Twelve tips for novice academic staff supporting medical students in distress

Jessica C. Hodgson & Roger Bretherton

TWELVE TIPS

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ABSTRACT
The importance of having university systems to support students' wellbeing and welfare needs has been well documented, with an increasing literature on best practice for structuring student support services from an institutional perspective. Nevertheless, individual members of academic staff are often required to deal with students who are experiencing challenging circumstances, and this is especially so in the pre-clinical phases of medical training. The prospect of advising and supporting students who are in difficulty and who may be distressed, can be daunting and can also negatively impact the wellbeing of the staff involved. These tips present the practical guidelines we have developed on how academic staff can best manage meetings with students in situations of crisis or high emotion.

Introduction

The demands of an undergraduate medical degree are high, with medical students facing tough academic standards, a high volume of information to learn and significantly more core teaching hours than other disciplines. In addition to the challenges posed by the academic component of the programme, is the requirement for medical students to interact with and face clinical situations which are highly emotive and psychologically demanding.

Recent evidence has indicated that rates of depression, stress, and emotional burnout in medical students is increasing (Santen et al. 2010; Ibrahim et al. 2013; Dyrbye et al. 2014; Rotenstein et al. 2016), with the demands of academic and early clinical exposure seemingly taking their toll earlier than previously recognised. There are many factors that contribute to this challenging environment, such as the structural pressures faced by healthcare systems, potential staff shortages affecting the quality of the learning environment, coupled with the competitive, high stakes nature of the programme (Dyrbye et al. 2005, 2014). This therefore results in students needing increased welfare support and making use of university health and wellbeing services more frequently. Evidence suggests that use of these centralised services from medical students is greater than across other disciplines, which may be understandable given the demands of the programme these students are undertaking (Dahlin et al. 2005; Yates et al. 2008). To address these issues many medical schools operate personal tutoring systems, or similar models which provide 1:1 support mechanisms between a named academic staff member and each student. As such, academic staff are often required to provide welfare support to undergraduate medical students and are therefore the designated first point of contact for a student in distress. It is common for these staff members to find themselves at the forefront of dealing with crisis situations, as they are frequently the only named contact with the School with whom the student has a relationship. However, the evidence suggests that staff often report feeling underprepared for such responsibility and find supporting students in distress emotionally exhausting, especially when it is difficult to know how to help (Flynn et al. 2016; Hu et al. 2017; Hughes et al. 2018).

The advice on student support within the existing literature is largely focused on the structural and organisational factors that ensure support can be offered in a standardised and comprehensive way (Bartram 2009; Vogan et al. 2014). Often this literature focusses specifically on identification of risk factors for students who are failing to engage with their course (Evans et al. 2010), or on professionalism concerns detailing how to identify and manage issues that could lead to Fitness to Practice proceedings (Papadakis et al. 2005; Paton et al. 2018), although Vogan et al. (2014) discuss the importance of support structures being in place to prevent fitness to practice concerns occurring. In contrast, the purpose of this paper is to outline a series of practical pointers to assist staff in providing appropriate, robust and timely support for a student in distress. This advice built from years of experience in supporting students across disciplines, where it often necessary to be prepared to give appropriate and timely advice and support, often in pressured or emotive situations. This advice is intended as a practical guide for the novice academic to manage situations of high emotion, ensuring that appropriate outcomes are found for the student concerned, whilst maintaining safe and professional working practices. We have separated the twelve tips into two sections: the first focuses on systems and infrastructure designed to provide ongoing support to students, thereby reducing the frequency of students in crisis needing support from academics; the second, on tips to deal with direct communication with distressed students.

Advice to mitigate the stages of support seeking

Tip 1

Arrange and maintain formal communication points throughout the academic year

It is good practice to have a formal system of welfare support meetings that is recognised and integrated alongside the timetabled curriculum and available to all students. The benefits of setting up a welfare support system in the early years of a medical programme are that it provides a staff point of contact for each student early on and gives time for a supportive relationship to be developed before the more stressful clinical phases of the programme (Malik 2000). Laying a foundation of open communication, encouraging self-reflection and self-care, are fundamental for effective support seeking when the student may need it.

