WORKING GROUP ON

MENTAL HEALTH SERVICES

Icahn School of Medicine at Mount Sinai

Dean's Task Force on the Learning Environment:
Enhancing Well-Being and Changing Culture
Mental Health Work Group

Work Group Definition

The Mental Health Work Group of the Dean's Task Force will bring together a broad cross-section of Icahn School of Medicine at Mount Sinai (ISMMS) and Mount Sinai Health System (MSHS) constituents to propose enhancements to mental health services in the ISMMS learning environment.

Work Group Framework

The Mental Health Work Group will use the following proposed framework to organize its initial activities:

- **Inventory** of existing mental health services
- **Best Practices** for mental health services
- **Gaps** in existing mental health services
- **Ideas for enhancing/expanding** mental health services

Work Group Membership

Sonya Abadali (MSBS)
Nicholas Barbieri (Postdoc)
Jocelyn Childs (Social Work)
Kavya Devarakonda (PhD)
Lucy Goodson (MS2)
Giselle Joseph (PhD)
Kimberly Klipstein (Psychiatry)
Benjamin Medrano (Housestaff)
Jimmy Murphy (MS3)
Jeffrey Newcorn (Psychiatry)
Rio O'Mary (MS1)
Jessica Rizzuto (MS2)
Paul Rosenfield (GME)
Catarina Saiote (Postdoc)
Prameet Singh (GME)
Rita Tavares (Postdoc)
Phyllis Schnepf (Staff)
Kevin Kelly (Staff)

Proposed Meeting Schedule

- Biweekly Meetings (Day & Time TBD)
- Annenberg 21-76

DRAFT

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GAPS IN MENTAL HEALTH SERVICES

ACCESS SERVICES LOCATION COMMUNICATION

	STUDENTS	HOUSESTAFF	POSTDOCS
STAFF	• Staff is small • Not representative of the identities of the students seeking care • No current talk therapists or social workers	**Health System** Lack of overall leadership and coordination. **MSH** Primary staff member leaving, but will be replaced; capacity is being increased. **MSSLW** Adequate for occasional calls but need more staffing for more robust services. **MSBI** Lack of faculty unaffiliated with the department to assist with psychiatry resident care, need additional funding as more house staff utilize resources.	• Understaffed • No access to specialists in specific disorders • No access to specialists for minorities (URM, LGBTQ+, etc.) • Long wait time • Appointment hours in conflict with work hours
OFFICE	• There is concern over confidentiality of the services because of their location. Students are afraid to run into other students & teachers that they know.	**Health System** Lack of separate confidential office or identified space in Student Health Services/EAP. **MSH** Potential confidentiality problem with coming to attending psychiatrist office. **MSSLW** Potential confidentiality problem with coming to attending psychiatrist office. **MSBI** Potential confidentiality problem with coming to attending psychiatrist office.	Icahn 4th floor isn't ideal for postdocs who work in the same building
AVAILABILITY	• Very difficult for 3rd & 4th year students to make appointments. Off-hours appointments, or 3rd year flextime/flexibility, would make a big difference in their ability to access services	**Health System** Lack of awareness of resources among residents and how to access; potential difficulty getting out of work responsibility for appt. **MSH**	No urgent care/walk-in visits.

	STUDENTS	HOUSESTAFF	POSTDOCS
	• Graduate & medical students express dissatisfaction with the scheduling of appointments. Many students request these appointments are made on MARC rather than via email • No urgent care/ walk-in visits	Limited to office hours, but these extend into the evening in some cases. **MSSLW** Limited to office hours. **MSBI** Limited to office hours.	
PAYMENT	• 10 appointments are often too few for the students who are seeking care. Most often, they are unable to find affordable care outside of these 10 (see below)		Insurance coverage is not always guaranteed. Referral therapists should at least offer a scale fee payment policy. No copay only limited to Top Tier.
TYPES OF SERVICES	• Group therapy has been requested • 24 hour hotline has been requested • Therapy specifically around coping strategies in 3rd year • Lack of services related to eating disorders, couples counseling, LGBTQ issues, and grief	**Health System** Short-term care at MSH; primarily referrals at MSSLW and MSBI; lack of "wellness champion" at each campus. **MSH** Short-term care, wellness resources. **MSSLW** Only consultation and referral. **MSBI** Only consultation and referral.	No couple counseling. Lack of therapist and social workers.
CAPACITY		**MSH** Moderate **MSSLW** Limited to occasional calls. **MSBI**	
CONFIDENTIALITY	• There is very poor understanding of the confidentiality policy. • Medical students, particularly 3rd & 4th year students express fear around confidentiality as a primary barrier to care.	**Health System** **MSH** Elective evaluation and treatment are charted, but confidential. Administrative (for cause) evaluations (infrequent) are not confidential. **MSSLW** Internal record kept privately, no billing or use of hospital EMR. **MSBI** Medical records are maintained by the participating faculty provider and not part of the hospital EHR. Superbills are sent to Dr. D'Souza and employee health for processing. These are not added to the employee chart, but there is reporting of name and diagnosis back to employee health for program participants.	

	STUDENTS	HOUSESTAFF	POSTDOCS
EXTERNAL SERVICES	• There is generally no feasible referral alternative unless students are willing to pay out of pocket ($300/hour is a commonly mentioned as the going rate) • No providers in the Mount Sinai system outside of STMH take the student health insurance. • For graduate students: the co-pay recently increased from $8 to $25, tripling the costs ($32 to $100 per month)	**Health System** Variable willingness to see reduced fee resident pts. **MSH** Some providers limit number of insured patients. **MSSLW** Union insurance provides low cost for out of network providers. **MSBI** Some providers limit number of house staff they will treat due to reduced payment.	Referral list outdated; some providers are not available or are not trained in specific issues.
PERCEPTION OF EXTERNAL SERVICES	• Many students (grad & MD) describe a lack of knowledge that these services exist at all or how to access them • Lack of knowledge of who the providers are. • Stigma surrounding seeking mental health care.	**Health System** Concerns about time to access services, cost of services, knowledge about how to access. **MSH** **MSSLW** Need more information about accessibility. **MSBI**	• Lack of advertising of any mental health resources • Lack of supportive & understanding faculty, administration, deans. • Lack of institutional support, doesn't provide a referral service or list for in-network therapists. • Quality good, quantity bad.
OTHER		**Health System** **Stigma:** Lack of adequate concerted effort to reduce stigma, e.g. educational campaigns, suicide awareness day, residency orientation Limited information about primary care services.	• Reduce stigma, suicide awareness. • More funding for mental health resources. • Have hours of operation for mental health services late in the day or on weekends. • FREE counselling. • Employee Assistance Program offers free short term counselling and this website is terrible. • Affordable therapy for ALL employees • More stability and acknowledgments to postdocs.

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BEST PRACTICES:
INVENTORY OF MENTAL HEALTH SERVICES AT OTHER SCHOOLS

Columbia:
http://www.cumc.columbia.edu/student-health/mental-health-services

~ Programming by particular identity on "Especially for" page

Vanderbilt:

http://www.medschool.vanderbilt.edu/pcc

WashU:

https://wusmhealth.wustl.edu/students/mental-health-information/

https://wusmhealth.wustl.edu/wp-content/uploads/2016/10/Mental-Health-Provider-List-2016.pdf

Highlighted items were deemed to be especially worthy of consideration for adoption at ISMMS

	Columbia	**Duke**
Website	http://www.cumc.columbia.edu/student-health/mental-health-services http://www.cumc.columbia.edu/student-health/center-student-wellness http://www.cumc.columbia.edu/student-health/especially	http://medschool.duke.edu
Staff		• 23 providers (serves medical school and undergrad)
Office		• Separate Wellness building houses all student affairs
Availability	• Schedule initial mental health meeting ONLINE or by phone • Easy access button on webpage – Programming by particular identity on "Especially for" page – Trangender page	• M-F, 8am-5pm, answering service other times
Payment	• Admin in Student Health Services bldg helps navigate reimbursements, etc.	• Student health fee funds
Types of Services	• Offers CBT, mindfulness, Group therapy, Talk therapy, Med-management, and sometimes Couples counseling • 10 annual psych visits free • Also can see acupuncture or nutritionist	• Short term (8 sessions typically) individual, group, couples, health coaching

	Columbia	Duke
Capacity		• No limit
Confidentiality		• Separate location; sensitive to “faculty/student” issues and assigned accordingly
External Services Offered/Referrals		
Other	• Social Anxiety Skills Summer Group • LGBTQ+ Summer Support Group • Weekly mindfulness group run by MHS	• Student insurance “is excellent” - if need long term treatment, linked to network of community providers for $20 session • Very strong wellness, sexual and gender diversity groups

	Einstein	Mayo
Website	http://www.einstein.yu.edu/education/student-affairs/academic-support-counseling/	http://www.mayo.edu/mms/programs/md
Staff	• Mary Kelly (Head of Academic support & Counseling) - Sees 20% of students who access mental health care (?) for short term counseling • Psychiatry Residents (Institute of Psychotherapy)	• Mary Sheehan (LCSW)
Office	• Institute of Psychotherapy • Office of Academic and Counseling Support	• Mental health part of student services
Availability	• Urgent care not 24/7 but fairly available • Less than a week wait for appointment	
Payment	• $10 Copay	
Types of Services	• Psychotherapy • Med Management	
Capacity		• Appts made via email answered same day
Confidentiality	• Can go through Academic and Counseling support center OR Institute of psychotherapy • Records kept in separately • Anonymity preserved, access more problematic	• Single 50% part time provider (Social Worker)
External Services Offered/Referrals	• 1x Mo breakfast on self-care • De-stress activities (food, coloring books) • 1x Mo speaker on topics like loneliness, isolation • Have a robust network of providers in the community to which to refer for therapy and psychiatry	

