

## **Exploring medical student resilience: a multidisciplinary symposium approach**

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### **Background**

There is growing evidence that the psychological wellbeing of medical students is in decline [1]. Many of us involved in medical education recognise that training can be challenging and can result in significant psychological morbidity including stress, depression and burnout [1]. Burnout is a state of emotional exhaustion, depersonalisation and reduced sense of personal accomplishment [2] which appears to be growing in prevalence among medical and other healthcare students, both in the UK and internationally [3,4]. In addition to the personal consequences, there may be an association with undesirable clinical behaviours including suboptimal patient care and decreased empathy [5]. Potential causes for medical student distress include exposure to death and human suffering, adjustment to the medical school environment and ethical conflicts [6]. The General Medical Council recognises that around 10% of qualifying doctors feel inadequately prepared to transition into clinical practice and recommends the embedding of emotional resilience training as an integral part of the

medical curriculum particularly around qualification, in a 2014 publication [7] suggesting,

*'It would be helpful to ensure that there is sufficient resilience training or information on how to emotionally handle the transition from student to junior doctor' (p 40)*

We define resilience as the capacity to function effectively in high-pressure situations, and recover and adapt positively to adversity without paying too high a personal price. Developing physician resilience has been shown to be important for both physicians and their patients [5]. As clinical practice can be mentally, emotionally and physically demanding, these attributes are highly desirable. Consequently healthcare educators increasingly recognise the importance of including teaching on resilience, self-care and personal wellbeing within professional development curricula. Yet to date it is unclear to what extent UK medical schools have integrated relevant teaching into undergraduate curricula.

The authors, one of whom is a medical student, therefore organised a first UK National Undergraduate Resilience Symposium for faculty and students in 2016. Medical educators and students involved in the area of resilience were identified using our networks and by writing to Deans of all UK medical schools. 68 delegates from 28 of the UK's 34 medical schools attended. The aims were to map existing learning activities, co-create strategies for the teaching and learning of resilience, wellbeing and self-care, and explore ways of embedding these activities in medical school curricula.

### **The Undergraduate Resilience Symposium**

The symposium utilised a World Café methodology involving multiple small group conversations focussed around predetermined topics, which are then fed back to the larger group and often graphically represented. An artist produced a graphic record of topics, issues and themes as they arose throughout the day (figure 1). All data collected from the day was synthesised qualitatively by three researchers, using the-

matic analysis. This formed the symposium report which was circulated to all delegates.

*Figure 1 – Graphic representation of the day*

### **Emerging Themes in Undergraduate Resilience**

The symposium raised broad questions around many issues ranging from modes of student selection to the examining and ranking of students. Reviewing the data generated through all activities during the symposium, produced five key emergent themes.

*Table 1. Summary of key emergent themes and suggested curricula solutions*

### **Implications for Healthcare Curricula**

In a profession as emotionally and intellectually challenging as medicine, we feel that an understanding of resilience and self-care provides both a foundation for patient-centred practice and a basis for safely sustaining graduates' career paths. We acknowledge that resilience is a feature of an individual in interaction with their workplace and that system and organisational change are required if we are to retain and nurture young professionals in the health service. We agree that there is a growing need to support medical student resilience, not only educationally but also through social networks and other online resources.

The enthusiasm for the symposium itself is important, signifying as it does a widespread and growing concern for medical students' health and wellbeing. We acknowledge the self-selecting nature of the symposium attendees; it is perhaps not surprising that consensus around certain aspects was achieved. Some schools however, nationally and internationally omit wellbeing from their curricula. We explore the feasibility of a 'resilience curriculum' to augment conventional undergraduate personal and professional development (PPD) curricula.

The authors recommend a wellness curriculum harnessing technological educational strategies. We go further to suggest possible moves towards pass or fail grading and the inclusion of mindfulness and dedicated resilience training. We suggest that weaving these approaches into existing curricula, rather than creating additional stand-alone programmes, may reduce the stigma associated with self-care. Although this work focussed on medical students, we feel that findings and recommendations are applicable to other healthcare curricula.

Students highlight role-modelling as a key influence on their understanding of professionalism and professional behaviours. The commonly held assumption that vulnerability is undesirable in doctors may need to be challenged by clinician-teachers as role-models if we hope to make today's and tomorrow's medical students fit for practice.

There appears to be an appetite for change. A 'special interest' network of clinicians, medical educators and students may be helpful to continue the conversation and build on what has been done already and to co-create new approaches to the design, delivery and evaluation of wellbeing and resilience training in medical and other healthcare curricula.

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