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## Sick by design? Why medical education needs health promoting learning environments

### Malade dès la conception ? Pourquoi l'éducation médicale a besoin d'environnements d'apprentissage favorables à la santé

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## Introduction

Scouring the web, one finds a plethora of resources and events focused on improving “physician and learner wellbeing.” It’s certainly an improvement from bygone times when physician and learner health issues were swept under the rug. But frankly, it’s not enough. After the completion of an endless number of surveys, we know there are significant levels of distress and burnout across the profession, from learners to staff.<sup>1</sup> The evidence is also clear that poor physician health is correlated with worse patient and health system outcomes.<sup>2</sup> So why are we not making more progress in improving physician and learner wellbeing?

Our struggles in addressing this encompasses a positive state of emotional, physical, and psychological health, shaped by social, economic, and environmental conditions,<sup>3</sup> along with personal and unforeseen circumstances. Despite earnest efforts to address wellbeing challenges, little, if any, progress has been made and barriers to meaningful change persist. This is largely because the underlying issue remains unrecognized: improving wellbeing requires transforming the learning and work environments.

And by learning environment, we mean *everywhere* learning takes place. It goes beyond the walls of the formal lecture theatres and online spaces to include operating rooms, community clinics, inpatient spaces and call rooms. Unfortunately, our learning environment is remarkably

poor and disappointing, littered with occupational hazards that contribute significantly to increased burnout that in turn amplify distress and poor mental health outcomes. In the relentless pursuit of excellence, we have left much of our humanity behind—our sense of trust, care for one another, investment in learners’ growth, camaraderie, compassion, mutual respect, integrity, authenticity, sense of purpose, and personal identity. This further contributes to an unhealthy environment that ironically (and tragically) has a negative effect on learning.<sup>4</sup> When we talk about problems with the “culture in medicine,” these elements are embedded in the fabric of our learning. As such, individual-focused wellbeing initiatives miss the more influential opportunity to address the underlying systemic causes and make meaningful measurable positive changes in the lives of learners and physicians.

Physicians and learners are already resilient; what needs to change is the environment.<sup>5</sup> Shifting our focus to systemic factors requires the painful acknowledgement that the medical learning environment causes harm.<sup>6</sup> There. We said it. We can’t continue in this way.

We need to adopt a progressive term. The concept of a health promoting learning (and by extension, working) environment (HPLE) redirects us to the root issue. So, what is an HPLE? Health promoting learning environments are environments that deliberately support the skills, aspirations, and challenges of learners, faculty and staff enabled by wellbeing-centred policy, communities of

connection, resources that support patient care and personal growth, nested within inclusive spaces. Simply stated, HPLEs prioritize wellbeing, connection, and growth, all within supportive spaces. While a “healthy” environment may allow a learner to function in a particular setting and in the moment, an HPLE strives to promote and embed wellbeing across all aspects of the individual’s experience. A health promoting environment contributes to enriching the individual’s life, even outside of their time in the learning/work setting. An HPLE approach to wellbeing means recognising that we must focus on systemic factors and the occupational hazards in our learning and working environments. It is the more arduous work that we must tackle to truly improve physician and learner wellbeing.

The acknowledgement that environmental factors are significant determinants of wellbeing grounds the definition of an HPLE. We now need to shift from measuring individual wellbeing outcomes alone to measuring the environment itself. An HPLE supports the growth of all individuals in the environment and empowers the collective to reach their greatest potential. A culture of compassion, wellbeing, and social justice create the foundation for an environment where individuals live, learn, and work in more fulfilled life. An HPLE means that wellbeing is infused into the environmental fabric. This includes every policy, procedure, the behaviour of leaders, streamlining administrative tasks, the availability of key resources, the content and design of curricula, and removing barriers to optimally accomplish personal and professional tasks.<sup>7</sup>

To take this from the theoretical to the practical, Faculties should co-develop a policy review protocol filtered through a wellbeing lens, integrating input from experts in health promotion, curriculum and instruction, occupational health, and project management to embed health-promoting principles into policies.<sup>5</sup> A deliberate review of existing and emerging policies, such as accommodation, attendance, professionalism and leave policies, can be conducted to ensure they consider equity, reasonable flexibility, and account for individual circumstances.<sup>7</sup> Environments must strive to foster belonging for all and

include critical infrastructure such as all-gender bathrooms, lactation spaces, accessible doors, religious observance areas, and virtual meeting/teaching options to support accommodations, distributed campuses and foster community.<sup>7</sup> Faculty must engage students in meaningful learning by streamlining an ever-expanding and extraneous medical curriculum. These actionable steps lay the groundwork for meaningful change, ensuring that policies and environments align with the values of wellbeing. Through shared responsibility and intentional design, we can transform medical education into a system that not only prepares competent professionals but also nurtures team relationships, professional fulfilment, and unleashing of personal and professional potential

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## References

1. Patel RS, Bachu R, Adikey A, Malik M, Shah M. Factors related to physician burnout and its consequences: a review. *Behav Sci.* 2018;8(11):98. <https://doi.org/10.3390/bs8110098>
2. Han S, Shanafelt TD, Sinsky CA, et al. Estimating the attributable cost of physician burnout in the United States. *Ann Intern Med.* 2019;170(11):784-90. <https://doi.org/10.7326/M18-1422>
3. World Health Organization. *Health promotion glossary of terms 2021.* Geneva: World Health Organization; 2021.
4. Stacey A, D’Eon M, Andersen M, Koehncke N, Campoli J, Thompson G, et al. Warning: medical education is hazardous to your mental health. Medical students should make an informed decision to begin and continue training. *Can Med Educ J.* 2022 13(5):39-44. <https://doi.org/10.36834/cmej.73959>
5. D’Eon MF, Waller J, Stacey A, et al. Medical student stress, burnout, and workplace factors. *Can Med Educ J.* 2022;13(5):116-7. <https://doi.org/10.36834/cmej.75327>
6. D’Eon M. Is medical education hazardous to your health? *Can Med Educ J.* 2014 5(1):e1-e4. <https://doi.org/10.36834/cmej.36738>
7. Do V, Lewis M, Goldstein C, Sonnenberg LK. Fostering a health-promoting learning environment in medical education: adapting the Okanagan Charter for administrators and medical educators. *Acad Med.* 2023;24:10-97. <https://doi.org/10.1097/ACM.00000000000005159>