	Einstein	Mayo
Other	• Issues: Newer trainees, not on Einstein campus • Residents have separate program	• Unlimited # of visits (tends to be short term)
	Michigan	**NYU**
Website	• Dr Kate Baker 734-678-3087	http://www.med.nyu.edu/school/student-resources/student-health/wellness-information http://www.med.nyu.edu/school/studentsfaculty/student-health/services/mental-health-services
Staff	• Psychologist, social worker, 2 psychiatrists for med management	• 2 consulting psychiatrists • After hours/emergencies call Dr. Attwell 917-940-2954
Office	• 2 programs: 1 for med students, another for housestaff	
Availability	• Schedule online or over phone (1-2 week wait)	• Unclear • Schedule appts via phone: 212-263-5489
Payment	• House staff - 2 free, completely confidential visits (funded by office of clinical affairs) and then referred either in house or externally. • Students seen through MH office $25 session	• Psychiatry visits free for 3-5 visits, then may be referred for longer care elsewhere (maybe continue care there, but with insurance being billed)
Types of Services	• individual , group, (CBT, mindfulness, self-compassion) short term (4-6)	
Capacity		
Confidentiality	• No trainees	
External Services Offered/Referrals	• Strong wellness programs, do a lot of marketing to students to encourage to access mental health care. • Office of Equity and Inclusion offers many programs • MHOME - 4 houses, each assigned director, counselor and coach for both academic and mental health care)	
Other	• Not on site, transport can be barrier	

	Stanford	Vanderbilt
Website	http://med.stanford.edu/gme/current_residents/resident_wellness.html	http://www.medschool.vanderbilt.edu/pcc CRISIS CARE COUNSELING

	Stanford	Vanderbilt
Staff		• Contact : Dr Porter 615-322-2571
Office		• *Psychological & Counseling Center* (PCC) (embedded in undergrad mental health program); • BRET program for PhD students - more of a coaching model (additional resource); medical school supported advisory college system (4 groups)and within have assigned 4 year mentor; • strong wellness with mental health focus - academic free days to debrief about school stressors, wellness retreats, "big sibling program"
Availability	• For non-emergencies, receive call back in 24 hours	• PCC Seen same week; no limit, but short term model
Payment	• 24/7 Psychologist	• No cost (covered by tuition)
Types of Services	• 60 therapists for 12 free sessions	• Individual, group, biofeedback, med management
Capacity		• All students
Confidentiality		• Document in main EMR but "strong HIPPA protection";off site from campus; trainees and faculty do not see medical students
External Services Offered/Referrals		• Strong community linkage with providers who have low-cost services; have community liaison who links and ensures follow up
Other		• Limitation of hours - M-F 8-5. Students do have "protected time" 1x week when can access)

	Washington University (St. Louis)	Weill Cornell
Website	https://wusmhealth.wustl.edu/students https://wusmhealth.wustl.edu/wp-content/uploads/2016/10/Mental-Health-Provider-List-2016.pdf feagansb@wustl.edu 314-362-3523	http://weill.cornell.edu/education/student/services_mental.html
Staff	• 2 psychiatrist (med management), 2 psychologists, social worker	• Dr. Milrod (in for Dr. Friedman who is on sabbatical) – Sees students first for consultation • 3 other psychiatrists

	Washington University (St. Louis)	Weill Cornell
Office	• Student services	• No dedicated clinic, providers see students in their offices – ½ are on research floor, other ½ on general psych floor (similar to Sinai)
Availability	• Seen within 1 week, no cap to # of visits	• All 4 psychiatrists full time faculty, so only seeing students part time
Payment	• 100% covered (funded by tuition)	• 10 Visit limit (but flexible) • Copay
Types of Services	• Individual, couple	• Psychotherapy/Med Management (short term) • Couples counseling occasionally offered
Capacity	• No cap	
Confidentiality	• Separate filing system of charts, separate floor from student health	
External Services Offered/Referrals	• ENI network - referral for any student off site or their family member anywhere in country 6 visits per "issue" with no cost; • New app to routinely screen students that alerts student health	• Refer out for intensive care (e.g. Substance Use)
Other	• Wellness runs groups (bereavement, self-care)	• Residents "do not see students" • Do not have psychotherapists/psychologists – see one of four psychiatrists and are referred out after • Only one of four of the psychiatrists directly works with medical students if that were to be an issue

	OHSU
Website	http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/services/mental-health/index.cfm
Staff	3 psychologists, 1 psychiatrist
Office	Joseph B Trainer Health and Wellness Center Fully independent clinic
Availability	M-F 8-5; Tues until 7pm; acute crisis 24 hr phone service; can be seen same day as walk in
Payment	All covered (no co-pay) through university fee
Types of Services	Individual and couple
Capacity	
Confidentiality	Independent building and program (no connection to faculty of OHSU hospital); waiting room nurse calls in rather than therapist to maintain confidentiality

External services	Referral to community network of providers (used less often)
Perception of existing services	*"Holistic approach" strong link between behavioral health and primary care - MDs collaborate*
Other	

	UCSF
Website	http://meded.ucsf.edu/wellbeing
Staff	70% time psychiatrist, 70% phd therapist. Also can go to UCSF general student health.
Office	In a different building that medical school.
Availability	Only for medical students; no long term therapy
Payment	Free; funded through dean's office. Do not bill insurance: part of student fees. Meds can be an issue because they are billed through insurance. Students are required to have insurance
Types of Services	evaluations, short term psychotherapy, do couples work. Dr. also does psychiatric treatment. Wellness rounds: 3rd years.
Capacity	small
Confidentiality	Wellness uses student health servies charting system, which is distinct from hospital system records. Dean of students is the boss. Because charting is done through student health, credentialing is through student health. Staff, not faculty. So no evaluative componant.
External services	Refer out
Perception of existing services	
Challenges	Need more full time staff, more evening hours (students cant come in 9-5), would do more group, office space is insufficient, need more services for 4th years,

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INVENTORY OF MENTAL HEALTH SERVICES

	STUDENTS [via STMH]	**STUDENTS [via Med Ed. Faculty Advising]**	**STUDENTS [via CMCA]**	**HOUSESTAFF**	**POSTDOCS**
STAFF	1 full-time and 4 part-time mental health contacts available for consultation and referrals: Jeffrey Newcorn, MD (supervisor; limited evaluation/ treatment); Evan Leibu, MD; Olga Leibu, MD (FT); Rebecca Birnbaum, MD; Maria Edman, PhD.	7 MD faculty members advise students from all years.	Ann-Gel Palermo, PhD Gary Butts, MD	**MSH** 1 full-time and 4 part-time mental health contacts available for consultation and referrals: Jeffrey Newcorn, MD (supervisor; limited evaluation/ treatment); Evan Leibu, MD; Olga Leibu, MD (FT); Rebecca Birnbaum, MD; Maria Edman, PhD. **MSSLW** Part-time mental health contact person available for brief consultation and referrals (Paul Rosenfield) **MSBI** Some faculty volunteered to participate in a reduced fee-for-service program for house staff. House staff may contact any provider on the list directly to participate in the program. Aaron Patterson is available by cell phone / text for house staff and often serves as the point of first contact for the initial consultation. **OTHER OPTIONS** Employee Health, chaplain, ombudsman, NI listing of providers.	1 full-time and 4 part-time mental health contacts available for consultation and referrals: Jeffrey Newcorn, MD (supervisor; limited evaluation/ treatment); Evan Leibu, MD; Olga Leibu, MD (FT); Rebecca Birnbaum, MD; Maria Edman, PhD.

	STUDENTS [via STMH]	STUDENTS [via Med Ed. Faculty Advising]	STUDENTS [via CMCA]	HOUSESTAFF	POSTDOCS
OFFICE	No central location. Icahn building, around psychiatry offices.	Individual faculty offices. Generally convenient & private.	Annenberg 21-70	**MSH** No central location. Icahn building, around psychiatry offices. **MSSLW** No central location. **MSBI** No central location.	No central location. Icahn building, around psychiatry offices.
ACCESSIBILITY / AVAILABILITY	By voicemail or email to stmh@mssm.edu. Office hours available.	Dependent on individual faculty. Faculty often make an effort to hold office hours during convenient times for students. *Are 3rd & 4th years satisfied with the availability?*	Email (cmca@mssm.edu or per staff member) or schedule an appointment via MARC.	**MSH** By voicemail or email to stmh@mssm.edu. Office hours available. **MSSLW** Voicemail, email, cellphone. Office hours. **MSBI** Aaron Patterson is accessible by cellphone, text, voicemail, email. Other faculty participants are accessible by office phone. Office hours.	By voicemail or email to stmh@mssm.edu. Office hours available.
INSURANCE / PAYMENT	Referrals take top tier; services provided by the Mental Health Service accept any insurance and with no co-pay required.	N/A	None required	**MSH** Referrals take top tier; services provided by the Mental Health Service accept any insurance and with no co-pay required. **MSSLW** Empire BCBS Direct Share POS has small deductible ($100) and copay (up to $400 annual max) out of network **MSBI** Departmental fund pays 200 for eval, 150 for pharmacotherapy f/u visits and 125 for psychotherapy (resident pays 25 copay for f/u visits).	Referrals take top tier; services provided by the Mental Health Service accept any insurance and with no co-pay required.
TYPES OF SERVICES	Consultation, individual and group psychotherapy, pharmacotherapy, referrals.	Career advising, study skill help, advice on extra curriculars/time management, advising	Mentorship, faculty advising, research mentorship, allies in student diversity support	**MSH** Consultation, individual and group psychotherapy, pharmacotherapy, referrals.	Consultation, individual and group psychotherapy, pharmacotherapy, referrals.

	STUDENTS [via STMH]	STUDENTS [via Med Ed. Faculty Advising]	STUDENTS [via CMCA]	HOUSESTAFF	POSTDOCS
		around residency applications. Write MSPE for matriculating students	and advocacy.	**MSSLW** Consultation and referrals **MSBI** Consultation, individual psychotherapy or pharmacotherapy, referrals.	
EMERGENCY	Through psychiatrist on call or psychiatric emergency			**MSH** Through psychiatrist on call or psychiatric emergency room. **MSSLW** Cellphone of contact person. **MSBI** While the program is clear to establish itself for outpatient services, Aaron Patterson can be reached by cell phone. If unavailable, staff are directed to emergency services.	Through psychiatrist on call or psychiatric emergency
CAPACITY	Up to 12 visits / year.	Small number of staff provide formal advising to all students. For example, my advisor Dr. Grossman is responsible for advising 92 students this year: between 21-25 from each of the 4 years. This calculation excludes any students on scholarly year so the number is likely higher.	Generally easy to schedule an appointment within the week.	**MSH** Up to 12 visits / year. **MSSLW** **MSBI**	Up to 12 visits / year.
CONFIDENTIALITY	Visits are documented in EMR but confidential if requested.	Your faculty advisor writes your MSPE. Anecdotally, we have heard an instance of a faculty advisor using what was said in an advising meeting as grounds for a formal psych evaluation of a student's ability to stay in school.	CMCA staff have some overlap with MedEd: Ann-Gel officially holds a position in both. However, historically the CMCA staff has been seen as a counterpoint to MedEd administration, due to their tendency to advocate for students, especially those who are URM, POC, and	**MSH** Visits are documented in EMR but confidential if requested. **MSSLW** Not documented in EMR. **MSBI** Not documented in EMR.	Visits are documented in EMR but confidential if requested.

