KERN NATIONAL NETWORK
FOR FLOURISHING IN MEDICINE
Character. Caring. Practical Wisdom.

Supplemental Q&A: "Human Flourishing 2030: Flourishing in the Learning Environment"

On October 25, 2022, five speakers from the University of California, San Francisco School of Medicine, Accreditation Council for Graduate Medical Education, MCW Medical School and the Geisel School of Medicine at Dartmouth gathered for a session in the Kern National Network for Flourishing in Medicine discussion series, "Human Flourishing 2030: Flourishing in the Learning Environment." Throughout the session, five presenters explored strategies for infusing human flourishing into clinical learning environments, and ways to become agents and beneficiaries of human flourishing within educational settings.

The following is a summary of questions and responses from the presenters. Please note, only four of five speakers were able to answer additional questions after the main event; remarks have been lightly edited for clarity:

Catherine R. Lucey, MD, MACP
Exec. Vice Dean and Vice Dean for Education, The Molina Family Presidential Chair in Medical Education, Professor of Medicine, UCSF School of Medicine, KNN Founding Board Member

Michelle Guy, MD
Professor of Medicine
UCSF School of Medicine

Stuart Slavin, MD, MEd
Senior Scholar for Well-Being at the Accreditation Council for Graduate Medical Education

Isabelle Tersio
4th Year Medical Student
Geisel School of Medicine at Dartmouth (Pediatrics)

Saba Anwer
2nd Year Medical Student
Medical College of Wisconsin

Q: In the medical environment, patients receive treatments that are tailored to each individual, and medical education arguably should be tailored to individual learners as well. However, that requires knowing the learners very well, knowing how to create an environment that fits those learners and having enough skills and tools to serve each individual. What are ways you have seen this done, or what do you think would be necessary to do so?

Anwer: I'm part of a group where we have one faculty member assigned to four students, and she's been working with us since last year. In that, we meet probably twice a semester as a group and then once individually, and we've been able to build [a special] relationship where [the faculty member] understands our goals. For me, the relationship has helped me navigate what I want to do, what sorts of projects I should take on, what would be valuable and what sort of experience I should gain if I want to pursue a particular path of medicine. That's really helpful—especially for students that don't come from places where they have that guidance. I'm really grateful to have a mentor that can help me figure out what to do next and it's [possible] because she has that long relationship.

Lucey: I would say the other thing that we do a lot of is working to accommodate the life of students. The life between age 22 and age 32 is a really busy life; all sorts of life tasks are thrown at you … Having opportunities to work with students, to craft what's needed for them to get their education and live their life as well—sometimes it does mean saying, "You need to take an extra year for your medical education," and it's not going to matter forty years down the road. There's a way we can talk about it that doesn't look like you're "failing," you just actually had other things to [focus on at that stage]. In medical education, I think it's hard thinking about flexibility and adaptability because of all the structure that needs to be in place, but it's doable if you have the right people in leadership … Sometimes students just need kindness, they don't need a lot of changes; they just want someone to listen to what they're dealing with and say, "That's a lot. Let's think about how we could offload you for a while."

Slavin: So much of it is freeing up time for students to pursue what they want so they aren't overwhelmed—especially in the pre-clerkship years—meeting the demands of the core curriculum that they lose sense of self in that process.

Q: Can you speak to people who have a larger sphere of influence towards pre-med, medical school and graduate education to change the achievement competition culture that seems to propel people? What is one "wild idea" for addressing it?

Slavin: With ACGME, I'm lucky because they've given me 15% time to work on adolescent and young adult mental health. Some of the things Saba mentioned—performance identity, maladaptive perfectionism, intense sense of competition—is so widespread in the high school and pre-med students I'm seeing … The mental health crisis in my research is to a great degree being driven by school and achievement pressures, and what we're doing to our kids is unfathomable. We've kind of lost our way; there's a complete overhaul of what we're doing before medical school that I think we need to do, not just to benefit medical students, but to benefit the high school and college students along the way.

Guy: I think from what Stuart was saying, it reminded me of "play" and if we had an opportunity to [do that] … Whether that's working in the community and helping people—that helps to recharge me. We know a lot of principles about burnout, how to combat burnout, and how to better implement some of those things as part of the curriculum and not an extra thing you have to do.