We recommend structuring fixed meeting points throughout the academic year and these should be regular and timed around specifically stressful points in the programme (assessment periods, clinical placements, or other transition phases). To guide the content of meetings, a structured set of discussion points can be a useful way to formalise a conversation, which is especially useful in the early phases of the programme. It is also important that staff and students are encouraged to view the welfare support system as a mandatory part of the course, rather than an 'opt in' element. By encouraging attendance at these meetings as a form of professionalism, it provides an opportunity to check in with students, even if they are ok. It is often those who do not seek help that may be in need of it most.

Tip 2

Provide guidance for academic staff about university regulations and local processes for responding to common issues

Many staff members are required to provide welfare support for undergraduate students, often in a personal tutor type role. Staff sometimes report feeling ill-equipped for such a role and one of the frequent complaints is a lack of experience or expertise in interpretation of university regulations needed to correctly advise a student experiencing crisis or exceptional circumstances. There are several possible reasons for this feeling; firstly, university regulations are complex, meaning that a 'one size fits all' approach to advice is unlikely to be useful. Secondly, individual students may be experiencing mitigating, or extenuating, circumstances that can be considered when interpreting regulations on progression and award. These are often part of a separate review process which requires involvement of key members of staff from across the university, and not necessarily the personal tutor. Thirdly, guidance documents can be hard to find, are not up to date or vary in the usefulness of interpreting regulations or policy. This makes it difficult to signpost students (i.e. triage the presenting issue and direct to the appropriate University service) or advise them on how to formally notify the university of their situation.

To overcome this, it is important that departments provide staff with clearly documented processes for advising students on where to find the correct information. This may include named members of staff, or regularly maintained sections of the institutional website. It is also important that there are expert members of academic staff whose advice can be sought for individual student circumstances. Ensuring that university training on these issues is mandatory for all personal tutors is also crucial, as is the ease of finding documentation and guidance within a university document system or website. There are examples in the literature of effective scenario-based approaches to training for staff supporting students (see Evans et al. 2010; Flynn et al. 2016; Olupeliyawa et al. 2020).

Tip 3

Provide informal opportunities for support seeking

Alongside the formal support meetings, it is useful to encourage opportunities for students to interact with staff. This may include staff having set 'open door' periods during the week, where appointments are not needed, and ensuring these are advertised on their office door or staff profile. It is also important that there is a visible support structure within the department, such as a Senior Tutor or welfare officer. This is to enable students to access help and advice when they may not feel inclined to approach their personal tutor directly. Informal opportunities for 'drop in' style advice also have the benefit of relieving the pressure from the student to set up a formal meeting, which may be overwhelming, or may feel like an unnecessary use of staff time.

Advice for communicating directly with distressed students

Tip 4

Respond promptly and briefly to emails from distressed students

It is not uncommon for the first outreach from a student needing support to come via email. These can often be long and full of detail outlining the issues the student faces, and, if written at a time of high emotion, can often be difficult to follow. These emails, arriving amongst the volume of other communications academic staff deal with daily can often seem overwhelming, especially when the sender is experiencing distressing circumstances and needs support. In these instances, it is best practice to ensure that you respond to the email promptly and briefly, acknowledging the student is having a difficult time, and offering the chance to meet with you. As an approach to managing distress, this warm but brief style of communication has been a staple component of clinical interventions for some years (see for example, Linehan 1993), but is equally applicable and effective in a medical education context. It is not advisable to ignore the email in the hope that the moment of crisis passes and that they seek support elsewhere or assume that they will have also reached out to another person. Equally, it is not advised to send a long and in-depth reply addressing each element of the email point by point. In our experience this is often not helpful, not only because it is time consuming and exhausting to enter into in-depth psychological narrative over email, but also because the initial

Box 1. Suggested approaches to help build trust and show sensitivity in responding to student concerns.

1. Show empathy by demonstrating you understand the situation is difficult for the student. Phrases such as 'I can see you're very upset' or 'this must be a very distressing situation for you' signals that you are aware of how the student is feeling. This emotional validation allows them to talk openly about difficult experiences.
2. Demonstrate active listening. Use strategies that confirm and reinforce what the student has said. Minimal encouragers, such as nodding, eye-contact, and short vocalisations (yes, right, etc.) while the student is speaking helps them know you are attending to what they are saying (Wampold and Kim 1989). When they finish summarise what you think they have said, and check that you have correctly understood. Allow them the chance to correct you or clarify further.
3. Use open ended questions which encourage the student to consider the situation in terms of how they feel about it, and what they would like the resolution/next steps to be. Put the emphasis on the fact that you are there to support them but let them lead the conversation. Questions such as' I wonder if you can tell me a bit more about the situation?'; 'What is your biggest concern or worry about this situation?', 'how would you like me to help you resolve this?'. When suggesting practical steps to take to problem solve, use open questions sensitive language such 'I wonder if speaking to a counsellor would help?' A fairly comprehensive readable treatment of problem-solving with open questions can be found in Egan (2009).
4. Ensure your non-verbal communication demonstrates your willingness to help and provide support; make eye contact and smile to help reassure the student. Arrange the chairs so that you are not sitting behind a desk, as this physical obstacle can affect rapport building. Use open gestures, don't cross your arms or lean away, and don't try to focus on other tasks or let yourself be interrupted whilst the student is talking (i.e. don't answer the phone). Moderate the tone of your voice to demonstrate empathy and understanding and speak gently. This demonstrates that you are engaged in the process, and that you are taking the matter seriously.

