Promoting a culture of mental health and wellness at the SMHS: SMHS wellness program

Brian Lefavour
University of North Dakota

Alexa Martel
University of North Dakota

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Promoting a Culture of Mental Health & Wellness at the SMHS
SMHS Wellness Program

by

Brian Lefavour, MOTS
Alexa Martel, MOTS
Advisor: LaVonne Fox, OTR/L, PhD

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of the
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for the degree of
Master’s of Occupational Therapy

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Approval Page

This Scholarly Project Paper, submitted by Brian Lefavour and Alexa Martel in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

[Signature]

Faculty Advisor

[Date]

April 20, 2017

Date
Title: Promoting a Culture of Mental Health & Wellness at the SMHS

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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ABSTRACT

Promoting a Culture of Mental Health and Wellness at the School of Medicine & Health Sciences  Alexa Martel, OTS, Brian Lefavour, OTS: LaVonne Fox, OTR, PhD Advisor
Department of Occupational Therapy, University of North Dakota School of Medicine & Health Sciences. 1301 North Columbia Road, Grand Forks, ND 58202

McManus (2007) indicates that healthcare professionals, who are highly committed and involved in their profession, often experience stress and burnout. A multitude of stressors effect healthcare professionals, including time restraints, workload, multiple roles, and emotional investment in the career (McCann et al., 2013). Jennings (2009) makes the connection that stress does not begin when medical students enter the workforce, but starts during their academic preparation as well. Allied health profession students and professionals are not exempt from experiencing considerable stress and burnout (Harris, Cumming, & Campbell, 2005; Othman, Farooqui, Yusoff, & Adawaiyah, 2013). Harris and colleagues (2005) found that "the single significant predictor of psychological distress and life satisfaction was perceived stress" (p. 198).

At a college level, students do not proactively seek out mental health resources before a crisis point has been reached largely due to the stigma associated with having a mental illness (Wynaden et al., 2014).

The purpose of this scholarly project was to propose a Mental Health Wellness Program for the School of Medicine and Health Sciences (SMHS) to implement to reduce stress and
burnout associated with intensive school programming for all students. A Mental Health Prevention Model is the framework for this program incorporating the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between three concepts: Person, Environment and Occupation, with the goal of an optimal fit for competent occupational performance. The Mental Health Prevention Model utilizes a three-tiered approach focusing on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.

A decline in mental health can impact daily functioning. Mental health challenges in students are often due to increased stress levels, increased burnout, and a lack of balance in their personal and professional lives (Harris et al., 2005; Jennings, 2009; Rizer, Fagan, Kilmon, & Rath, 2015;). Occupational demands of being a student may exceed the person’s ability to cope and participate competently in not only school tasks, but in fulfilling other meaningful roles as well. The student may not feel adequate supports from the environment to continue engaging in academia or other occupations needing to be performed.

The goal of the program is to optimize the fit between the person, the environment, and the occupations of the student in the SMHS. It is proposed the SMHS use the learning communities to develop a school wide environment that more actively promotes the established learning communities primary goals. Doing this will promote a more balanced life to meet occupational demands, establish healthy habits and routines they carry into their professional life, and more effectively meet the needs of their future clients and colleagues.
CHAPTER I

Introduction

McManus (2007) indicated that healthcare professionals who are high committed and involved often experience stress and burnout. “A number of stressors are associated with the health and helping professions, including time pressures, workload, having multiple roles, and emotional issues” (McCann et al., 2013, p. 60). Jennings (2009) makes the connection that the stress does not just begin when medical students enter the workforce but during their academic preparation as well. Allied health profession students and professionals are also not exempt from experiencing considerable stress and burnout (Shreedevei, 2013; Harris et al., 2005, Othman, Farooqui, Yusoff & Adawaiyah, 2013). Harris et al. (2005) found that “the single significant predictor of psychological distress and life satisfaction was perceived stress” (p.198).

At a college level, students do not proactively seek out mental health resources before a crisis point has been reached (Wynaden et al., 2014). Wynaden et al., (2014) also found students at the university level do not seek mental health services for the stressors experienced at college due to the stigma associated with having a mental illness or even a hint that one may be present. A review of the literature identified a stress management program at Oklahoma State University comparable to the schema this paper is proposing. OSU’s program occurs annually to help first year medical students adjust to life as a medical student. There was no comparable program identified for students in occupational therapy, physical therapy, athletic training, medical lab science or physician’s assistant curriculums.
The purpose of this scholarly project was to propose a Mental Health Wellness Program for the School of Medicine and Health Sciences (SMHS) to implement to reduce stress and burnout associated with intensive school programming for all students. A Public Health Three-tiered Model approach focuses is the framework for this program incorporating the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between three concepts: Person, Environment and Occupation, with the goal of an optimal fit for competent occupational performance. Public Health Three-tiered Model approach focuses on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.

Preventing mental illness, within the student body proactively, would prevent high drop-out rates, reduce increased student loan debt, and promote healthy occupational engagement in a college atmosphere (Arbesman, Bazyk, & Nochajski, 2013; Sancrant, 2015; Walseman, Gee, & Gentile, 2015).

**Key Terms/Concepts**

1. Stress: “in a medical or biological context stress is a physical, mental, or emotional factor that causes bodily or mental tension” (Conrad, 2016).

2. Burnout: lack of motivation, decreased enthusiasm, and cynicism towards area of study (Breso, Schaufeli, & Salanova, 2010; Real, Zackoff, Davidson, & Yakes, 2015).

3. Mindfulness: intervention technique to facilitate deeper self-awareness and insight, promoting self-care and overall wellbeing by being in the present through utilization of the five senses (Stew, 2011).
4. Resilience: a general term that signifies a person is able to endure stressful situations without suffering the physiological or psychological consequences, such as illness or disease, typically associated with such adversity (Haertl & Christiansen, 2011)

5. Learning community: a learning community is an intentional community for students and/or faculty designed to enhance and maximize student learning (Ferguson, Wolter, Yarbough, Carline, & Krupat, 2009)

6. Person: “a dynamic, motivated and ever-developing being, constantly interacting with the environment” (Turpin & Iwama, 2011)

7. Environment: “cultural, socioeconomic, institutional, physical, and social context that shape and are shaped by the person” (Turpin & Iwama, 2011)

8. Occupation: “what people do within their environmental contexts” (Turpin & Iwama, 2011)

9. PEO Transaction: “an approach presenting the person and environment as interdependent and proposes that a person’s behavior cannot be separated from the context within which it occurs. Occupational performance is a context-, person-, and occupation-specific process” (Turpin & Iwama, 2011)

10. Mental health/wellness: “A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life (American Heritage Dictionary, ¶1).

11. Mental disorder: a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the
psychological, biological, or developmental processes underlying mental functioning (American Psychiatric Association, 2013)

12. Tier I: universal, or whole-population, programs provided to all, including those with or without mental health or behavioral problems or other disabilities and illnesses (Arbesman, Bazyk, & Nochajski, 2013).

13. Tier II: targeted, or selective, services designed to support all who have learning, emotional, or life experiences that place them at risk of engaging in problematic behavior or developing mental health challenges (Arbesman, Bazyk, & Nochajski, 2013).

14. Tier III: intensive services provided to all with identified mental, emotional, or behavioral disorders that limit their participation in needed and desired areas of occupational performance (Arbesman, Bazyk, & Nochajski, 2013).

Chapter II presents the results of a comprehensive literature review in addition to an overview of the product. Chapter III will present the methodology and the activities used to develop the product. The product in its entirety is available in Chapter IV. Finally, Chapter V is a summary of the project and includes recommendations and limitations of the product.
CHAPTER II
Literature Review

Introduction

McManus (2007) indicated that healthcare professionals who are highly committed and involved in their profession often experience stress and burnout. A multitude of stressors affect healthcare professionals, including time restraints, workload, multiple roles, and emotional investment in the career (McCann et al., 2013). Jennings (2009) makes the connection that the stress does not just begin when medical students enter the workforce, but during their academic preparation as well. Allied health profession students and professionals are also not exempt from experiencing considerable stress and burnout (Harris et al., 2005; Othman, Farooqui, Yusoff & Adawaiyah, 2013; Shreedevi, 2013).

At a college level, students do not proactively seek out mental health resources before a crisis point has been reached (Wynaden et al., 2014). Wynaden et al., (2014) also found students at the university level do not seek mental health services due to the stigma associated with having one. A review of the literature was able to identify one stress management program at Oklahoma State University, which is designed to help first year medical students adjust to life as a medical student. There was no comparable program identified for students in occupational therapy, physical therapy, athletic training, medical lab science or physician's assistant curriculums.

The purpose of this scholarly project was to propose a Mental Health Wellness Program for the School of Medicine and Health Sciences (SMHS) to implement to reduce stress and burnout associated with intensive school programming for all students. A Public
Heath Mental Health Prevention Model is the framework for this program incorporating the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between three concepts: Person, Environment and Occupation, with the goal of an optimal fit for competent occupational performance. Public Health Three-tiered Model approach focuses on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.

It is hypothesized that the program will provide students with the resources and tools as a form of early intervention and develop resiliency to mental health stressors. Increasing mental health and wellness within the student body would decrease drop-out rates, reduce student loan debt associated with extra years of schooling, and promote healthy occupational engagement in a college atmosphere (Arbesman, Bazyk, & Nochajski, 2013; Sanerant, 2015; Walsemann, Gee, & Gentile, 2015).

**Mental Health**

The World Health Organization (WHO, 2013) states that “mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life (p.5).” It is clear that this is vital for an individual’s ability to function effectively, successfully and be a productive part of their communities. The Centers for Disease Control and Prevention (CDC) define mental health as:

a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (2013, ¶1).
The CDC estimates “only about 17% of U. S adults are considered to be in a state of optimal mental health (2013, ¶1). The CDC identifies several mental health indicators representing three domains (2013, ¶5):

1. Emotional well-being: such as perceived life satisfaction, happiness, cheerfulness, peacefulness.
2. Psychological well-being: such as self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships. And;
3. Social well-being: social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Harris et al. (2005) found that “the single significant predictor of psychological distress and life satisfaction was perceived stress” (p.198)

Stress

Signs and Symptoms

Stress is a normal part of our lives. Depending on how it is dealt with, it can be become a motivator or it can have a negative impact. The key is how one copes with the stress they are experiencing. To be a motivator it is largely dependent on the skills they have incorporated into healthy habits and routines. Unhealthy prior coping skills often utilized on college campuses can include binge drinking, drug use, and seeking medical services for somatic complaints (Wynaden et al., 2014). Students whom engaged in risky behaviors, such as drinking and drug use, have higher rates of perceived mental issues than those students who do not (Ye, Wang, Qu, & Yuan, 2015). A student may feel dehumanized from the intensity of
schooling and clinical feeling, requiring the use of any coping skills held, adaptive or maladaptive (Jennings, 2009).

