

Social Work Support for Medical Students: The Creation of a Wellness Advisory Program

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Background and Context



Greta

Context

- ▶ Mount Sinai Hospital
 - Part of a large multi-hospital system
 - 1,139 Beds
 - Urban setting straddling the affluent and homogeneous Upper East Side and the largely minority and under resourced East Harlem
- ▶ ICAHN School of Medicine at Mount Sinai
 - 110 students per class
 - Unique medical school setting, located within the hospital
 - Students come from diverse backgrounds
- ▶ Social Work Department ~ 400 social workers across the healthcare system



Greta

*Many sinai students are often motivated to work with an underserved population and the contrast can be very jarring

*increase in asylum patients in NY

*Speak to the breadth of SW role- inpatient, outpatient, adults/ peds

Existing Relationship Between Social Work and the Medical School

- ▶ History of social work involvement in the medical school and collaboration between departments
 - ASM
 - Clerkships
 - Resident/ attending support groups
 - Social work faculty appointments in the medical school
 - Interdisciplinary teaching

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Greta Art & Science of Medicine First Year

- The Art and Science in Medicine (ASM) course is a 2-year longitudinal course for the 1st and 2nd year medical students. The course serves as a foundation for clinical skills but also ties in many social and other components of medicine. The course is taught mainly in small groups which are led by SW/MD preceptor team who devote a half day on Wednesday afternoons during the academic year to teach. The 1st year medical students benefit from small groups jointly precepted by both MDs and social workers. Given that the 1st year course greatly focuses on communication and interpersonal skills, professionalism and social aspects of health, the social worker preceptor role is an integral component of our content delivery.

Ambulatory Care –Geriatrics (ACG)

Clerkship Third Year:

- SW Co-facilitator with MD of small groups during Geriatric and Ambulatory rotation. Case presentation model.
- SW teaches clinical interviewing skills with standardized patient during Ambulatory/Geriatric rotation.

Graduate Medical Education Wellness Advisors- new initiative

Within Graduate Medical Education we are currently launching a PEERS program for PhD students, an ongoing support group for Post Doc students, and now a Wellness Advisory within the new Med-Peds Residency. In addition, there are ongoing, social work facilitated groups throughout the institution in fellowships and residency programs.

Inter-Professional Education Program: new initiative

SW Coordinates a program -design and curriculum development with SW and MD leadership in ISMMS for 2 lectures & 2 simulation learning sessions for joint medical student and SW student learning.

Program Development and Evolution



Jocelyn

Establishing Need for Wellness Programming

- ▶ Several medical student suicides in the New York area, one at Mount Sinai
- ▶ Task force comprised of students, faculty and staff identified a need for additional support for students
- ▶ High prevalence of burnout, depression and fatigue in medical students in general*
- ▶ Barriers to accessing existing mental health services available for students
- ▶ Medical school leadership approached social work department to partner in the development and staffing of a new initiative to better support students

*Dyrbye, Liselotte N. MD, MHPE; West, Colin P. MD, PhD; Satele, Daniel; Boone, Sonja MD; Tan, Litjen MS, PhD; Sloan, Jeff PhD; Shanafelt, Tait D. MD. Academic Medicine: [March 2014 - Volume 89 - Issue 3 - p 443-451](#)

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Presentation will review evolution of the Wellness Advisor program, the iterations we have gone through as well as our current structure, and results, as well as challenges to the program and program growth and future

Suicides-

- Several in NY area, 1 at MSH
- prompted a desire to both support students dealing with the loss of a classmate AND strengthen support services for students more broadly to improve wellness and mental health overall
- Student at Mount Sinai was a 4th year, well known in the school, hx of mental health issues

- **Recent multi-institutional study in Academic Medicine found 56% of medical students screen positive for burnout, 58% for depression, and 57% report high fatigue**
 - **Burnout Among U.S. Medical Students, Residents, and Early Career Physicians Relative to the General U.S. Population** Dyrbye, Liselotte N. MD, MHPE; West, Colin P. MD, PhD; Satele, Daniel; Boone, Sonja MD; Tan, Litjen MS, PhD; Sloan, Jeff PhD; Shanafelt, Tait D. MD. Academic Medicine: March 2014 - Volume 89 - Issue 3 - p 443-451
([FIND ADDITIONAL/ MORE CURRENT SOURCE MATERIAL](#))
- In addition to the general stressors of medical school- high pressure, competitive environment, high stakes role – one thing we want to mention is that at Mount Sinai and at many other medical schools as well, students are able to take almost all of their courses online during their first two years- which we feel has contributed to feelings of isolation and a lack of comradere especially in vulnerable students
- Barriers with current supports offered:
 - Student and Trainee Mental Health – was completely psychiatry based – is now starting to change which Bambi will share more about- but for many of the issues students have psychiatry is not necessary – and felt stigmatizing
 - They bill insurance- many students are on their parents insurance and this cause a slew of privacy concerns (imagined and real) about EOBs, co-payments, etc.
 - They document in the EMR -Though of course it is a violation of privacy law for anyone outside of their providers to look in a student's medical many students did feel uncomfortable having their mental health treatment documented in the EMR that they, their peers and their instructors use for work
 - Challenges of mental health in NY- providers don't take insurance

