Promoting health and well-being Scribe document

Please note and remind yourself frequently: The intent of this document is for it to lead to a public-facing record of your workgroup's activity. By the day of the Summit it will be accessible to anyone at the Summit, and after the Summit it will be turned into a fully public-facing document. This means that although you should take notes however makes sense for you, it will be important to refine the notes to be comprehensible to others.

Guiding Committee: None before Summit
Moderator: Cathi Grus
Scribe: Joel Hughes

Describe intended product of the workgroup:

Who is willing to lead on this topic (future efforts at the Summit and beyond):

Main Notes Area

The mental health issue is interesting – lab members and Graduate School has been dealing with this. A lot of concern re; graduate mental health given the focus on undergraduate mental health. A workshop was designed to provide information and resources (collecting pre-post data) using a non-pathological approach to mental health/wellness. It would be recognizable to a clinical psychologist, but the examples/anecdotes are tailored to the audience (e.g., economics, physics, psychology). Each department has its own issues, although stress & coping are universal.

Talking re; work-life balance, have been doing things like "mood lifters." Informally students have said "we don't want to hear about any of this while we're still working 60 hours/week." Very hard to change because it changes the competitiveness.

The number of hours as a critical metric is not the entire picture. More so, the inefficient grunt work use of time e.g., workarounds and compliant systems that a quality EMR would solve. What are the hours? Some activities contribute to burnout. Also, a career developmental perspective should be taken. It's OK to have times that work is more, or that family is more, what is the aspirational balance?

Chair of APPIC: Data on the number of publications, hours, etc. looking at a sample from 2012-2016 using APPI data. No surprise, the clinical science students have more than double the number of publications/presentations than the other training models. Even higher than scientist-practitioner models. Putting pressure on students to have more hours for internship is not something that is expected by internship sites. The mean is 660 – only 24 internships list

more than 500 hours as a cutoff. There has been an increase in the number of publications in internship applicants.

The hour volume misnomer – we could affect that immediately. The number that students have in their mind is not what internship directors have in their minds.

There is an "arms race" that we must collectively decide to de-escalate. We need to be better models of what we want to see, partly because our incentive structures are working against us.

When we give students these messages, they may be surprised because they don't always know what the expectations are. There is a "hidden curriculum" that we think graduate students know, but they do not. We can do a better job of delivering information.

Whatever we communicate is different from unspoken expectations that graduate students have, and there is no upper limit. There is an inflation to the expectations. There is the hidden idea that more is always better (e.g., "hidden curriculum"). We have to trust that if we stop pushing overwork, our trainees will not be viewed as less competitive.

When pursuing academia, there are a lot of times you don't have time control and you ask yourself whether or not more would give me a better shot at getting the top choice of internship. You might try to get another 100 hours or another publication because the stakes are so high.

Are hours the right metric? Can we use documentation of competencies as opposed to volume of hours?

The escalating productivity standard is a more systemic problem – for example we hired new TT faculty and we can't tell them what the P&T standards actually are.

ASPPB and EPPP2 (Jaqueline Horn). Internship applicants can do virtual or in-person interviews, but the applicants feel that they must go in person.

The consensus is that it's systemic – where do we have leverage? APPIC? Many places (including our own institutions) have high standards that seem to escalate.

Similar to the way that hours is not the right metric for internship, we also use publications as a metric. We feel reluctant to tell students not to get more publications given how competitive the market is.

Two issues: 1) MH can affect a student's survivability in the program. There is stigma to disclosing a mental health problem, especially when that could influence your being allowed to work in the clinic. 2) We could use an NIH Biosketch approach to internship applications? (e.g., max 5 pubs, give us your best 500 hours) in order to de-escalate the arms race. An example is

provided at the end of the document. Obviously, that would require cooperation from a number of stake holders.

With 95% virtual interviews, $7 million was saved (in press).

Some students prefer/need the in-person time to understand the program/site/city/culture where they will be spending a year or more.

Re; MH stigma: the modal trainee in some programs (i.e., Medicine) has far more resources for mental health issues and professional assistance than a clinical science student. We have a MH infrastructure shortage for our graduate students and trainees at all levels.

Community-based approaches that can adjunct traditional MH treatment could help fill the gap. Loneliness/isolation are also problematic.

Students need protected time for some of the things discussed, such as self-care. Could APA have a requirement for a class/competency for "grad student support group" to decrease loneliness and have a safe space for those discussions?

PsycPact is working on a referral/provider network to serve graduate students at $25 or less/session.