	STUDENTS [via STMH]	STUDENTS [via Med Ed. Faculty Advising]	STUDENTS [via CMCA]	HOUSESTAFF	POSTDOCS
			queer.		
EXTERNAL SERVICES OFFERED / REFERRALS	Mental health referral list maintained.	Faculty advisors may direct students to STMH.	CMCA staff may refer students to other advocacy groups, faculty mentors, and networks depending on a student's interests	**MSH** Mental health referral list maintained. **MSSLW** Mental health referral list maintained. **MSBI** Mental health referral list maintained.	Mental health referral list maintained.
OTHER				**MSH** Psych residents may not call mental health contact because of departmental role (variable depending on preference of the individual). **MSSLW** Psych residents may not call mental health contact because of departmental role. **MSBI** Psych residents may not call mental health contact because of departmental role.	

WORKING GROUP ON
WELL-BEING AND RESILIENCE

MOUNT SINAI LIFE

Icahn School of Medicine at Mount Sinai

PLACE HOLDER

Mount Sinai Life

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Executive Summary

Objective

This report was commissioned in response to several tragic events involving members of the Icahn School of Medicine at Mount Sinai community and in recognition of the growing national crisis in health professional burnout. The goal of the Dean's Task Force Work Group on Well-being and Resilience is to analyze the structural, cultural and institutional barriers to individual and community well-being and to create viable solutions that can be implemented within and across all training and educational programs, with the ultimate goal of improving the well-being and resilience of all stakeholders within the Mount Sinai learning community.

Identified Weaknesses

We identified many challenges, some of which are unique to individual programs within the ISMMS community, while many universal themes emerged that were determined to be of high importance for all groups. These themes include:

- **Isolation**: Individuals are part of a cohesive cohort in certain programs, yet they either break off from their cohort as they advance in their training, or they never integrate into their cohort from the start. Mentoring challenges and lack of oversight may exist in several programs and contribute to isolation and disengagement.
- **A sense of being undervalued:** Despite committing substantial effort at great personal expense, trainees experience a lack of positive feedback and encouragement, which at best contributes to a sense that their work is not valued and they have underachieved. At worst, some stakeholders report disrespect and abuse.
- **Stress:** In medicine and biomedical research, the stakes and stresses are high. Graduate students and Postdoctoral Fellows frequently report that successful endpoints are poorly defined leading to a "work never ends" belief that generates a sense of despair. Graduate medical trainees are expected to assume responsibility for high stress situations and may not have adequate training, time or space to decompress, debrief, and attend to personal wellness. Toxic competition may also exist at all levels across graduate education, UME and GME and can further exacerbate stress and strain relationships among peers.
- **Mental Health Concerns** – Depression and anxiety are commonplace, contribute to an erosion of well-being and interact with other factors that drive job burnout. While programs that address well-being may buffer against the development of depression, many members of our community will have a need for mental health treatment during their time at Mount Sinai. Learning community members report inadequate mental health resources and a culture that does not support mental health service utilization, leaving many to feel they have to suffer alone.

- **Financial pressures:** Many stakeholders have concerns about finances, housing, child care, transportation, and paternity/maternity leave. Students have financial challenges from debt and/or high cost of living. Housing is guaranteed for some trainees but not for all, and this creates stress for certain cohorts. Those with children experience challenges with long waiting lists and prohibitive costs for daycare. In addition, for students whose evaluations include an expectation that they stay after hours, this is a strain on childcare needs and these students are at an evaluative disadvantage. Finally, the formalized maternity policy is discordant with the paternity leave policy, and policies vary among programs.
- **Lack of diversity:** Learning community members report a lack of mentors who understand concerns from underrepresented groups in science and medicine, including but not limited to race/ethnicity, LGBTQ+, gender, and physical ability. In addition, trainees with intersectional underrepresented identities are more likely to experience minority stress and are more likely to encounter individuals with whom they train who are not sensitive to concerns of living with intersectional identities. For learning community members who are foreign nationals with visa challenges, there are reports that the International Personnel Office does not adequately address their concerns.
- **Lack of career advising:** Learning community members express a lack of access to reliable and individualized career planning advice and mentorship. They also report limited access to alumni networking and career guidance resources.
- **Neglected wellness:** There is a perception that the leadership and faculty do not value the wellness of learning community members. There is no centralized location (either virtual or physical) to obtain information, access resources (e.g., financial advice, meditation classes, reflection sessions, exercise, mental health resources), participate in existing programs, or reach out in times of need.

Key Recommendations

Discussions over many weeks led to the conclusion that a transformation of programs, services, attitudes and culture will be necessary to foster improved learning community well-being in a way that is sustainable and easily accessible to all cohorts within the ISMMS and Mount Sinai Health System (MSHS). Though some services and programs currently exist, they are often inadequate, not tailored to cohort-specific needs, or learning community members are unaware of them. This working group acknowledged that well-being is more than just wellness activities and includes many non-health related issues (e.g., housing, diversity, financial advice, career counseling). To address these challenges the group endorses the following key recommendations:

- Mandate stakeholder well-being as a core value of ISMMS/MSHS. Create the Office of Mount Sinai Life tasked with unifying under one “roof” the planning, development, implementation, monitoring, and maintenance of all well-being initiatives.

- Appoint a Dean, Office of Mount Sinai Life who reports directly to Dean Charney and partners with leadership across the ISMMS/MSHS. This Dean will be responsible for overseeing all ISMMS/MSHS well-being offerings and will run the Office of Mount Sinai Life. The Dean will also need to partner closely with existing offices and programs that already address well-being.
- Provide funding for full-time personnel with appropriate expertise to adequately staff the Office of Mount Sinai Life. This includes both professional and administrative staff.
- Appoint and fund salary support for "wellness" faculty within each of the represented constituencies (i.e. UME, GME, Graduate School, Post-Docs)
- Fund all resources necessary to meet the mission and goals of the office.
- Dedicate space and time for wellness practices for all cohorts.
- Deepen support for advising and career counseling.
- Strengthen community engagement of trainees within and across all programs.
- Strengthen stakeholder resilience by offering resilience training, especially for high risk groups.

Process

The concept of "Mount Sinai Life" (MSL) was developed during a series of meetings that took place between October and December 2016. The group met 12 times at the Icahn School of Medicine at Mount Sinai and was comprised of constituents from medical students, MD/PhD students, graduate students (PhD and Master's programs), postdoctoral fellows, house staff, social workers, student affairs, and faculty representing a broad range of training and educational cohorts. The process intentionally gathered information and opinions from a variety of sources to provide insight and next steps for addressing learning community member well-being.

Background

Distress and burnout are common in health-professions learning communities (medical and graduate students, graduate medical trainees, and post-doctoral fellows) and emerging threats to wellness may be on the rise. For physicians, these may include an increased regulatory burden, decline, in physician income and autonomy (Wallace et al., 2009), excessive cognitive demands and fatigue and an emotionally-charged work environment (e.g., patient death, difficult patient interactions, etc.) For graduate students and postdoctoral fellows there may be similar problems as well as others, including financial concerns, social isolation, lack of advising, intense competition, and pressures to publish (The Graduate Assembly, 2014).

When not constructively mitigated, all of these factors can lead to job burnout which has been associated with depression, suicide, anxiety, substance abuse, decreased effectiveness at work, decreased career satisfaction, broken relationships, and not surprisingly, suboptimal patient care for physicians. Physician burnout is believed to begin at least as early as medical school where suicide rates among medical students are much higher than rates in the age-matched overall population. Young physicians report nearly twice the prevalence of burnout as their older colleagues (Schernhammer, 2005; Cohen & Patten, 2005) and 22% of physician residents report that they would not pursue medicine again given the opportunity to relive their careers (Cohen & Patten, 2005). Furthermore, physicians with burnout may be less productive (Shanafelt, et al., 2016), have a higher risk of malpractice, decrease their professional effort and be more likely to leave their job position.

Graduate students and postdoctoral fellows also experience a high volume and acuity of mental health issues (Stecker, 2004). Graduate and professional students commonly report symptoms of debilitating stress, depression, and substance abuse. In one study, nearly 50% of graduate students are depressed and at least 10% have contemplated suicide (Mallinckrodt, 1992)

Sadly, the ISMMS and MSHS have not been spared the tragedy of poor learning community well-being. In recent years there have been medical student and graduate medical trainee suicides and attempted suicides. Furthermore, job burnout has been measured and is found in the majority of graduate medical trainees. Recognizing the need to dedicate resources to the well-being of our entire learning community, the Dean’s task force has brought together stakeholders from each learning group to identify both unique and common barriers to optimal well-being. In addition, the group identified goals and proposed solutions based on the needs of the aggregate population as well as the individual groups and these recommendation follow the section on barriers.

Stakeholder Groups and Findings

PhD program

Housed in the Graduate School of Biomedical Sciences, the PhD program represents a diverse group of students training to become research scientists who will pursue careers in academia, biotechnology, consulting, government, etc. The PhD program is comprised of approximately 200 students and takes an average of 5.3 years to complete. The first year is highly structured with core courses and laboratory rotations. Students select laboratory mentors and an associated multidisciplinary training area (MTA) that will dictate their advanced coursework and drive their dissertation research. An advisory committee of faculty with relevant expertise serves to advise students on their thesis progress. At the end of their second year in the program, students defend a thesis proposal at which point they advance to candidacy and spend all their effort in their research laboratory. It is at this point that the structure of the first year and the structured preparation toward the thesis proposal in the second year dissolve and leave students isolated in their home lab, their Principal Investigator and lab mates becoming their primary source of support.

