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Supplemental Digital Appendix 1

Survey Focus Areas and Sample Survey Items

Survey Focus Area	Sample Survey Items
1. Preventative programming	Does your school offer student focused events on: burnout, self-care, meditation
2. Reactive programming	How would you rate student accessibility to student counseling services?
3. Structural and curricular changes	Does your school have structural or curricular initiatives: Pass/Fail, No AOA, etc.
4. Culture of wellness	Our wellness program is valued by our leadership
5. General program characteristics	Who leads your wellness program?
6. Mental health resources	Do you have in-house mental health professional with dedicated time to see students?
7. Barriers to the wellness program	What obstacles has your wellness program faced?
8. Evaluation practices	How do you evaluate the effectiveness of your wellness program?

Supplemental Digital Appendix 2

Survey Instrument

National Survey of Wellness Programs

Thank you for participating in our survey. This survey should take approximately 10 minutes. Results from the survey will be reported only in aggregate form and will NOT be associated with you or your organization.

This survey aims to assess the prevalence and status of Wellness Programs at US and Canadian medical schools. If you have questions about this study, please contact Wei Wei Lee at wlee3@medicine.bsd.uchicago.edu. This study has been approved by the University of Chicago IRB 19-0692.

All participants are eligible to enter a drawing for one of 10 \$100 Amazon gift cards. Information on how to enter the drawing will be provided when the survey is submitted.

Thank you!

Please tell us a bit about yourself

Role (Check all that apply):

- ☐ Dean of Students
- ☐ Director of Student Affairs
- ☐ Wellness Director
- ☐ Other

Please clarify your other role(s): _____

Wellness Program Characteristics

We define a "Wellness Program" as a program overseen by a faculty or staff member, or committee which addresses medical student well-being. Wellness programs support students through events and resources to promote physical, psychological, financial, academic and social well-being.

Does your medical school have a Wellness Program, as defined above, for students?

- ☐ Yes
- ☐ No
- ☐ Planning to in the next academic year

If No or Planning to in the next academic year:

Why don't you currently have a wellness program at your medical school? (Check all that apply)

- ☐ The school doesn't think we need one
- ☐ Lack of financial support
- ☐ Lack of institutional support
- ☐ Lack of leadership support
- ☐ Insufficient administrative support
- ☐ Insufficient faculty support
- ☐ Insufficient student interest
- ☐ Lack of expertise in program development
- ☐ Our institution has not experienced significant obstacles
- ☐ Other

Please clarify the other reason(s) you don't currently have a wellness program _____

Do you have any additional thoughts on wellness programming you would like to share? _____

If Yes: Who leads your Wellness Program (Check all that apply)

- ☐ Medical School Dean
- ☐ Medical School Faculty
- ☐ Medical School Staff
- ☐ Medical Students
- ☐ Other
- ☐ Please clarify what you mean by other _____

What % FTE does your medical school support for leadership roles in wellness? _____

What positions are included in your previous answer (please provide % FTE and job title i.e. 50% FTE- Wellness Director) _____

What prompted the development of the Wellness Program at your school? Select the top 3 reasons.

- ☐ Response to national trends (i.e. high rates of physician burnout, depression, anxiety, suicide, etc. reported in literature, etc.)
- ☐ Response to local data (i.e. high burnout rates in students in your school, etc.)
- ☐ Response to specific incident(s) at your school (i.e. student or faculty suicide, near miss, etc.)
- ☐ Response to student interest or feedback
- ☐ LCME accreditation standards
- ☐ Feedback from Admissions (i.e. applicants inquiring about wellness programming, etc.)
- ☐ AAMC Graduate Questionnaire (GQ) results
- ☐ Other
- ☐ Unsure

Please clarify what you mean by other _____

What is the annual budget for your Wellness Program None for the academic year (NOT including salaries of faculty and staff)?

- ☐ < \$5,000
- ☐ \$5,000-10,000
- ☐ \$10,001-25,000
- ☐ \$25,001-50,000
- ☐ >\$50,000
- ☐ Other
- ☐ Unsure

Please specify your budget _____

Does your school have a Wellness Committee?

