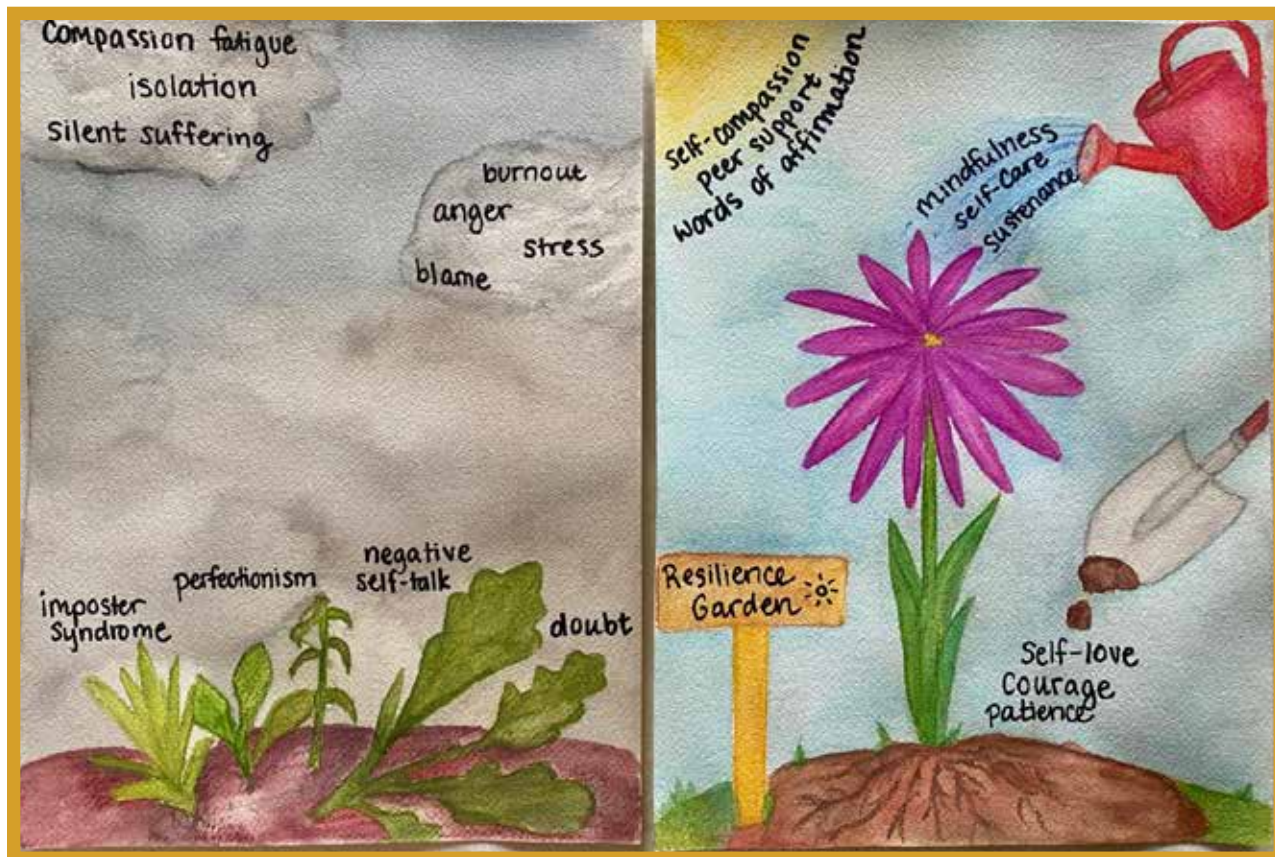


Finding inspiration and resilience in medicine



Cultivating Resilience by Katrina Flitsos.

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Sweet are the uses of adversity,
Which, like the toad, ugly and venomous,
Wears yet a precious jewel in his head.