Barriers/Contributors to Eroded Well-Being

- A marked feeling of isolation beyond year 3.
- Unclear endpoints for success.
- Irregular feedback regarding performance.
- A lack of structure after year 2 resulting in heterogeneity in training and oversight - students are dependent almost entirely on the mentorship provided by their Principal Investigator, which varies considerably and is not carefully evaluated by the Graduate School.
- Students are required to have advisory committee meetings twice per year, but this is not enforced uniformly and mentor oversight varies widely. Moreover, advisory committees focus solely on thesis progress and are not relevant to the broader well-being of the student.
- Continual uncertainty regarding the outcome of experiments, availability of resources, and the frustrations inherent in chasing the unknown. Additionally, many, if not most, students experience protracted periods of time when experiments fail repeatedly without any clear reason as to cause. During these periods, students report feeling a lack of achievement and a sense of delayed gratification.
- Some Ph.D. students feel vulnerable because of the one-on-one nature of the training process. Conflicts with a PI are sometimes left unresolved and students do not feel there is a safe way for such problems to be resolved. They fear (whether real or imagined) retaliation.
- Students are often expected to work long hours, including evenings and weekends, putting those with time sensitive family obligations at a disadvantage.

Proposed Solutions

Solutions to the systemic barriers to well-being for the PhD program should revolve around building community, increasing structure, and growing a culture of self-care

- Programs to address community and target isolation might include:
  - Peer-to-peer mentorship
  - Enhanced faculty mentorship and career guidance
  - Community-building activities offered during years 3-5 that bring students together (e.g. social events, small group academic curricula)
  - Yearly off-campus retreats to reflect on individual and group growth and accomplishment.
  - An integrated web-based portal.
- Increased program structure in years 3-5 will also address the pernicious culture of "work-never-ends". To do so, leadership should define *a timeline of milestones for success.* Annual success end-points should be recognized and celebrated.
- Normalizing the culture for accessing mental health resources – Annual "Opt-Out" Mental Health Evaluation
- Growth of a culture of self-care (e.g. Principal Investigator might formally encourage their lab members to attend well-being events.)
- Leadership should be encouraged to openly discuss their own personal challenges that they have overcome throughout their life or career.
- Provide an *integrated portal of information and resources for students that includes* academic and well-being resources
- Creation of a space that allows for quiet study, refuge, and wellness activities
- *Develop a mechanism to allow faculty/mentor feedback by students that minimizes risk to the student and promotes growth of the mentor-mentee relationship.*

MD Program

This program has 140 students per class who complete a four-year degree in medicine. Most graduates go on to pursue post-graduate training in residency. The program structure is 2 years of pre-clerkship coursework, followed by the national board exam (USMLE Step 1) immediately followed by 2 years clinical work, which comprises clinical clerkships in individualized and heterogeneous training environments. The MD program enrolls dual degree students (MD/PhD, MD/MPH, and MD/MSCR) and approximately ¼-⅓ of medical students take a scholarly leave of absence between their third and fourth years to conduct research, pursue additional degrees, etc., which may increase the time it takes to complete a MD degree. Year 1 and Year 2 courses are pass/fail, and Year 3 and Year 4 courses are graded P/HP (high pass)/H (honors), in which 50% of students are assigned P, 25% of students are assigned HP, and 25% of students are assigned H. Students form a very close community during years 1-2, during which time they spend many hours together taking classes in the same rooms. At the end of their clinical training, most students enter the residency match program during which they interview and select their top choices. They are ultimately matched with a program and learn of the decision on Match Day which occurs during March of their final year.

Barriers/Contributors to Eroded Well-Being

- Students in the clinical years commonly report feeling isolated; after previously spending time as a large coherent class, they now rotate as individuals.

- Students who have taken time off, i.e. for scholarly year, leave of absence, or dual-degree students, join the class and experience a sense of disunity.
- During the clinical years, students are confronted with traumatic patient experiences (e.g., patient death, difficult patient/family interactions, participation in codes/traumas, delivering bad news) and often do not have a formal setting in which to address and cope with these situations.
- Clerkship schedules are challenging and no longer under the student's control. Free time is often minimal with limited opportunity for self-care, a healthy work-life balance, and adequate opportunity to reflect on new stressful experiences.
- During the clinical years, clerkships are spread through different sites and have different levels of oversight. Every 3-4 weeks, students start a new rotation in a field that they have not been exposed to previously. They meet new teams of interns, residents, and attending physicians who are all dealing with their own stressors, and the level of support can vary dramatically depending on the team members and specialty.
- There are no uniform clear expectations from those who evaluate students. Students are directly evaluated by house staff, not formal medical educators. Similarly, students are often evaluated through direct comparison with their peers, which can create a stressful and non-collegial environment.
- It is sometimes difficult for students to ask for help during clerkships, as those who can provide assistance may also serve in an evaluator role and influence the student's clerkship grade.
- Students are rewarded for attentiveness and working extra hours, putting those with time sensitive family concerns at a disadvantage. This can be compounded by the fact that students sometimes do not learn of their clinical obligations until the day the clerkship begins (making advanced planning for family or life obligations impossible).
- Awarding of Honors is limited to 25% of the class - a key determination of this grade is the shelf exam, a board-style multiple choice exam that is viewed by some students as an arbitrary determination of their capabilities.

Proposed Solutions

- Normalizing the culture for accessing mental health resources – Annual "Opt-Out" Mental Health Evaluation
- Provide opportunities for reflection integrated into the curriculum (e.g., Circles)
- Consider integrating formal resilience and well-being training into the curriculum (e.g., during InFocus)
- Improved Financial Assistance, including:
  - The costs of examination prep materials (e.g., study guides, online board review),
  - Assistance for exam costs themselves
  - Tuition, NYC cost-of-living expenses
  - Day care assistance
  - Increase health insurance options to reduce cost for students
  - Improved timeliness of financial aid disbursement
- Continue to improve medical school curriculum to enhance well-being. Suggestions include:
  - More transparent clerkship evaluation mechanisms

  - Restructured clerkship grade distributions from 50% P, 25% HP, 25% H to one that more accurately reflects student performance
  - Advisory groups that provide comprehensive assistance with the residency application process including assistance with personal statements, program application lists, communication with training programs, etc.
  - Improved scheduling to facilitate work-home integration
- Creation of a space that allows for quiet study, refuge, and wellness activities

MD-PhD program

This program is jointly under the Graduate School of Biomedical Sciences and the School of Medicine. It is made up of 97 students who are enrolled in a dual degree program (average 7.6 years) whereby they earn an MD and a PhD. The program structure is 2 years in medical school, 3+ years in graduate school, and then a return to medical school for the final two years. Students take graduate coursework in their first year simultaneous with their medical school classes and get to know graduate students and medical students. After USMLE Step 1, they leave their classmates and join a laboratory where they engage in PhD research for an average of 3.6 years. Students graduating from this program will go on to pursue careers in academic medicine, biotech, industry, and government, requiring specialized guidance in navigating the physician-scientist training pathway.

Barriers/Contributors to Eroded Well-Being

- Similar to the PhD program structure, they experience a sense of isolation after entry into the laboratory, being separated from their classmates who go on to complete medical school. The timing of their classmates' graduation is often co-incident with periods of limited productivity, further adding to their stress. During these periods, students report feeling a lack of achievement and a sense of delayed gratification.
- Because students straddle two programs, there are different policies with respect to maternity leave, mistreatment, housing, etc. and often they are unsure which resources apply to them.
- Due to the long duration of dual degree schooling, many MD-PhD students experience challenges related to having children and report a lack of resources to support them. At this stage of life, MD-PhD students often choose to move out of the highly-subsidized Aron Hall and often only get offered the most expensive housing in its place, which can be prohibitive.
- Re-entry into clinical training is a major source of stress, and significant academic effort has been placed on this transition.
- MD-PhD students often need information on resources to support grant-writing, career development awards, and research residency options that are specialized for this cohort. A cohort of physician scientists vertically integrated through the health system does not exist but would represent a key driver of physician scientist careers.
- Paternity and maternity leave is inconsistent and insufficient - men get 1-2 days, women get 4-5 weeks during PhD phase but during the MD phase there are no specific guidelines and it is situation specific.

Proposed Solutions

- An MD/PhD-specific program handbook with all policies included (lack of information), need for FAQs
- Improved career mentorship and guidance specific to the concerns of the MD-PhD student's unique pathway
- Attention to paternity and maternity leave policies and the aforementioned comments regarding housing, childcare and financial assistance.
- Revised housing policies as they pertain to long duration of the MD-PhD training time.

Master's Degree Programs

There are several Master's Degree programs in the Graduate School of Biomedical Sciences. These include the Master of Public Health, Master of Science in Bioinformatics, Master of Science in Biomedical Sciences, Master of Science in Biostatistics, Master of Science in Clinical Research, Master of Science in Genetic Counseling, and Master of Science in Health Care Delivery. Students pay for their training, which varies in duration and full time vs. part time commitment. With one exception, master's degree students are not eligible for subsidized student/trainee housing. There is a large amount of heterogeneity among trainees and stages of life.

Barriers/Contributors to Eroded Well-Being

- Limited opportunities for networking and career development.
- Lack of engagement with the broader Mount Sinai Community due to very short duration of the Master's program curriculum, different emphasis of the program and lack of integration with other Mount Sinai educational offerings.
- Most Masters students live far off campus making it difficult to attend on campus events. Additionally, many Masters students are concurrently employed making it very difficult to attend events/activities during standard working hours.
- There is a sense among Masters students that faculty and the community do not value their need to balance being a part-time student and having an entire other set of responsibilities outside of their school life. As such, students might not feel connected to Mount Sinai.
- The career paths of Masters students are not as well determined leading to stress regarding what comes next after the degree program is completed.