Lucey: We have this "accomplishment" measured by how many hours you work, how few hours you sleep, how little time you spend with your family…it's all backwards. I think that you see parents driving adolescents, you see the culture driving it. At some level, this has to be a multi-level attack, and thinking about competition as a toxin that we should be counteracting as pediatricians and internists is one idea. Stress is bad, it shortens your telomeres. Whether it's stress of medical school, stress of racism—all of those things are bad. The other thing is the idea that the organic chemistry course weeds people out and I want to say who appointed them to weed people out? What if college was [universally] pass/fail? There is an idea that we'll have to figure out a different way to select future medical students and I bet we could find a good way to do that. The last thing I'll say is…GME sometimes forget there's an "E" in it. They are ready to prepare today's workforce and they want people to hit the ground running, but this idea that medicine is a life-long learning activity has to be better reinforced. We have to make sure that program directors have the opportunity to both spend time selecting people who are a good fit rather than those with the highest numbers—and also have time to educate, not just schedule people into different rotations. There's a lot of structural change that could happen and we need to actually demand from our leaders, UME, GME and across the professional societies to do away from being fearful of missing out on some "unicorn" if we're not able to

select them. So I think there's a lot [we can do], but it's a major cultural change. And until we tell people what's happening if we don't change—you're burning your people out—then there's not much driver for change. I think joining together in a learning community, like Saba talked about, would be a really powerful thing.

Q: What can we do to help learners avoid or overcome imposter syndrome? How can we help them discover their strengths and develop those?

Slavin: One of the things we did at [my previous organization] that I think is so important and valuable is just teaching [students] cognitive restructuring skills so that they can come up with a different narrative; that you don't have to think that way … My feeling is why do we withhold these techniques until one develops a mental health disorder? Everybody should be getting this … I have a research protocol right now to see if we can teach this to high school students, so they don't have to suffer with these narratives of, "I'm not good enough, I'm not smart enough," and to help them grow [in terms of the way] they deal with these harmful narratives.

Guy: The main thing that drives [the related concept of stereotype threat] is that hierarchy [again]. My big idea would be "let's restructure things, how do we make it more of that sphere model?" I don't have a great solution for that. But thinking [about] how we can continue to work more team-based and within that team not to have a hierarchy and think[ing] about the individual contributions and strengths each person brings could be helpful. And again, that normalizing. Yes, you're comparing yourself to people around you, but you're great at all these other things, and this is your opportunity to show your strengths. It could be really powerful for students.

Lucey: I think a lot of good therapists would tell you that many physicians lack self-compassion—they have a lot of external compassion, but many of them grew up as "The Golden Child" and fitting into a hierarchy from young in age. They're performance-oriented for life it seems like. I think, to Stuart's point, we know what some of these problems are [so] why don't we teach a class on self-compassion or self-love? … [Avedis] Donabedian said, "The secret of quality is love," and [Cornel] West said, "Justice is what love looks like in public. Maybe we should be teaching people to practice exercises where they love themselves for what they do and recognize that there's always a way to be better rather than a deficit model of thinking.

Anwer: One thing I think would be helpful in the pre-clinical years is if we spent time thinking about what makes a good doctor. I have a little sister who is also an M2 … and one thing I'm always reminding her about when things go wrong is, "In five years, are you really going to worry about how you did on that test?" I remind her to think about how good [she is] with people, that's what your patients are going to remember is how you make them feel. No one is going to care if you know the Krebs Cycle inside and out; no one is going to ask you about that. I think when we're in our pre-clinical years, we lose sight of what it is that makes a good doctor; we all know what that is just based on our own life experiences, but I think taking time to reflect on what do we think is a good doctor, what do we want to be as physicians, what character do we want to have and how do we want to make our patients feel [is important].

Q: Where are you finding joy in your work and in your practice? How do you share or how would like to be able to share that joy?

Anwer: I'm lucky that my clinical apprenticeship is in pediatrics because I get such a kick out of talking about Spider Man with kids. Sometimes it's just having that human connection that just really brings me joy. That's probably where I find my joy more than when I'm doing my Anki cards by myself in the dark. Another thing that I think is important is to nourish whatever thing about you makes you, you, even when you're in medical school. I'm a part of the MCW Art Club; we do a lot of paint nights, and we always have a great turnout, people who are art-oriented or

not, who just come and listen to relaxing music, play with the canvas, or paint something—whatever their heart desires. It just makes a big difference being able to escape that sphere.

Slavin: After being grounded and only engaging with different groups by Zoom, just being out … I was at [a university] last week doing a session with the pediatric interns there, and it was so delightful, wonderful and such a joyous thing to engage with them. One of the things I love about doing workshops is having the opportunity to learn [from others]. I always learn things, so it's always satisfying, gratifying and joyous to do that kind of work. I feel incredibly lucky to have the position I do, to be employed in the position I have and to have this opportunity. I consider myself very fortunate.

Guy: I get the joy of practicing obesity medicine, so seeing patients succeed in a rapid amount of time versus my primary care where I see how [patients] do in over 20 years or more—it's nice to have that contrast; And then to be able to share that with students/learners and to find a joy in practice in taking care of people.

Lucey: Two sources of joy: one is it gives me great joy to see my associate deans and my faculty work hard for their students and I see how much they care about them, want them to succeed and are willing to bend over backwards. It [also] gives me a great deal of joy to see those students start off being aspiring physicians and then end up being really great doctors. It's an incredibly intense developmental experience and it's wonderful to see it all come together and hear that my previous students/residents are thriving. ■

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