Stress can affect a person in two ways: physiologically and psychologically. An increase in stress can cause a decrease in overall physical health when it remains high and prolonged (Rizer, Fagan, Kilmon, & Rath, 2015). College students may spend more time achieving academic goals thus letting physical exercise, eating balanced meals, and participating in social situations become secondary (Jennings, 2009; Real, Zackoff, Davidson, & Yakes, 2015). Stress can cause students to slack on daily self-cares, engage in academic dishonesty, and an increase in generalized fatigue (Rizer et al., 2015). Self-efficacy in students decreases as they feel more stress from academic coursework (Breso, Schaufeli, & Salanova, 2010). The effects of stress can be seen across the spectrum of life's daily occupations (instrumental activities of daily living (IADLS) and activities of daily living (ADLs)).

Psychological symptoms of stress include increased rates of depression, anxiety, suicidal ideation, and other mental illnesses (Jennings, 2009). Over 60% of students suffer from a mental health issue while attending college (Zivin, Eisenberg, Gollust, & Golberstein, 2009). In a meta-analysis of 13 articles related to medical student psychological wellbeing, it was found prior to medical school, students face rates of depression at similar rates to those in the general student body, which is at 2%. At the conclusion of their first year of training, medical students experience depression of rates up to 30% (Yusoff, 2014). Mental health problems are associated with decreased graduation rates (Ketchen Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015).
Common College Student Stressors

"There are several risk factors associated with developing mental health problems during the college years related to general life experiences, low self-esteem and low social support" (Merianos, Nabors, Vidourek & King, 2013, pg. 27). The most common stressors reported by college students were “maintaining a high level of academic achievement, adjusting to a new social environment, and finding a job” (Ross, Niebling, & Heckert, 1999). Academic stressors are the student’s perception of the extensive knowledge that must be learned, the lack of time they have to learn the material and the use of that knowledge during examinations (Mirs & McKean, 2000). Adjusting to a new social environment can be a major stressor as a lack of a support system can lead to issues for students who struggle without a support system to lean on in times of need. Finally finding a job or another way to support ones educational journey can place a major strain on both the student and the family of the student when this financial obligation is not being met.

Healthcare Student Stressors

At 61%, students in healthcare professions experience mental illness at a similar rate as the general student body (Kaess et al., 2014; Zivin et al., 2009). Students entering healthcare programs are at a significantly higher risk for depression, anxiety, and overall unhealthy behaviors (Mazurek et al., 2016; Yusoff, 2014). “The effects of stress on the mental health and well-being of medical students across the four years of medical school have been well documented” (Slavin, Schindler & Chibnall, 2014, pg. 573). There is a dearth of research on the effects of mental health and well-being on health science students in comparison.
The technical and strenuous training required of medical professionals can cause students to develop a sense of dehumanization (Jennings, 2009). Once students begin their fieldwork educations, the expectations and ideals anticipated for their career may not align, causing distress and further dehumanization. Jennings (2009) found differing perceptions of what future jobs should be like and the actuality can cause disappointment and burnout in a career. “Burnout is most frequently defined as a psychological syndrome that involves a prolonged response to stressors in the workplace” (Robins, Roberts & Sarris, 2015, pg. 2).

Robins et al. (2015, pg. 2) review of literature found that:

1. Cynicism is very closely related to the exhaustion component of burnout and is an act of distancing oneself from work or clients in the attempt to make work more manageable. Ghodasara, Davidson, Reich, Savoie & Rodgers (2011) found that “distress in medical students is associated with cynicism, a lack of empathy, and an unwillingness to care for chronically ill patients. Further, burnout seems to worsen as students’ progress in their training” (pg. 116).

2. That at the time of graduation 49% of medical student experienced symptoms of burnout and a small but significant correlation between study engagement and GPA in health science students.

3. “The sample of nursing, psychology, occupational therapy and social work students had higher rates of mental health problems than normative date. The measures of mental health were strongly correlated with the exhaustion component of burnout. There were no significant differences in burnout or engagement between disciplines, despite previous suggestions that nursing students may be more stressed than other students” (pg. 9).
In addition to burnout, fatigue and financial issues are major contributors to stress experienced by students (Hussain et al., 2013; Jennings, 2009). “Students in the health profession degrees of nursing social work, psychology and occupational therapy participate in work placements as part of their study and are therefore exposed to similar stressors as professionals, as well as academic pressure, deadlines, and often financial struggles (Robins, Roberts & Sarris, 2015). It is the most common source of stress to healthcare students (Breso, Schaufeli, & Salanova, 2010; Real, Zackoff, Davidson, & Yakes, 2015).

Potential causative factors for depression and burnout include long work hours, sleep deprivation, increasing debt burdens, challenging career decisions, difficult patient encounters, personal life events and less-than-optimal learning environments. Medical students seem to be at a great risk for deterioration in their mental health than their peers who are not medical students (Ghodasara et al., 2011, pg. 116).

**Student Perceptions**

Stress is a matter of perception. Two persons may feel the effects of a similar amount of stress differently. Perceived susceptibility and perceived severity of stress influence a student’s likelihood of engaging in stress relieving behaviors (Rizer et al., 2015). Students use coping skills that are familiar and have been found to work in the past; however, the cause of the stress may not truly be addressed.

Research shows over half of a general student body suffers from some sort of mental issue during their university experience (Kaess et al., 2014; Zivin et al., 2009). (p. 395). In a study by Hussain, Guppy, Robertson, & Temple (2013), researchers found students would rate their health as “good” or “okay”, but 56% students experienced frequent (more than two) episodes of illness since the start of their university experience. In a study conducted across
72 college campuses with 43,210 participants, 34% of college students experience a mental illness episode of some sort while attending college (Ketchen Lipson et al., 2015). Wyanden and colleagues (2014) conducted a survey with 471 respondents comprised of staff and students from two Australian universities. The results showed stigma, discrimination, and prejudice from peers and staff at the university often causes students to defer from seeking mental health services. Andrade (2015) found students with mental illness feel professors treat them more delicately than peers without a mental illness. With the high rate of students experiencing mental illness, seeking medical help should be more normal on university campuses. Mental health problems are associated with decreased graduation rates (Ketchen Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015).

**Campus Mental Health Services**

The purpose of most counseling centers on campus is to provide support to students who face barriers to academic success (Marsh & Wilcoxon, 2015; Mowbray et al., 2006). Students often do not seek services on their campus due to perceived stigma, the belief services are inaccessible, and a lack of awareness on the campus (Michaels, Corrigan, Kanodia, Buchholz, & Abelson, 2015; Andrade, 2015; Wyanden et al., 2014; Zivin et al., 2009). Ketchen Lipson and colleagues (2015) found the lowest rate of mental health service utilization is at doctorate granting, public universities with a large student body (10,000+).

College campuses currently focus the bulk of their mental health services to students with acute or less severe mental health problems (Mowbray et al., 2006). Students with chronic or severe mental illness are unable to receive the support needed due to lack of staffing, funding, and the inability for campus counseling centers to provide the intensive
services needed for these mental illnesses (Ketchen Lipson et al., 2015; Mowbray et al., 2006).

In order to reach more students who need mental health services, awareness throughout the campus need to be raised about services provided (Wynaden et al., 2014). This can be achieved through moving beyond traditional counseling approaches to outreach settings (freshman orientation, visiting classrooms, booths at fairs, etc.) to reach more of the critical population, promote mental health on campus, and reduce the stigma of receiving help for a mental illness (Parcover et al., 2015). Researchers found implementation of cognitive behavioral interventions in a counseling center can be the best way to reach a large range of students on a campus (Breso et al., 2010). So are there mental health strategies that can be woven into an organization becoming an essential component of the tapestry versus seen as an add-on?

**Mental Health Promotion**

The World Health Organization defines mental health as “A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (¶3). “Where we live, learn, work and play impacts our mental health and well-being. This includes structures and environments that are safe, nurturing, inviting, toxin free and facilitate relationships, community and culture” (Minnesota Department of Health 2017, ¶7).

Atkins & Frazier (2011, p. 1) propose a paradigm shift in mental research, practice and training to use a three-tiered public health approach to mental health including; (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.
Tilly’s (2008, ¶1-3) description of the three-tiered approach are clearly connected to education:

1. Tier 1 Services or Universal interventions: are preventative and proactive in nature for people with low support needs. These services are delivered to all students across all education settings. It is expected that around 80% of students (if not more) will respond to these services. The University of California Student Mental Health Committee (UCSMHC, 2006, p.12-13) states a comprehensive approach to creating healthier learning communities…which can be realized by enhancing the full spectrum of student life services, actively engaging they faculty and academic staff while also facilitating proactive communication and collaboration. Prevention can be improved by enhancing services and programs that raise awareness about early intervention and treatment, reduce stress, and teach students how to create and maintain healthy, balanced lifestyles. Such prevention programs can minimize a student’s susceptibility to mental health problems by providing positive outlets for stress and alternatives to drug and alcohol use by promoting healthy relations, by providing positive role models and by building leadership skills and by encouraging civic engagement. Additionally, civility in discourse, mutual respect and a true understanding for the value and strength of differences are fundamental elements of a healthy and vibrant learning community. These messages should be woven into the fabric of campus life, both inside and outside the classroom. While essential for all students, these programs and activities are particularly crucial for those who are at risk for mental health problems. Faculty are essential contributors in creating healthier learning communities. Strategies to involve faculty would include increased and improved faculty mentoring, strategic discussions regarding methods to improve the classroom and lab environments for students, and focused attention
on how to improve student morale and satisfaction. Key academic support services (e.g., math, science foreign language, and writing clinics) also need to be enhanced.

2. Tier 2 Services or Targeted Group Interventions: are designed for groups of students that have additional support needs beyond Tier I. They are designed to meet the needs of these participant groups with the exception that the services will be short-term they may include anxiety groups. UCSMHC identified targeted groups as those who experience high stress levels and some of the highest suicide rates such as:

   Graduate students, international students, LGBT students and racially and ethnically underrepresented students. Targeted training could help prepare staff and faculty to recognize individuals in distress and make appropriate referrals early on as opposed to after a crises has emerged. (2006, p.12-13).

3. Tier 3 Services or Intensive/Individual Interventions: are designed for individuals with high and complex support needs. This is tailored to the individual student's unique needs and strengths. Only 1-1.5% are expected to require this level of assistance. Services in this tier specify staff and resources necessary to respond to students in distress and at risk (UCSMHC, 2006, pg. 12).

Best Practices

Best Practice is defined as “A method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark” (§1, Business Dictionary). A systematic review (2016) identified only a small subset that contained empirically evaluated learning environment interventions and medical student well-being interventions (Wasson et al, 2016). Wasson et al. identified some specific learning
environment approaches to be associated with improved medical student emotional wellbeing but cautioned that the overall quality of these studies was low, highlighting the need for high-quality medical education research (2016). Their key findings indicate:

1. Consider implementation of a preclinical pass/fail grading system. Studies reviewed indicated that it did improve medical student wellbeing. Two studies they reviewed state that using the pass/fail grading system can be associated with improved well-being without any significant change in course test scores including the USMLE step 1 & 2 scores and subsequent post residency specialty board certification scores. As of 2015 there were 87 out of 144 participating schools using this grading system for at least some portion of the preclinical courses (p. 2249).

