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**PROPOSED BY:**

James Gordon, University of Southern California

**That the following be adopted:**

ACAPT will develop a plan to enhance awareness of the mental health needs of DPT students and identify best practices by academic programs to support and improve students’ health and well-being.

**Support Statement:**

1. In 2016, The Interprofessional Education Collaborative (IPEC), of which ACAPT is a member, requested, “A statement of the association's activities that are relevant to promoting learner wellness and resiliency.” A search of the APTA’s core documents and communication with CAPTE and APTA staff revealed that no such statement exists. Current physical therapist education includes many aspects of health promotion and wellness in the Normative Model of PT Professional Education and the Minimum Required Skills related to patients and clients.1 HOD P06-16-05-06, THE ASSOCIATION’S ROLE IN ADVOCACY FOR PREVENTION, WELLNESS, FITNESS, HEALTH PROMOTION, AND MANAGEMENT OF DISEASE AND DISABILITY, also speaks to the topic, but again, the focus is directed primarily to the external community. The one priority directed at the profession’s members, speaks to making healthy lifestyle choices, “Physical therapists making healthy personal lifestyle choices that include engaging in active forms of transportation and meeting national guidelines for participation in physical activity and exercise.”

Anne Mejia-Downs, in her 2017 Linda Crane Lecture, spoke to the evidence that PT students experience increased levels of stress compared to other types of students and young working adults of the same age.2–6 She identified that, while some individuals appear to have more native resilience than others, several randomized controlled trials of resilience training programs in a variety of populations demonstrate signiﬁcant decreases in stress and anxiety, improved positive mood and effective coping, and improved resilience. These studies have been done in such diverse populations as internal medicine physicians,7 breast cancer survivors,8 healthy graduate students,9 and undergraduate and graduate college students.10

Of the 19 academic member associations of IPEC, (pages 4-24) 17 have statements related to student, faculty and clinician wellness and resiliency. It is incumbent upon this group to develop a strong statement that gives explicit direction to educational programs regarding resilience skill development.

2. Fiscal Considerations

A draft statement for submission to IPEC (see page 3) has already been created. A small task force could be easily convened to create a more definitive statement at minimal expense as the primary work could be completed electronically. Should ACAPT decide to complete data collection related to identifying the activities of its constituent members related to student resilience, the IPE task force, which also incurred no expenses, would be an excellent model.

1. A Normative Model of Physical Therapist Professional Education: Version 2004, Appendix D. Alexandria, VA: American Physical Therapy Association; 2004.

2. Frank LM, Cassady SL. Health and wellness in entry-level physical therapy students: Are measures of stress, anxiety, and academic performance related. *Cardiopulm Phys Ther*. 2005;16(4):5-13.

3. O’Meara S, Kostas T, Markland F. Perceived academic distress in physical therapy students*. J Phys Ther Educ.* 1994;8(2):71-75.

4. Walsh JM, Feeney C, Hussy J, Donnellan C. Sources of stress and psychological morbidity among undergraduate physical therapy students. *PhysiotherTheory Pract*. 2010;96(3):206-212.

5. Jacob T, Gummesson C, Nordmark E. Perceived stress and sources of stress among physiotherapy

students from 3 countries. *J Phys Ther Educ*. 2012;26(3):57-65.

6. Frazer GH, Echternach JI. Response of physical therapy students to stress indicators. *J Phys Ther Educ.* 1991;5(2):72-77.

7. Sood A, Prasad K, Schroeder D, Varkey P. Stress management and resilience training among Department of Medicine faculty: A pilot randomized clinical trial. *J Gen Int Med*. 2011;26(8):858-861.

8. Loprinzi CE, Prasad K, Schroeder DR, Sood A. Stress Management and Resilience Training (SMART) program to decrease stress and enhance resilience among breast cancer survivors: A pilot randomized clinical trial. C*lin Breast Cancer*. 2011;11(6):364-368.

9. Rose RD, Buckley JC Jr., Zbozinek TD, et al. A randomized controlled trail of a self-guided, multimedia, stress management and resilience training program. *Behav Res Ther*. 2013;51(2):106-112.

10. Steinhardt M, Dolbier C. Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *J Am Coll Health*. 2008;56(4):445-453.

**RELATIONSHIP TO PURPOSE AND OBJECTIVES OF THE ACAPT:**

This motion speaks directly to the strategic objective to lead the exploration and creation of best practice standards in academic physical therapy.

**RELEVANT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

[Include current standard, position, guideline, policy or procedure if applicable]

**Draft statement for submission to IPEC**



The American Physical Association has a history of educating physical therapy students to, and supporting physical therapy professionals for, making an impact in health promotion and wellness. APTA Standards of Practice for Physical Therapy states the physical therapist educates the public, including prevention education and health promotion and the Guide to PT Practice describes physical therapists as providing prevention and promoting health, wellness, and fitness. The APTA has position statements advocating for prevention, wellness, and health promotion, and educating physical therapy students to modify health behaviors and participate in a healthy lifestyle.