Proposed Solutions

- Increased mentorship and career guidance opportunities
- Increased community-building inter-professional activities (social and academic)

House Staff

There are of roughly 2,200 house staff, which include interns, residents, and fellows who have completed their MD degrees, spanning 230 training programs. House staff are overseen by the Office of Graduate Medical Education and are part of programs that span multiple departments and divisions. As a result, there is a tremendous amount of heterogeneity in the culture of training and expectations for the

trainee. Consequences to the trainee include poor academic performance, depression and in some instances suicide. Burnout may also impact the patients under the care of our trainees. Medical errors, unprofessional behavior, and reduced patient satisfaction have all been potentially linked to burnout. Therefore, attention to the well-being of our trainees is not only of critical importance to the individual physician, but is also a matter of public safety.

Barriers/Contributors to Eroded Well-Being

- Work hours are long, the intensity of work demands is enormous, and the stress of patient care can be daunting. Work hour restrictions, initially introduced to decrease demands on trainees, have, in some cases, led to an environment in which the same amount of work needs to be completed in less time.
- The psychological toll of knowledge deficits, patient deaths, medical errors, “self-doubt”, inadequate support, limited control, a sense of being undervalued and work-home imbalance all contribute to trainee burnout.
- House staff often enter programs with over $200,000 in loan debt, commonly feel overwhelmed with career decisions and often cite a lack of available career advisors and limited diversity among fellow trainees and mentors.
- There is an inherent conflict between needing to place the "patient first" and asking trainees to attend to their own well-being. Ultimately, without fundamental and systematic changes in the way we train residents, there will always considerable periods in which the trainee's work-home balance is dramatically uneven.
- The modern medical health system has created numerous drivers of productivity, performance based markers and high patient throughput, which trickle down to the trainee, layering on additional stressors. Inevitably these requirements pull trainees away from the bedside potentially decreasing the meaning they derive from their work.
- Trainees are commonly exposed to traumatic patient experiences without the skills or preparation to manage them and insufficient time to reflect on the events in their aftermath.
-

Proposed Solutions

To address, these issues at the GME level, we recommend the following:

- The formation of committees that continually examine work intensity factors, such as patient service size, work hours, attending supervision/accessibility and rotation length, for their potential to improve or erode physician well-being. These committees should be empowered to pilot novel training strategies within the confines and under the guidance of ACGME core requirements. Such committees should be composed of trainees, training program directors or leaders, high-level hospital administration, faculty well-being experts and members of the lay public.
- Exploration of novel scheduling models should consider shifting work intensity away from novice trainees, and increasing supervision early in the academic year.

- Open fora composed of an empowered mix of trainees, learners and administrators should be used to discuss anonymous feedback and promote positive culture change.
- A "menu" of evidence-based interventions, such as positive psychology programs, mindfulness training, stress and self-care management workshops, communication skills training, reflection opportunities, and peer support grounded in group discussions, should be offered as a menu of wellness options to each training program.
- Salary support for faculty wellness champions to help implement and direct wellness interventions within their own programs
- Close collaboration with the Office of GME's Subcommittee on Well-Being and Resilience

Postdoctoral fellows

There are ~600 postdoctoral fellows who are overseen by the Office of Postdoctoral Affairs. These are individuals who have earned a PhD and are completing multiyear training as a transition to either independence in academic research, industry/biotech, or government. Postdoctoral fellows are full-time researchers who are paid as trainees and work long hours supporting the scientific programs of a research mentor. They are hired by a PI and as such they do not have a departmental or institutional commitment. They are not required to take courses or participate in teaching opportunities and their primary objective is to generate data and publish. In the past year a policy has been implemented that limits postdoc training at Mount Sinai to no more than 5 years.

Barriers/Contributors to Eroded Well-Being

- Several postdoctoral fellow surveys have identified considerable problems with quality of life, including a sense of being undervalued, being underpaid, being ignored and isolated, and high immediate concerns for suicide.
- Intense competition within the scientific community and poor career mentoring from scientific mentors/advisors who are more concerned with productivity results in a stressful work environment and poor career prospects.
- There are limited opportunities for career growth and guidance. Currently, there is 1 person in the Office of Career Services and Strategy who primarily provides one-on-one career counseling.
- 80% of postdoctoral fellows are foreign nationals and 10% have reported being mistreated, including berating, verbal abuse, neglect, and threats (e.g. Removal of authorship, visa revocation).
- Postdoctoral fellows feel vulnerable because of the one-on-one nature of the training process. Conflicts with a PI are often left unresolved because trainees do not feel there is a safe way for such problems to be resolved. They fear (whether real or imagined) retaliation.
- Postdoctoral fellows are often expected to work long hours, including evenings and weekends, putting those with time sensitive family concerns at a disadvantage.
- Postdoctoral fellows do not have their own community lounge space and most professional development and community programming for postdoctoral fellows has been organized by postdoctoral fellows themselves with limited administrative support. A major concern of postdocs is the availability of housing - Postdoctoral fellows report that the housing they are

provided is of poor quality and only subsidized for 3 years, after which time the postdoctoral fellow needs to find independent housing, often leading to significant rent hikes leading to substantial financial concerns.

- Postdoctoral fellows with children report limited access to childcare and indicate that childcare availability is prioritized to "employees".

Proposed Solutions

- Improved financial assistance, including a housing stipend (separate from salary) to match the inequity in opportunities relative to other Mount Sinai learner community members
- Improved staffing of the Office of Career Services and Strategy with input from the postdoctoral fellow community regarding their ongoing needs.
- Improved childcare accessibility and subsidization.
- Develop a mechanism to allow faculty/mentor feedback by students that minimizes risk to the student and promotes growth of the mentor-mentee relationship.

Work Group Product

Mount Sinai Life

Mission, Vision, and Values

Vision: To become the exemplar of academic medical centers and the institution of choice for staff, students, trainees and faculty to achieve their academic and professional goals.

A suggested vision statement: Mount Sinai Life's vision is to provide state of the art health and wellness services of the highest quality, supporting and facilitating trainees and learners to achieve well-being and fulfillment of their personal, academic, and professional goals.

To achieve this vision, we propose the formation of the Office of Mount Sinai Life.

Mission: The mission of the Office of Mount Sinai Life is to define, create, and maintain a culture that maximizes the well-being of all members of the Mount Sinai learning community.

Why: Maximizing stakeholder well-being increases satisfaction, engagement, productivity, quality, recruitment, retention and positive relatedness, which ultimately reduces health risks and costs. Furthermore, there is a moral imperative to care for those members of the Mount Sinai learning community who are suffering from eroded well-being and/or poor mental health.

Core Values of Mount Sinai Life

In order to accomplish the cultural change needed to ensure student/trainee well-being, the Office of Mount Sinai Life will center on the following core values:

Diversity – The Icahn School of Medicine at Mount Sinai prioritizes creating and nurturing a diverse learning and training environment to advance science and medicine. Diversity, as a value of the Office for Mount Sinai Life, is expressed by providing services, support, and resources that recognize the diverse pyscho-social-emotional background of ISMMS trainees and learners.

Inclusion – As leaders in healthcare and biomedical research, we recognize diversity alone cannot fulfill our mission and that a welcoming and inclusive environment is essential so that all members feel respected and connected to all others and can make contributions to our shared mission.

Interconnectedness – We recognize a duty to enhance a feeling of interconnectedness within and across all programs as well as among all support staff. Creating a feeling of connection and belonging to the ISMMS/MSHS community will improve engagement, reduce isolation, strengthen our reputation and improve efforts towards achieving our mission.

Responsibility – As an academic institution that creates leaders in healthcare and biomedical research we have a responsibility to create and maintain an environment that exemplifies health and well-being for our students, trainees, staff, faculty, patients, local community and planet.

Equal Access – All students and trainees must have equal and easy access to services that address essential aspects of wellness and well-being, particularly with respect to mental and physical health care resources as well as guidance and resources in the following areas: physical wellness, emotional wellness, spiritual wellness, academic and career planning, housing, finances, family support, international status and visa issues.

Equity – We believe in the equitable allocation of services, support, and resources in which fairness is prioritized, at times over equality, in the way all trainees and learners are treated. The different life experiences and needs of trainees and learners are taken into consideration and changes in allocation of such services are made to account for the historical, systemic, and social disadvantages associated with a trainee or learner's specific identity or background. The Office of Mount Sinai Life will work with other institutional partners, for instance the Center for Multicultural and Community Affairs, to ensure that ISMMS/MSHS does not perpetuate inequality through systemic practices and policies so that trainees and learners can thrive.

Resilience – We recognize that resilience is a key factor in human well-being as well as in long-term institutional success and sustainability. As such we must provide services and programs that create and promote personal and institutional resiliency.

Safety – We recognize as healthcare and biomedical research leaders that safety is achieved in a respectful and just environment. This requires building relationships and promoting fair and collaborative methods to respond to adverse events.

Care seeking – We understand the importance of providing opportunities for and creating a culture that rewards self-care seeking behavior.

Care giving – As caregivers and caregivers-in-training we have an obligation to provide care to all stakeholders—beginning with those we work with every day and expanding out in concentric circles to our patients, the local community, and the planet.

Continuous Improvement – To create an environment that is the gold standard of academic medical centers we must engage in a process of continuous evaluation and improvement and commit resources to sustain this process long-term.