2. To take into account the accessibility and quality of mental health programs for medical students as well as any associated stigma. One study reviewed found that students with mental health problems may be undertreated. “A multipronged program aimed at improving awareness, reducing stigma, and improving access to mental health are professionals seems to be an efficacious approach and is associated with lower depression and suicidal ideation rates” (pg. 2249).

3. Introducing wellness programs that teach mind-body-based stress reduction skills should be considered. The majority of the studies in this category indicate that such programs are associated with reduced stress, anxiety, better mood and higher distress tolerance. This association was found even when skills were taught in condensed workshops lasting only 4 weeks (pg. 2250).

4. Examine “implementation of formal faculty advisor/mentor programs based in small groups and linked with curricular content. Faculty advisor/mentor programs were highly regarded by students as a method of promoting wellness. It is important that mentors do not grade students to keep their role as advisors separate from assessment to foster open communication” (pg. 2250).
5. The curriculum should be structured to balance clinical and nonclinical learning environments. Medical students report less burnout and stress when clinical time is increased (pg. 2250). And;

6. Comprehensive reform of the learning environment that incorporates many of these interventions is likely required. A detailed evaluation of the sequential implementation phases indicates that there may have been synergies among program components that were associated with improvements in medical students well-being (pg. 225).

Parker et al. (2015, p. 112) discussed Oandansan (2005) and Benner (2011) regarding the concepts of interprofessionality and interprofessional collaboration. These two concepts, when combined,

Creates and elucidates civil professionalism. Civic professionalism is manifest when an organization accepts the tacit inter-relatedness of each professional’s knowledge, skills and abilities. Once civic professionalism, which is not inherent, takes root, individual health professions refrain from practicing in a silo and begin promoting and engaging in collaborative behaviors and actions that positively influence the health system.

Focusing on improving the health of the university community through promotion of health lifestyle and advocating for prevention services through wellness programming would best serve the population (Parcover et al., 2015). Wellness programming would feature wellness events, opportunities for professional development, and a referral process to access services on campus and in the public. Generally, there are fewer services available to students at public universities when compared to private schools (Ketchen Lipson et al., 2015).

Implementation of a wellness program on a college campus would require collaboration between students and university employees. Albeit some faculty on campuses
are well versed on mental illness, furthering the education of other employees about mental illness, such as etiology and symptomology, would help to reduce stigma felt by students and help employees direct students to the correct service (Terry, 2013; Wynaden et al., 2014).

With further training to university employees, they would be more adept at helping students identify mental illness symptoms to seek out help sooner (Rizer et al., 2015). In a study conducted by Andarade (2015), the researcher found students identified a peer with a mental health issue or an experienced professional was the best support system available. An additional tool to help students identify mental illness, seek out a support system, and promote early intervention would be implementing a mental wellness program on university campuses to raise awareness of resources available (Shepardson & Funderburk, 2014). Research supports a proactive, early intervention approach with collaboration of employees to address the mental wellbeing of its students.

Stress, known to contribute to mental illness, is an ever-present part of modern medical education. Although it is unrealistic to embark on a campaign to eliminate stress completely, it is reasonable to focus on finding ways to reduce stress and help student scope with it” Ghodasara et al., 2011, pg. 120).

Successful implementation of a wellness program will require buy-in from faculty, staff, and students in the SMHS, but early intervention is proven to be more cost-effective and effective longitudinally (Parcover et al., 2015; Real et al., 2015; Rizer et al., 2015). According to Ketchen Lipson and colleagues (2015), every dollar invested in effective mental health programs and services would be expected to yield at least 2 dollars in tuition revenue” A case can be made to administrators for implementation of preventative services by the economic practicality of a mental wellness program for potential mental illness (Ketchen Lipson et al.,
Efforts to improve the mental wellbeing of students will improve academic outcomes and increase graduation rates, providing the university with more revenue and higher academic ratings (Ketchen Lipson et al., 2015).

**University of North Dakota School of Medicine and Health Sciences (UNDSMHS)**

The literature presents a need for professional initiatives at the academic level as a Tier I preventative measure for early prevention of depression or burnout in future physicians (Bugaj, T.M, Cranz, A., Junne, F., Erchens, R., Herzog, W., & Nkendei, 2015). This reasoning can also be associated with the same needs of the health science students at the UNDSMHS. Based on this the occupational therapy authors are proposing the development and implementation of a mental health wellness program. Universal health promotion programs developed for a tier I population has strong evidence in being effective (Arbesman et al., 2013).

**Proposed Program**

The target audience of the mental wellness program will be students in the SMHS. To better serve this population, a relationship between faculty, staff, and departments along with staff “buy-in” will show best results in implementation of preventative and promotional mental health services (Rizer et al., 2015). As stated prior, The University of California Student Mental Health Committee (UCSMHC, 2006, p.12-13) found that actively engaging they faculty and academic staff also facilitating proactive communication and collaboration and contributed to healthier learning communities.

It is proposed that the mental wellness program is integrated through the each learning communities, program curriculums and the general SMHS. This would involve looking within curriculums to find assignments that can be connected to engaging in mental health wellness
events as well as promoting them. To also review policies and procedures to identify ways to instill the value of mental health wellness across the SMHS. Identify strategies and rewards that promote a cohesive approach to ensuring healthy learning communities such as student leadership and mentorship.

As a starting point to consider, it is proposed that students be required to engage in 1-2 mental health wellness events a month to promote their overall academic performance and reduce stress and burnout. With this amount, students will be required to engage in approximately 4 mental wellness events a semester. According to Yusoff (2014), engaging students in mental wellness programming beyond 8 weeks does not benefit students' mental health. Advocating for prevention and promotion of mental illness and implementation of a mental wellness program will require collaboration and thorough integration from the student body, faculty, staff, and board members of the university.

Theory

The Public Health Three-tiered Model is the framework for this program incorporating the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between three concepts: Person, Environment and Occupation, with the goal of an optimal fit for competent occupational performance. The Mental Health Prevention Model utilizes a three-tiered approach focusing on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions. The model used to design this program is the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between the three concepts, with the goal of an optimal fit for competent occupational performance.
A decline in mental health can affect daily functioning. Mental health challenges in students are often due to increased stress levels, increased burnout, and a lack of balance in their personal and professional lives (Harris et al., 2005; Jennings, 2009; Rizer et al., 2015;). Occupational demands of being a student may exceed the person’s ability to cope and participate competently in not only school tasks, but in fulfilling other meaningful roles as well. The student may not feel adequately supported from the environment to continue engaging in academia or other occupations in his or her life. The goal of the program is to
optimize the fit between the person, the environment, and the occupations of the student in the SMHS.

**Person:**

The person in this model refers to a student attending the SMHS at the University of North Dakota (UND). Research shows a student in a medical professional program is automatically at a higher risk of suffering from a mental wellness issue due to increased stress, increased risk of burnout due to intense workload, and increased risk of living an unbalanced life. Each student’s occupational performance can be measured objectively and subjectively. The student’s ability to complete occupations has reciprocal influence on their feelings of the experience. This means objective occupational performance can be evaluated differently by the student depending on their subjective feelings, which may differ from day to day. Addressing the subjective and objective experience of the student in their occupations will support competent occupational performance in roles.

**Environment:**

The environment of the student will primarily be the institutional environment of the SMHS, but will also include the student’s cultural, social, and physical environment. A student finds supports within each of the contexts named above, and has several options within the SMHS. However, students either do not utilize these supports or are unaware of services available. To provide students with a supportive environment, mental wellness activities will take place within the learning communities and the SMHS. Outreach services can provide environmental support to students not on campus. A mental health wellness program could students with the environmental support for competent occupational performance across environments.
**Occupations**

Students have many occupations to engage in such as; basic ADL’s, personal cares, care of others, driving and community mobility, health management and maintenance, home management, Sleep, education both formal and informal, employment. Students will also engage in social occupations with their peers for leisure.

Students within the SMHS may spend a majority of their time completing academic work, which impacts their ability to earn an income or spend time with friends. This can cause a lack of balance between occupations. Examining the tasks that compose the occupation can hone in on where occupational dysfunction is occurring.

Challenges in any one of these areas will cause difficulty in the others.

To meet the needs of a student, a mental wellness program is proposed for all programs in the SMHS. Incorporating mental wellness programming throughout the SMHS, allows students resources to optimize the fit between completing occupations in a supportive environment. Events and classes will be available to students in efforts to promote resiliency, balance, and stress management for a better fit of the three components. Students will also be oriented to
additional services available on UND's campus if the mental wellness program does not meet their needs.

**Public Health Three-tiered Model**

The three-tiered model is the umbrella for PEO. The three-tiered approach focuses on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.

**Organization**

The proposal is organized into a project business plan. The product in its entirety is available in Chapter IV. Chapter III will present the methodology and the activities used to develop the product.
CHAPTER III

Methodology

The authors chose the topic of mental health, in relation to students at the SMHS, because of their interest in this area. Both authors felt there was definite need for a more structures approach and chose this opportunity to do it since the school is so new for all of the students, faculty and staff. The initial direction of this scholarly project was to create an instrument to screen all incoming SMHS students for mental illness. By doing this, the researchers hoped to create an opportunity for early intervention, reduction of stigma on campus, and an increased awareness of resources available to students at UND.

The researchers set an appointment with a librarian from the Harley French Library located in the School of Medicine and Health Sciences. She assisted in gathering sources and helped the researchers identify databases to utilize to gain more literature related to the topic. Databases used included: CINAHL, PsycINFO, PubMed, OTSearch, and Academic Search Premier. While there were various mental health screening tools to assess a different direction arose. The authors began to notice a significant number of articles that discussed the stress, burnout and decreased resilience of health providers and that this process either started or was strengthened at the academic level.

Many of the statistics were startling. A decline in mental health can impact daily functioning. Mental health challenges in students are often due to increased stress levels, increased burnout, and a lack of balance in their personal and professional lives (Harris et al., 2005; Jennings, 2009; Rizer, Fagan, Kilmon, & Rath, 2015;). Occupational demands of being
a student may exceed the person's ability to cope and participate competently in not only school tasks, but in fulfilling other meaningful roles as well. If the environment is not supportive the students participation decreases in many areas.

They also began to notice that the learning communities were not being used to their full potential. The authors started to wonder if the learning communities could become more than just a place to study and eat. If the learning communities could become an integral part of the creation of a healthier SMHS for students.

The next step was to learn more about the Wellness Program Coordinator at the SMHS. The authors met with Michelle Montgomery, MS, LSCW, who fulfilled the position posted. She explained her role in the mental health promotion of medical students. Michelle provides resources to medical students during block exams and other high stress periods. She coordinates guests to come assist in alleviating stress, burnout, and other related issues with intense schooling.

