about the health of students and doctors. Given that medical education, training and clinical practice have much in common here with other western countries, it would be surprising if occupational health problems were absent. However, medical schools in NZ are only just now starting to acknowledge and address these issues.

The objectives of this project were to explore medical curricula in other countries so that existing theories of medical student and doctor resilience could be further developed, and then to identify and implement effective undergraduate medical curricula here at Otago.

d. Methods or approach

I visited several medical schools in Canada, US and the UK to interview key faculty who had expertise related to student wellness. I taped and transcribed 51 interviews using a qualitative, iterative approach to data collection. I also attended several resilience-related conferences in the US, Canada and the UK. I then compared findings against the existing curricula here at Otago.

e. **Key findings, outputs or outcomes**

Through interviewing a range of respondents, I was able to identify a number of approaches to student health and wellbeing. Some schools had well developed, systemic approaches that were designed to increase student resilience over the course of undergraduate training; some schools were aware of the inherent stressors, both in training and in practice, and had initiated occasional teaching interventions; and some schools had very few activities within the curriculum that addressed student wellness. In my view, Otago sits somewhere in the middle of this spectrum.

Key issues in relation to resilience are:

- Understanding the risks and occupational hazards. Students need to learn about the inherent risks within a medical career, set against one's own reasons for choosing medicine.
- Take good care of oneself. All students and doctors need to attend to their physical health: regular exercise, good nutrition, avoiding intoxicants, taking regular holidays, setting clear boundaries between work and personal life.
- Develop healthy relationships. Spend time with friends and family, supportive partner, supportive peers.
- Adopt a healthy philosophical attitude toward life. This means not taking oneself too seriously, simplifying tasks, and learning about self-forgiveness.
- Find support in the workplace. Students and doctors need to find develop mentoring arrangements set limits, and ensure administrative support.
- Engage and find meaning in the work. It is important to have a sense of self-worth and self-efficacy.
- Cultivate self-awareness. Learn how to use reflective practice, mindfulness training, support groups, narrative writing and other activities to increase self-awareness.

The forthcoming challenge is to translate these key issues into meaningful student activities that students can engage in, learning how to incorporate 'skills for resilience' during their career.

I was also able to identify key barriers to further curricular development related to resilience (the prevailing 'biomedical' culture of modern medical training and of clinical practice, the traditional, 'Flexnerian' structure of training here at Otago, and the socio-cultural emphasis on *patient care* as opposed to *self-care* of both student and doctor).

f. Discussion and implications

For there to be an effective curriculum in resilience, medical schools must first acknowledge that student resilience is both important as well as teachable. Students will not necessarily consider or attend to various domains of self-care unless there is an overarching coherent curricular structure that supports this focus. Second, teaching initiatives also need to acknowledge the importance of medical and institutional culture, role modelling of tutors and clinicians, and an appreciation of the process of professional identity formation. Specifically, I believe the medical school at Otago

University needs to address the health and wellbeing of students in a more considered way, identifying their capacity and skills for resilience as an important competency or attribute of future graduates.

The Faculty Curriculum Committee is currently considering how to respond to my submission. It appears likely that the interschool Professional Development leadership group will create a subcommittee that will identify current learning activities that already address student health and wellbeing. These activities will then be collated and contained within a 'vertical virtual module' that starts in Year 2 and progresses through to Year 6 in all three clinical schools. Interventions into the Postgraduate Year 1 will also need to be considered.

2. **Summary of spending** – please see the final statement of the Activity Centre (attached)

3. **Other outputs**
   - I have sent a copy of my findings to the Medical Council of New Zealand who monitor doctors who are unable to work through illness. I am interested to see if they can also contribute to prevention strategies.
   - I am currently working on a review paper for a medical education journal.