- ☐ Yes
- ☐ No
- ☐ Planning to in the next academic year

Who is on your Committee? (Check all that apply)

- ☐ Students
- ☐ Staff
- ☐ Faculty
- ☐ Representatives from Student Counseling Services
- ☐ Representatives from Student Health Services
- ☐ Representatives from Student Disability Services
- ☐ Others

Please clarify who you mean by others _____

How would you rate student accessibility to the following wellness resources

	Poor (difficult to schedule appointments, etc.)	Fair	Good	Very Good	Excellent (i.e. students can easily make appointments, office hours available, etc.)
Faculty who support student well-being (Dean of Students, Wellness Director, etc.)					
Staff who support student well-being					
Student counseling services					
Student health services					
Student disability services					

Culture of Wellness

Our wellness program is valued by the leaders in our medical school

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

Overall, how satisfied are your students with your wellness program?

- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very Satisfied

☐ Unsure

What obstacles has your wellness program faced? Please check all that apply.

- ☐ Lack of financial support
- ☐ Lack of institutional support
- ☐ Lack of leadership support
- ☐ Insufficient administrative support
- ☐ Insufficient faculty support
- ☐ Insufficient student interest
- ☐ Lack of expertise in program development
- ☐ Our institution has not experienced significant obstacles
- ☐ Other

Please clarify what you mean by other _____

Please indicate whether your school has adequate initiatives or programming dedicated to the following components of your wellness program

	None (we do not have these elements)	Too Little	Just Right	Too Much
Preventative programming (programs to balance out negative aspects of medical education: meditation, stress management etc.)				
Reactive programming (directing distressed students to support resources, mental health services etc.)				
Addressing structural and curricular contributors to student distress (curricular aspects and learning environment: pass-fail, no AOA etc.)				
Culture of wellness (faculty and student buy-in, faculty emphasizing the importance of wellness at orientations, class meetings etc.)				

The following questions are about mental health resources in your wellness program

Do you have in-house mental health professional(s) at your medical school (i.e. psychiatrist psychologist) with dedicated FTE to exclusively see medical students

- ☐ Yes
- ☐ No
- ☐ Planning to in the next academic year

What is the total %FTE they are available to see medical students (i.e. 20% FTE for psychiatrist who is available 1 day/week to see students) _____

Any additional comments on your in-house mental health professional(s)? _____

Do you have mandatory appointments for your students with a mental health professional (i.e. psychiatrist, psychologist, etc.)?

- ☐ Yes, for all students
- ☐ Yes, for a subset of students
- ☐ No
- ☐ Planning to within the next academic year

How often do you have mandatory appointments? Once during M1 year

- ☐ Annual appointments
- ☐ Other

Please clarify what you mean by other _____

Does your school screen students for burnout?

- ☐ Yes
- ☐ No
- ☐ Planning to within the next academic year

How often do you screen students? Once at the start of M1

- ☐ Annually
- ☐ Twice a year
- ☐ Other

Please clarify what you mean by other _____

What is the follow-up if students screen positive _____

Does your school screen students for depression?

- ☐ Yes
- ☐ No
- ☐ Planning to within the next academic year

How often do you screen students? Once at the start of M1

- ☐ Annually
- ☐ Twice a year
- ☐ Other

Please clarify what you mean by other _____

What is the follow-up if students screen positive _____

Does your school screen students for anxiety?