The authors, of this proposal, are current students in the SMHS who noticed there was a lack of programming that involved students from all of the medical and health science programs. It was the authors' belief that all students deserve focus on mental health wellness while attending the SMHS. It was decided to present this idea through a project business plan.

Considerable thought resulted in choosing a Public Health Three-tiered approach to the proposed program encasing it with the OT PEO Model. This was chosen because it looks at the universal approach through the individualized approach. This contributes to all students, faculty and staff benefiting from mental health wellness initiatives while also establishing a plan of action for those who could benefit from more individuated support. The PEO model
was chosen because it focuses on optimizing the fit between the person, the environment, and the occupations of the student in the SMHS.
CHAPTER IV

Product

The Program Business Plan: Promoting a Culture of Mental Health & Wellness at the SMHS: SMHS Wellness Program is presented in its entirety in following.
School of Medicine and Health Sciences
Wellness Program
Project Business Plan

Proposal Developers: Alexa Martel & Brian Lefavour
Email: alexa.l.martel@und.edu brian.lefavour@und.edu
Department: Occupational Therapy Students
Advisor: Dr. LaVonne Fox
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I. Executive Summary

McManus (2007) indicates that healthcare professionals, who are highly committed and involved in their profession, often experience stress and burnout. A multitude of stressors effect healthcare professionals, including time restraints, workload, multiple roles, and emotional investment in the career (McCann et al., 2013). Jennings (2009) makes the connection that stress does not begin when medical students enter the workforce, but starts during their academic preparation as well. Allied health profession students and professionals are not exempt from experiencing considerable stress and burnout (Harris, Cumming, & Campbell, 2005; Othman, Farooqui, Yusoff, & Adawaiyah, 2013). Harris and colleagues (2005) found that "the single significant predictor of psychological distress and life satisfaction was perceived stress" (p. 198). At a college level, students do not proactively seek out mental health resources before a crisis point has been reached largely due to the stigma associated with having a mental illness (Wynaden et al., 2014).

The purpose of this scholarly project was to propose a Mental Health Wellness Program for the School of Medicine and Health Sciences (SMHS) to implement to reduce stress and burnout associated with intensive school programming for all students. A Mental Health Prevention Model is the framework for this program incorporating the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between three concepts: Person, Environment and Occupation, with the goal of an optimal fit for competent occupational performance. The Mental Health Prevention Model utilizes a three-tiered approach focusing on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.

A decline in mental health can impact daily functioning. Mental health challenges in students are often due to increased stress levels, increased burnout, and a lack of balance in their personal and professional lives (Harris et al., 2005; Jennings, 2009; Rizer, Fagan, Kilmon, & Rath, 2015). Occupational demands of being a student may exceed the person’s ability to cope and participate competently in not only school tasks, but in fulfilling other meaningful roles as well. The student may not feel adequate supports from the environment to continue engaging in academia or other occupations needing to be performed.
The goal of the program is to optimize the fit between the person, the environment, and the occupations of the student in the SMHS. It is proposed the SMHS use the learning communities to develop a school wide environment that more actively promotes the established learning communities primary goals. Doing this will promote a more balanced life to meet occupational demands, establish healthy habits and routines they carry into their professional life, and more effectively meet the needs of their future clients and colleagues.
II. Context/Project Background

The University of North Dakota (UND) School of Medicine and Health Sciences opened a new, state of the art medical school in Fall 2016. An added feature to the building was the advent of the Learning Community. There is support for collaboration and development of community within each LC between the nine professions in the SMHS.

The SMHS Learning Communities have been developed in response to the need for growth in the area of interprofessional healthcare in practice and education. Each learning community will serve as an academic “home” to an interprofessional mix of students in all programs and professions in the SMHS. The goals of the learning communities have been presented below and serve as the primary purpose for these communities.

The School of Medicine and Health Sciences (SMHS) Learning Communities have been developed in response to the need for growth in the area of interprofessional healthcare in practice and education. Each learning community will serve as an academic “home” to an interprofessional mix of students in all programs and professions in the SMHS. There are eight learning communities and each community is partnered with another in a learning community pair.

Primary Learning Community Goals

a. Explore career options in health care
b. Promote health and wellness
c. Grow leadership and teamwork
d. Engage in service learning—may be curricular or non-curricular, formal or informal
e. Engage in interprofessional education—may be curricular or non-curricular, formal or informal
f. Enhance students’ professional identity development
g. Build relationships, share ideas

University of California Student Mental Health Committee (UCSMHC, 2006, p.12-13) states a comprehensive approach to creating healthier learning communities…which can be realized by enhancing the full spectrum of student life services, actively engaging they faculty and academic staff while also facilitating proactive communication and collaboration. Prevention can be improved by enhancing services and programs that raise awareness about early intervention and treatment, reduce stress, and teach students how to
create and maintain healthy, balanced lifestyles. Such prevention programs can minimize a student’s susceptibility to mental health problems by providing positive outlets for stress and alternatives to drug and alcohol use by promoting healthy relations, by providing positive role models and by building leadership skills and by encouraging civic engagement. Additionally, civility in discourse, mutual respect and a true understanding for the value and strength of differences are fundamental elements of a healthy and vibrant learning community. These messages should be woven into the fabric of campus life, both inside and outside the classroom. While essential for all students, these programs and activities are particularly crucial for those who are at risk for mental health problems. Faculty are essential contributors in creating healthier learning communities. Strategies to involve faculty would include increased and improved faculty mentoring, strategic discussions regarding methods to improve the classroom and lab environments for students, and focused attention on how to improve student morale and satisfaction. Key academic support services (e.g., math, science foreign language, and writing clinics) also need to be enhanced.

III. Project Justification

Problem Statement:
Currently there is not a mental wellness program designed to meet the needs of all of the students at the SMHS. Ketchen Lipson and colleagues (2015) found the lowest rate of mental health service utilization is at doctorate granting, public universities with a large student body (10,000+).

The current SMHS approach to mental health wellness is primarily geared toward medical students only. The goal is to reduce stress and burnout and improve resiliency in all four years of medical students currently enrolled. The Wellness Coordinator is in direct contact with students on campus and has outreach with students on the distance learning campuses. Michelle Montgomery is the only SMHS staff working directly with the medical student wellness program. Michelle promotes wellness events throughout the SMHS, using different social media and email, TVs around the building, and word of mouth.

The proposed SMHS Wellness Program recommends a formalized mental health wellness program that is integrated throughout but especially within each learning community for all
students of the SMHS. A review of literature indicates there is a need for such a programmatic approach. Students entering healthcare programs are at a significantly higher risk for depression, anxiety, and overall unhealthy behaviors (Mazurek et al., 2016). Burnout in students is caused by the amount of workload, feelings of incompetency, and cynicism towards their area of study. It is the most common source of stress to healthcare students (Breso, Schaufeli, & Salanova, 2010; Real et al., 2015). A student may feel dehumanized from the intensity of schooling and clinical feeling, requiring the use of any coping skills held, adaptive or maladaptive (Jennings, 2009). In a meta-analysis of 13 articles related to medical student psychological wellbeing, it was found prior to medical school, students face rates of depression at similar rates to those in the general student body, which is at 2%. At the conclusion of their first year of training, medical students experience depression of rates up to 30% (Yusoff, 2014).

**Priority Needs**

1. To facilitate practice communication and collaboration with colleagues in the health professions. Have all of the healthcare professionals under one roof does not mean interdisciplinary if it is not fostered and supported. In the end it contributes significantly to decreasing future medical errors and unnecessary duplication of services, which is ultimately first do no harm.

2. To reduce stress and burnout for all students: Ghodasara, Davidson, Reich, Savoie and Rodgers (2011) found that “distress in medical students is associated with cynicism, a lack of empathy, and an unwillingness to care for chronically ill patients. Further, burnout seems to worsen as students’ progress in their training” (pg. 116).

3. To increase resiliency skills teach student show to create and maintain healthy, balanced lifestyles. The CDC estimates “only about 17% of U. S adults are considered to be in a state of optimal mental health (2013, ¶1). The CDC identifies several mental health indicators representing three domains (2013, ¶5):

   • Emotional well-being: such as perceived life satisfaction, happiness, cheerfulness, peacefulness.
   • Psychological well-being: such as self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships. And;
• Social well-being: social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

4. To have a learning environment that is supportive:
   • Potential causative factors for depression and burnout include long work hours, sleep deprivation, increasing debt burdens, challenging career decisions, difficult patient encounters, personal life events and less-than-optimal learning environments. Medical students seem to be at a great risk for deterioration in their mental health than their peers who are not medical students (Ghodasara et. al, 2011, pg. 116).

The Implementing Organization
The following program will be implemented at the SMHS with the assistance of Michelle Montgomery, MSW, LCSW. Currently, Michelle is implementing a similar program with medical students only at the SMHS. Suggestions for the transition into a school wide mental wellness program are presented as well as suggestions for the SMHS administration. Assistance with implementation will come from the Learning Community officers, which is a student ran government for the communities. Group and individual activities are included to implement within each learning community. It is anticipated this would encourage gathering and facilitate collaboration among the learning communities and professions as a whole. It is planned that students can engage in approximately four events a semester to aid in promoting mental health wellness.
IV. Goals and Objectives of Project

Project/Program Goal

The primary goal of this program is to develop a SMHS culture that promotes mental health wellness to enhance the quality of life of students. Stress levels, burnout rate, and lack of life balance may have a negative impact on students in the SMHS. Consequently, it is essential that a focus on mental wellness and health promotion take place to provide resources and activities to improve the mental wellbeing of the students.

It is proposed the program begin by engaging in four events throughout the semester. The objectives for this program are to: 1. connect students to the learning communities; 2. assist students in developing support systems throughout the learning communities, and; 3. improve the mental wellbeing of students by having them attend four wellness events per semester.
V. Project Implementation

Theoretical Models

PEO

The model used to design this program is the Person-Environment-Occupation Model of Occupational Therapy (PEO). The PEO model examines the transaction between the three concepts, with the goal of an optimal fit for competent occupational performance.

A decline in mental health can impact daily functioning. Mental health challenges in students are often due to increased stress levels, increased burnout, and a lack of balance in their personal and professional lives (Harris et al., 2005; Jennings, 2009; Rizer, Fagan, Kilmon, & Rath, 2015). Occupational demands of being a student may exceed the person’s ability to cope and participate competently in not only school tasks, but in fulfilling other meaningful roles as well. The student may not feel adequate supports from the environment to continue engaging in academia or other occupations needing to be performed. The goal of the program is to optimize the fit between the person, the environment, and the occupations of the student in the SMHS.
Person:
The person in this model refers to a student attending the SMHS at the University of North Dakota (UND). Research shows a student in a medical professional program is automatically at a higher risk of suffering from a mental wellness issue due to increased stress, increased risk of burnout due to intense workload, and increased risk of living an unbalanced life. Each student’s occupational performance can be measured objectively and subjectively. Objective occupational performance can be evaluated differently by the student depending on their subjective feelings, which may differ from day to day. Addressing the subjective and objective experience of the student in their occupations will support competent occupational performance in roles.

