On the wards

Clinical Medical Student mental health and support—what are we doing about it?

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In the medical world, where it seems as though no one has any spare time, we uncovered something hidden, something beautiful and too often forgotten: people want to help each other — especially those struggling in the same battle. In response to the experiences University of Auckland clinical medical students have had in the often isolating, intimidating and uncertain world of hospital placements, particularly in the larger hospitals, we created the first Clinical Student Support Programme in 2018. With over 400 students involved, this programme has attempted to start a tradition of students participating in an environment filled with educational, emotional and social support. It’s such a simple concept, why hadn’t something like this already been done? I wondered the same.
As a new fourth year student, thrust into the wards harder and faster than a gravida 4 woman completes labour, I was startled by the nature of being a clinical medical student. It was exciting and self-directed, but isolating and uncomfortable.

Early Medical School itself has its stressors. Remnants of the competitiveness of pre-med linger on in a class with 260 or more incredibly high-achieving peers. You are told you only need to pass but are graded from A+ to C-, and prestigious awards are given to the best students. Our perfectionist and ‘type A’ personalities do not let us aim for mediocre. This is all while navigating the difficulties of new relationships, cliques, a binge-drinking culture, and living away from family for some – what many students in other degrees in university also experience. Season that with entering the foreign, confusing (and scarily sterile) environment of the hospital at the beginning of fourth year, where you feel like a pilot fish desperately dependent on your team to include you and teach you something. You meet new people every day and never quite fully wrap your head around the system before being shifted onto your next placement. We are exposed to suffering, death, bullying occasionally and hospital politics. Many of us were just twenty-one years of age when entering the hospital on full-time placement. It is the perfect recipe for anxiety and depression.

I remember being surprised about the lack of university follow-up and support. It seemed as though no one knew who was supposed to be our principle custodian. The support system provided to us appeared like a ‘ambulance-at-the-bottom-of-the-cliff’ strategy – once things turn pear-shaped, come and see us and we’ll try help you. I can understand the challenge for the university – there are almost 300 students in each cohort now and all spanned across eight different placement sites, and students often raise concerns or ask for help only once things are really bad. The faculty has employed many superb individuals acting in pastoral care, as Directors of Medical Student Affairs and in the Professional and Personal skills department which advocates for education around medical student well being. Despite this, and I were at a wonderfully sociable and supportive semi-rural hospital in my first clinical year, yet still felt isolated. There just isn’t enough ‘on-the-ground’ support. In a poem I wrote in my fourth year for a reflective assignment (in attempt to get points for creativity...), one paragraph reads “Travel to and from the hospital on your own, feeling alone despite surrounded by many others. My only real support is 950 kilometres away, and this is my mother’s”. We were lucky to have friendly sixth year students and opportunity to ask them questions and to talk with each other about difficult experiences on the wards.
Students based in Whangarei for their fifth year have been supported socially, emotionally and academically as a part of the culture there for years. Why was this kind of environment reserved only for those lucky enough to go there?

During fifth year I fell into a dark and nasty bout of depression, and only then I truly realised the immense difficulties many people may feel as a clinical medical student. As some of you may be thinking - perhaps I was particularly acopic, susceptible or pre-disposed to mental illness, and it would’ve happened regardless of what university path I chose. That could be true, but too many friends, peers, and participants in international research projects have experienced the same as me, for it not to be a pattern. Since opening up about my own mental health journey, I have been overwhelmed with the numbers of my peers who too have opened up about their own mental health struggles, and importantly how well they hid it.

I wondered what kind of role we as students could have to support each other, so I decided to do something about it at the end of my fifth year. With the help and advice from many incredible people who I look up to – Holly Dixon, Ajda Arsan, Jibi Kunnetheadm, Sung-Min Jun, Sophie Maisey, Lucy Gray, Christi Bowen, Zoe Wells, and many others – the idea started to come together. I began the arduous process of creating the “Clinical Student Support Programme” (CSSP), as I have boringly named it (any suggestions on a new name are welcome!).