Initial Social Work Response After Student Suicide

- ▶ Drop in support groups offered to students in the days following
 - Staffed by social work and psychiatry
 - Poorly attended
- ▶ Attempted to start ongoing support groups in student dorms the following semester
 - 5 social workers hired
 - Groups were poorly attended
- ▶ SW team recommended that program shift to provide 1:1 support
- ▶ Medical school had some initial concerns but ultimately agreed with recommendations

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Challenges with Groups:

- Timing was difficult- 3rd and 4th year students not yet back from clerkship in the evenings
- Social Workers hypothesized that students were not comfortable talking about mental health, stress, and wellness in a facilitated group setting, especially in the student dorms

Discussed concerns about the group model with the Medical school and proposed offering 1:1 support to students

- Made a case that the support we would offer is different than the mental health resources already available- would be less stigmatizing, more flexible, would

not bill insurance, would not document in the medical record, would be able to address wellness and stressors outside of serious mental health concerns

- Medical school had some concerns about liability and documentation as well as connecting Wellness Advisors to Faculty Advisors too closely as they wanted to insure separation to avoid impacting academics in any way

Creation of the Wellness Advisory Program

- ▶ Hired additional staff – 10 Wellness Advisors
- ▶ Follow student by cohorts (same as Faculty Advisors)
- ▶ 2017: Year 1, Wellness Check-Ins
 - Outreach to cohorts by grade with scheduling “deadlines”
 - Assessment and wellness goals
 - Opt Out Model
 - Limited sessions
- ▶ 2018: Year Two, Longitudinal Support
 - Outreach to cohorts periodically throughout the year
 - Available on an as needed basis
 - Multiple sessions as needed
 - Significant drop in visits
- ▶ 2019 onward: opt out yearly visits and longitudinal support/ sessions as needed
- ▶ 2020 onward: utilization increased due to Covid increases, WA flexibility increased to meet need
- ▶ 2021 onward: Meeting with WA is a mandatory milestone for 1st and 2nd year students
- ▶ Documentation & compensation

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The original staff from the support groups became a leadership team, and hired an additional 5 social workers to participate in the Wellness Advisor program. We looked for social workers with previous experience in the medical school/ working with medical students and strong clinical skills, as well as LCSW a license to practice clinical work independently- high volume of interest- all interested candidates were interviewed and leadership team selected most qualified candidates.

Each Wellness Advisor is “paired” with an Academic Advisor- after much back and forth, the formal relationship between Wellness Advisor and Faculty advisor is limited but we follow the same students. Each Wellness Advisor/ Faculty Advisor pair has a panel of students in each grade in Medical School and they stay with their cohort throughout the four years. Some Wellness Advisors work more closely with their faculty advisor than others, receive more referrals etc

SW documents using a paper assessment form, not in EMR, not billed to insurance – initially compensated for clinical hours but grew to compensate for coordination and organization as well

Current Program Model from a Logistical Perspective



Nuts and Bolts of the Program

- ▶ Staffing
 - 10 Wellness Advisors (1:44 WA to student ratio)
 - 1 coordinator
- ▶ Scheduling
 - can be done by email, phone, text, automated scheduling system
 - accommodate a wide range of hours including evening based on student's scheduling needs and availability
- ▶ Flexible Meeting Place Options
 - Traditional Office Consultation
 - Virtual Zoom, Phone
 - Informal- Coffee break, Outdoors
- ▶ Use of Time
 - Longitudinal support over 4 years
 - Immediate, flexible response
 - Non traditional scheduling
 - Variable length of sessions

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- WAs are identified and intentionally hired from various program areas within the hospital
 - Strong clinical SW
 - experience working with students and trainees
 - Monthly peer supervision
 - Diversity is prioritized in hiring- diversity of staff background and diversity of program area
- Covid led to non traditional meeting spaces
- Non traditional time frame- length and frequency of visits, ability to accommodate changing needs, scheduling offsite- Leigh's case
- Case example- texting when student didn't get into program of their choice