—Shakespeare, *As You Like It*¹

One way to serve medical students, medical educators, and medical schools is to help disseminate examples of real-world, practical responses to the challenges confronting contemporary medical education. For a variety of reasons, what works at one institution may not perform well at another. Over the past 10 years, medical students at Indiana University have been organizing an annual conference addressing the challenge of burnout among medical students.

Paula's story

As a second-year medical student, Paula began feeling that her life was slipping out of control. The school told

her what she needed to study and when and how she would be tested on it. She seemed to be living for little more than the next exam. She felt that she was becoming increasingly disconnected from her hope to make a difference in the lives of others, the motivation that had originally drawn her to medicine. Test scores were not providing much of a reward.

Most lectures had been recorded and placed online for asynchronous viewing, so many days she did not see her classmates. She felt that the school paid little to no attention to the personal attributes she most prized in herself, such as her ability to empathize with and help other people. Were her current experiences an accurate glimpse into a medical career, she asked, and should she continue along the path to becoming a physician?

Paula's experiences are by no means rare. Estimates of the prevalence of burnout among United States medical students range from 39 percent to 53 percent, and its effects can be toxic.^{2,3} Burned out students are more likely to make errors, fall victim to substance abuse, and experience suicidal ideation.⁴ Equally important, burnout is a distressing experience that can undermine students' sense of dedication and fulfillment in their work, and contributes to medical school dropout. Among the core features of the experience of burnout are a sense of exhaustion, the feeling that the demands of school are leaving them with nothing in the tank; cynicism, the sense that medicine's high service aspirations are hollow, and people are really motivated by little more than self-interest; and inefficacy, the feeling that the work students are doing is not making any difference, that it is all for naught.⁵

Inefficacy

It is not difficult to see how medical school might foster a sense of inefficacy. Said one student about the experience of medical school, "It feels like something being done to me rather than something I am participating in or collaborating on."⁶ Contributing to this sense of being a spectator, passenger, or even object of medical education is the fact that students feel they are not treated as distinct persons, further exacerbating a mass-production mentality. Some report feeling that they are little more than clones.

Another challenge is the enormity of the problems facing medicine, such as poverty, racism, and climate change. Said one student, "It makes me feel like there are so many large issues to fix, and we don't even

know where to start or how to organize to accomplish these feats. Pretty soon, I end up feeling almost irrelevant, like there is nothing I can do."⁶

In some cases, the sense of inefficacy is one that the culture of medical education not only does too little to combat, but also positively foments. Said one student, "On my first day of service, the fellow on my internal medicine rotation told me that nothing I do matters, that he just had to redo all my work anyway, and he wouldn't even look at my notes. It was really disheartening and contributed to my burnout."⁶

If medicine is to thrive in the future, it needs to counteract this outlook by helping students to cultivate a sense that what they do matters. Physicians who feel that they are irrelevant, or that their efforts are futile, are unlikely to serve patients to their fullest potential. To be sure, there are limits to what physicians can do, but patients depend on them to believe in themselves and what they have to offer.

FIRM

At Indiana University, successive groups of students have directly addressed inefficacy by developing a program to prevent and remediate burnout. Finding Inspiration and Resilience in Medicine (FIRM), now in its eleventh year, has spawned numerous insights on how to address this problem. None is more important than the idea that students can and should take an active role in conceiving, designing, implementing, and assessing their own initiatives to address burnout, thereby confronting the challenge of inefficacy head on. While programs designed by medical school administrators and faculty undoubtedly contribute to student mental health, when the students take charge, they prove to themselves that they can make a difference.

FIRM consists primarily of an annual one-day conference for medical students, residents, fellows, faculty, community physicians, and allied health professionals. Typically attended by 100-200 medical students, the inclusion of physicians at other career stages helps students to situate their current experiences within the longer arc of a career in medicine. It also provides students with opportunities to interact with physicians who can describe how they have coped with burnout at various points in their careers.