contact was most likely made at a time of high emotion, meaning the student really needs to be accessing face to face support.

Tip 5

Give adequate time for appointments

As with patient consultations, often the real issue is not raised until the end of the meeting. This so-called 'hidden agenda' (Barsky 1981), or 'door handle confession' (Tudor 1995), is suggested to occur because it takes the individual time to build up to talking about something difficult, or because they are judging the dynamics of the situation and assessing whether they feel they are in a safe space to talk openly about something difficult for them (Silverman et al. 2005). Be aware that these dynamics will also be true for students in distress. Make sure that you have allowed enough time in the meeting to talk to them properly without rushing. This may mean cancelling other meetings or reorganising your working day to ensure you have time to meet with the student who has requested to see you. It is good practice to avoid making an appointment for a time when you know you will only have a few minutes available. This can be difficult when academics have competing demands on their time, and when it is difficult to predict how long you will need.

Before the meeting ensure that you have created personal mental space so that you can provide them your full attention. This may include stopping previous tasks in time to prepare for the meeting or reflecting on previous interactions you have had with the student. It is also useful to allow them the space to talk about other issues initially, even if you suspect these are not the main reason why they have come to see you. Part of being able to provide effective support depends on the extent to which the student feels able to trust that they will be listened to and understood; giving time and attention are key parts of that process. Box 1 provides detail on suggested forms of words for demonstrating active listening, which is key to building rapport and trust (Silverman et al. 2005; Matthys et al. 2009).

Tip 6

Reinforce the message that 'it's ok to not be ok'

Due to the nature of the course and the high academic entry requirements, medical students are intelligent and high achieving individuals, who are therefore prone to perfectionism and setting themselves high targets for success (Henning et al. 1998; Yanes 2017). This perfectionistic tendency cuts two ways. While striving for success has been associated with wellbeing, obsessive concern with falling short of one's ideals leads to increased distress (Stoeber and Otto 2006). Consequently, when these students experience life events that cause distress, they often express feelings of fear and frustration about being seen not to be coping. This fear arises due to the perception that doctors, and medical students, must be immune to the effects of stress and mental health disorders, and must be fully resilient to succeed in the profession (Dyrbye et al. 2010). Stigma in accepting mental health diagnoses is common amongst doctors, as is the tendency to self-stigmatise (Staten 2017). Despite recent drives to increase the awareness of maintaining good mental health in the medical workforce (British Medical Association 2019), many medical students still worry about a potential lack of confidentiality about their issues and/or that experiencing personal difficulties will affect their chances of becoming a doctor (Chew-Graham 2003). Although the cultural narrative around resilience and burnout within the field of medicine is changing, with greater acknowledgement of mental health and stress related disorders, there is still more work needed to reduce the stigma (Kinman and Teoh 2018). Therefore, reinforcing the message that support is available, *and* that it is appropriate for students to access this support, is really important right from the start of medical training. Evidence suggests that healthcare professionals who develop adaptive ways to manage their mental health are more likely to stay in the profession (Kinman and Teoh 2018), and so encouraging students to seek help early should be a priority.

Tip 7

Manage high emotions

Most students decide to seek help after a period of trying to cope with an issue alone, or in the aftermath of an

Box 2. Practical tips to managing high emotion.