Partners

- Office of Medical Education
- Student and Trainee Mental Health
- Director of Programs and Resources for Academic Excellence
- Disability Officer
- Havens Fund
- Academic Advisors

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Rely heavily with collaboration with medical school and hospital systems/ institutions

Quarterly meeting with WAs and Faculty Advisors

Meeting with Med Ed

to advance the goals of our program by encouraging bilateral cooperation, sharing of information and goal setting

Feedback helps ensure we're constantly advancing the wellness goals at the core of the program and evaluate programmatic effectiveness

Current Program Model from a Clinical Perspective



Stance of the Social Worker

- ▶ Tailor use of self to the needs of the student
- ▶ Adopt a less formal, non- hierarchical stance to promote comfort and openness
- ▶ Flexible approach
 - Variety of theoretical frameworks
 - Last minute scheduling to address issues in real time
 - Non judgemental approach to last minute cancellations and flexible rescheduling
- ▶ Cultural Considerations
 - Culture of where student comes from
 - Culture of medical education at the hospital
 - Culture of diversity of New York's Urban Environment

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Assessment Domains

- ▶ Adjustment to medical school/each year
- ▶ Expectations of medical school vs. reality
- ▶ Personal challenges, barriers, stressors
- ▶ Social connectedness within school
- ▶ Life outside school
- ▶ Support network
- ▶ Physical health (current and history)
- ▶ Mental health (current and history)
- ▶ Anticipatory Guidance: How do you know when you're getting overwhelmed? Who do you reach out to?
- ▶ Set 1-2 concrete wellness goals for the year and plan for implementation
(More of a focus in Year 1 than Year 2)

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Frequent Themes

- ▶ Adjustment to medical school
- ▶ Navigating friend/roommate/housing issues
- ▶ Family issues
- ▶ Relationship issues
- ▶ Managing medical conditions (self and family)
- ▶ Self-doubt/imposter syndrome
- ▶ Isolation
- ▶ Finances
- ▶ Comparison
- ▶ Bereavement counseling
- ▶ Suicide and untreated mental health issues
- ▶ Wellness check-in-developing new strategies for self care
- ▶ Prioritizing wellness in medical school

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BF - shared examples

Case Examples:

BF Adjustment to Medical School- used to being top of the class, now among peers who are all used to that/ not used to P/F

JC Navigating friend/ roommate/housing issues: Pressures of living with classmates in a competitive program, challenges of not living in student housing/ isolation

GR Family Issues: Student dealing with father's gambling addiction and how to navigate breaks, students with DACA whose families are undocumented, first generation college are often responsible for their families

BF Relationship Issues: Struggling with long distance, dealing with break-ups

BF Relationship Issues (and Mental Health): Was in an abusive relationship for 3 years, now in SAVI mental health services.

STMH- went bad had student therapist, not a good match. Parents got a bill for \$5000. Prior MH treatment in undergrad.

Another IPV situation, able to help her get rehoused into a safer setting- integration of mental health and SW for the medical students

JC Medical Issues: One student had a childhood cancer and a leg amputation and several sessions were spent talking through managing her physical and emotional discomfort with her prosthesis while trying to navigate medical school and related demands. Can work with Disability advisor to collaborate as needed. Family cancer diagnoses.

GR Self Doubt/ Imposter Syndrome: Flex Med Student (did not study pre-med undergrad)- feels unprepared and like they don't know how to study. Feels worried about not being able to keep up. Wonders "do I belong here? Is it worth it?"

GR Case 2: Uncomfortable about not having a clear path. Has always had a purpose to what he is doing- puts pressure on self to clearly know goals. MH in college.

2nd session: grandmother in India not doing well, can't focus, unproductive, anxiety overwhelming.

On medication in past for anxiety. Now STMH monthly.

Self doubt/imposter syndrome, family issues, managing medical conditions of family

BF Isolation: Had no problems making friends in undergrad but feels medical school is very cliquey. Feels isolated. Is not meeting her own expectations. On medication in the past for anxiety. In STMH now monthly.

BF Isolation: School isn't stressful but has technology concerns: on phone and computer all the time should he have more friends, more of a social life (with class time optional). Living in dorm like settings- surrounded by people and in a large city but often feel alone and cut off.

BF Isolation: Older med student (age 37) 2nd career. Feels separated from peers because of age and housing, in married student housing. In STMH because his husband is depressed and it is affecting him.