Physical therapy education includes many aspects of health promotion and wellness for students as are included in the Normative Model of PT Professional Education and the Minimum Required Skills.

The APTA also supports health and wellness with peer-reviewed research on health promotion topics and continuing education opportunities.

**Recent Research on Health Promotion**

* Parra DC, Bradford ECH, Clark BR, et al. Population and Community-Based Promotion of Physical Activity: a Priority for Physical Therapy. *Phys Ther*.2017;97(2):159-160.
* Willgens AM, Craig S, DeLuca M, et al. Physical Therapists' Perceptions of Mindfulness for Stress Reduction: An Exploratory Study. *J Phys Ther Educ.* 2016;30(2):45-51.
* Mejia-Downs, A. Resilience: Everyone Has It—What Will You Do With Yours? *Cardiopulm Phys Ther J.* 2017 (in press).
* Bezner JR. Promoting Health and Wellness: Implications for Physical Therapist Practice. *Phys Ther*. 2016;96(1):123.
* Knight E, Werstine RJ, Rasmussen-Pennington DM, et al. Physical Therapy 2.0: Leveraging Social Media to Engage Patients in Rehabilitation and Health Promotion. *Phys Ther.* 2015;95(3):389-396.
* Black B, Marcoux BC, Stiller C, et al. Personal heatlh Behaviors and Role-Modeling Attitudes of Phaycial Therapists and Physical Therapist Students: A Cross-Sectional Study. *Phys Ther*.2012;92(11):1419-1436.

**Continuing Education for Health Promotion**

* Podcast: Physical Fitness: Promoting Health & Wellness
* Physical Fitness: Promoting Health & Wellness in All Patient/Client Populations
* Spiritual and Health Implications for Physical Therapy Practice
* Private Practice Silos Redefined: The New World of Population Health and Prevention
* The Fitness Paradigm Shift for People with Intellectual Disability
* Health and Wellness for the Older Adult: Roles, Responsibilities, and Evidence

SUMMER 2017 IPEC COUNCIL MEETING

**Statements & Surveys: Wellness and Resiliency Activities**



The Academy of Nutrition and Dietetics (Academy) is involved in several activities that promote learner wellness and resiliency. Practitioner/preceptors provide supervised experiential learning for students, however, the student/preceptor relationship may not always be positive. To help address this tension point, several strategies have been implemented.

• The Commission on Dietetic Registration offers an online preceptor training course to better prepare practitioners for their role as preceptor.

• The Academy annually awards Outstanding Preceptor recognition to seven practitioners to promote examples of excellence in this role.

• The *2017 Accreditation Standards* issued by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) includes new knowledge and competency expectations related to students developing an appreciation for and practicing mentoring and precepting others.

• Students in Nutrition and dietetics education programs often feel the pressure of balancing the academic, job, and service expectations needed to make them competitive candidates for internships; some are challenged with eating disorders/disordered eating. The ACEND *2017 Accreditation Standards* include requirements that students have access to student support services, including health services, counseling and testing and financial aid resources to help students be more resilient.

• The Academy offers student membership and has a strong Student Advisory Committee that offers a student networking community, mentoring resources, and online publications and materials to help support students in their goal of becoming registered dietitian nutritionists.

• Two Academy members recently co-authored a commentary describing stress and burnout among nutrition and dietetics students and professionals (https://nam.edu/stress-induced-eatingbehaviors-of-health-professionals-a-registered-dietitian-nutritionist-perspective/).

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The American Association of Colleges of Nursing (AACN) actively promotes best practices and exemplars related to student and faculty wellness via our extensive conference and webinar programming. Examples include a webinar titled *Be Well, Teach Well, Learn Well: Wellness for Faculty and Students* featuring experts from West Texas A&M University and a conference session at our November 2016 Baccalaureate Education Conference on *Resiliency: Skills for Personal and Professional Effectiveness*. Additionally, AACN’s upcoming 2017 Summer Seminar on *Adapting to the Uncertainty in Academic Nursing: Building Effective Teams to Sustain Strategy* will address adaptability, resiliency, and crisis management for nursing school deans and senior faculty.

This past April, AACN and the Schwartz Center for Compassionate Healthcare, a national leader in the movement to strengthen and sustain the human connection at the heart of healthcare, received a grant from the Josiah Macy Jr. Foundation to develop a Compassion Scholars Program. The first Compassion Scholars Program will be held in conjunction with the inaugural Compassion in Action Healthcare Conference (CiA) in Boston from June 25-27. The Schwartz Center and AACN will work with academic leaders from ten New England medical and nursing schools to guide the selection of a total of twenty students to participate in the initial pilot of the Compassion Scholars Program. The program is designed to give select nursing and medical students exposure to strategies, skills, and programs that are being successfully implemented in settings they are likely to encounter in the field. The primary goal of the Scholars program is to introduce medical and nursing students to the positive impact of compassion on patients and their families, caregivers, teams, and organizations in enhancing health, resilience, and well-being. This program also aims to create a network of compassion ambassadors, faculty, and leaders, including future leaders, who will work to create cultures of compassion in health professional education and in clinical practice.

