



Wellness from Within (the Curriculum): Eliciting and Applying Medical Student Feedback

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Introduction

Before matriculating, medical students have lower rates of burnout and higher quality of life compared to same-age peers¹. However, once in medical school, students experience more burnout than their non-medical student counterparts. Medical schools have sought to address trainee burnout by adding sessions on resilience and stress management, but these secondary or tertiary interventions are often met with pushback² (Fig. 1). Instead, focus is shifting to the curriculum structure itself, with students and educators looking to system-level changes that foster wellness from within the learning environment³.

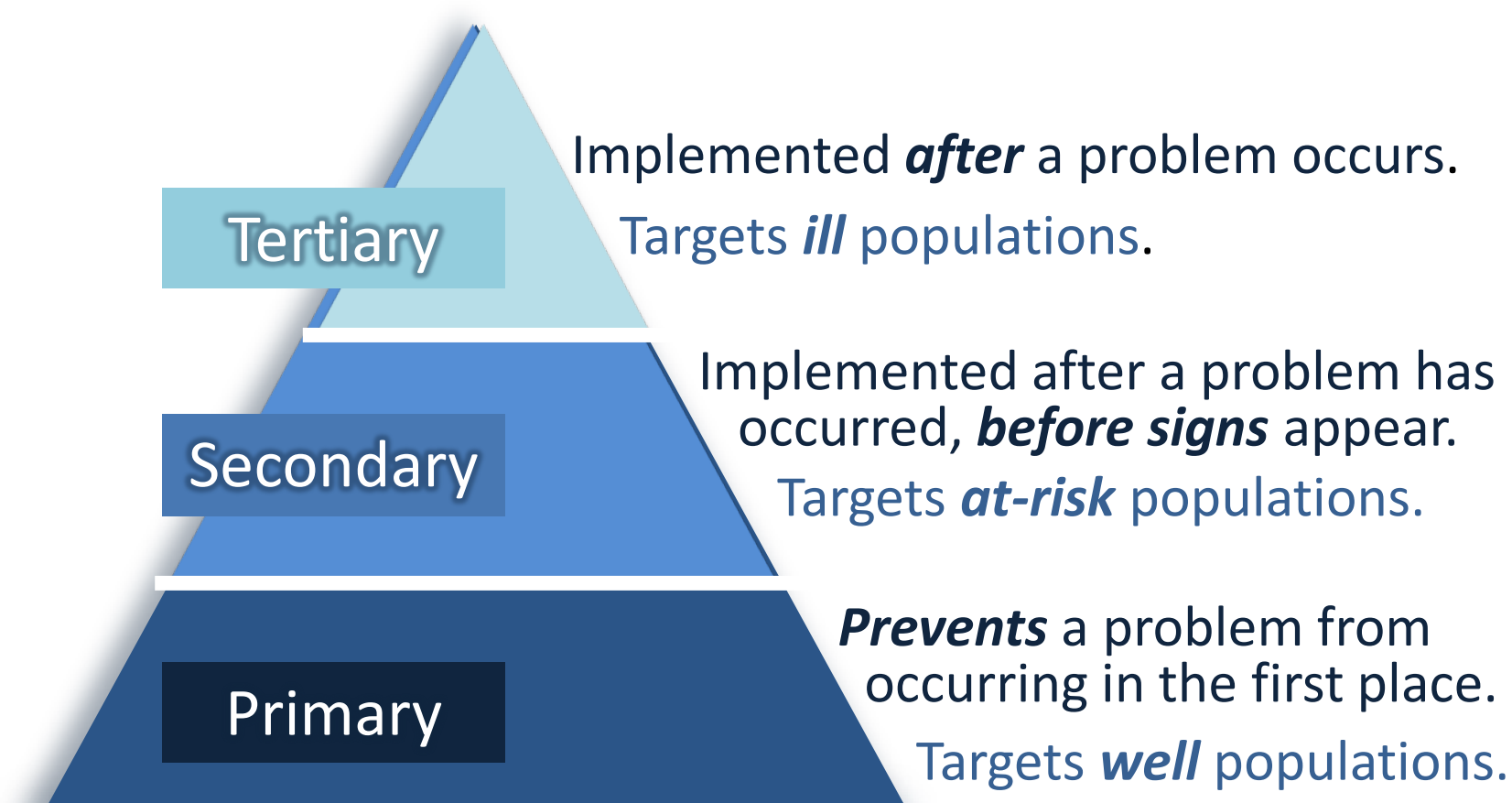


Figure 1: Prevention strategies. Workshop participants were encouraged to think about this prevention model when sharing their ideas for wellness promotion.

