



On the wards: Clinical medical student mental health and support – what are we doing about it?

Dr Megan de Lambert

First Year House Officer
Tauranga Hospital
Bay of Plenty District Health Board

➤ Megan de Lambert is an undergraduate PGY1 House Officer at Tauranga Hospital, recently graduated from the University of Auckland with an MBChB. She was the founder of University of Auckland medical school's first formal clinical student support programme; providing emotional, educational and social support to clinical medical students across all eight clinical sites. She is currently the NZMA Doctors in Training Council PGY1 Representative hoping to continue her journey in advocacy and leadership.

In the medical world, where it can seem as though nobody has any spare time, we uncovered something beautiful and too often forgotten: people want to help each other – especially those in shared struggles. In response to the experiences University of Auckland clinical medical students 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 seems like such a simple concept, so why had something like this not 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-medicine linger on in a class of 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 top performing students. Our perfectionist and 'Type A' personalities can render it hard to settle for what we perceive as mediocre. This is all while navigating the difficulties of new relationships, cliques, a binge-drinking culture, and living away from family – which is what many university students experience. Season that with entering the foreign, confusing (and scarily sterile), environment of the hospital at

the beginning of fourth year, and one can feel helpless, almost dependent on any given team to include you and teach you something. You meet new people every day and before you can integrate into a team or department you are shifted on to your next placement. We are occasionally exposed to suffering, death, 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 by the lack of university follow-up and support. It seemed that no one knew who was supposed to be our principle custodian. The support system provided to us appeared like an 'ambulance-at-the-bottom-of-the-cliff' strategy – once things go awry, come and see us and we will try help you. However, I can understand the challenge for the university – there are almost 300 students in each cohort now, all span across eight different placement sites, and students often raise concerns or ask for help only when the situation is dire, or not at all. 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, advocating for education around medical student well-being. Despite this, I still felt isolated even though I was placed at a wonderfully sociable and supportive semi-rural hospital in my first clinical year. There just is not enough on-the-ground support. In a poem I wrote in my fourth year for a reflective assignment, one stanza reads '[You] travel to and from the hospital on your own, feeling alone despite being surrounded by many others. My only real support is 950 kilometres away, and this is my mother's'. We were fortunate to have friendly sixth-year students and had the opportunity to ask them questions and talk to 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 over the years. Why is it that this kind of supportive environment only seems to be reserved for those lucky enough to be placed at certain sites?

During fifth year I fell into a dark and nasty bout of depression, and only then did I truly realise the immense difficulties that many people may feel as a clinical medical student. Some of you might think that I was particularly acopic, susceptible, or pre-disposed to mental illness, and that it would have 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 this phenomenon not to be a pattern. Since opening up about my own mental-health journey, I have been overwhelmed with the number of my peers who could relate with their own similar struggles and, heartbreakingly, how well they hid it.

I wondered what 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 of many incredible people that I look up to—Holly Dixon, Ajda Arsan, Jibi Kunnettedam, 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).

The crux of this programme is to provide student-led, group-based, educational, social, and moral support to clinical medical students from other clinical medical students who have walked in their shoes. One-on-one mentor programmes seemed too tedious, old school, and paternalistic to me. I was inspired by Auckland medical school's pre-clinical Small Group Activities (SGAs) (or ‘cuddle club’ as some of my peers adoringly called it, which are group-based teachings encouraging learning through sharing experiences and critical reflection). I also gained inspiration from ‘Balint groups’, which are educational groups created in the 1960s to discuss cases and to better understand the doctor-patient relationship).

The CSSP was aimed at being done 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 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 yielded overwhelming support with over 400 students enthusiastic about being involved. I found some brilliant sixth-year students at each of the eight University of Auckland clinical placement sites to facilitate the programme at their site, and these 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-year students to the hospital. Leaders were provided with 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. We were fortunate to have my friend Glenn Nightingale, from the accounting firm Nightingale Associates, to generously sponsor us, as well as financial support from the New Zealand Medical Students Association and the Auckland University Medical Students Association (AUMSA).

So how did it go?

‘A good first step’ is how I would describe it to those curious. According to a survey I put out in September 2018 to participants, 68% of fourth- and sixth-year students met with their group at least once, with 11% meeting three or more times. This was a pleasing start, as in previous years there had been minimal formally organised support, so any improvement on this was realistically 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 are not in any need of assistance, the reactive “she’ll be right” Kiwi attitude, shyness, or a combination of all of these. As the year went on, students became more comfortable and confident as clinical students, so the groups met less often, but they had the contact details of their leaders in case they had any questions or issues. This emphasised the importance of the meet-ups at the beginning of the year when the fourth-year students are new to the clinical site. Educational support was a success; progress test tutorials, mock objective structured clinical examinations (OSCEs) and electrocardiogram (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 questions. A barrier to this was that these educational sessions (and the whole programme for that matter) relied on fifth- and sixth-year students being motivated, organised, and willing to give up their spare time.

The September 2018 survey yielded other interesting results. When asked to rate what being a clinical medical student was like on a scale of 0 to 10 (with 0 being awful and 10 being amazing), the average score was 7.3 for the 152 student responders. Fifth-year students’ rating of what it is like being a clinical student was the lowest of the year groups. When asked what they felt they needed the most and would like to see in the programme this year, they responded: (1) mock OSCEs; (2) meetings to talk about how things are going and to ask questions; and (3) tips before their placement starts. 95% liked the idea of having a Clinical Student Support Programme, with 5% who had not yet made up their mind. Lastly, there was the opportunity for students to nominate peers who have been particularly helpful and supportive, and over 50 students were nominated as making a significant impact. I have personally thanked each of the nominated students—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 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, more intense runs like general surgery, obstetrics and gynaecology for fifth-year students, and the orthopaedics practical assessment. In addition, an ongoing aim is to: encourage proactive approaches to well-being, with AUMSA Site Representatives organising social events, support group leaders encouraging regular meetings (at least initially at the beginning of the year); and candid discussions about mental well-being, bullying, and other difficult experiences.

2019’s AUMSA President, Cameron Tuckey, encouraged me to articulate my overall goal for this programme and what I hope medical student clinical life to be like for my successors, and this is what I came up with. Ideally, every fourth-year student 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.

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Correspondence

Megan de Lambert: megandelambert@gmail.com