MEDICAL STUDENT WELLNESS

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The Purpose of a Wellness Program

- Prevention/Health Maintenance
- Assistance/Treatment
- Crisis Evaluations
- Wellness as Curriculum
- Wellness as a Professional Duty
Medical Students

- Entering medical students score high in **Empathy** and **Altruism** in psychological testing.

- **Medical Students** show increasing rates of **Personal Distress**, **Loss of Empathy**, and **Cynicism** as they proceed in their education.
STRESS AND MEDICAL SCHOOL

- Stress is a normal and inevitable in medical education and a medical career.

- Stress can be a positive motivating factor.

- Stress is destructive when not managed via healthy, adaptive coping techniques.

- Stress can be destructive when not addressed institutionally.
MEDICAL SCHOOL STRESSORS

- Workload
- Curriculum
- Exposure to Death and Suffering
- Student Loan Debt
- Performance Evaluation (letter grade, pass/fail)
MEDICAL SCHOOL STRESSORS

- Ethical conflicts
- Student abuse (verbal, emotional, etc)
- Institutional culture
- Hidden/Informal curriculum
- Personal
PERSONAL FACTORS AND STRESS

- Life events (birth of child, death in family, etc)
- Personality
- Coping strategies
- Personal responsibilities (relationships, kids, etc)
- Consumer debt
- Learning style
- Motivation
DESTRUCTIVE STRESS AND ITS EMOTIONAL CONSEQUENCES

- FEAR
- INCOMPETENCE
- USELESSNESS
- ANGER
- GUILT
- PHYSICAL ILLNESS
- MENTAL DISTRESS and/or ILLNESS
DESTRUCTIVE COPING TECHNIQUES
“DISENGAGEMENT”

- PROBLEM AVOIDANCE
- WISHFUL THINKING
- SOCIAL WITHDRAWAL
- SELF-CRITICISM
- DRUGS/ALCOHOL
POTENTIAL PERSONAL CONSEQUENCES

- Poor self-care (lack of exercise, poor diet, etc.)
- Broken relationships
- Decline in physical health
- Substance abuse
- Mental Illness
POTENTIAL PROFESSIONAL CONSEQUENCES

- Impaired academic performance
- Cynicism/decline in empathy
- Academic dishonesty
- Impaired competency
- Influence specialty choice
- Attrition from medical school
- Medical errors
EMOTIONAL DISTRESS
MEDICAL STUDENT DISTRESS

- Burnout (49.6%)
- Anxiety (?, but high)
- Depression (24%)
- Suicidal Ideation (11.2% in the last year)

Dyrbye et al. Burnout and Suicidal Ideation among U.S. Medical Students. AIM; September 2, 2008 vol. 149 no. 5 334-341
DEFINING BURNOUT

- Emotional Exhaustion
- Depersonalization
- Reduced Personal Accomplishment

Maslach et al; Maslach Burnout Inventory Human Services Survey (MBI-HSS)
Burnout peaks in the third year of medical school with one study showing half of third year students experiencing burnout.

Increased stress, lack of control, and low accomplishment contribute to the development of burnout.

Dyrbye et al. Burnout and Suicidal Ideation among U.S. Medical Students. JAMA; September 2, 2008 vol. 149 no. 5 334-341
BURNOUT

- Nearly 800 students at 5 institutions.

- No demographic differences between vulnerable and resilient students.

- Modifiable individual factors included Employment, Stress Levels, Perceptions of Priority of Student Education by Faculty.

Dyrbye et al. Medical Education (08/10); Factors associated with resilience to and recovery from burnout: a prospective, multi-institutional study of US medical students.
Generalized Anxiety Disorder

- Excessive Anxiety/Worry
- Inability to Control Anxiety
- Tenseness/Restlessness
- Irritability
- Poor Concentration
- Muscle Tension
- Insomnia
ANXIETY

- Rates of Anxiety Disorders in Medical Students have been insufficiently studied.

- Anxiety rating scale scores, however, have been repeatedly shown to be higher than age-matched peer control groups.
DEPRESSION

Vincent Van Gogh - Old Man in Sorrow (On the Threshold of Eternity) 1890
MAJOR DEPRESSION

- Depressed Affect and/or Anhedonia
- Insomnia/Hypersomnia
- Changes in Appetite/Weight
- Decreased Energy
- Psychomotor Retardation
- Poor Memory and/or Concentration
- Inappropriate Guilt
- Feelings of Hopelessness/Helplessness
- Suicidal Ideation
DEPRESSION

- Pre-MDs equal to non-MD peers.
- 3x increase between 1ST and 2ND years. (as high as 25%)
- Increased rates seen in all 4 years.