Aims and Objectives

- Engage students, faculty, and administrators in discussion about the curriculum structure as a form of primary intervention in mitigating burnout.
- Allow participants to gain a better understanding of how elements of the curriculum impact wellbeing.
- Collect, analyze, and present feedback to curriculum committee members to help guide future curricular decision-making.

WORKSHOP DISCUSSION QUESTIONS

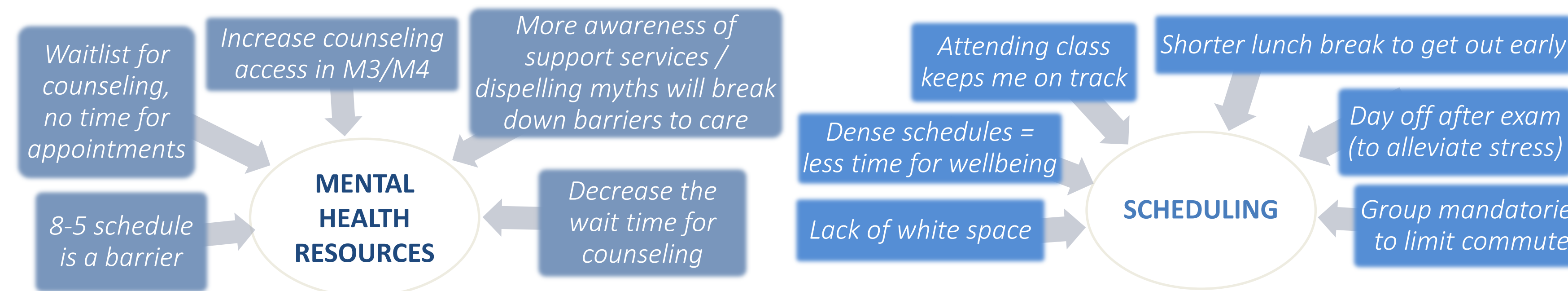
- How has the curriculum structure affected your wellbeing?
- What forms of support have you been able to access at OUWB to improve your wellbeing? What barriers have you encountered in accessing adequate support?
- What curricular changes might help alleviate stress?
- What "next steps" can be taken to implement those changes?

Process

Workshop Design: A workshop was developed to engage medical students, faculty, and administrators in focused conversation about the impact of the curriculum structure on student wellbeing. The workshop began with a short presentation on the purpose of the event. Then, participants broke out into groups of 10-15 people, with at least one member of faculty or administration per group. Each group received a worksheet with discussion questions and was asked to record responses agreed upon by the majority of group members. The workshop concluded with a representative from each small group sharing salient points from their discussion with the others in attendance.

Analysis: Worksheet responses were transcribed and subjected to thematic analysis, chosen for the ease and flexibility of its application, and ability to summarize major patterns in a qualitative data set⁵ (Fig. 2).

Figure 2: Coding of transcribed statements for thematic analysis. The following statements are excerpts from the transcribed data set. This figure demonstrates how statements were coded for inclusion in a given theme.



Results

The workshop was attended by over 100 students, primarily M1s, and over 20 faculty members or administrators.

Worksheet responses were organized by theme (Fig. 3), recurring sentiments were summarized, and the results presented to curriculum committee members and medical school deans. In response, numerous changes were implemented, including, but not limited to, those outlined in Figure 4.

Figure 3: Themes by number and percentage of statements. Each of the 212 total statements were related to one of seven main themes.