The crux of this programme is to provide student-led group-based educational, social and moral support to clinical medical students, from clinical medical students. One-on-one mentor programmes seemed too boring, old school and paternalistic to me. I was inspired by UoA medical school’s pre-clinical Small Group Activities – SGAs – (or “cuddle club” as some of my peers adoringly called it) and by Balint groups (educational groups created in the 1960s to discuss cases and better understand the doctor-patient relationship). Aiming for this to be on a regular basis, where students were encouraged to talk about mental well being, difficult patient cases, bullying, their lives outside of medical school, and everything else in between, a proactive approach to well-being was the goal. A secondary goal of this was for the leaders to gain valuable leadership, teaching and peer support skills. Initial sign ups overwhelmingly yielded over 400 students keen to be involved. I found some brilliant sixth years at each of the eight University of Auckland clinical placement sites to facilitate the programme at their site, and the “support groups” were allocated with sixth year students as leaders. The sites are Auckland City, Waitakere/North Shore, South Auckland, Waikato, Bay of Plenty, Rotorua, Whangarei.
and Taranaki. Leaders were encouraged to contact their groups to organise meet ups and to assist in the orientation of the fourth and fifth years to the hospital. A guidebook containing ideas on how they can support their students, conversation starters, a reminder of the assessments in each year and a summary of where students can get help were provided to all leaders. We were lucky to get my friend Glenn Nightingale, from the accounting firm Nightingale Associates, to generously sponsor us as well as financial support from NZMSA and AUMSA.

So how did it go? “A good first step” is how I describe it to those curious. According to a survey I put out in September 2018 to participants, 68% of fourth and sixth years met with their group at least once, with 11% meeting three or more times. This was a pleasing start, as in previous years, there has been minimal formally organised support, and so any improvement on this is a positive. Many leaders found it difficult to engage their groups and to meet on a regular basis—this may be because of lack of free time, students believing they aren’t in any need of assistance, the reactive “she’ll be right” Kiwi attitude to things, shyness, laziness, or a combination of all. As the year went on, students became more comfortable and confident as a clinical student, so the groups met less often, but they had the contact details of their leaders in case they had any questions or issues. This emphasized to me the importance of the meet-ups at the beginning of the year when the fourth years are freshly new to the clinical site. Educational support was a success; progress test tutorials, mock OSCEs (OSCEs are the main practical assessment of medical students) and ECG tutorials were some of the events organised by the leaders. This educational support, accompanied by the enticing effect of free food, was a great way to gather the students together, show them we care about them, encourage them to meet with their support group and an opportunity for them to ask any questions. A barrier to this was that these educational sessions (and the whole programme for that matter) relied on fifth and sixth years being motivated, organised and willing to give up their spare time.

Other interesting results from the survey included that the 152 students who responded felt being a clinical student this year was a mean score of 7.3 out of 10 (with 0 being awful and 10 being amazing), and fifth year students’ rating of what it’s like being a clinical student was the lowest of the year groups. To questions about what they feel they need the most and would like to see in the programme this year, they responded: (1) Mock OSCEs; (2) meet ups to chat about how things are going and to ask questions; and (3) tips before the placement starts. 95% liked the idea of having a Clinical Student Support Programme, with 5% not yet made up their mind. Lastly, there was the opportunity for students to nominate other
students who have been particularly helpful and supportive this year, and over 50 students were nominated as making a significant impact. I have personally thanked each the students nominated – possibly the most rewarding part of this journey so far for me.

Going forward, past and present AUMSA Executive members and I have been working hard to improve and build on this initial year of the CSSP. 2019 is incredibly important, as two successful consecutive years of this programme will be a key step towards this becoming a tradition. We are hoping to target the crucial stressful components of clinical years – the beginning and initial orientation to the hospital, final year OSCEs, busy and difficult runs like General Surgery, O&G for fifth years and the Orthopaedics practical assessment. In addition, an ongoing aim is encouraging proactive approaches to wellbeing, with AUMSA Site Representatives organising social events and support group leaders encouraging regular meet ups (at least initially at the beginning of the year) and candid discussions about mental wellbeing, bullying and other difficult experiences.

2019’s AUMSA President Cameron Tuckey prompted me to articulate my overall goal for this programme and what I want medical student clinical life to be like for my successors, and this is what I came up with. “Ideally, every fourth year starts their clinical years excited to be a part of something special – a connected, supportive and enjoyable hospital site environment. They receive an adequate orientation to the hospital, are in regular contact with fifth or sixth year students throughout the year and are given opportunities to speak about any difficulties or challenges they are having or have had. Any student in distress is referred to appropriate services or escalated to the University. Fourth and fifth year students receive educational support from leaders, enabling them to feel prepared and confident for their assessments. Fifth and sixth year students get an opportunity to be leaders and teachers, to improve their emotional intelligence, responsibility, communication skills and sense of community. This whole environment described becomes a tradition that is self-sustaining and operates with ease, purely because students care about and want to help each other.”