UTSouthwestern Medical Center

Introduction of Wellness-Enhancing Psychological Concepts to Medical Students in Challenging Times

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Abstract

Background

In the current era, burnout is common among healthcare workers and trainees. The pandemic has further exacerbated the difficult circumstances that physicians must face. These challenges have been accompanied by increased divisiveness, loss of connection, and waning empathy.

Aims:

The authors aimed to develop novel curricula on personal practices to enhance resilience and wellbeing at the earliest stages of medical training.

Methods

At the University of Texas Southwestern Medical School, three concepts were introduced to new medical students at first-year orientation: comparative suffering, compassionate assumption, and self-disclosure to foster connection. Students were asked to respond via an online survey of Likert-style questions and free-form feedback.

Results

Pooled quantitative and qualitative responses from students were majority (>95%) positive. Common themes in response to these ideas included expression of high personal and social value, intellectual interest, conceptual novelty, and great importance within the field of medicine broadly.

Conclusions:

Concepts of comparative suffering, compassionate assumption, and self-disclosure may be incorporated into medical curricula to combat divisiveness, apathy, and disconnection.

Introduction

Occupational burnout is prevalent within the profession of medicine. A tendency toward burnout has been further exacerbated by the onslaught of a worldwide pandemic and social unrest, each placing additional strain on healthcare workers. Empathy is associated with lower levels of work-related stress and may have a protective effect.

These challenging times call for novel curricula at earliest stages of medical training preparing students to be physicians who can deliver compassionate care to patients while remaining resilient and personally well. We selected three concepts with foundation in psychology literature to help students maintain wellness, connect with others, and combat anxiety and depression.



Core Concepts

- 1. Comparative suffering (CS), popularized by Dr. Brené Brown, posits that individuals tend to invalidate or exaggerate their own suffering by comparing it to perceived suffering of others, which presents a common barrier to mutual wellness.
- 2. Compassionate assumption (CA) proposes that bad behavior be given the benefit of the doubt. An optimistic attributional style lowers psychological distress.
- 3. **Self-disclosure** (SD) of personal experiences and feelings facilitates social connection and has been shown to offer a positive benefit in managing depression.

Methods

Concepts were introduced during new student orientation August 2021 at UT Southwestern Medical School. Students were placed in small groups without a faculty moderator to freely discuss their experiences during the pandemic as related to these new concepts.

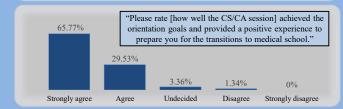


For CS, students were explicitly told that each person's experience with suffering is valid, and comparing suffering implies the untruth that empathy is limited. They were taught the importance of acknowledging and processing one's own suffering even if it may be perceived as less than another's pain (for example, one's isolation versus another's grief).

For CA, a natural tendency was acknowledged to express anger and blame when another's behavior is perceived as unacceptable, such as experiencing frustration with a seemingly careless driver. Students were asked to consider possible forgiving circumstances: rushing to be with a dying loved one or hurrying to attend a childbirth. CA was discussed as a gift unto oneself, as this practice can confer peace of mind and improved mood.

For SD, four deans related challenging and humbling events from their lives including manuscript rejections, failed exams, and social missteps. They remarked on how expressing vulnerability demonstrates humanity and fosters connection.

Students received a survey with 5-point Likert scale and free-response questions. Participants were invited to comment on the concepts taught and how well they contributed to a positive orientation experience in preparation for medical school.



Results/Discussion

A total of 150 out of 243 first-year medical students answered the survey. All free text comments were positive for CS and CA; 55 students shared feedback about CA and 43 shared feedback about CS.

Qualitative themes found across feedback included praise and gratitude for introduction of the concept, beneficial changes in the student's life after application, and broad importance in medicine.

Between 70-95% of respondents strongly agreed or agreed that each session fulfilled orientation objectives.

As constructive feedback, 11 of 25 comments regarding SD mentioned that engaging in vulnerable conversations was difficult while still developing relationships with peers.

Student comments:



"Definitely a new concept to me, but an invaluable one. Excited to see things from a different, more positive perspective"

"I loved this idea- a more formal use of giving others grace combined with benefit of the doubt. I think it's central to being a good person, doctor, and friend. I really appreciated how it was stressed and felt it was indicative of the supportive culture"

Overall, the concepts of CA, CS, and SD were well received by incoming medical students. Feedback suggested the need for more time to develop trust between students prior to self-disclosure of vulnerable information.

Future Directions

This pilot survey reveals an opportunity to teach concepts longitudinally and measure their effect on long-term psychological wellbeing.

Wellness-enhancing mental models reinforced over time could allow students to benefit from building skills rather than simply gaining knowledge about adaptive coping strategies. Long term measures of variables such as class unity, empathy, and resilience merit longitudinal evaluation and may reveal additional benefits.