Mount Sinai Life

Goals and Objectives

Goal 1: Establish Office of Mount Sinai Life to create easily accessible, centralized, 'one-stop shop', for all services related to well-being. (September 2018)

Objective 1 – Establish a steering committee to guide development of the Office of Mount Sinai Life (OMSL) in the following ways (February 2017):

- To determine the job description for the leader of the Office of Mount Sinai Life, i.e., the Dean, Office of Mount Sinai Life, who reports directly to Dean Charney and partners with leadership across the ISMMS/MSHS. This Dean will be responsible for overseeing all ISMMS/MSHS well-being offerings and will run the Office of Mount Sinai Life. The Dean will also need to partner closely with existing offices and programs that already address well-being in some way.
- Work with the Dean of OMSL to define roles and responsibilities and carry out the hiring process of the leadership and staffing infrastructure (e.g. assistants, website staff, marketing personnel, etc.). (December 2017)
- To consider the funding needs for all resources necessary to meet the mission and goals of the OMSL, including but not limited to full-time personnel with appropriate expertise, adequate administrative staffing support, salary support to be disbursed among "wellness champions" who help implement programming at the local Mount Sinai Learning Community Constituent level, and an integrated web-based portal for access to wellness and academic resources.
- To assist in the identification and design of an appropriate space for the Office.
- To ensure a number of principles are upheld in the implementation of the Office of Mount Sinai Life, specifically, centered on the core values listed above. Of particular importance to our community is diversity. There is a strong need for faculty and staff who can understand and advocate for marginalized students. All faculty and staff hiring practices must strive to represent a broad spectrum of identities.
- To be responsible for conducting ongoing climate surveys and assessments and call on students, faculty, and staff to reflect on trainee and learner experiences, culture, and identity in OMSL staff and services. Create opportunities for the ongoing collection of anonymous feedback from students to generate both quantitative and qualitative data about experiences with OMSL. OMSL will initiate, lead, and facilitate conversations among faculty, trainees and learners concerning the areas they represent and reflect on the ways in which they can better support marginalized trainees and learners
- To further examine the existing structural training barriers to well-being for the Mount Sinai Learning Community, including but not limited to:

i. An exploration into the fairness of current grading practices across the community
ii. Scheduling and work hours
iii. Work Intensity factors (e.g. for residents, patient service size)

Objective 2 – Hire Dean, Office of Mount Sinai Life. The Steering committee will serve as a search committee and will conduct a nationwide search to fill this position. Ideally, the successful candidate will have extensive experience with student life and well-being in a large university or graduate education setting (August 2017).

Objective 3 –Work with the Dean of MSL to develop adequate budget for dedicated space and personnel for Office of Mount Sinai Life. This should include space and resources for the office, its leadership and staff, student and trainee lounges, programming and events, faculty/staff development, etc.

Objective 4 – Create a robust website that is maintained continuously (June 2017). Among other things, this website would include a central database of well-being services available to all members of the Mount Sinai Learner Community, including but not limited to:

- A directory of wellness activities including fitness and nutrition, mindfulness, reflection opportunities (e.g., facilitated discussion, narrative medicine), resilience building and positive psychology resources
- A universal calendar of community-building and social events (e.g., weekly happy hours for research trainees and conference sessions reserved for non-academic activities for clinical trainees, cross program get-togethers)
- An on-line handbook that addresses academic and career planning concerns specific to the unique cohorts within the Mount Sinai learner community (September 2018)
- An anonymous Web forum that would be visible to the whole school for reporting and discussing issues related to the well-being of learning community members, ranging from positive affirmations of thriving to incidents of racism, abuse, etc. The aim of this forum is to normalize discussion of well-being and create community.

Objective 5 – Develop robust resources for mentorship and academic & career advice. Nearly every representative constituency of the Mount Sinai learner community requested increased opportunity for career advice and mentorship. The Office of Mount Sinai Life will be responsible for the following:

- Maintaining a list and providing access to existing advisory and mentorship opportunities
- Working with leadership from each constituency of the Mount Sinai learner community to assist in the development of more robust advisory and mentorship offerings and provide additional advisory. This will also need to occur with deepened connection with the Office

of Alumni Affairs, the Office of Postdoctoral Affairs, the Graduate School's Office of Career Services and Strategy, and the offices of Student Affairs for the Graduate School and Medical Education. Examples of specific advisory and mentorship activities include:

i. Increased peer-to-peer mentorship
ii. Career-specific guidance – preparing CVs, personal statements, interview preparation
iii. Meeting academic milestones

Objective 6 – Create regularly available and affordable well-being resources. There are a number of well-recognized wellness activities that have been shown to promote well-being and mitigate burnout. There is some variation in the needs of each Mount Sinai learner community. We recommend that OMSL be funded and have the space to provide regular access to these offerings. Alternatively, OMSL might choose to aid and assist the delivery of these offerings at the local level within each Mount Sinai learner community should that be preferable. (e.g., in conjunction with the Office of GME Subcommittee on Resilience and Well-Being). Such offerings could include but not be limited to:

- Mindfulness- training
- Resilience-training (e.g., Positive Psychology)
- Reflection Opportunities (e.g., peer-peer or facilitated discussion/process groups, narrative medicine)
- Stress Management workshops
- Communication Skills training

Objective 7 – Address significant Financial Concerns of the Mount Sinai Learner Community. Nearly every constituency of the Mount Sinai learner community expressed financial concerns. The Office of Mount Sinai Life should work closely with existing resources, such as the Office of Financial Aid, Mount Sinai Real Estate, and childcare, to provide easy access to information regarding benefits offered to learner community constituents. Since all of these significantly impact wellness, the Office of Mount Sinai Life should be a vocal and strong advocate for all trainees regarding these issues. OMSL should be at the table as the advocate for trainees for all discussions of the financial concerns of our learning community, such as :

- Housing costs - particularly equitable housing offerings and housing stipends
- Broadened childcare offerings
- More liberal paternity/maternity leave opportunities
- Tuition assistance
- Health Insurance information and increased access
- Assistance with examination prep materials and examination fees
- Determining priorities for subsidizing the following: health insurance (some students are on Medicaid because insurance cost is so high), supplements to financial aid, daycare,

rewards for eligible individuals who have received their own research support, for those who have childcare or family needs.

OMSL should also perform a periodic assessment of student/trainee stipends and salaries to ensure they are competitive with (and perhaps higher than) competing programs in the area. If not, develop a plan to rectify deficiencies.

Objective 9 - Build community across the Mount Sinai learner community. Nearly every constituency of the Mount Sinai Learner Community expressed a desire to feel more connected to their own constituency as well as inter-professionally with the community at large. The Office of Mount Sinai Life should address these concerns by advocating for and organizing the following types of regular/recurring activities:

- Annual Retreats
- Social gatherings
- Small group academic gatherings (e.g., journal clubs, small group case learning)

Objective 10 - Promote Culture of Change. The Office of Mount Sinai Life will serve to mandate that well-being be considered a core Mount Sinai value, will serve to promote self-care, and will aim to normalize the discussion regarding accessing mental health resources.

Objective 11 – Create open, anonymous, and welcome opportunities for feedback. The Office of Mount Sinai Life will address the overwhelming concern that the needs and voices of the Mount Sinai Learner Community are not being heard. To do this the Office will provide multiple venues for all constituents of the Mount Sinai Learner Community to express their concerns, both anonymously and formally, in-person and online.

Objective 12 – Develop mechanisms for: 1) benchmarking measures of success for OMSL programs; and, 2) assessing student/trainee well-being/wellness. Maintain a mechanism for formative feedback and evaluation to continuously improve and enhance existing services and inform the development of new services.

Goal 2: Investigate Ongoing Wellness Activities Across All Constituencies at ISMMS/MSHS. Consolidate and/or Coordinate All Such Activities within the Strategic Plan of OMSL (September 2018)

Objective 1 – Develop a close partnership with existing institutional resources that support student well-being. Determine and operationalize the best administrative structure that brings all of these entities together to best serve student/trainee needs. Existing resources include, but are not limited to:

- Center for Multicultural and Community Affairs, to utilize their expertise in working with trainees and learners underrepresented in medicine and science when developing and sustaining programs and services to support mental health and well-being
- Office of Student Affairs – Department of Medical Education.
- Office of Student Affairs – Graduate School of Biomedical Sciences
- Office of Career Development and Strategies – Graduate School of Biomedical Sciences
- Office of GME's Subcommittee on Well-Being and Resilience
- Disability Office
- Student Health
- Student Mental Health
- International Personnel Office
- Childcare facility
- Human resources and benefits office

Objective 2 – Ensure that the following additional wellness areas are adequately addressed and inculcated into the objectives described above in Objective 1 for Goal 2 (September 2018).

- Academic resources
- Child and family support
- Dispute resolution
- Commuting
- Financial support
- Physical health
- Mental health and counseling resources
- Safety/security
- Student organizations
- Office of Student Affairs – Department of Medical Education
- Office of Student Affairs – Graduate School of Biomedical Sciences
- Community Standards
- Legal issues

Objective 3 – Participate on the School-wide diversity councils and committees (e.g. Faculty Diversity Council, Diversity in Biomedical Research Council) to promote the inclusion of wellness and mental health considerations in all diversity efforts.

Objective 4 – Coordinate with the Ombudsman's Office to expand current efforts to include all training environments of ISMMS/MSHS. (September 2017)

Objective 5 – Research and innovate best practices for enhancing well-being and resilience. Consider a "menu" of programming including positive psychology – resilience building (use in the military with a sustainable teach-the-teacher model), reflection and debriefing curricula,

mindfulness training, and cognitive behavioral therapy (CBT) offerings to improve stakeholder resilience and reduce negative outcomes from adverse experiences. Implement program-specific sessions for reflection, facilitated by a trained social worker (may be Office of Mount Sinai Life permanent staff) in which individuals can come together to discuss challenges and ways to overcome them, modeled after some process groups.

Goal 3: Development of a Mount Sinai Life endowment to sustain high quality and equitable wellness and mental health programs, resources and support. This must include support for ongoing programming as well as for urgent and emergent needs available to all learner groups.

Objective 1 – Develop a robust fundraising structure to support the development of the Mount Sinai Life Endowment. (September 2017)

Objective 2 – Maintain adequate funds to allow the development and refinement of wellness and mental health services for all trainees.

Goal 4. Position ISMMS as a national leader in centering well-being and mental health as core values in training and education

Objective 1 – Document progress in achieving the mission and goals of OMSL and share this progress on the OMSL website. Include stakeholder surveys, inputs and outcome metrics.

Objective 2 – Research and publish findings on best practices and impact of incorporating well-being into the day-to-day operations of the institution.

Objective 3 – Publicize the emphasis on well-being in admissions outreach for all programs.