Environment:
The environment of the student will primarily be the institutional environment of the SMHS, but will also include the student’s cultural, social, and physical environment. A student finds supports within each of the contexts named above, and has several options within the SMHS. However, students either do not utilize these supports or are unaware of services available. To provide students with a supportive environment, mental wellness activities will take place within the learning communities and the SMHS. Outreach services can provide environmental support to students not on campus. A mental health wellness program could students with the environmental support for competent occupational performance across environments.

Occupations:
Students have many occupations to engage in: basic ADL’s, personal cares, care of others, driving and community mobility, health management and maintenance, home management, sleep, education both formal and informal, and employment. Students will also engage in social occupations with their peers for leisure.

Students within the SMHS may spend a majority of their time completing academic work, which impacts their ability to earn an income or spend time with friends. This can cause a lack of balance between occupations. Examining the tasks that compose the occupation can hone in on where occupational dysfunction is occurring.
In order to meet the needs of a student, a mental wellness program is proposed as an opportunity for inclusivity to all programs in the SMHS. By incorporating mental wellness programming throughout the SMHS, students will be able to utilize resources to optimize fit between completing occupations and how the student interacts with the environment. Events and classes will be offered to students in efforts to promote resiliency, balance, and stress management for a better fit of the three components. Students will also be oriented to additional services available on UND’s campus if the mental wellness program does not meet their needs.

**Occupational Performance**

The occupational performance outcome is to have healthcare professionals who can create and maintain healthy balanced lifestyles and are resilient so they can truly meet their client’s needs.

**Public Health Three-tiered Model**

The three-tiered model is the umbrella for PEO. The three-tiered approach focuses on: (1) universal interventions, (2) targeted group interventions and (3) intensive/individual interventions.
• Tier 1 Services or Universal interventions: are preventative and proactive in nature for people with low support needs. These services are delivered to all students across all settings. It is expected that around 80% of students (if not more) will respond to these services (UCSMHC, 2006, p.12-13).

• The Tier 2 Services or Targeted Group Interventions: are designed for groups of students that have additional support needs beyond Tier 1. They are designed to meet the needs of these participant groups with the exception that the services will be short-term they may include anxiety groups. UCSMHC identified targeted groups as those who experience high stress levels and some of the highest suicide rates such as:
  
  Graduate students, international students, LGBT students and racially and ethnically underrepresented students. Targeted training could help prepare staff and faculty to recognize individuals in distress and make appropriate referrals early on as opposed to after a crisis has emerged. (UCSMHC, 2006, p.12-13).

• Tier 3 Services or Intensive/Individual Interventions: are designed for individuals with high and complex support needs. This is tailored to the individual student’s unique needs and strengths. Only 1-1.5% are expected to require this level of assistance. Services in this tier specify staff and resources necessary to respond to students in distress and at risk (UCSMHC, 2006, pg. 12).
It is essential for healthcare professionals to learn how to take care of their own health; emotional well-being, psychological wellbeing and social wellbeing, so they can more effectively and honestly care for their clients.

**Activity Plan**

In the table below, the main activities are identified for each step of the program development and implementation up till the date the program would begin for the students. The primary goal and objectives are listed here again as a point of reference for the activities.

**Primary Goal:** to develop a SMHS culture that promotes wellness to enhance the quality of life of students; to optimize the fit between the person, the environment, and the occupations of the student in the SMHS. This can be achieved through the following:

a. **Student Support:** To have a learning environment that is supportive to reduce stress and burnout for all students and to increase resiliency.

b. **Professionalism & Cultural Competency:** Many learning communities are being used to deliver curricula in areas such as professionalism, humanities and cultural competence. To have strong and positive communication skills with colleagues in the health professions. This contributes significantly to
decreasing future medical errors and unnecessary duplication of services.

c. **Leadership Development and Service Learning:** learning communities are used to build strong positive relations and networks within their learning community as well as the community at large. It gives student additional opportunities to develop their leadership, clinical and soft skills through service learning.

<table>
<thead>
<tr>
<th>Description of Activity/Tasks</th>
<th>Scheduled Start</th>
<th>Scheduled Finish</th>
<th>Accountability or Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate current efforts of inclusivity to the culture of the entire SMHS, not just medical students</td>
<td></td>
<td></td>
<td>SMHS Administration</td>
</tr>
<tr>
<td>2. Program plan proposal presented to SHMS administration</td>
<td></td>
<td></td>
<td>Michelle?</td>
</tr>
<tr>
<td>3. SMHS administration develops guidelines for learning communities to adhere to while implementing the program</td>
<td></td>
<td></td>
<td>SMHS Administration</td>
</tr>
<tr>
<td>4. The chair of each program will identify how to hold students accountable within the program to attend events and/or seek leadership positions within the learning community.</td>
<td></td>
<td></td>
<td>Chairs of programs</td>
</tr>
<tr>
<td>5. Evaluation of the Interprofessional Healthcare Class for its effectiveness in promoting interprofessional relationships between disciplines</td>
<td></td>
<td></td>
<td>Instructor for IPHC class</td>
</tr>
<tr>
<td>6. Chairs will implement proposed program within own program, using guidelines for implementation and student buy-in</td>
<td></td>
<td></td>
<td>Chairs of programs</td>
</tr>
<tr>
<td>7. At a program and student level, the SMHS will prepare for change</td>
<td></td>
<td></td>
<td>SMHS Administration, Chairs of programs, student body</td>
</tr>
</tbody>
</table>
### Suggestions/Recommendations:
- Provide more interdisciplinary classroom opportunities (ex: anatomy, medical science, neuroscience)
- Offer incentives to participate in wellness events
- Provide a variety of activities for students to participate in

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluate current efforts of inclusivity to the culture of the entire SMHS</td>
</tr>
<tr>
<td></td>
<td>Consider changing the IPHC class to reflect more interdisciplinary activities within the SMHS</td>
</tr>
</tbody>
</table>

In the following tables are examples of areas to consider as the details to this program evolve. The majority of these are at tier I level.
The activities vary depending on the tier.

<table>
<thead>
<tr>
<th>Activity Ideas Tier I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Support: pertains to social activities, communication and teamwork, career advising &amp; academic support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person</th>
<th>Environment</th>
<th>Occupational Demands</th>
<th>Potential Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>SMHS</td>
<td>Time Management</td>
<td>Academic Planner&lt;br&gt;Master To Do List&lt;br&gt;Weekly Planner Tool&lt;br&gt;Anti-procrastination</td>
</tr>
<tr>
<td></td>
<td>Clinical/Fieldwork Setting</td>
<td>Stress Management</td>
<td>Teaching stress management techniques (deep breathing, guided imagery, etc)</td>
</tr>
<tr>
<td></td>
<td>Learning Community</td>
<td>Leisure Participation</td>
<td>Engaging in a group movie or a bike ride</td>
</tr>
<tr>
<td></td>
<td>Professional Department (OT, PT, MLS, PA, SM, MD, Basic Sciences)</td>
<td>School/work/life balance</td>
<td>Study session as a group with tutors before going to a group social event.</td>
</tr>
<tr>
<td></td>
<td>Social</td>
<td>Sleep preparation/participation</td>
<td>Activities and discussions on the importance and benefits of getting enough sleep each night.</td>
</tr>
<tr>
<td></td>
<td>Cultural environment of SMHS</td>
<td>Health eating/cooking</td>
<td>Cooking classes: Students will sign up through the wellness center and will engage in a healthy cooking class with their peers.</td>
</tr>
</tbody>
</table>

Professionalism & Cultural Competency: many learning communities are being used to deliver curricula in areas such as professionalism, humanities, and cultural competence

<table>
<thead>
<tr>
<th>Student</th>
<th>SMHS</th>
<th>Professionalism: professional dress, portfolio development, networking</th>
<th>Professionalism workshop, rotate from section/station to station and learn about each aspect of professionalism (dress, portfolio development, and networking)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical/Fieldwork Setting</td>
<td>Job Search (contract, salary, benefits, resume workshop)</td>
<td>Guest lecturer presents on what to look for during a job search, the importance of selecting the correct job, location, pay, and benefits.</td>
</tr>
<tr>
<td>Learning Community</td>
<td>Cultural Competency Development</td>
<td>Guest Lecturer and activities (Indians into Medicine presentation)</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Professional Department (OT, PT, MPH, PA, MLS MD)</td>
<td>Interview tips and workshop</td>
<td>Mock interviews with real employers</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Professional Communication</td>
<td>Speakers discuss proper social media use, how to market yourself, and professional communication (don’t say “like” “um” etc.)</td>
<td></td>
</tr>
<tr>
<td>Cultural environment of SMHS</td>
<td>Importance of having a positive work culture</td>
<td>Discussion on the benefits of a positive work culture</td>
<td></td>
</tr>
</tbody>
</table>

**Leadership Development & Service Learning:** Learning communities are used to build strong positive relations and networks with the community. It gives students additional opportunities to develop their leadership, clinical and soft skills through service learning.

<table>
<thead>
<tr>
<th>Student</th>
<th>SMHS</th>
<th>Volunteering</th>
<th>Volunteering: SMHS will provide five organizations in the community where students can volunteer and each student will pick one and go assist.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical/Fieldwork Setting</td>
<td>Strengths Workshop (Meyers/Briggs)</td>
<td>Have guest leader run Meyers/Briggs strength test and lead discussion</td>
</tr>
<tr>
<td></td>
<td>Learning Community</td>
<td>SMHS day of service</td>
<td>Similar to the UND “big event” but strictly for students in SMHS</td>
</tr>
<tr>
<td></td>
<td>Professional Department (OT, PT, MD)</td>
<td>Drives</td>
<td>Food drive, blood drive volunteering</td>
</tr>
<tr>
<td>Social</td>
<td>Guest Speaker: Clinic manager</td>
<td></td>
<td>Discuss how to position yourself into getting a leadership role at your company or how to make yourself seen.</td>
</tr>
<tr>
<td>Cultural environment of SMHS</td>
<td>President Mark Kennedy or Dean Josh Wynne</td>
<td></td>
<td>Speak about their progression, steps, stumbles and bumbles along the way to get to their level of leadership.</td>
</tr>
<tr>
<td>Community</td>
<td>Learning Community Positions</td>
<td></td>
<td>Elections and position description. Each program within a certain learning community is a representative and each representative gets a recommendation and a learning credit. Successful completion of four events results in a letter of achievement.</td>
</tr>
</tbody>
</table>
### VI. Operational Plan

<table>
<thead>
<tr>
<th>Project Personnel</th>
<th>Role</th>
<th>Qualifications</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Montgomery, MSW, LCSW</td>
<td>Wellness Coordinator</td>
<td>Held position of Wellness</td>
<td>1 year experience as Wellness Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advocate</td>
<td>for medical students at SMHS</td>
</tr>
<tr>
<td>SMHS Administration</td>
<td>Set guidelines for learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dean</td>
<td>communities,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Associate Dean, Student Affairs and</td>
<td>evaluate culture of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>inclusivity, prepare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Senior Associate Dean for Education</td>
<td>for change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Associate Dean for Health Sciences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Associate Dean for Medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Chairs</td>
<td>Sharing information with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>programs, implement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>program within community,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>identify how to hold students and faculty accountable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Community Officers &amp; Faculty mentors</td>
<td>Evaluation of IPHC class, student and staff buy-in, prepare for change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resource Plan & Allocation

The Mental Health & Wellness Program will be implemented within the SMHS building. It is an expansion of the existing wellness program for medical students to include all students. Most events will not require much equipment outside of food or handouts. Assistance will be needed when scheduling space within the building for events. The largest space that will be used for events will be the learning hall on the first floor (E101). All other events will be conducted within the open areas on various levels and within the confines of the learning communities. Information will be provided to students and staff through use of the televisions throughout the building.