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In 2016, Osteopathic Medical Colleges surveyed its medical students to assess the levels of depression, anxiety, suicidality and support within the student population. Forty-percent of students completed the survey (40%). The results revealed that there were important gaps in support, and that a major effort should be undertaken.

Using the results of the student survey, each college was provided with the data from their school and how it compared to other colleges.

AACOM’s Board of Deans pledged to meet with student leaders, and to assess their college’s mental health services. In addition, students established a Mental Health Taskforce, and committed to 5-year program to assess student wellness. Osteopathic medical student leaders, and AACOM’s Board of Deans, supported improved accreditation standards to support an academic and clinical environment of well-being.

Changes have occurred at a number of colleges including a change in how mental health is viewed. Many colleges implemented wellness and mental health support as a best practice, and adopted the view that all students would benefit from mental health support, and if a student did not want support that it would be an opt-out for that student as an exception. The default was to assume that all students would benefit from support.

The five-year plan to enhance awareness of mental health needs for osteopathic medical students continues with identification of best practices at the osteopathic medical colleges and the identification of a mental health ambassador at each college. In addition, the student mental health survey is being repeated.

**About AACOM**

The American Association of Colleges of Osteopathic Medicine (AACOM) represents the 33 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 48 teaching locations in 31 states. In the 2016-17 academic year, these colleges are educating more than 27,000 future physicians—more than 20 percent of all U.S. medical students. Six of the colleges are public and 27 are private institutions.

AACOM was founded in 1898 to support and assist the nation's osteopathic medical schools, and to serve as a unifying voice for osteopathic medical education. AACOM provides leadership for the osteopathic medical education community by promoting excellence in medical education, research and service, and by fostering innovation and quality across the continuum of osteopathic medical education to improve the health of the American public.

**American Association of Colleges of Osteopathic Medicine**

**Elements of Student Wellness Questionnaire**

• Demographic questionnaire: A brief demographic questionnaire will elicit basic information about each participant’s background.

• The NIH PROMIS Depression Instrument: assesses self-reported negative mood (sadness, guilt), views of self (self-criticism, worthlessness), and social cognition (loneliness, interpersonal alienation), as well as decreased positive affect and engagement (loss of interest, meaning, and purpose). Somatic symptoms (changes in appetite, sleeping patterns) are not included, which eliminates consideration of these items’ confounding effects when assessing patients with comorbid physical conditions.

• The NIH PROMIS Anxiety Instrument: measures self-reported fear (fearfulness, panic), anxious misery (worry, dread), hyperarousal (tension, nervousness, restlessness), and somatic symptoms related to arousal (racing heart, dizziness).

• P4 Screener: assesses suicide risk by asking about the “4Ps”: past suicide attempts, a plan, probability of completing suicide, and preventive factors.

• The SCOFF Questionnaire: a five-question screening tool designed to clarify suspicion that an eating disorder might exist rather than to make a diagnosis.

• Sleep quality: This question was developed for use in this study. It measures average amount of sleep a student gets each night.

• Caffeine, Alcohol, Stimulant Use questions: These questions were developed specifically for use in this study. These questions measure students’ consumption of caffeinated beverage, consumption of alcohol, and use of stimulants.

• Campus and Community Wellness Resources: These questions were developed specifically for use in this study. These questions measure students’ knowledge, willingness to use resources, and perceived effectiveness of resources. The Mental Illness Clinicians’ Attitudes scale (MICA-2) was created for use with medical students. It measures medical student’s attitudes toward mental illness.

• Coping Styles: is a 15-item measure assessing emotional coping and self-controlled coping. Participants are asked to rate each item on a 4-point scale, ranging from “not at all like me” to “very much like me.”

• Perception of Mental Health Challenges in Others: These questions were developed specifically for use in this study. These two questions assess students’ awareness of mental health challenges among peers and how it affects them.



Two of the most well established programs that aim to enhance student wellness and resilience were developed at Butler University and the University of California – San Francisco. The Butler program, entitled My First Patient, was subsequently introduced at West Virginia University where it became an interprofessional program. Today, pharmacy, medical and dental students participate in the course together where they learn that wellness begins with taking care of themselves so as to be more able to deliver patient-centered care.

At UCSF, Eleanor Vogt, PhD and colleagues have adapted from the work of Rachel Naomi Remen, also at UCSF, to design and deliver stress reducing programs for students, faculty and other clinicians. This article also described how Ellie and UCSF Medical School colleague Henry Kahn have introduced their program to Bay area public works employees as part of their wellness and stress relief efforts. Dr. Vogt presented a mindfulness workshop based on her work to the AACP staff in September 2016.

AACP has taken initial steps to evaluate the current activities to assess wellbeing and stress and the availability of programs at member institutions. Our current Student Affairs Committee offers several recommendations related to this in their forthcoming report. This includes including programming at AACP meetings and stress reduction/mindfulness tips in our news magazine. The Committee also proposed several questions to be added to both the Graduating Student and Faculty surveys related to the experience of stress and the availability of services to address stress and mental health.