JC Bereavement counseling: A student's brother died unexpectedly with no known cause. Best family friend died by gun.

GR Wellness Check-In: Student came for a wellness visit each year- reviewed sleep hygiene, how to juggle multiple priorities and how to set boundaries. Utilized both visits as both a check up and an opportunity to set goals and re-evaluate wellness.

Multiple Stressors:

Case 1: Transition to second year difficult- cancer scare in the beginning of second year.

Family just moved to Ireland, student has financial concerns, family told him he needs to take care of himself, they can't help. Failed pulmonary course, never failed before, described as "wake up call"

Is in STMH

Finances, self doubt, adjustment to medical school, family issues

Strategies and Interventions

- ▶ Required milestone meetings for 1st and 2nd year students
- ▶ Tailored outreach to all students based on WA awareness of particular stressors and events during each year of the students' education
- ▶ Contracting at initial visits- confidentiality, availability, documentation
- ▶ Assessment
- ▶ Modalities: positive psychology, resilience building, motivational interviewing, psychoeducation, CBT and advocacy
- ▶ Resource and referrals

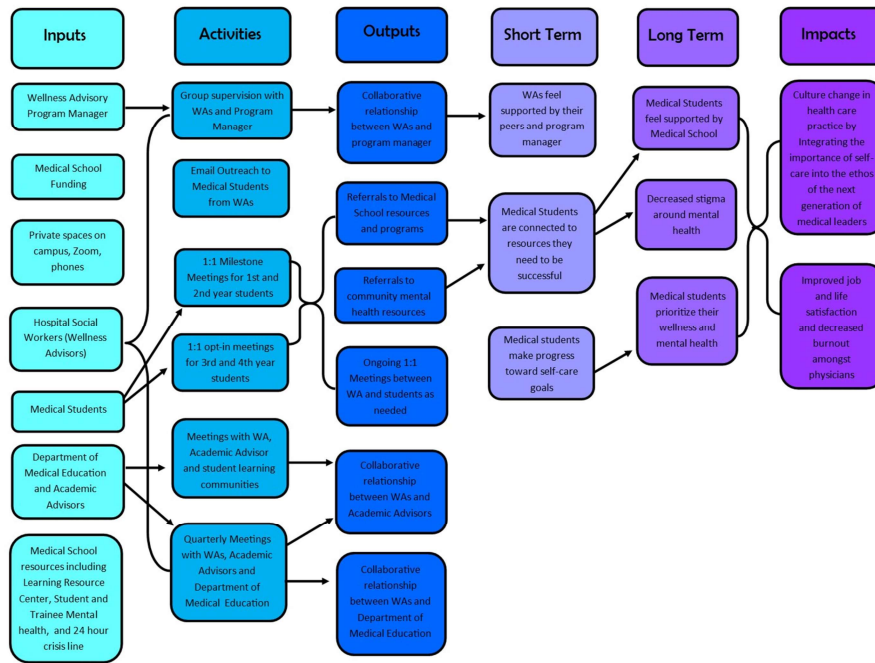
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Summary and Reflection



Putting it all together: Wellness Advisory Program Logic Model



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Program Strengths

- ▶ Flexibility
- ▶ Responsive to shifting environments
- ▶ Viewed by medical school and hospital as a resource- COVID
- ▶ Program expansion
 - Graduate school
 - PHD
 - Genetic Counseling
 - Residencies
 - Med/ Peds
 - Urology
 - Internal Medicine
 - OB
 - Emergency Medicine
- ▶ Job satisfaction, professional growth and social worker retention

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GR

Program Challenges

- ▶ High risk cases
- ▶ Transference and countertransference
- ▶ Tense political climate
- ▶ Achieving 100% participation in milestones
- ▶ Marketing
- ▶ Variation of referrals from faculty advisors
- ▶ Student Trainee Mental Health
- ▶ Medical school curriculum redesign
- ▶ Eliciting feedback and program evaluation
- ▶ Data tracking

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GR

- ▶ Tense political climate - DACA, race, etc., gender and sexuality
- ▶ Marketing - emails not read, timing of emails, too many emails
- ▶ STMH-growth, now meeting greater needs?

Discussion Questions

- ▶ Think about a professional group with whom you work. What kind of support might social workers offer to that group and the benefits and challenges of doing so.
- ▶ Do you think medical students interactions with clinical social workers during their training might have implications for their work in medical settings in the future?
- ▶ When developing a program like this, what skills would you look for when hiring social workers?