As resources have already been put in place for a wellness program for medical students, developing a plan for the entire student body is financially feasible. Instituting a wellness program at the SMHS for all students is estimated to cost $9,750 for startup and operational costs. Current operational costs are for medical students and Michelle’s salary; this will need to be expanded to include additional students and perhaps an assistant for Michelle to support implementation. A majority of the direct cost will come from providing food to students and payment for guest lecturers to come to the school. A starting inventory, including various office supplies and paper, and a small allotment for advertising will compose the remaining portion. The technology of the new medical school building will be utilized to raise awareness of events, which will save money for advertising. Research has shown for every dollar invested into a wellness program is returned at twice the rate in the form of tuition dollars, or drop outs are prevented allowing the university to maintain tuition income and retention rates (Ketchen Lipson et al., 2015; Novotney, 2014).

The return on our investment in our students is a professional who has a higher quality of life which will have a definite impact on their future clients and colleagues (Jennings, 2009; Ketchen Lipson et al., 2015). It also could be a marketing point to potential students due to the limited number of programming, such as this, within School of Medicines and Health Sciences nationwide. To date, less than ten wellness programs were identified through a literature review (Parcover, Mays, & McCarthy, 2015; Real, Zackoff, Davidson, & Yakes, 2015).
VII. Program Evaluation

Primary Goal: to develop a SMHS culture that promotes wellness to enhance the quality of life of students; to optimize the fit between the person, the environment, and the occupations of the student in the SMHS. This can be achieved through the following:

a. **Student Support:** To have a learning environment that is supportive to reduce stress and burnout for all students and to increase resiliency.

b. **Professionalism & Cultural Competency:** Many learning communities are being used to deliver curricula in areas such as professionalism, humanities and cultural competence. To have strong and positive communication skills with colleagues in the health professions. This contributes significantly to decreasing future medical errors and unnecessary duplication of services.

c. **Leadership Development and Service Learning:** learning communities are used to build strong positive relations and networks within their learning community as well as the community at large. It gives student additional opportunities to develop their leadership, clinical and soft skills through service learning.

<table>
<thead>
<tr>
<th>Goal areas</th>
<th>Outcome</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Support</strong></td>
<td>• Behavior change, less absenteeism</td>
<td>• Measure level of participation and engagement</td>
</tr>
<tr>
<td></td>
<td>• Decreased stress</td>
<td>• Program satisfaction</td>
</tr>
<tr>
<td></td>
<td>• Decreased dropouts</td>
<td>• Self-report</td>
</tr>
<tr>
<td></td>
<td>• Increased engagement in and out of classes (learning communities)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More rested</td>
<td></td>
</tr>
<tr>
<td><strong>Professionalism &amp; Cultural Competence</strong></td>
<td>• Improvement in quality of life</td>
<td>• Evaluations by advisor</td>
</tr>
<tr>
<td></td>
<td>• Feelings of improved functioning and productivity</td>
<td>• Evaluation by peers</td>
</tr>
<tr>
<td></td>
<td>• Communication skills</td>
<td>• Self-evaluation</td>
</tr>
<tr>
<td></td>
<td>• Soft skills</td>
<td>• Simulations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Focus groups</td>
</tr>
</tbody>
</table>
## Leadership Development & Service Learning
- Interdisciplinary
- Team work
- Technical and soft skills
- Portfolios
- Report by service learning supervisor

## Quality Management Plan

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Methods to Measure Quality</th>
<th>Measurement Criteria</th>
<th>Implementation Timeline</th>
<th>Reporting</th>
<th>Results and analysis</th>
<th>Course of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHS students participate in learning community activities (see Priority Need a)</td>
<td>Attendance of activities</td>
<td>Greater than 70% across disciplines</td>
<td>Each semester</td>
<td>Michelle Montgomery will report annually to the Dean of Student Affairs, Dean of Education and Faculty Affairs</td>
<td></td>
<td>Revise program based on attendance; obtain student &amp; faculty feedback</td>
</tr>
<tr>
<td>Reduce stress and burnout in students (see Priority Need b)</td>
<td>Decreased dropout rates or average days absent determined by each program</td>
<td>Decreased rates specific to each program</td>
<td>Initially, by semester; move into annually</td>
<td>Chairs of each program report dropout rates and average days absent to the Dean of Student Affairs</td>
<td></td>
<td>Revise program based on dropout rate/average days absent; obtain student &amp; faculty feedback</td>
</tr>
<tr>
<td>Increased resiliency among SMHS students (see Priority Need c)</td>
<td>Recommended the Brief Resilience Scale (Smith et al., 2008)</td>
<td>Improved resiliency rates each semester</td>
<td>Each semester</td>
<td>Chairs of programs will administer Brief Resilience Survey (Smith et al., 2008) within</td>
<td></td>
<td>Revise program based on results of resiliency scale; make adjustments to increase resiliency</td>
</tr>
<tr>
<td>SMHS will have a supportive learning environment (see Priority Need d)</td>
<td>Student survey</td>
<td>Students identify improved quality of learning environment</td>
<td>Each semester</td>
<td>Learning community officers will provide students with self-report survey on perception of supportive learning environment</td>
<td>Revise program based on student feedback to create a more supportive learning environment</td>
<td></td>
</tr>
</tbody>
</table>

**Reporting**

<table>
<thead>
<tr>
<th>Type of Report</th>
<th>Who Report is Sent to</th>
<th>When the report is sent</th>
<th>Person responsible for report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in wellness events</td>
<td>Chairs of programs</td>
<td>Each semester</td>
<td>Learning Community Officers</td>
</tr>
<tr>
<td>Drop-out rate</td>
<td>Dean of SMHS, Associate Dean of Student Affairs</td>
<td>Each semester to Michelle, annual to the Deans</td>
<td>Michelle Montgomery, MS, LSCW; Deans</td>
</tr>
<tr>
<td>Increased resiliency</td>
<td>Michelle Montgomery, MS, LSCW</td>
<td>Each semester</td>
<td>Chairs of Program</td>
</tr>
<tr>
<td>Supportive learning environments</td>
<td>Learning Community Officers</td>
<td>Each semester</td>
<td>Students</td>
</tr>
</tbody>
</table>
## Risk Management Plan

### PROJECT DETAILS

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>SMHS Wellness Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager:</td>
<td>Michelle Montgomery, MS, LCSW</td>
</tr>
</tbody>
</table>

### Risk Description:

1. Budget Concerns
2. Buy-in from entire SMHS

### Risk Likelihood:

<table>
<thead>
<tr>
<th>Risk Likelihood:</th>
<th>Risk Impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medium</td>
<td>1. High</td>
</tr>
<tr>
<td>2. Medium</td>
<td>2. Medium</td>
</tr>
</tbody>
</table>
## RISK MITIGATION

### Recommended Preventative Actions:

1. Setting a budget is the first step in addressing this risk. A strong point can be made by implementing program and stressing the return on investment (ROI) in outcomes presented prior. Budget may be re-evaluated at conclusion of a two-year period.
2. To ensure buy-in from faculty and students at SMHS, the mental wellness program will have stipulations to promote engagement. Students will receive credit, recognition, and opportunity for leadership. Faculty will be required to report program results to their Chairs and the Deans.

### Recommended Contingent Actions:

1. Reduction in guest speakers will be the first step in addressing budgetary concerns. The next step will be to reduce the amount of food offered at events. These two are the primary focal area of the budget.
2. Revision of wellness programs will be completed to meet the needs and interests of students. Education will need to be provided to faculty and staff for the importance of the program. Finally, class credit will be addressed through IPHC class; requirements for course may be adjusted for SMHS buy-in.

### VIII. Project/Program Closure & Outcome Realization

The proposed program is intended to become a part of the woven fabric of the SMHS culture.
References


Novotney, A. (2014). Students under pressure: College and university counseling centers are examining how best to serve the growing number of students seeking their services. *Monitor on Psychology, 45*(8), 36.


*Journal of Taibah University Medical Sciences, 9*(1), 1-13.
Appendix A
SMHS Strategic Plan

1. Enrich the student learning experience:
   1. UND SMHS will be an innovator in education and develop programs of excellence for our students and trainees
      1. Sustain and improve the current patient centered learning (PCL) curriculum with problem-based learning and team-based learning
      2. Create learning experiences that are more active and more work- and reality-based (early clinical exposure, incorporating electronic health records, etc.)
      3. Expand use of simulation learning with computerized mannikins and standardized patients across the continuum of learning utilizing realistic and relevant scenarios
   2. UND SMHS will produce primary care-focused interprofessionally competent providers, with a special emphasis on those who will serve rural communities in North Dakota.
      1. Increase interprofessional education across the professions and the learning continuum (e.g. advanced courses in interprofessional teamwork, seminars, simulation, clinical experiences)
      2. Increase longitudinal integrated clerkships that are community and family oriented (analogous to the medical home) and population-based (focused on issues in geriatrics or maternal/child health rather than disease- or discipline-based)

2. Encourage gathering:
   1. UND SMHS will create a community for health professions education and research that is interprofessional/interdisciplinary and collaborative
      1. Create learning communities and gathering spaces for students and faculty across the health professions to study, learn and relax together
      2. Create opportunities for connections and networking across UND and the state to discover common interests and complementary expertise and skills
   3. Facilitate collaboration:
      1. UND SMHS will increase the potential for successful outcomes in health research through collaborative models
         1. Reorganize the research enterprise away from traditional departmental lines into integrated subject-oriented collaborative research groups
         2. Reorganize the basic science graduate student program into a multi-disciplinary program
         3. Create vehicles and partnerships to produce effective translational and health services research
   4. Expand UND’s presence:
      1. UND SMHS will rank #1 in sponsored funding of all community-based medical schools by the end of the decade
         1. Create an appropriate infrastructure and system to highlight and support efforts in health sciences, behavioral medicine, minority and rural health, population health, and patient safety
2. Develop and expand translational research
3. Create incentives for interdisciplinary collaborative research and reward successes in grant funding and publication