Objective 4 – Determine metrics and outcomes to measure success within and across programs and mandate yearly reporting to Dean, ISMMS. (January 2019)

Appendices

Appendix A. Well-being Work Group Members

Jonathan Ripp, MD, Co-Chair
Basil Hanss, PhD, Co-Chair

Olga Alagiozidou
Jillian Aristegui, MA
Mariel Benjamin, MSW
Brielle Cardieri
Delaine Ceholski, PhD
Jennifer Coppola
Chrysoula Deligianni, PhD
Lorna Farrelly, PhD
Jordyn Feingold
Amy Glick, MD
Melinda Katz, MD
Monika Heinig, PhD
Keith Love
Sonya Makhni
Benjamin Medrano, MD
Ismail Nabeel, MD, MPH
Ann-Gel Palermo, DrPH
Erica Peltz
Leigh Penner, MSW
Emily Senay, MD
Milo Smith
Talia Swartz, MD, PhD

WORKING GROUP ON
CHANGING THE ACADEMIC CULTURE

Department of Medical Education

The Dean's Task force on Changing the Culture and Academic Environment:

Proposed Recommendation

The Dean's Task force on Changing the Culture and Academic Environment Committee Members

Eziwoma Alibo
Eric Bressman, MD
Giovanna Collu, PhD
Cati Crawford
Sakshi Dua, MD
Joel Forman, MD
Peter Gliatto, MD
Susan Lerner, MD
Kaitlin Klipper, MD
Caitlin Stork, MD
Michael Leitman, MD
Zoe Luscher
Giselle Lynch
Sonya Makhni
Matthew O'Connell, PhD
Neil Patel
Alison Sanders, PhD
Michelle Sainte
Shaina Sidnauth
Lara Vanyo, MD
Katya Vaydylevich
Alecia Williams, MPA

Introduction

The Dean's Task force on Changing the Culture and Academic Environment was charged with identifying areas that impact the culture of the learning environment across the trainee subgroups including: medical students, residents and fellows, postdocs, and graduate students. Many of the areas and concerns overlap, and therefore the working group decided that it was best to create subcommittees for each constituent group. The groups met regularly and reported their findings during the larger group meetings. All subcommittees based their recommendations on the feedback gathered through surveys and focus groups.

In order to define "culture", we first set out to define precisely what components comprised our Mount Sinai culture. After extensive discussion, we determined that our culture was impacted by four global themes: **Institutional Leadership, Training and Evaluation, Mentoring and Relationships, and Housing, Facilities, and Other Resources**. We feel that all members of the community - medical students, graduate students, house staff, and postdocs - are impacted by these themes within their communities. Mentoring and Relationships have very significant long-term effects on the community as a whole, and Housing, Facilities, and Resources can - under certain circumstances - be sources of major stress to all subgroups.

We believe that Mount Sinai is a special place, comprised of a uniquely kind, compassionate, and intelligent community. Our recommendations are not intended to find fault with any aspect of our institution, but rather we hope to illuminate the opportunities that we feel best position the medical school and its community for success. All solutions have been carefully considered with respect to financial and operational constraints, and we are highlighting the ideas that have great potential for positive impact. The end goal of our working group is to provide the institution with tangible recommendations that will affect changes in policies and procedures, as well as the culture throughout the institution.

The narratives are provided to give a brief overview of each subcommittee's findings. The detailed descriptions of the problems, proposed solutions/recommendations, and priority score for each subgroup's proposals are included in the appendices at the end of this report. Although each proposed solution was assigned a priority score of immediate, high or moderate, we want to stress that all issues outlined in this report should be of the highest concern for the improvement of the culture and academic environment here at Mount Sinai.

Statement of Purpose

After the tragic death of a beloved member of the Mount Sinai community, our community decided to take a closer look at our institution with the intention of making our already strong and vibrant community even better. The Task Force was created to not only represent all constituents of our institution, but to critically analyze our cultural norms in order to determine what facets can be improved or changed. We conducted surveys and focus groups, we analyzed data and academic studies,

and we carefully crafted suggestions and solutions that we believe will be crucial in preserving and improving the well-being of all of the members of our Mount Sinai community.

Proposed Solutions on Institutional Culture and Leadership (Appendix A)

Institutional Leadership represents how the community relates to the various levels of Mount Sinai leadership and vice versa. We are certain that the success of implementing positive change rests largely on the top-down messaging and signaling the community receives from its leaders. As an institution, we need to achieve alignment throughout the various constituents, as we anticipate that many changes will require shifts in behavior and attitude across many levels of the institution. It is essential that appropriate signaling and incentive structures are put in place to promote adoption of these very important changes that were identified by our working group.

The issues concerning diversity and inclusion are impacted throughout every subgroup, and are global themes listed in this report. We recommend that the institution continue to integrate diversity and inclusion into existing processes and systems throughout the organization. It was highlighted that the students, residents, fellows and postdocs who self-identify as underrepresented in medicine are affected by many of the issues outlined in this report at disproportionate rates, and additional efforts are needed to address this cohort of trainees.

Medical Student Subgroup Proposed Solutions (Appendix B):

The medical students represent a unique population within the Mount Sinai community, with a very unique set of needs, challenges, and circumstances. While we feel strongly that each of our recommendations is important and crucial to address and we have isolated a few of our top priority areas within each global theme.

With respect to Training and Evaluation, we feel that an immediate correction of the grading process and distribution, as it currently stands, is in order. We also feel that a significant shortcoming of our evaluation system lies in the lack of appropriate faculty training and the lack of competency based evaluation. In regards to Mentoring and Relationships, we feel that there exists an excellent opportunity to modify our advising system in order to optimize our learning communities. We also feel that, within the Housing, Facilities, and Resources theme, we can better support our students if we continue to optimize physical resources, as well as protected time during the clinical years.

Finally, not specific to medical students, we feel that all of the proposed changes are highly dependent upon strong messaging and incentive alignment from Mount Sinai Leadership.

Graduate Medical Education Subgroup Proposed Solutions (Appendix C):

Residents and fellows have the dual task of learning and simultaneously giving the organization considerable patient services in return. Both aspects are equally important to the success of our organization, and should be regarded as such in our policies and procedures for this group of trainees.

When it comes to training and evaluation of house staff and fellows, the culture of service (workload) over education remains one of the main underlying themes that needs to be addressed. Ultimately, we should have a better balance between service and educational opportunities for our residents/fellows. Some of our proposed solutions include the implementation of a stricter "cap" on service and the increased involvement of physician extenders. We are essentially recommending protected time for education and wellness; this can be accomplished by reviewing the house staff's work intensity, and introducing a system-wide procedure for use of personal days and schedule changes. Another important aspect that affects training is the upsurge in patient flow and volume; this issue can also be addressed by physician extenders as well.

Concerning mentoring and relationships, the chief concern is the lack of mentorship and career/life planning for house staff and fellows. One of several solutions is to require that department chairs/division heads from each department assign 2-3 young faculty as designated mentors.

In regards to housing, facilities and other resources theme, there are no dedicated call rooms or lounge areas for house staff. There is a great desire for designated space for taking breaks to rest, eat and exercise. There is also distress caused by the lack of policy and support regarding paid maternity/ paternity leave, and childcare. Lastly, nutritional wellness is of high concern, and we recommend that healthier food/snack options be made available throughout the campuses. Nutritional wellness is a concern shared by all subgroups.

The subcommittee on GME recommends that the overall work/life balance of house staff be re-evaluated, and made a top priority for the betterment of the institution.

Postdoctoral Fellows Subgroup Proposed Solutions (Appendix D):

The posdoctoral fellows conduct important research, which prepares them for careers as a scientific professionals. There are over 600 postdocs within our community who contribute a great deal to the research that is being done by this organization. The working group believes this work goes largely unrecognized.

The most crucial aspect of career development and advancement of our postdocs is the quality of mentorship provided by their faculty mentor, and the availability of teaching opportunities. The postdocs were surveyed by the subcommittee and the results show that the majority of postdocs believe that there is no equity amongst mentors, and the quality ranges from exceptional to awful. It is recommended that there be a more structured approach to mentoring, including mentor training and awards to help incentivize exceptional mentorship. In addition, this training should also be designed to alleviate the significant levels of postdoc mistreatment reported during this survey.

There is a paucity of communication and recognition for postdoc achievements and contributions, which needs to be addressed immediately. One of the many proposed solutions is to explicitly include postdocs in messages from the Graduate School Dean, and the creation of institutional awards to recognize postdoc achievement in various areas.

A very important area that has a devastating impact on this cohort is the lack of parity and equity in salary and benefits packages, which leads to the financial worries that burden this group. It is recommended that the HR policies regarding postdoc salary, vacation, and sick leave be re-evaluated for equity. Additionally, of the 67% of postdocs who are foreign nationals on visas, five reported being threatened with visa revocation. This is a grave concern and given the high percentage of foreign nationals in the fellowship programs this issue has a large impact on well-being and engagement. We recommend that policies be created and implemented to prevent this type of harassment. Finally, there are deficiencies in the administration of the Office of Postdoctoral Affairs and International personnel; therefore we recommend that the level of administrative support be increased and developed to better support the postdoc community.

Graduate School Subgroup Proposed Solutions (Appendix E):

The subcommittee on Graduate students, including the MD/PhD program, concluded that many of the improvements in the postdoc and medical student programs would have a positive impact on graduate students as well. A primary concern of the graduate students has to do with lack of systems to support students achieving satisfactory academic progress. The lack of academic advising and the opportunity for career guidance are source of stress for graduate students and lead to a culture of discontent and anxiety. There is an absence of advising between committee meetings, and no clear metric for measuring progress once students are in their labs. This gap in support often leaves students feeling stuck and unproductive. It is recommended that additional informal meetings be introduced, and communication strategies should be put in place so that students know their status and are in constant contact with administration. It is also being recommended that students (over 2 years) be provided with the support and funding to attend at least one external conference per year.

Similarly to the postdoc community, it was found that mentor training, and communication between the graduate school leadership/administration, PI's and students could use improvement. The solutions being proposed include standardized mentor training, better communication with PI's so they are aware of requirements for students, and the creation of a regular newsletter designed to keep everyone abreast to topics relevant to graduate school community.

Lastly, there are many issues concerning housing, facilities and other resources that create a feeling of feeling of isolation for the graduate students. This is a primary concern for all students once lab work begins. Some recommendations include introducing more receptions for informal interactions between students and PI's, annual retreats, and the reconstruction of the graduate school website to highlight the students within each program. Finally, the lack of availability of Sinai housing for all graduate students is a source of concern. In particular, PhD and MD/PhD students have the least amount of housing options and have the longest training programs. The graduate students would like additional housing options in addition to Aron Hall.