Dyrbye et al. Burnout and Suicidal Ideation among U.S. Medical Students. AIM; September 2, 2008 vol. 149 no. 5 334-341
SUICIDE
SUICIDE IN THE UNITED STATES

NCS 1992; n 5877: Lifetime Prevalence

- 13.5% Suicidal Ideation (SI)
- 3.9% Suicide Plan
- 4.6% Suicide Attempt (SA)
SUICIDE IN THE U.S.

- 1.3% of all deaths are from completed suicide.

- Suicide is the eleventh leading cause of death for all Americans.

- Suicide is the third leading cause of death for young people aged 15-24.
SUICIDE AND PHYSICIANS

- Physicians lead physically healthier lives.

- M.D.s have a higher prevalence of psychiatric disorders than the general population.

- M.D.s have higher rates of substance abuse as well (particularly in women).

- 70% of all persons who attempt suicide have an affective disorder (generally depression), a substance-use disorder, or schizophrenia.
SUICIDE AND PHYSICIANS

- Physicians (meta-analysis of 25 studies)
  - Male (40% higher rate of completion)
  - Female (130% higher rate of completion)

- More successful than unsuccessful suicide attempts.

SUICIDE AND PHYSICIANS

- Exposure to and knowledge of lethal medications, and other ways to end life.

- Physicians do not seek help due to fear of perceptions.

- Physicians are more critical of themselves and others.
SUICIDE AND FEMALE PHYSICIANS

- Marital Status and Children
- Pressures of Professional Life
  - Misogyny
  - Harassment
- Pressures of Personal Life
SUICIDE AND MEDICAL STUDENTS

- Male and Female Students - Equal Rates
- Medical Students (11.2% SI in the last year)
- Suicide is the second leading cause of death among medical students.
MEDICAL STUDENT MISTREATMENT
The AAMC identifies eight general areas of student mistreatment:

- Public belittlement or humiliation.
- Threats of physical harm or actual physical punishment.
- Requirements to perform personal services, such as shopping.
- Being subjected to unwanted sexual advances.
- Being asked for sexual favors in exchange for grades.
The AAMC identifies eight general areas of student mistreatment:

- Being **denied opportunities** for training because of gender, race/ethnicity or sexual orientation.

- Being **subjected to offensive remarks/names** directed at you based on gender, race/ethnicity or sexual orientation.

- Receiving **lower grades or evaluation** based on gender, race/ethnicity or sexual orientation.
Mistreatment by whom?

- Clinical Faculty (in hospital/clinics)
- Clinical Faculty (in classrooms)
- Residents/Interns
- Nurses
- Patients
- Other Students
- Administrators
- Preclinical Faculty
Poor Reporting...Why?

- “Fear of Reprisal”
- “Did not seem important”
- “Other”
- “Did not know what to do”
What to do?
The Ombudsman

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MEDICAL STUDENT WELLNESS PROGRAM

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Therapist:   Miki Skinner, M.S.
The University of Utah School of Medicine’s Medical Student Wellness Program (MSWP) strictly adheres to medical privacy laws and doctor-patient confidentiality codes of conduct. Students have asked whether information provided to MSWP staff would ever be shared with School of Medicine faculty or with institutions assessing students for residency program placement. With very limited exceptions that are described below, information provided by medical students to MSWP staff will not be shared with anyone inside or outside of the School of Medicine unless a student provides written consent to do so.
CONFIDENTIALITY EXCEPTIONS

- A situation in which a student poses a substantial risk of imminent and serious harm to him or herself or to another person.

- A health care provider is required by Utah law to report situations in which a member of a protected population has been subjected to abuse or if they observe a person within this population being subjected to conditions which would reasonably result in abuse.

In Utah, legally recognized protected populations include anyone under the age of 18, over the age of 65, and disabled adults.

- State and Federal laws can require disclosure of certain documents if they are required for a legal proceeding.
GOALS

- Maintain a Supportive Learning Environment
- Teaching Skills for Stress Management
- Promoting Self-Awareness
- Helping Students Promote Personal Health
- Continue Assisting Struggling Students
NEW THIS YEAR

- New Therapist: Miki Skinner, M.S.
- Student Wellness Interest Group
- Wellness Lecture Series
- HSEB Fitness Classes
- Focus on Medical Student Mistreatment
One day in retrospect the years of struggle will strike you as the most beautiful.

Sigmund Freud