5. Enhance the quality of life:
   1. UND SMHS will transform the way we serve the people of North Dakota
      1. Promote health care public policy advocacy
      2. Expand the pipeline of students interested in a health career
      3. Develop expanded and innovative clinical programs in partnership with ND health care systems
   2. UND SMHS will work toward reducing disease burden in North Dakota, thus lowering the demand for health care services and the related cost
      1. Expand the public health program to increase the number of public health and primary care providers with the skills to impact public health
      2. Analyze public health data to inform and impact healthcare decisions
      3. Integrate public health and geriatric education into the health professions curricula
      4. Develop new models of geriatric care delivery and research the impact of geriatric services
      5. Support health promotion and research related health outcomes
   3. UND SMHS will augment the physician and other health care provider workforce through increased retention of graduates.
      1. Expand the pipeline of students interested in a health career
      2. Revise the curriculum to ensure optimal exposure to primary care and provide Longitudinal Integrated Clerkships (LICs) in rural communities
      3. Reduce debt burden
      4. Partner with physicians and health care systems to optimize and enhance mentoring and affinity relationships
      5. Continue to support and enhance the INMED program
      6. Make the SMHS a model for student, trainee, faculty and staff lifelong learning
Appendix B
### POSITION DESCRIPTION
North Dakota
University System

#### PART A - Identification, Duties/Responsibilities, and Task Inventory

<table>
<thead>
<tr>
<th>1. Name of Employee: Michelle Montgomery</th>
<th>1a. EmplID #: 0102312</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Current Band: 3000-Professional</td>
<td>3a. Current Job Family #/Title: 3415-Genl Student Services Prof</td>
</tr>
<tr>
<td>4. Current Functional Title: Wellness Advocate</td>
<td></td>
</tr>
<tr>
<td>5. Please check all that apply</td>
<td></td>
</tr>
<tr>
<td>5a. Type of position:</td>
<td>☑️ Full time ☐ Part-time</td>
</tr>
<tr>
<td>5b. Length of Position:</td>
<td>☐ 9 month ☐ 10 month ☐ 11 month ☑️ 12 month</td>
</tr>
<tr>
<td>6. Institution: University of North Dakota</td>
<td>7. Division: School of Medicine and Health Sciences</td>
</tr>
<tr>
<td>8. Department: Psychiatry and Behavioral Science</td>
<td></td>
</tr>
<tr>
<td>9. Unit:</td>
<td></td>
</tr>
<tr>
<td>10. Work Mailing Address: 501 N. Columbia Rd, GF, ND</td>
<td>11. Work Phone: 777-5485</td>
</tr>
<tr>
<td>12. Name &amp; Title of Supervisor: Andrew McLean, MD, MPH</td>
<td>12a. Supervisor Posn #: 00015631</td>
</tr>
</tbody>
</table>

13. What is the function/mission of your department?

The Department of Psychiatry and Behavioral Science is a multidisciplinary department which includes psychiatry-behavioral science and neuropsychology. The Department's philosophy is based on a comprehensive, integrated biopsychosocial model of brain function (mind, brain, and behavior) in health and illness. The Department provides undergraduate training in behavioral science and psychiatry, and operates a fully accredited psychiatry residency training program.
14. What is the purpose of your position? (Why does the position exist, how does the position function within the work unit?)

The purpose of this position is to assist medical students of the UND School of Medicine and Health Sciences in managing stress and fostering resilience by providing individual and group health and wellness education services at all four SMHS campuses. Additionally, this position will provide education to students, faculty, and leadership on student wellness issues.

15. Is this position essential during emergencies/closures?  □ Yes  ☒ No

(Essential personnel may be required to work during emergencies and closures affecting UND depending on staffing levels required for that particular situation.)
PART A - 15. Duties/Responsibilities

Provide a general statement of each major duty or responsibility.

⇒ List the task(s) involved in accomplishing each major duty/responsibility.
⇒ Indicate the percent of time that is spent on each duty or responsibility. Estimate percentages over the course of the year. (The incumbent could keep a record of the time spent performing each duty over a course of time.)
⇒ Begin each statement with a verb that exemplifies the action taken in performing the assignment.
⇒ Indicate Essential/Secondary. The following questions should be taken into consideration in the determination:
   - Is the duty/responsibility the reason the job exists?
   - Is this a highly specialized task or one that requires special education, training, licensure?
     If the answer is yes, the duty is “essential”.
   - What is the percentage of time spent on the function?
     If the answer indicates a great % of time, the duty is probably “essential”.
   - What are the consequences to others or the institution of a failure to perform the function?
     If the answer indicates a high level of accountability, the duty is “essential”.

NOTE: See Position Description Instructions and examples.

<table>
<thead>
<tr>
<th>Duty/Responsibility No. 1</th>
<th>Statement of duty/responsibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Time</td>
<td>For ADA compliance, see instruction.</td>
</tr>
<tr>
<td>40%</td>
<td>Responsibility is:</td>
</tr>
<tr>
<td>Essential</td>
<td>Secondary</td>
</tr>
<tr>
<td>(Please check one)</td>
<td></td>
</tr>
</tbody>
</table>

Tasks involved in fulfilling above duty/responsibility (include description of physical demands for individual task)
- Conduct outreach services statewide to SMHS medical students in the areas of health and wellness, both on-site and via videoconferencing or other electronic methods;
- Travel to all SMHS campuses (Bismarck, Fargo, Grand Forks, and Minot) on a frequent basis to educate medical students on resilience and wellness;
- Prepare and present seminars, workshops, and educational activities on timely and appropriate topics (wellness, resilience, crisis-intervention, etc.) to medical students, faculty and staff;
- Provide needs assessments relating to education of medical students in resilience and wellness;
- Serve as a resource, advocate and liaison to medical students in the areas of wellness and resilience; and
- Work collaboratively with the Office of Student Affairs and Admissions, the four SMHS campus offices, the UND Counseling Center, UND Wellness Center, community health centers, and other UND and SMHS departments and entities as needed

<table>
<thead>
<tr>
<th>Duty/Responsibility No. 2</th>
<th>Statement of duty/responsibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Time</td>
<td>For ADA compliance, see instruction.</td>
</tr>
<tr>
<td>40%</td>
<td>Responsibility is:</td>
</tr>
<tr>
<td>Essential</td>
<td>Secondary</td>
</tr>
<tr>
<td>(Please check one)</td>
<td></td>
</tr>
</tbody>
</table>

Tasks involved in fulfilling above duty/responsibility (include description of physical demands for individual task)
- Meet medical students individually and provide situational and/or on-going assistance in the areas of stress management, resilience and wellness;
- Meet students in group and provide situational and/or on-going assistance in the areas of stress management, resilience and wellness; and
- Refer medical students for treatment of behavioral health issues as appropriate
### Duty/Responsibility No. 3

<table>
<thead>
<tr>
<th>Percent of time</th>
<th>For ADA compliance, see instruction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Responsibility is:  
- Essential  
- Secondary  
(Please check one)

**Statement of duty/responsibility:**  
Professional Activities and Development

**Tasks involved in fulfilling above duty/responsibility (include description of physical demands for individual task):**

- Serve as a competent, ethical role model to medical students and faculty;  
- Participate in committee meetings as directed;  
- Attend conferences and training as directed;  
- Maintain licensure; and  
- Work collaboratively with the Continuing Medical Education Office to provide continuing medical education credits for programs as appropriate.

### Duty/Responsibility No. 4

<table>
<thead>
<tr>
<th>Percent of time</th>
<th>For ADA compliance, see instruction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Responsibility is:  
- Essential  
- Secondary  
(Please check one)

**Statement of duty/responsibility:**  
Educate and Train Faculty, Staff, and the SMHS Community Regarding Student Wellness, Resiliency, and Crisis Intervention

**Tasks involved in fulfilling above duty/responsibility (include description of physical demands for individual task):**

- Work collaboratively with the chair of Psychiatry and Behavioral Science, and engage with the Office of Student Affairs and Admissions, and campus offices in formulating an overall education plan for training faculty, staff, and the SMHS community regarding medical student wellness, resiliency, and crisis intervention;  
- Conduct needs assessments and work to address filling the "gaps" in education and training;  
- Educate and train faculty and other members of the UND community regarding wellness and resiliency; and  
- Work collaboratively with the chair of Psychiatry and Behavioral Science and others as appropriate, to prepare and present seminars, presentations, workshops, and educational activities with timely and appropriate topics to faculty, staff, and other stakeholders in-person and via electronic methods.
PART B - Working Environment

While the Department of Psychiatry and Behavioral Sciences is located in Fargo, ND, this position will be "housed" out of the medical school in Grand Forks, and as noted, will require travel to other parts of the state.

1. EDUCATION/KNOWLEDGE REQUIREMENT - Minimum education required to perform adequately in position could reasonably be attained only by completing the following (if you were to recruit today, what qualification would you require?)

<table>
<thead>
<tr>
<th>REQUIRED EDUCATION/TRAINING (choose one)</th>
<th>DEGREE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ less than high school diploma</td>
<td>Type of degree (B.S., B.A., etc...)</td>
</tr>
<tr>
<td>□ high school diploma or GED</td>
<td>Master's degree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLLEGE LEVEL (choose one)</th>
<th>Major field of study or degree emphasis (accounting, economics, etc...)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 year</td>
<td>Counseling, social work, psychology or related field</td>
</tr>
<tr>
<td>□ 2 year</td>
<td></td>
</tr>
<tr>
<td>□ 3 year</td>
<td></td>
</tr>
<tr>
<td>□ 4 year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GRADUATE LEVEL (choose one)</th>
<th>Specialized subject knowledge (cost accounting, MACRO economics, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 year</td>
<td></td>
</tr>
<tr>
<td>□ 2 year</td>
<td></td>
</tr>
<tr>
<td>□ post-graduate</td>
<td></td>
</tr>
</tbody>
</table>

Required Work Experience in Addition to Formal Education/Training:
- Two years of experience providing counseling services, either in an academic setting, clinical practice, or equivalent.