Each year, the students select a conference theme, such as "Mind-Body Medicine," "Wellness Rx," "Changing the Culture of Medicine," "A New Era: Finding

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Connections When You Are Six Feet Apart,” “Bent but Not Broken: Overcoming Adversity and Cultivating Resilience,” and “From Burning Out to Burning Brightly.”

A typical conference has 10 speakers, including practicing physicians, residents, psychologists, therapists, and medical students. The day typically begins with a yoga session. There are one or two plenary sessions, the first of which is preceded by a brief history of FIRM and a shout out to its founders and the students who have organized the latest conference. Also included are multiple smaller concurrent breakout sessions, the size of which permits more interaction among students and presenters. The range of topics is wide and has included sessions focused on individual problems and responses, such as depression and anxiety, art therapy, meditation, healthy eating, and exercise, as well as institutional ones, such as stresses related to scheduling and proposals to ameliorate them.

Each year, a new FIRM committee is formed, drawing from organizers and participants from prior years’ conferences. The committee of 15 students begins meeting in earnest in late summer to plan the next year’s late-winter conference. Among the subcommittees into which students have divided their responsibilities are speaker recruitment, fundraising, food and gifts (such as FIRM t-shirts and coffee mugs), and marketing. A typical budget for the conference is between \$5,000 and \$10,000, and FIRM runs entirely on donations from area hospitals, state medical societies, medical school departments, and individual physicians. The venue for the conference is typically a local hospital or medical school that makes the space available at no cost. Participants pay nothing to attend the conference, and no honoraria are provided to speakers, making the event strictly voluntary.

Students helping students

Because the conference is entirely student run, with one medical school faculty member serving as mentor from year to year, all students who participate in the program directly witness the efficacy of their fellow students. They know that every aspect of the event is the product of the work of their colleagues, who have volunteered their time and energy. This helps to counteract inefficacy and cynicism, since the students who invest in the conference are doing so not to add a line to their CVs but to make a difference for fellow students and the medical profession. It is not uncommon at the conference for tears to be shed and for faces to beam with smiles, as students hear moving stories and share their

own experiences. Many report that they find the day not exhausting but rather energizing and inspiring.

FIRM is also a powerful antidote to the sense of isolation. The conference is based on the premise that training in medicine is full of challenges, that at one time or another many students struggle, and that it is important for students who are struggling to know that they are not alone. Said one participant, “I learned that other students have struggled just like me, but so have many successful physicians. This helped me to feel less alone and better equipped to handle the challenges that lie ahead. It helped me to see the light at the end of the tunnel.”⁶ Knowing that many others share the same feelings and are eager and willing to listen, to talk, and to help one another provides a major source of reassurance and camaraderie. As a result of participating in FIRM, many students report feeling more connected and more a part of a community.

FIRM is just one example of how students like Paula can move from being passive recipients to active participants in their education; cease feeling like clones; draw on and develop their own distinctive interests and abilities; and stop relying on others to tell them what to do and fix their problems for them. It helps them to develop their own organizational and leadership talents by caring for themselves and each other. FIRM is a kind of learning quite different from the typical medical school curriculum. Instead of asking what others are doing for them, students ask what they can do for their colleagues, and in so doing discover the deep fulfillment of making the kind of difference that endures.

References

1. Shakespeare W, Dolan FE. As you like it. New York: Penguin Books; 2000.
2. Santen SA, Holt DB, Kemp JD, Hemphill RR. Burnout in medical students: examining the prevalence and associated factors. *South Med J*. 2010; 103: 758-63.
3. Dyrbye LN, Massie FS, Eacker A, Harper W, et al. Relationship between burn-out and professional conduct and attitudes among US medical students. *JAMA*. 2010; 304: 1173-80.
4. Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. *Medical Educ*. 2016; 50: 132-49.
5. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psych*. 2016; 15: 103-11.
6. FIRM post-event survey. 2023.

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