There is only one current question in our Graduating Student Survey that has any close association with wellness, and it does not specifically address mental health:

**51. College/school provided access to student health and wellness services (e.g. immunizations, counseling services, campus pharmacy, primary care clinics, etc.)**

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The American Dental Education Association represents the institutional and individual members of the dental education community, including predoctoral and advanced dental education, allied dental education and residency training. The dental education curriculum is intense. Not only do students need to be competent in the basic and clinical sciences prior to graduation, they also need to develop the dexterity to perform surgical procedures at the same time. The success or failure of these procedures is often measured in tenths of a millimeter—a basic restoration of a cavity in a tooth can fail if there is any opening at the margins of the filling. The stress related to these issues in the learning continuum can affect well-being in many ways. Our association has a commitment to learner well-being and is addressing the issues in many ways. Our *Journal of Dental Education* is a repository of articles which address learner well-being. Our various councils and sections have programming at our annual session and other venues to provide contemporary information to our members. The theme of our annual leadership meeting in January 2017 is professional wellness and resilience. We are actively engaged in the National Academy of Medicine’s efforts on investigating these issues from an interprofessional perspective as well.

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Since the inception of the profession of occupational therapy a century ago the link health and occupational engagement has been a central tenant of the profession. For decades, leaders in the profession have emphasized the need for prevention and health promotion (Pizzi & Gage, 2017). Current health care practice requires occupational therapy practitioners to manage many dimensions of patient care. Combining professional and educational duties with the emotional energy required for patient encounters and managing one’s personal life can create the potential for burnout and compassion fatigue and an imbalanced professional quality of life (Stamm, 2010). In response to the growing demands placed on practitioners and students the profession has begun a number of initiatives to address burnout, stress and compassion fatigue in occupational therapy practice and education (Zeman & Harvison, 2017).

Key elements of the initiatives include:

* + Entry-level education:
* Curriculum modules and experiential learning activities addressing balance of occupational engagement in practitioners and students (e.g. Reid, 2013).
* Student workshops focused on health and wellness topics (e.g. mindfulness) at the annual student conclave.
	+ Continuing professional development:
* Wellness workshops for practitioners
* Awareness program through trade magazines and articles

Luken, M., and A. Sammons. 2016. Systematic review of mindfulness practice for reducing job burnout. *American Journal of Occupational Therapy* 70(2):1-10.

Pizzi, M. A., & Richards, L. G. (2017). Guest Editorial—Promoting health, well-being, and quality of life in occupational therapy: A commitment to a paradigm shift for the next 100 years. *American Journal of Occupational Therapy* 71, 7104170010. <https://doi.org/10.5014/ajot.2017.028456>

Reid, D. 2009. Capturing presence moments: The art of mindful practice in occupational therapy. *Canadian Journal of Occupational Therapy* 76(3):180-188.

Reid, D. 2011. Mindfulness and flow in occupational engagement: Presence in doing. *Canadian Journal of Occupational Therapy* 78(1):50-56.

Reid, D. T. 2013. Teaching mindfulness to occupational therapy students: Pilot evaluation of an online curriculum. *Canadian Journal of Occupational Therapy* 80(1):42-48.

Stamm, B. H. 2010. The concise ProQOL manual, 2nd ed. Pocatello, ID: ProQOL.org. Zeman, E. and N. Harvison. 2017. Burnout, stress and compassion fatigue in occupational therapy practice and education: A call for mindful, self-care protocols. Commentary, National Academy of Medicine, Washington, DC. https://nam.edu/wp-content/uploads/2017/03/Burnout-Stress-and-Compassion-Fatigue-in-Occupational-Therapy-Practice-and-Education-A-Call-for-Mindful-Self-Care-Protocols.pdf.

**Health Promoting Activities Scale (HPAS)**

OBJECTIVE. The Health Promoting Activities Scale (HPAS) measures the self-rated frequency with which adults participate in activities that promote health.

METHOD. We used an online survey that included the HPAS and measures of mental and physical health. Statistical analysis included intraclass correlation coefficients (ICCs), measurement error, error range, limits of agreement, and minimum detectable change (MDC).

RESULTS. The HPAS showed good internal consistency (Cronbach’s a 5 .73). Construct validity was supported by a significant difference in HPAS scores among participants grouped by physical activity level; no other differences were significant. Results included a high aggregate ICC of .90 and an MDC of 5 points.

CONCLUSION. Our evaluation of the HPAS revealed good reliability and stability, suggesting suitability for ongoing evaluation as an outcome measure.

Muskett, R., Bourke-Taylor, H., & Hewitt, A. (2017). Intrarater reliability and other psychometrics of the Health Promoting Activities Scale (HPAS). *American Journal of Occupational Therapy*, 71, 7104190010. https://doi.org/10.5014/ ajot.2017.021162

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**Resources on Stress and Wellness in Psychology Trainees**

**Selected Assessment Tools for Measuring Student Wellness**

The following measures are being used by psychologists in college counseling centers and are presented as examples of the types of measures psychologists have developed. While they could be used to screen for need for psychological services the primary use is to track progress over the course of treatment. Administration and interpretation should be limited to those with appropriate training and credentials as applicable. The test publisher must be contacted to make a request to purchase these measures.