Required Supervisory Experience:

2. LICENSE/CERTIFICATION

<table>
<thead>
<tr>
<th>Identify licenses/certification required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ LICSW, LPCC or equivalent</td>
</tr>
<tr>
<td>□ Unrestricted ND Licensure or the ability to obtain ND Licensure</td>
</tr>
</tbody>
</table>

3. SPECIFIC SKILLS OR EQUIPMENT REQUIRED

<table>
<thead>
<tr>
<th>Minimum Qualification Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Demonstrated strong internet and computer skills including experience in Word, Excel, PowerPoint, and Outlook.</td>
</tr>
<tr>
<td>□ Demonstrated ability to educate, instruct, and counsel students.</td>
</tr>
<tr>
<td>□ Experience in presenting to small and large groups.</td>
</tr>
<tr>
<td>□ Ability to use independent judgment to problem-solve</td>
</tr>
<tr>
<td>□ Ability to work independently and collaboratively and to recognize when each is appropriate.</td>
</tr>
<tr>
<td>□ Ability to travel in state, regionally, and nationally as required for performance of work and continuing education and training.</td>
</tr>
<tr>
<td>□ Excellent interpersonal, verbal, and written communications skills</td>
</tr>
<tr>
<td>□ Satisfactory background check</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualifications Preferred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Knowledge of UND/NDUS policies and procedures.</td>
</tr>
<tr>
<td>□ Experience working with students, particularly with professional students</td>
</tr>
</tbody>
</table>
4. **RESPONSIBILITY FOR DIRECT SUPERVISION OF THE FOLLOWING PERSON/POSITIONS**

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Classification Title of Persons Supervised</th>
<th>FTE %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **INDIRECT SUPERVISION:**

- Total number of classified positions indirectly supervised:
- Total number of student or other non-classified employees indirectly supervised:

6. **HAZARDOUS WORKING CONDITIONS**

- Unusual or hazardous working conditions related to performance of duties:
  - N/A

- Precautionary measures taken to avoid those unusual or hazardous working conditions:
  - N/A

- Frequency of occurrence of unusual or hazardous working conditions:
  - N/A
7. PHYSICAL JOB REQUIREMENTS: Indicate according to essential duties/responsibilities

<table>
<thead>
<tr>
<th>Employee is required to:</th>
<th>Never</th>
<th>1-33% Occasionally</th>
<th>34-66% Frequently</th>
<th>66-100% Continuously</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use hands dexterously (use fingers to handle, feel)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reach with hands and arms</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climb or balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulling/Tugging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoop/kneel/crouch or crawl</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk or hear</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Taste or smell</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Lift &amp; carry:</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>up to 10 pounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>up to 25 pounds</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>up to 50 pounds</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>up to 75 pounds</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>up to 100 pounds</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>more than 100 pounds</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

This Position Description reflects an accurate and complete description of the duties and responsibilities assigned to the position.

_________________________  ________________________
Employee's Signature     Date

_________________________  ________________________
Supervisor's Signature    Date
Learning Community Staff & Faculty Roles & Responsibilities

Learning Community Overview

The School of Medicine and Health Sciences (SMHS) Learning Communities have been developed in response to the need for growth in the area of interprofessional healthcare in practice and education. Each learning community will serve as an academic “home” to an interprofessional mix of students in all programs and professions in the SMHS.

There are eight learning communities and each community is partnered with another in a learning community pair.

Partnered Communities & Community Names

- Grassland: Wheatgrass and Meadowlark
- Lake Agassiz: Elm and Northern Pike
- Badlands: Wild Prairie Rose and Nokota Horse
- Turtle Mountains: Chokecherry and Lady Beetle

The goals of the learning communities have been presented below and serve as the primary purpose for these communities.

Primary Learning Community Goals

- Explore career options in health care
- Promote health and wellness
- Grow leadership and teamwork
- Engage in service learning—may be curricular or non-curricular, formal or informal
- Engage in interprofessional education—may be curricular or non-curricular, formal or informal
- Enhance students’ professional identity development
- Build relationships, share ideas

Each Learning Community Pair (i.e., 2 learning communities) will be assigned 1 faculty and 1 staff member advisor. Additional advisors may be added as the evolution of the learning communities continues. The FTE for this position will be 0.10 FTE (10%).

The faculty/staff member will:
1. Serve as an advisor for students in one’s designated learning communities with regards to day-to-day matters including upholding University and School Policies and Procedures, developing Learning Community governance, and promotion of Learning Community goals.
2. Promote students’ sense of connection to “their learning environment, institution, peers, and/or faculty” (Ferguson et al., 2009, p. 1550).
3. Engage in weekly “check-ins” and formal monthly meetings with Learning Community student leaders.
4. Liaise with faculty and staff advisors of other learning communities in order to understand ongoing growth and development of the learning communities.

5. Communicate and collaborate regularly with members of the Learning Communities Planning Committee for planning, implementation and assessment of the functioning of and needs of the members of the Learning Community.

6. Facilitate student awareness of available resources.

7. Role model interprofessional collaboration for students, faculty, staff and other University of North Dakota stakeholders.

8. Engage in formal or informal interprofessional education and/or interprofessional activities as a means to ensure continued interprofessional growth.

References

Appendix C
<table>
<thead>
<tr>
<th>Monthly Costs</th>
<th>Monthly Expenses</th>
<th>Cash Needed to Start</th>
<th>% of Total</th>
<th>Source of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary of Wellness Coordinator</td>
<td>$0</td>
<td></td>
<td></td>
<td>Salary Covered by SMHS</td>
</tr>
<tr>
<td>Advertising</td>
<td>0</td>
<td></td>
<td></td>
<td>Electronically via Blackboard, TVs around SMHS</td>
</tr>
<tr>
<td>Supplies</td>
<td>2,000</td>
<td>6,000</td>
<td>61.5%</td>
<td>Food</td>
</tr>
<tr>
<td>Telephone</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other utilities</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes, including social security</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal and other professional fees</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,000</td>
<td>3,000</td>
<td>30.8%</td>
<td>Guest Lecturer/Presenters</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>$9,000</td>
<td>92.3%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One-Time Costs</th>
<th>Cash Needed to Start</th>
<th>% of Total</th>
<th>Source of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting inventory</td>
<td>500</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td>Legal and other professional fees</td>
<td>0</td>
<td></td>
<td>Budgeted into SMHS budget</td>
</tr>
<tr>
<td>Licenses and permits</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising and promotion for opening</td>
<td>250</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>0</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$750</td>
<td>7.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Total Estimated Start-Up Capital** $9,750 100%
CHAPTER V

Summary

Purpose

The purpose of this scholarly project was to develop a wellness program throughout
There are nine disciplines within the SMHS that can benefit from access to a wellness
program that will provide sources, peer support, and interdisciplinary communication. This
can help the students solidify and or build resiliency so that they can deal with the high levels
of stress, the high burnout rates, and the lack of balance within their lives due to the heavy
caseload of work from their respective programs.

A review of literature was conducted to determine: 1) current wellness programs at
universities across the nation and how they functioned; 2) factors that caused the high levels
of stress and burnout in students within schools of medicine and health sciences and; 3) skills,
tools, and supports needed in order to develop the wellness program.

Based on results from the literature, wellness program framework was designed to be
implemented throughout the learning communities within the SMHS at UND. This wellness
program was structured using the concepts of the Person-Environment-Occupation (PEO)
model and a Public Health three-tiered approach. The purpose of using this model was to
look at students within the SMHS with a holistic perspective in order to address how the
person, environment, and occupations that they engage in all influence each other.
Dysfunction in any of these three areas can lead to a student being unsuccessful in their time
here in the SMHS and therefore it is important to utilize the PEO model in order to provide
the student with the best fit. To make this program successful it will be essential that the
deans, the chairs of the nine departments within the SMHS, the faculty, and the students all buy into this wellness program and attend the wellness events to ensure that students are decreasing their stress and rates of burnout, while increasing their interprofessional communication, their peer supports, and their resiliency.

Limitations

- The biggest limitations was the lack of occupational therapy research on wellness programs being implemented across the nation. When searching for occupational therapy research surrounding wellness programs, both researchers struggled to find more than two wellness programs that are currently in place in medical schools across the United States.
- Secondly, the University of North Dakota is currently undergoing budget cuts and while this wellness program will only cost ten thousand dollars to get started and there will be a two-for-one return on dollars spent on this wellness program, there may still not enough money to implement this program immediately.

Implementation

It is hoped that this program will be implemented at the SMHS. The literature definitely shows a need for such programming and it would set the UNDSMHS apart from many other medical schools. It would maximize the use of the learning communities and truly become a school that is focused on interdisciplinary at all levels.

Recommendations

The following recommendations are for the wellness program when it is implemented in the future:
1. To evaluate the current efforts of inclusivity to the culture of the entire SMHS, as every student within the SMHS should feel that they have equal access to resources and wellness programs, not just the medical students.

2. To provide more integrated courses to promote interdisciplinary classroom opportunities. One example of this is to have the occupational therapy and physical therapy students have joint classes, which could include anatomy, medical science, neuroscience, and some of the practicums.

3. To consider changing the interprofessional healthcare class (IPHC) to reflect more interdisciplinary activities within the SMHS. Currently the IPHC course is focused around discussion, but discussion alone is not resulting in students leaving with lasting interdisciplinary support, therefore it is recommended that the IPHC course is restructured in order to include more community based and hands on activities in order to improve the lasting interdisciplinary support.

4. To offer incentives for students within the SMHS to participate and to strive to hold leadership positions within the learning communities. These incentives could include course credit, whether built into a previous course or integrated as a new elective course, letters of recommendation, and other resume building documents so that students will desire to participate in these wellness programs and serve in leadership positions.

5. To provide a variety of activities for students to participate in. Obviously, not every student will be interested in every single wellness event and that is not expected, but mandatory participation in at least four wellness events per semester is required, so the topics of the wellness events need to vary so that students can pick and choose which wellness events are most interesting to them.
As this program is implemented into the learning communities at the SMHS, it will be important to ensure that there is both faculty and student buy in so that this wellness program can be integrated into the learning communities and the SMHS successfully. Occupational therapists are well prepared to lead the implementation of this wellness program within the SMHS here at the University of North Dakota because of their extensive knowledge in working with individuals across the lifespan, in their vast knowledge of interpersonal skills, and in their ability to facilitate change in different settings with many different populations. By implementing this wellness program through the learning communities within the SMHS, students will see decreased stress levels and burnout rates, and increased interdisciplinary communication, peer support, and resiliency.

**Conclusion**

As stated prior, efforts to improve the mental wellbeing of students will improve academic outcomes and increase graduation rates, providing the university with more revenue and higher academic ratings (Ketchen Lipson et al., 2015).
REFERENCES


Novotney, A. (2014). Students under pressure: College and university counseling centers are examining how best to serve the growing number of students seeking their services. *Monitor on Psychology, 45*(8), 36.


Robins, T. G., Roberts, R. M., & Sarris, A., (2015). Burnout and engagement in health profession students: The relationship between study demands, study resources and
Doi 10.1017/orp.2014.7


http://regents.universityofcalifornia.edu/regmeet/sept06/303attach.pdf


1. Why is our health so heavily dependent on where we live?

2. What is the "poverty tax" and how does it affect poorer neighborhoods?

3. Why is there such a gap between the quality of different neighborhoods?

4. The video gives the example of the boom town of Richmond 60 years ago. What happened after the war effort, and what did this mean for residents and housing, especially along racial lines?

5. What effect can economic insecurity have on health?

6. How does our given neighborhood affect our hopefulness for success in the future, and how does this translate into health?

7. Did the video show any examples of innovative initiatives to improve the healthiness and liveability of neighborhoods?

8. How can we turn an "unhealthy" neighborhood into one that is "healthy"?