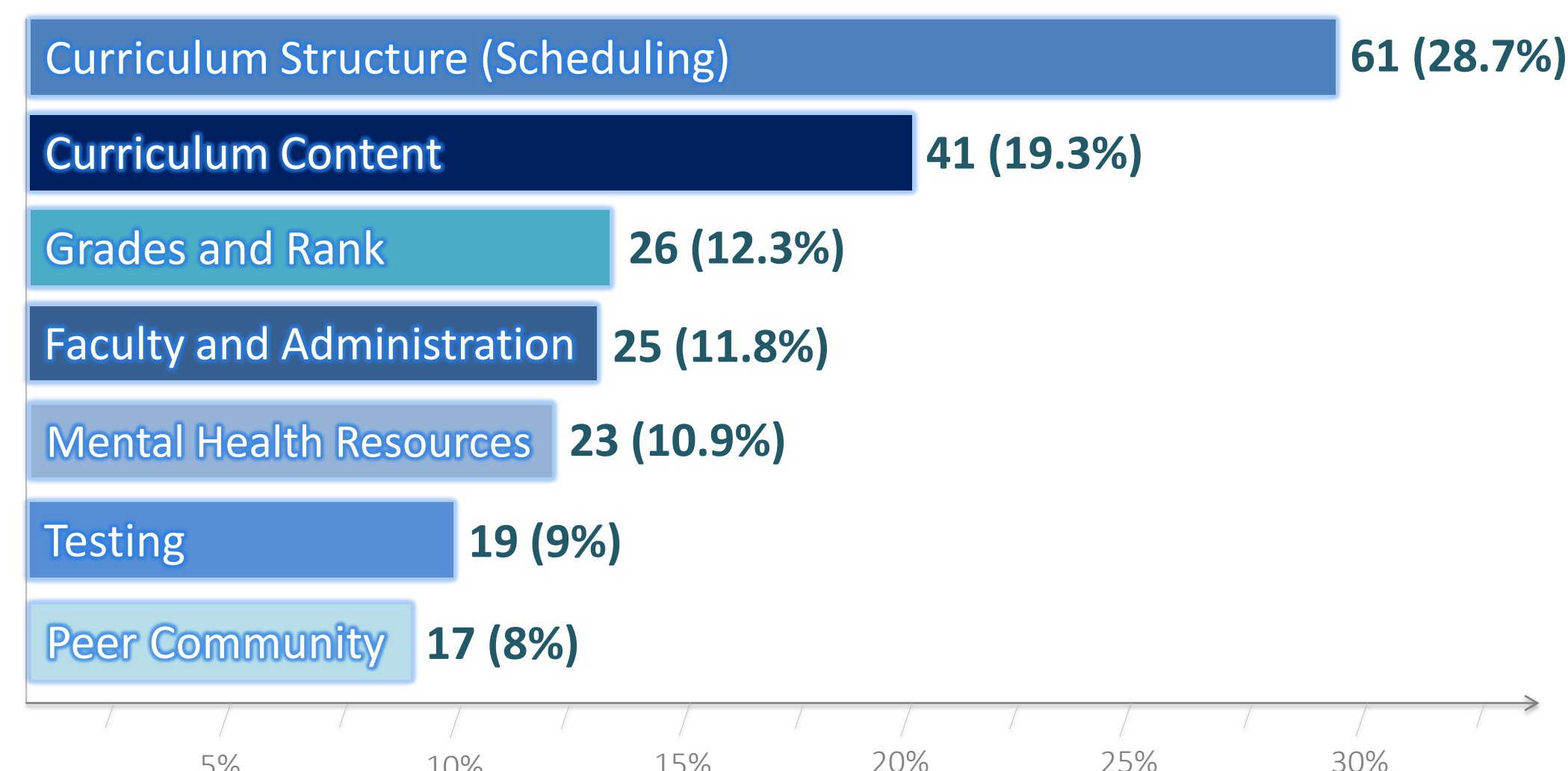
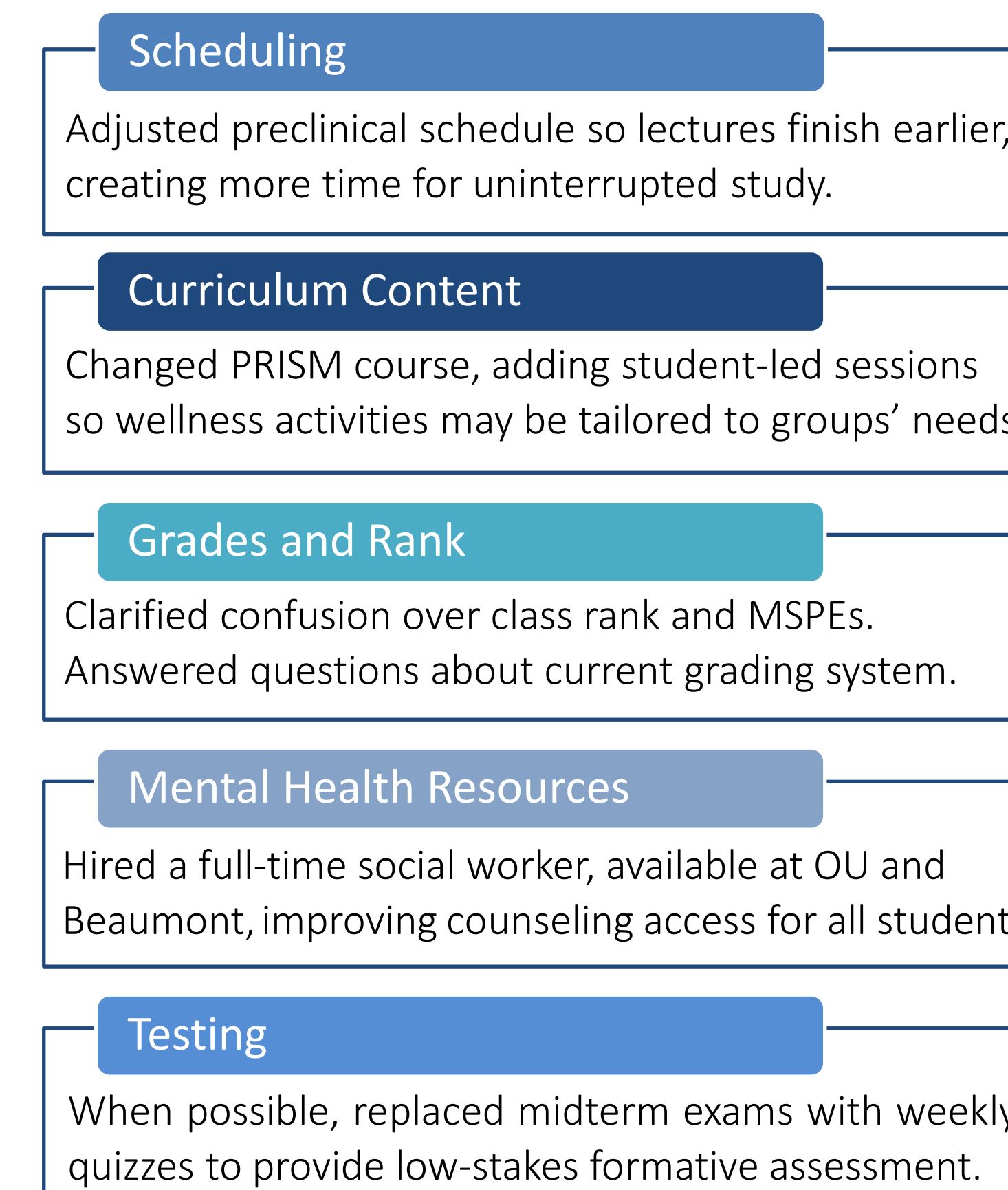


Figure 4: Changes implemented. Examples of some changes made in response to information collected from the workshop.



Evaluation Plan

Curricular changes were made progressively, impacting subsequent classes more than those who participated in the workshop. A similar workshop has been proposed for current preclinical students, faculty, and administration to evaluate the strengths and weaknesses of the present curriculum structure as it relates to student wellbeing.

Discussion

Workshop participants were able to contextualize their concerns about stress related to the curriculum structure. The results demonstrate how constructive dialogue can identify ways to promote student wellbeing, address scheduling concerns, and optimize learning without compromising education quality or cutting back on contact hours. This initiative can be tailored to suit the needs of future classes or used at other institutions to engage students and faculty in meaningful conversation about their curriculum and improve student satisfaction and learning outcomes.

Discussion primarily centered around the preclinical curriculum. The ability of workshop feedback to affect change was largely due to uniformity of the preclinical curriculum and the availability and willingness of preclinical faculty to listen to and apply medical student feedback. The efficacy of a similar model applied to the clinical curriculum is unclear, given the variability of clerkship experiences.

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