1. The Behavioral Health Measure-20 (BHM-20) is a brief, computer administered, measure that is used to track patient outcomes over the course of treatment. It provides an overall mental health scale score and well-being, psychological symptoms, and life functioning subscale scores.

2. The Counseling Center Assessment of Psychological Symptoms (CCAPS) Instrument was developed specifically for use at college counseling centers. It is administered via computer. The CCAPS-62 is typically administered during the first appointment. The 62 items on this scale provide 8 subscale scores that address psychological symptoms and distress. It takes under 10 minutes to complete. The CCAPS-34 is a shortened version of the CCAPS-62 and is used to monitor symptom changes during treatment.

3. The Outcome Rating Scale (OQ-45) is a brief self-report measure used to assess indicators associated with successful treatment outcome. It can be administered via a computer and has questions that address depression, anxiety, substance abuse, interpersonal difficulties, and life role difficulties. In addition to a total score, the OQ-45 provides three subscales; symptom distress, interpersonal relations, and social role.

**APA Resources for Trainees and Psychologists:**

1. Garrett Lee Smith Memorial Act - Campus Suicide Prevention Program

Signed into law on October 21, 2004, the Garrett Lee Smith Memorial Act (GLSMA) was named in memory of Senator Gordon H. Smith's son, Garrett, who died by suicide in 2003. The bill was authored by a bipartisan, bicameral group of Members of Congress intent on curbing the rate of youth suicide in the United States. The law supports three important programs; the Suicide Prevention Resource Center, Youth Suicide Intervention and Prevention Strategy Grants to States and Tribes, and Mental Health and Substance Use Disorder Services and Outreach on Campus. Advocacy for funding at $7 million for 2018 is underway.

Since 2005, the Garrett Lee Smith Memorial Act has supported 370 youth suicide prevention grants in 50 states, 46 tribes or tribal organizations, and 175 institutions of higher education. Grants are administered through the Substance Abuse and Mental Health Services Administration (SAMHSA).

APA members were instrumental in the creation of the Campus Suicide Prevention grant program, an initiative that grew out of the Campus Care and Counseling Act (104th Congress) – bipartisan legislation that was developed collaboratively by APA members in college counseling centers, APA’s Education Directorate, and Congressional staff in both the House and Senate.

2. APA Center for Organizational Excellence

The APA Center for Organizational Excellence applies psychology to a range of workplace issues in order to promote well-functioning individuals, groups, organizations, and communities. Two of the Center’s signature activities are the annual Work and Well-Being Survey and the Psychologically Health Workplace Awards. For more information see: <http://www.apaexcellence.org/>.

3. APA Advisory Committee on Colleague Assistance

The APA Advisory Committee on Colleague Assistance was established to prevent and reduce work related distress and impairment in psychologists and share relevant resources with state psychological associations in service of protection of the public. For more information see: <http://www.apa.org/practice/leadership/colleague-assistance.aspx>.

4. Self-care Resources

The American Psychological Association Practice Organization has created a webpage with resources for psychologists related to self-care. For more information see: http://www.apapracticecentral.org/ce/selfcare/

index.aspx?\_ga=1.137323888.1128196802.1493046832

5. Work, Stress and Health Conference

The Work, Stress and Health Conference is convened by the American Psychological Association, the National Institute for Occupational Safety and Health, and the Society for Occupational Health Psychology and has occurred annually since 2005. The Conference focuses on the health, safety and well-being of workers in the context of the changing nature of work. The conference is geared toward individuals representing labor, management, practitioners and researchers.

**Other Relevant Resources:**

American College Health Association National College Health Assessment – survey that provides data on mental health in graduate/professional students, does not break down by discipline:

http://www.acha-ncha.org/docs/NCHAII%20SPRING%202016%20GRADUATE%20PROFESSIONAL%20REFERENCE%20GROUP%20DATA%20REPORT.pdf

**Selected Literature on Stress and Wellness and Psychology Trainees**

Bamonti, P. M., C. M. Keelan, N. Larson, J. M. Mentrikoski, C. L. Randall, S. K. Sly, R. M. Travers, and D. W. McNeil. 2014. Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology* 8(4):253-260. doi.org/10.1037/tep0000056

Carter, L. A., and J. E. Barnett. 2014. *Self-care for clinicians in training: A guide to psychological wellness for graduate students in psychology*. New York, NY: Oxford University Press.

Cohen, J. S., & Miller, L. J. (2009). Interpersonal mindfulness training for well-being: A pilot study with psychology graduate students. *Teachers College Record*.

