

Inclusion for Wellness: Fostering Wellness Through Inclusive Dialogue, Environments, and Practices

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EXECUTIVE SUMMARY

It is well-established that medical students and practicing physicians alike continue to suffer from extreme burnout, despite growing efforts to attend more closely to wellness. This often takes the form of mindfulness practices, community activities, transparency around work expectations, mentor and support groups, and the like. However, less attention is paid to how efforts towards inclusive learning experiences can themselves support wellness. This chapter will explore how to build a truly inclusive and justice-oriented environment in the service of student wellness by looking at three key moments of the medical education journey, exploring where things often go awry, and offering possible solutions to enhance them. Specifically, the cases will leverage the didactic experience as a student, clinical encounters as a resident, and physician educator encounters with colleagues to illustrate how enhancing inclusive dialogue, environments, and practices in these spaces can also support practitioner wellness.

BACKGROUND

From the beginning of their medical education all the way through residency to becoming a practicing physician, many medical providers struggle with issues related to health and well-being. Research suggests that over fifty percent of providers experience symptoms related to burnout including exhaustion, detachment, and self-doubt (Rotenstein et al., 2018). A similar trend regarding rates of exhaustion has been seen in medical students as well as residents and fellows (Dyrbye et al., 2014). It is clear that the stressful demands of practicing medicine predispose physicians to burnout, and that the entirety of the

medical profession has a wellness problem. However, the factors at the root of this wellness issue and the strategies we might use to enhance health and well-being for healthcare workers are less evident.

This chapter suggests that one measure of wellness that is often overlooked is individual provider feelings of inclusion and belonging, and specifically, belonging and inclusion through a Diversity, Equity, and Inclusion (DEI) lens. Inclusion has been described as “a sense of belonging; feeling respected, valued for who you are; feeling a level of supportive energy and commitment from others so that you can do your best work” (Miller & Katz, 2002). Research shows that enhancing wellbeing at any level has positive benefits on retention, satisfaction, and ultimately improved outcomes for patients (Ripp et al., 2017). We also know that factors such as lack of representation, microaggressions, unconscious bias, and other stressors negatively impact mental health, a key indicator of wellness (Tsai & Muindi, 2016). Here, through the use of case studies we illustrate how successfully promoting and engaging in inclusion efforts at the individual, practitioner, group, and institutional level is critical to enhance wellbeing across the spectrum of learning and practice.

CASE 1: ON BEING SEEN

Goal

This case illustrates how medical student classroom learning experiences afford opportunities to not only teach basic science and doctoring skills, but also to cultivate space where neuro-diverse students can feel seen and integrated into the learning community.

Learning Outcomes

1. Identify how a learning disability may affect student academic and social experiences
2. Describe appropriate ways for students to attend to their own well-being
3. Articulate ways for faculty educators to enhance inclusion in course content, facilitation, and student relationships
4. Identify actions and structures at an institutional level to enhance inclusion and support well-being for neurodiverse students

Case

Jess Walters is a first-year medical student. They were accepted to many schools, even by one offering free tuition, but decided to attend this school because they were so impressed by the diversity of the faculty and staff they met during the interview process. There were folks of different races, country of origin, gender, ability status, etc.; they were hopeful this was the right learning environment for them. Jess had been diagnosed with dyslexia as a child, and always had challenges keeping up, but was certain they wanted to become a pediatrician. During the interview process, one staff member mentioned the resources the school had available to students, including accommodations and counseling, not to mention a health training partnership with a local daycare, and a hiking club that is intentional about choosing activities in which wheelchair-bound folks could also participate (Jess thought to themselves, my friend Pedro would love this!). With that range of activities and opportunities, Jess was certain the

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