1. Acknowledge the emotion and, if needed, allow the student some time to compose themselves before trying to talk to them.
2. Avoid sitting and staring at the student until they are ready to talk, instead offer to get on with other brief tasks until they are ready to talk
3. Allow moments of silence, and do not be concerned about filling the space with conversation.
4. Normalise the student's distress, by reassuring them that emotional responses are normal in difficult circumstances. Do not admonish them for time wasting or make them feel embarrassed.
5. If the student is too overwhelmed to actively address the issues at hand then suggest going for a walk, or changing environment, to try and relax them.

unusually distressing event. Consequently, at the point of meeting an academic, the student is in crisis or is feeling overwhelmed by the situation they are in. This combination of factors can lead to the meeting being highly emotive and overwhelming for the student. As a member of staff, it is important to give an appropriate response to these high emotions, but also to manage them in order to address the issue and problem-solve effectively. We recommend that before the conversation begins the student is given time to compose themselves, and that they are not made to feel that this would be wasting your time. The student will be better able to articulate the problem and more effective in problem-solving if they are physiologically within their emotional window of tolerance, neither over- nor under-aroused (Siegel 1999). This can mean taking practical steps to reduce any awkwardness or embarrassment felt by both parties; examples of these are listed in Box 2. Needless to say, it is imperative not to judge the individual for becoming emotional or assume that they are not able to cope with their circumstances because of this. Often people need a safe space to express their feelings in order to make sense of their situation, and allowing this is required to facilitate constructive, problem-solving conversations (Lloyd et al. 2018).

Tip 8

Be clear about your role

Many staff in medical schools will have a professional background and training in a clinical or healthcare field, and many possess considerable expertise in providing support to distressed individuals. However, it is crucial that when seeing a student in the academic tutor role you remember which professional role you are holding at that time and maintain the appropriate personal and professional boundaries. That is to say, it is important to distinguish between signposting and supporting the student as an academic member of staff, versus the support and interventions you may suggest in your clinical or healthcare professional practice. Whilst it is positive that staff are keen to use their expertise to help a student who has presented to them with specific issues, maintaining clarity about professional roles will aid you in defining what you can and cannot offer. This approach avoids any potential professional boundary violation from intrusion of the tutor into what might be considered the student's private life (Recupero et al. 2005). It also reinforces the university processes for referral and additional support, which is key to ensuring the student's circumstances are reflected in their academic progression status. There is also a key message about preserving your own mental wellbeing by ensuring that

professional boundaries and remits are adhered to. It becomes common to find yourself needing to provide constant support to an individual student where they have identified you as their primary source of support, and so it is crucial that other services are also involved.

Tip 9

Embrace the philosophy of 'no decision about me without me'

The medical community have widely adopted the principle of including patients in their own care choices (Coulter and Collins 2011), and this shared decision making has had a positive impact on the relationship between patient and clinician (Kambhampati 2016; Milky and Thomas 2020). This philosophy should be at the heart of interactions between university staff and distressed students, to avoid making a decision about the course of action a student must take (outside of formal Fitness to Practice or professionalism reviews) and then communicating that to them as a 'fait accompli'. Instead, the student should be actively involved in choosing and planning their support, this includes gaining consent from the student to refer them to other services, or to share their situation with other staff members. There may be times when the student does not give their consent for information to be shared, and yet disclosures of actual or intended harm to self or others may require referral to professional services for the safety and/or welfare of the student or others. See Box 3 for further detail on this.

It is sometimes difficult when the student does not actively take the advice offered to them, however the role of the member of staff is to facilitate that decision-making process by helping the student make an informed decision. Trust remains a key part of this relationship, and if the student has developed a rapport with you and feels supported by you, then they may be more willing to engage with advice offered. It is important to still maintain communication and continue to offer support and signposting, even if you feel that there is more the student could have done/be doing to alleviate their own situation.

Tip 10

Help the student to problem solve

Following on from Tip Nine, one of the most effective ways to involve students in their own support planning is to encourage them to problem solve solutions for their situation (Zimmerman and Campillo 2003). This means getting them to think of ways to help themselves, or to identify which aspects of their situation are causing the most stress.

Box 3. Principles for safeguarding high risk students or following student disclosure.

Some students in distress may be experiencing acute mental health episodes or may express the desire to self-harm or commit suicide. They may also disclose details of incidents that have happened to them, which require intervention from professional services or law enforcement. The following points outline the principles that should be applied in these situations to manage the initial conversation and disclosure. Be aware that there are legislative and policy variations between countries and institutions, therefore it is important that you access local training on these issues to ensure that you are giving appropriate advice.