Colman, D. E., R. Echon, M. S. Lemay, J. McDonald, K. R. Smith, J. Spencer, and J. K. Swift. 2016. The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology* 10(4):188-197. doi.org/10.1037/tep0000130

El-Ghoroury, N. H., D. I. Galper, A. Sawaqdeh, and L. F. Bufka. 2012. Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology* 6(2):122-134. doi.org/10.1037/a0028768

Grus, C., K. E. Bodner, J. Kallaugher, S. H. Lease, R. A. Schwartz-Mette, D. Shen-Miller, and N. Kaslow. 2017. Promoting Well-Being in Psychology Students at the Individual and Systems Levels. Commentary, National Academy of Medicine, Washington, DC. Retrieved from: https://nam. edu/wp-content/uploads/2017/03/Promoting-WellBeing-in-Psychology-Graduate-Student-at-the-Individual-and-Systems-Levels.pdf.

Kersting, H., A. Gorzynski, and N. Chapman. 2015. How to beat the stress: Psychology graduate students adaptive and maladaptive coping strategies. *Psychotherapy Bulletin* 50(4):55-58.

Myers, S. B., A. C. Sweeney, V. Popick, K. Wesley, A. Bordfeld, and R. Fingerhut. 2012. Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology* 6(1):55-66. <https://doi.org/10.1037/a0026534>

Pakenham, K. I., & Stafford‐Brown, J. (2012). Stress in clinical psychology trainees: Current research status and future directions. *Australian Psychologist*, *47*(3), 147-155. doi.org/10.1111/j.1742-9544.2012.00070.x

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. Training and Education in Professional Psychology, 1(2), 105-115. doi.org/10.1037/1931-3918.1.2.105

Stafford‐Brown, J., & Pakenham, K. I. (2012). The effectiveness of an ACT informed intervention for managing stress and improving therapist qualities in clinical psychology trainees. *Journal of clinical psychology*, *68*(6), 592-513. doi.org/10.1002/jclp.21844

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The American Speech-Language-Hearing Association (ASHA) provides information, resources, and opportunities for our members to learn about and promote their resilience and well-being and to foster these attributes among individuals and families who we serve professionally. ASHA resources and activities encompass professional practice guidance, a limited selection of free continuing education courses, communities of practice through affiliation with Special Interest Groups (SIGs), and member affinity benefits that promote health and wellness, and work/life balance.

ASHA mentoring programs provide peer-to-peer mentoring and leadership development.

• Leadership Development Program (LDP)

• Students to Empowered Professionals (STEP)

• ASHA’s Research Mentoring (ARM) Network

• Mentoring Academic and Research Careers (MARC)

Recent ASHA Convention and ASHA Connect Conferences offered sessions on resiliency.

• The Work of Your Life: Sustaining the Spirit to Teach, Lead, Serve

• Fostering Resilience in Future Health Professionals: Identification of Vulnerable Wellness Areas in Graduate

Students

• The Psychosocial Impact & Resilience in Parent-Child Relationships in Preschool Stuttering

• Compassion Fatigue's Impact in Serving Individuals with Communication Disorders

• Beam Me Up, I’ll Be Right Back (what to do to avoid or how to recover from burnout)

The ASHA Leader magazine featured the following articles.

• Get Your Bounce Back - Successful leadership requires resiliency: the ability to function and adapt in tough times. And the good news is it’s a skill you can cultivate. The ASHA Leader, November 2015, Vol. 20, 30-34

• Boost Your Resilience - When something stressful happens in your life, how equipped are you to deal with it? The ASHA Leader, May 2014, Vol. 19, 30-31

Collaborations with other organizations such as the Joint Committee on Interprofessional Relations between ASHA and the Society for Clinical Neuropsychology of the American Psychological Association) resulted in the following publications.

• Neils-Strunjas, J., Paul, D., Clark, A., Mudar, R., Duff, M. C., Waldron-Perrine, B., & Bechtold, K. T. (2017). Role of resilience in the rehabilitation of adults with acquired brain injury. Brain Injury, 1-9. http://dx.doi.org/10.1080/02699052.2016.1229032

• Waldron-Perrine, B., Neils-Strunjas, J., Paul, A., Clark, A., Mudar, R. A., Maestas, K., Duff, M., & Bechtold, K. T. (2016). Integrating resilience building into the neurorehabilitation process. Brain Injury Professional, 12, 22-25.

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Academic health sciences libraries engage in numerous practices that contribute to positive, respectful, and inclusive learning environments that promote wellness and resilience.

Academic health sciences libraries provide welcoming, safe, user-centric built-spaces that nurture scholarship and reflection for students, faculty and trainees and encourage wellness. They provide a variety of types of study spaces where learners and practitioners may engage in collaborative group study or individual study. In an effort to provide healthy studying and lifestyle options for library users, they provide treadmill desks and exercise bike desks. At least one academic health sciences library in the U.S. offers MetroNaps® EnergyPod® chairs designed exclusively for power napping. Academic health sciences libraries provide common areas with coffee cafes, flat screen televisions and newspapers and magazines where students and faculty can de-stress and recharge between

classes, study sessions, and clinical care.

During exam times, academic health sciences libraries host events with complimentary coffee and snacks and therapy dogs to help students relax and recharge. They host art exhibits and traveling exhibits from the National Library of Medicine in the library to help promote the well-being of student and practitioners.

In collaboration with students and faculty, academic health sciences libraries develop web-based wellness guides which provides students and practitioners with links to online resources related to mental health, wellness, mindfulness, study strategies, exercise, and nutrition.