- ☐ Yes
- ☐ No
- ☐ Planning to within the next academic year

How often do you screen students? Once at the start of M1

- ☐ Annually
- ☐ Twice a year
- ☐ Other

Please clarify what you mean by other _____

What is the follow-up if students screen positive _____

Which of the following mental health support programs for students does your school offer? (Check all that apply)

- ☐ Peer Support for Mental Health Conditions (Mental Health First Aid, etc.)
- ☐ Process or Balint Groups
- ☐ Peer Suicide Prevention Program (QPR, STEP UP, etc.)
- ☐ Bystander training
- ☐ Other
- ☐ None of the above
- ☐ Please clarify what you mean by other _____

Structural and Curricular Initiatives

Does your school have any of the following structural or curricular initiatives? (Check all that apply)

- ☐ Pre-clinical Pass/Fail Grading No AOA
- ☐ Clerkship Pass/Fail Grading (i.e. No honors or high pass)
- ☐ No Gold Humanism Award
- ☐ No Shelf exams
- ☐ Work hour limits for medical students
- ☐ Scheduled time off from clerkships (i.e. one afternoon a month off for health appointments, self care, etc.)
- ☐ Assigned faculty advisor
- ☐ Peer mentoring programs
- ☐ Learning communities/societies
- ☐ Other
- ☐ None of the above

Please clarify what you mean by other _____

Does your school have a Wellness Curriculum (i.e. integration of student well-being lectures content into the formal curriculum)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Planning to within the next academic year

Who does the curriculum target? (Check all that apply)

- ☐ Preclinical students
- ☐ Clinical students
- ☐ Other

Please clarify what you mean by other _____

Is your Wellness Curriculum:

- ☐ Mandatory
- ☐ Elective
- ☐ Both - we have mandatory and elective portions of the curriculum

Preventative Programming

- ☐ Does your school offer programming on the following? (Check all that apply)
- ☐ Social and community health (class parties, picnics, etc.)
- ☐ Physical health (fitness classes, meditation, gym access, etc.)
- ☐ Spiritual health (opportunities for spiritual reflection, etc.)
- ☐ Financial health (debt managing, budgeting, etc.)
- ☐ Academic support (workshops, coaching, etc.)
- ☐ Mental Health programming (stress management, managing anxiety etc.)
- ☐ Other
- ☐ None of the Above

Please clarify what you mean by other _____

Does your school offer student-focused events (i.e. lectures, workshops, etc.) on the following topics? (Check all that apply)

- ☐ Burnout
- ☐ Resiliency
- ☐ Depression
- ☐ Anxiety
- ☐ Substance use
- ☐ Self-care
- ☐ Sleep
- ☐ Imposter syndrome
- ☐ Meditation
- ☐ Other
- ☐ None of the above

Please clarify what other topics your preventative health events cover _____

Which of the following specific student groups does your school have events for? (i.e. lectures, workshops, etc.)

- ☐ First generation students
- ☐ Underrepresented in medicine students
- ☐ Women in medicine
- ☐ Students with learning differences
- ☐ LGBTQ students
- ☐ Students with families (spouses, children, etc.)
- ☐ Other
- ☐ None of the above

Please clarify what specific student group(s) you mean by other _____

Evaluation

Do you evaluate the effectiveness of your Wellness Program?

- ☐ Yes
- ☐ No
- ☐ Planning to in the next academic year

How do you evaluate your wellness program? (Check all that apply)

- ☐ Evaluate the wellness program at the end of each academic year (student survey)
- ☐ Evaluate select wellness events with a survey
- ☐ Use results from the AAMC Graduate Questionnaire (GQ)
- ☐ Track student burnout rates
- ☐ Track student depression rates
- ☐ Track student anxiety rates
- ☐ Other

Please clarify what you mean by other _____

What are the barriers to evaluating your wellness program? (Check all that apply)

- ☐ Lack of time
- ☐ Lack of administrative support
- ☐ Lack of expertise in evaluation
- ☐ Lack of financial support
- ☐ Other
- ☐ No significant barriers

Please clarify what you mean by other _____

What do you consider your three most successful wellness events/programming:

Event/ Programming 1 _____

Event/ Programming 2 _____

Event/ Programming 3 _____

Final Wrap Up

Do you have any additional thoughts on your Wellness Program you would like to share?

Thank you for completing the survey!

To thank you for your time, all participants are eligible to enter a drawing for one of 10 Amazon gift cards for \$100. If you are interested in entering the drawing, please enter your email address here: _____