Tangible solutions – how does the medical education model address this with medical residence? The psychiatry residents have an opt-out system for seeing a psychiatrist. They also have mental health days (required) such as cooking, hiking, and kayaking.

A lot of this may be a funding issue. These problems cannot be addressed if their workload is too high (e.g., 20-hour graduate assistantship). Federal support for training appears to have eroded over time.

Our broader system expects people to move around the country (grad school, internship, post-doc, job). If you have any mental or physical health challenge, that becomes very difficult.

Why do we have post-baccs? It has become more commonplace as a source of cheap labor while people beef up their CVs to attempt to get into graduate school (ambivalence).

It takes a mutual agreement to deescalate the arms race. Perhaps we can have a moratorium around email times and reduce the constant contact with students. They feel burdened to be responsive all the time.

We don't communicate with students regarding "opportunity costs." When you do one activity, you're not doing another activity. We should clearly communicate that they do not have

to excel at every aspect of graduate school (they won't anyway, or they'll sacrifice sleep). They will inevitably specialize.

What are the developmental norms for these kinds of explorations during graduate school? It's unfeasible that every graduate student will be a TT PI at an R01. It is typical that students will specialize in some aspect (e.g., research, teaching, clinical work).

Is there a way to connect students to mentors from other facilities/systems? When a student needs input and mentoring from someone who does not have an evaluative role in the student's program?

There needs to be a conversation around personal and professional values and how they inform career choices. That conversation should be happening soon.

Some newly hired TT faculty have more publications than the tenured faculty. Our expectations are the source of some of what students experience.

We may need to provide role models for students of diverse career trajectories that are "successful" without the stigma of failing at the prototypical TT PI at an R01.

We may need to allow ourselves to be specialists at the program level, defining what we do really well and recognizing that we can't provide everything to everyone.

The TT faculty positions are hard to obtain, so we should be realistic about that.

The DCTs and professionals in the room could be a network that would serve as a resource for students.

Collaboration across institutions may be required to provided specialized mentorship that is not available - how do we foster flexibility and provide credit to faculy and students for that?

Summary:

1. *Where are the points of leverage?*
    a. *Intersecting with other organizations (e.g., APPIC)?*
    b. *Deescalating the productivity arms race (e.g., creating a culture/value system of competencies and not volume)?*
2. *Can we come to agreement regarding our expectations and resources for students?*
3. *What can individual faculty members due to reduce burden? (e.g., explain the "hidden curriculum").*

Parking Lot

The parking lot is for anything that was noted during the group that does not fit well on the topic. You may wish to refer this information to other groups after your group meets.

Example of a standardized CV for internship applications:

CURRICULUM VITAE DO NOT EXCEED FIVE PAGES.

NAME:

APPIC Applicant Code:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Start Date MM/YYYY	ompletion Dat MM/YYYY	FIELD OF STUDY

A. Dissertation Title and Status

Provide the title of your dissertation and clearly indicate the status of your dissertation (*e.g.,* data collection ongoing, data collection complete, defense date scheduled, date successfully defended).

B. Clinical Training and Experience

List and describe the sites at which you received clinical training and experience. Include the dates (month and year) you were active at each site.

C. Research Experience

List and describe the sites and projects comprising your research training and experience. Include the dates (month and year) you were active at each site or project.

D. Publications

You may cite up to five publications and/or research products that highlight your program of research and experience. Indicate whether you have published or created research products under another name. Typically, these will be cited in the essay describing your research experience and interests. Research products can include, but are not limited to; research articles, including those in-press and under-review; conference proceedings such as meeting abstracts, posters, or other presentations. Use of hyperlinks and URLs to these items is allowed.

E. Service and Leadership Experience

List (and describe, as appropriate) your service activities (including teaching appointments, department, college, and university service, as well as professional service) and leadership experience.

F. Honors and Awards

List honors and awards (including grants) you have received, including dates (year).

G. Other section(s) as you deem appropriate.

Goals of the standardized CV format:

- Standardize the presentation of information for review by internship sites. Sections A-F are in the same order for all CVs, and sections G and following provide the option to highlight additional accomplishments that are not captured by Sections A-F.
- Reduce the burden of reviewing large numbers of applicant CVs.
- Eliminate information redundant with the APPIC application (e.g., contact information, citizenship, references).
- Reduce applicant burden (e.g., creating lengthy CVs customized to each site).
- Emphasize quality over quantity of publications toward the end of deescalating the “productivity arms race” about which some have expressed concerns.