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Well-being in academic medicine has emerged as a critical issue facing faculty, physicians, researchers, residents, and students. With this in mind, the AAMC dedicated its June 2016 Leadership Forum to a range of topics addressing depression, resilience, burnout, and increased suicide among physicians, residents, and students. Additionally, the AAMC also has a wide collection of conferences, programs, and courses to address these issues.

AAMC Leadership Forum

The AAMC's 2016 Leadership Forum, held in Washington, D.C., included about 80 faculty, deans, CEOs, researchers, and others engaged in academic medicine and focused on wellness and resilience. View more information about Learn Serve Lead 2016: The AMMC Annual Meeting.

Learning Resources for Leading: Top Skills, Attributes, and Behaviors Critical for Success This collection of resources is intended to help department chairs develop skills in setting expectations, working effectively with colleagues, developing leadership skills, and dealing with challenging responsibilities.

Stanford House Staff Wellness Survey, Courtesy of Stanford Medicine and WellMD

This evaluation was designed by Stanford School of Medicine to "understand the state of the medical staff and their most pressing concerns, as well as to provide a vehicle for assessing pilot studies and creating evidence-based interventions."

Being a Resilient Leader

Being a Resilient Leader is a two-day, interactive and unique workshop that will cover what it means to be a resilient leader and how to exercise leadership to achieve desired results, sustained impact, and long-term professional engagement and personal satisfaction.

Faculty Training in Mind-Body Medicine

Faculty Training in Mind-Body Medicine is an experiential program provides faculty at health professional schools with the training, tools, and strategic thinking necessary to implement mindbody medicine skills groups in their institutions.

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All AAVMC member veterinary medical colleges are accredited by the American Veterinary Medical Association’s Council on Education, and fulfill the requirement to provide “appropriate services to support student wellness and to assist with meeting the academic and personal challenges of the DVM program.”

AAVMC activities that promote wellness and resiliency:

• Veterinary Wellness Advancement Group (VetWAG), subcommittee of the Academic Affairs Committee, identifies research/program needs and has oversight of the AAVMC wellness summits.

• Hosts AAVMC Veterinary Health and Wellness Summits, for educators, social workers, and counselors

o April 2018, Chicago. Co-hosted by AAVMC and the American Veterinary Medical Association. Participants to include the leadership of the colleges and the practitioner community.

o Colorado State University, November 4-6, 2016. 270 attendees, including veterinary students and practitioners.

http://veterinarywellness.colostate.edu/

o University of Tennessee, November 2-3, 2015. 200 attendees; convened jointly with the International Veterinary Social Work Summit. https://vetsocialwork.utk.edu/veterinary-wellness-social-work-summit-vwsws-2/

o Ohio State University, 2013 and 2014 https://vet.osu.edu/health-and-wellness-summit

• Special edition of *Journal of Veterinary Medical Education*, a publication of the AAVMC, “Focus: Mental Health & Well-Being.” *JVME* vol 44, issue 1, Spring 2017.

• A strategic planning meeting of Veterinary Mental Health Professionals, sponsored by the AAVMC, will be held on June 1-2, 2017, in Post Falls ID.

• Collaborating with American Veterinary Medical Association, Student AVMA, and Royal College of Veterinary Surgeons (United Kingdom) in the development of wellness and resiliency programs for students and practitioners.



The Association of Chiropractic Colleges’ (ACC) member institutions focus their attention and learning to promote health and well-being of their students and practitioners in the field. Our education involves concern with the whole person and training our doctors of chiropractic to be attentive to and recognize the need for healthy clinicians starting with our faculty.

To address the commitment to these concerns and issues, the ACC provides and promotes educational outreach to our professional community. The ACC provides

• Educational seminars and educational meetings that address professional issues that include job related stress and burnout.

• Peer reviewed papers that address the academic community’s issues on these topics;

• Strategies and wellness programs;

• Continuing education courses.

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The Association of Schools and Colleges of Optometry (ASCO) recently brought the issue of student wellness to the forefront of our association activities, and it continues to be an important topic before our Student Affairs Officers (SAOs) group. Dr. Richard Valachovic, President of the American Dental Education Association and President of the Interprofessional Education Collaborative, will be presenting at our June 2017 SAO meeting with an overview of the NASEM study on *Addressing Stress within Health Professions Education and Beyond.*

During its June 2016 summer meeting, our SAOs group spent the afternoon with Dr. Jonathan Peretz from the University of California, Berkeley, who presented a workshop, “Practical Resilience: Becoming our Students’ and our Own Best Allies.” Informative to the SAOs on how to understand, advise, and counsel their students, the workshop also helped attendees to recognize that working in student affairs can be stressful and self-care is a must.

After the meeting, Dr. Peretz participated in an ASCO podcast, now accessible on the ASCO website, on student wellness where he continued the conversation on this very important, timely topic.