1. A distressed student may provide warning signs that the situation they are in is serious or could become serious. These would include red flags such as the mention of suicidal thoughts, criminal behaviour, experiencing various forms of abuse, or risk of being exposed to any of these things. This list is not exhaustive, and the disclosures made may relate to another person, not just the student themselves.

2. If a disclosure of this kind is made, make notes of meetings and document the advice and guidance given, as well as any actions agreed. Ensure these are stored securely and in line with confidentiality and Data Protection legislation. It is best practice to store meeting notes electronically, where the document time and date can be verified.

3. The student may reveal details of situations that require intervention by professional services. This may include (but is not limited to) situations where a criminal offence may have been committed; details of physical, emotional, sexual, or financial abuse suffered; details surrounding mental health conditions; circumstances that involve acts of unprofessional behaviour. Any disclosures of this kind should be reported to the appropriate professional services and authorities. It is best practice to seek the student's consent to refer this information to professional services, or to support the student in reporting the situation themselves.

4. Where there is a safeguarding concern for the student, or others mentioned by the student, this should be acted on immediately. Where there is a significant risk of harm to the student, or others, it may be necessary to break confidentiality and refer the situation without the students' consent, to ensure they get the necessary support. If this is required then the only information shared should be that which is necessary to arrange suitable support and should be proportionate to the level of risk posed to, or by, the student. Data Protection legislation, and other legislative requirements surrounding confidentiality should be followed where possible.

This is sometimes a difficult conversation, which requires the staff member to use gentle encouragement and sensitivity in coaching the student towards implementing practical solutions. At the basis of this advice is the evidence from clinical practice that individuals who are active in finding solutions to stressful events tend to report more positive outcomes and stronger feelings of closure on a negative situation, compared with individuals who have felt powerless through the process (Zimmer-Gembeck and Skinner 2016). Problem solving is significantly enhanced if the student is encouraged to identify the time and place when they will implement certain solutions (Gollwitzer 1999), and to imagine the benefits of achieving a successful solution (Szabó and Meier 2009). The success of asking a student to help problem solve is varied, and often students may not be able to attempt this to a large extent in just one meeting. It may be useful at this stage to involve other support services within the university (such as welfare services, or academic support) who would be able to provide additional expertise.

Tip 11

Provide suitable signposting

One of the key aspects of effective student support is to ensure that staff know and understand the supportive options available to which distressed students can be directed. Signposting is a necessary component of effective student support, as it provides a form of triage to direct the student to individuals with the expertise that is necessary for their situation. It should be done sensitively, especially given Tip Nine, and staff may offer to make referrals on behalf of the student, especially if they are in crisis.

Effective signposting requires local knowledge of university systems and procedures, as well as understanding the services that are available on campus to support students. Recent evidence suggests that universities have a plethora of services available, such as academic support; education advice; student wellbeing; welfare services; disability liaison; financial support and advice; accommodation teams; peer to peer welfare teams; as well as student-facing services hosted by the Student's Union (Morgan 2012). Each institution's offer in terms of services will be different, but at departmental level it is advisable to have a visual reference guide for support seeking that is specific to your students. One suggestion is to have a flowchart in staff offices, as well as readily accessible online, outlining the signposting routes for different issues. Signposting guidance should be formalised and, so that it can be drawn on quickly when most needed. This ensures that students are referred to the most appropriate staff member or service for their presenting concern, and avoids incorrect advice being given.

Tip 12

Make and follow up on actions

A crucial component of effective student support is to ensure that necessary actions are jointly agreed, and that they are subsequently acted upon. Students in distress may not be focused on problem-solving in the high emotion of first presenting a problem. If the student is not able to make decisions, or if signposting to other university services is required, then it is important to follow up on the referrals and ensure the support has been given subsequently. It would also be useful to arrange a subsequent meeting with the student, when they are more able to discuss possible actions to take. Following up meetings with an email summary is also useful to document the timeline of what support was requested and when. Finally, it is useful to debrief with other university staff or services who were involved in the situation, to ensure that best practice is developed and/or processes put in place to ensure similar circumstances are dealt with more efficiently in the future.

Conclusions

Dealing with students in distress is a common part of the role of academic staff involved in medical education, given the pressure of a medical degree and the circumstances in which students find themselves. These tips are designed to provide practical advice to staff on how to manage a student in distress. Clearly, all situations will be unique and

there may be large variances between what is most appropriate in which situation. However, we hope that these tips provide a useful guide on best practice to help manage these moments of dealing with emotionally challenging and complex student circumstances.

Disclosure statement

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