In 2016, ASCO conducted a survey of our schools and colleges of optometry; student wellness was unanimously recognized as a growing concern at their institutions, more so now than it was ten years ago. All responding institutions provide wellness services/programs to students, including, but not limited to: counseling and psychological services; crisis counseling; academic and tutoring services; disability services; stress management/relaxation counseling; financial planning/budgeting; transition to optometry school workshops; peer to peer mentoring and support programs; alcohol/substance abuse prevention and counseling; fitness programs; workshops on coping mechanisms and test taking strategies; suicide prevention and awareness programs/hotline; and community activities to help create connections with peers.

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The Association of Schools and Programs of Public Health (ASPPH), the national organization representing schools and programs of public health accredited by the Council on Education for Public Health, has a commitment to learner, faculty and staff well-being. This includes a focus of various sections and forums to discuss strategies to address health, resilience and wellness. In addition, ASPPH members actively promote and address issues related to student, faculty and staff wellness via research on health and wellness interventions, presentations on specific topics, and specifically designating dates on school calendars for activities related to health and wellness.

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The Council on Social Work Education (CSWE) has long recognized the importance of encouraging practitioner and organizational self-care and resilience in social work education and practice through the following activities:

1. Development of practice guides that identify competencies and practice behaviors that emphasizes proper self-care as an important part of providing quality social work care that can be implemented in social work curricula. See Advanced Social Work Practice in Trauma.

2. Support and facilitate the dissemination of curricular resources in schools of social work related to self-care and wellness for faculty preparing students in training for social work practice. See University of Buffalo School of Social Work self-care starter kit.

3. Participate in external groups focused on exploring health and wellness issues among students, interns, and residents including the National Academies of Sciences, Engineering, and Medicine Global Forum on Innovation in Health Professional Education (IHPE) and the National Council for Behavioral Health.

4. President and CEO, Darla Spence Coffey, co-authored a discussion paper with colleagues from the IHPE Global Forum on “A Multifaceted Systems Approach to Addressing Stress within Health Professions Education and Beyond.”

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The National League for Nursing’s mission is to promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community. The NLN mission is guided by four dynamic and integrated core values that permeate the organization and are reflected in our work and relationships with others: Caring, Integrity, Diversity/Inclusion and Excellence. (NLN, 2008, 2016) The healthcare workplace setting is an ideal backdrop for values to shape and at times contain interactions and transactions of providers at every level of the system Values can provide guidance for how individuals and teams should and can interact with one another. The four NLN core values are as follows: Caring, Integrity, Diversity/Inclusion and Excellence

**Caring:** Promoting health, healing and hope in response to the human condition. One individual nurse's caring is not sufficient; we really need a culture of caring as a fundamental part of the nursing profession. It characterizes our concern and consideration for the whole person, our commitment to the common *good,* and our outreach to those who are vulnerable.

**Integrity**: respecting the dignity and moral wholeness of every person without conditions or limitations. This extends beyond the people we serve to the people with whom we work.

**Diversity/Inclusion:** Affirming the uniqueness of and differences among persons, ideas, values and ethnicities. A culture of diversity embraces inclusion, acceptance and respect. We understand that each individual is unique and recognize individual difference, which can be along the dimensions of race, ethnicity, gender, age, socio-economic status, physical abilities, political beliefs and other descriptors.

**Excellence:** Co-creating and implementing transformative strategies with daring ingenuity. A culture of excellence reflects a commitment to continuous growth, improvement and understanding. It is a culture where transformation is embraced and the status quo of mediocrity is not tolerated. The NLN re-thought our Excellence core value and changed a word from just creating to "co-creating" and implementing transformative strategies. It is truly shared creativity that leads to innovation and the pursuit of excellence. Since excellence is a transitory goal filled with levels of innovative discovery so that with each award or acknowledgment of excellence, the goal posts simply move farther out of reach to challenge the next level of excellence. We are all in pursuit of excellence. A minister once described stagnated excellence as tradition and once institutionalized becomes “we’ve always done it this way.”

Exemplars:

1. Our four core values (caring, integrity, diversity and excellence) are etched in the glass surrounding our boardroom. It allows our staff and visitors to challenge one another concerning the integration of the values into our actions.

2. Toolkits that include: a Fair Testing Imperative; Diversity and Inclusion; Effective IPE

3. Vision Statements: Diversity & Meaningful Inclusion; Global Health; IPE Collaboration; Recognizing the role of LPN/LVN in Advancing the Nation’s Health; A Vision for Post Baccalaureate Nursing

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The Physician Assistant Education Association (PAEA) PAEA is currently undertaking a major faculty development initiative designed to equip faculty with the knowledge and skills necessary to create safe, learner-centered environments for students. A major underpinning of this initiative has been the development of a set of "PA Educator Competencies," which specifically state that faculty must model behaviors that lead to wellness and include curricula that promote learner wellness and resiliency. PAEA’s services and resources are being mapped to these competencies, with the aim of ensuring that our offerings reinforce this emphasis on learner wellness throughout the continuum of PA education. Further, we recently established a volunteer committee comprising current PA students. We believe that including the voice of students in our strategic thinking will bring additional attention to the value of learner wellness and resiliency in PA education nationwide.