Conclusion

All members of the Working Group on Culture and the Academic Environment have considered it a great privilege to be able to work on this broad range of issues. We have enjoyed the experience of working together and learning from each other. We brought very different interests and experiences to this assignment, and we are united in presenting the recommendations in this report.

We look forward the next steps of this process and many of us are interested in continuing to participate in this work.

Appendix A
OVERARCHING PROPOSED SOLUTIONS:
<u>Institutional Culture and Leadership</u>

Theme	Problem statement	Intervention/ Solution	Timeline
1. Messaging	Strong, top-down messaging is needed from Sinai leadership in order to convey the importance of Task Force recommendations.	Sinai leadership to clearly state and announce priorities. Must come from highest level of leadership and step-wise down through the organization. Best in the form of small meetings with each department, clear list of action items/ check list, designated liaisons in each department in charge.	Immediately Following the task-force presentation, Sinai leadership should immediately release press release outlining urgent priorities. In short term, leadership should meet with department heads to explicitly define priorities and required compliance/ accountability. Long term - departmental controls to ensure compliance
2. URM Specific Issues and Diversity	Our institution needs to more vocally commit to issues pertaining to race and diversity within education and in the workplace.	1) Specifically address Racism Report -- needs to be acknowledged, significant component of messaging;	**Immediate**
3. Incentive Alignment	In order to create sustainable change incentives of all constituents involved must be appropriately aligned. Not enough incentive for faculty to teach/ promote changes outlined in task-force.	New/ modified incentive system - not simply $$ based - to help promote education. Can include: call schedule, Promotion, $$, Title, Time, Resources, etc. We suggest examining different models in other industries/ across other institutions.	**Immediate** -Must begin to examine/ modify immediately, recommend another work group to focus specifically on this
4. Interdepartmental Respect	Members of different programs (subspecialties, research departments, employees, etc.) do not always treat colleagues in different groups with respect.	1) Foster culture of cooperation early -- ie through intern year orientation programming. More events to facilitate meeting others across different disciplines, interdepartmental meetings (social/ professional), retreats, physical space, 2) Strong mentorship/leadership to advocate for culture change. Departmental leaders must promote change in culture - 0-tolerance for disrespect --> repercussions.	**Immediate** - Put together alliance/ representatives from different constituencies. Group's goal would be to find solutions and collect data to address this issue; **Short** term - begin to form recommendations
5. Patient Respect	Patient-centered rhetoric and action is absent on many clinic teams, leading to inappropriate modeling for medical students. Leads to the perpetuation of tropes that medical training is trying to move away from (e.g. hierarchy, medical student mistreatment, patriarchal patient care).	1) discourage and penalize patient-as-enemy talk among attendings and leadership 2) acknowledge this tendency to incoming interns, acknowledge that residents are asked to do too much but that turning this on patients is inappropriate/counterproductive. 3) don't treat medical ethics curriculum in medical school as LCME-required tack-on. 4) include concept of patient-centered outcomes in EBM discussions/teaching 5) teach social determinants of health, medical apartheid, history of oppression at all levels as per other discussions	**Immediately** acknowledge this issue among students, residents, attendings. Immediately continue work to make preclinical curriculum less ahistorical **Short-medium term - d**esign more clinically-based, robust medical ethics curriculum that emphasize moral choices doctors will be faced with. **Long term -** staff hospital adequately

Appendix B
PROPOSED SOLUTIONS:
Medical Students

Theme	Problem statement	Intervention/ Solution	Timeline
A. Training and Evaluation			
1. Competency-Based Grading and Problems in Evaluation Standardization	Evaluations are often (perceived to be) subjective and not competency based; this problem can be attributed to lack of appropriate faculty development and relevant incentives to encourage and promote education by faculty.	In order to restructure/ redefine what metrics should be measured, medical training evaluation needs to be significantly improved: 1) More careful selection of which faculty are qualified to be evaluators + system for 360 degree feedback to encourage accountability, 2) Faculty development programs to train evaluators and educators how to evaluate students fairly and appropriately, with clear descriptions given for "above average", "average", "below average"; Should also include bias/ racism awareness training. 3) Use of standardized patients/evaluators to minimize differential grading; 4) Consider revising incentives in order to facilitate and encourage education by faculty (call schedule, protected time, resources, etc.)	**Immediate:** Formation of work group to further evaluate, **Long term:** modification of system
2. URM Specific Issues and Diversity (AOA)	Differential evaluation of URM and other groups (LGBTQ, Asian/ South Asian, Muslim, Women, etc.) students on 3rd year clerkships and in representation of AOA. Presence of bias, racism, and anti-blackness amongst Mount Sinai community.	1) Specifically address Racism Report -- needs to be acknowledged, significant component of messaging; 2) Bias training to faculty and educators, 3) Reevaluation of AOA selection criteria to be more inclusive of URM students (in past 5 years only 2 students have been URM), 4) Goals to increase # of URM physicians/trainees in leadership positions (clerkship directors, chief residents, student leaders, etc.)	1) **Immediately** address Racism Report, 1a) Immediately reexamine data concerning race/diversity & AOA. Further analysis is needed to ensure selection fairness. Work with students most impacted to explore issue further and to redefine the selection process, as applicable. Consider if AOA is necessary or if timeline should be modified. Needs further discussion. 2) **Short term - Long term**: develop plan and allocate resources to institute 3rd party bias training, 3) **Short - Long term**: Set targets/ goals to increase URM leadership within Meded, admission, clerkship directors, advisors, etc 4) **immediately:** begin tracking the data of how many URM faculty are promoted to positions within the medical school, how many URMs get represented in various awards throughout 4th year/graduation, how many URMs are within positions of leadership within the medical school and publish yearly
3. Transparency	Students note a general lack of awareness on several issues, including: grading rubrics, leave of absence/ scholarly leave policy, STEP 1 exam timeline, preclinical students level of understanding of MSPE, etc.	1) Modified advising structure to relieve some of these issues (see Mentorship and Relationships), 2) Continue optimizing weekly email updates (similar to that used for MS4s re: RAP) to inform each class about specific upcoming ToDo's + relevant hyperlinks + top resources; 3) Clarify content in class meeting discussions, 4) Offer more opportunities for older students to speak with other students re: AOA,	**Immediate:** changes to advising system, email updates, Close the Loop, **Short term**: consider Trello like system for continued transparency

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PROPOSED SOLUTIONS:
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		3rd year grading, AOA, etc. (may already be offered now), 5) "Close the Loop" updates to inform students about changes being made (e.g graduation updates). Can also do this in Trello board format so students can see what issues are being discussed/ worked on, which have been resolved. Administration/ student council can moderate Trello board and put certain items as private if necessary	
4. Step 1 Preparation	Many students feel that "teaching to Step" is not sufficiently accomplished	Reevaluate content of courses to ensure an optimized balance between lecturer preferred content + step 1 content. Provide a course outline for Pharmacology starting during MS1. Integrate STEP1 preparation into the Learning Center. Provide sample study schedules to students. In the transition between now and the creation of the Learning Center, have a licensed cognitive skills trainer come into multiple times between first and second year to help students with study skills and test prep	**Immediate:** Provide Pharmacology syllabus that can integrate pharmacology information for current students; **Immediate:** hire Norma Saks to come into multiple times during first and second year to help students with study skills and test prep **short term**: evaluate course content to optimize preparation for STEP 1
5. MSPE and Grading Structure	Clerkship grading distribution is inconsistent with peer institutions. Elements of MSPE unnecessarily compound effects of grading	(Pending changes from national recommendations for MSPE) 1) Change 3rd year grading distribution to better reflect peer institutions (roughly 50:30:20) 2) Remove ranking from MSPE 3) Remove shelf exam grades from MSPE	**Immediate**
6. Third year	Lack of data reflecting grade and ethnicity distribution. In order to further explore the issue of race and clerkship grades, a better quantitative understanding should be achieved.	1) Track the number of URM students receiving Honors and High Pass 2) Increase the number of URM course directors	**Immediate:** collect data on the race/ethnicity of students and the grades they receive during third year so that we can better understand which students are able to get awards, AOA, etc once they leave third year
7. Clinical misconduct	There are inadequate mechanisms for reporting poor or discriminatory clinical care and no process to hold perpetrators accountable or to provide them with education.	1) Ensure that there is a centralized and efficient mechanism for reporting clinical misconduct outside of the standard email about reporting to class reps and ombudspeople 2) Ensure that the consequences for misconduct are clearly outlined so that there is a guarantee those perpetrating discriminatory behavior are educated and disciplined 3) Ensure mechanisms are in place to prevent retaliation for example, consider batched reporting (6-12 months at a time) to confer relative anonymity, and) ensure students know how their reports will be processed.	

Appendix B
PROPOSED SOLUTIONS:
Medical Students

B. Mentoring/ Relationships	Problem statement	Intervention/ Solution	Timeline
1. Advising Cohorts	Current advising cohorts are too large and are not effective as they can be and do not facilitate interclass communication or a sense of being a "safe space" for them to seek support	Revitalize and restructure advising groups such that there are fewer students per class per advisor, and each advisor has advisees from each year. Advising groups should meet as a whole, and also as a class. The upperclassmen can be valuable resources to underclassmen. Can follow the model of HMS, have games/ competitions between the "Homes" to facilitate camaraderie. Advisors should be carefully chosen, as they are now- consider additional training and incentives for these advisors, as well. More intimate advising groups can also be used as a forum for regular "check-ins" and discussion of important, emotionally charged topics that students experience as they progress through various stages of medical school	**Short term** - Begin plans now for implementation next Fall
2. Students-Clinical Teams	Students experience feelings of isolation/ disconnectedness during 3rd year clerkships as a result of suboptimal team dynamics that can be highly variable from student to student, depending on their clinical team of residents, interns, and attendings.	1.) Designate 1-2 inpatient teaching sessions (i.e. noon conference) specifically for attending/resident led team debriefs, should deliberately integrate positive feedback... 2) Provide senior house staff/ attendings with expectations, goals, suggested techniques/guidelines beforehand + clear messaging indicating priority on how to lead team to address this problem...3) Opportunities for students to come together (either as a class, clerkship cohort, or advising group) to safely discuss difficult experiences they may be facing during their rotations (In Focus or outside of In Focus)	**Immediately** - **Requires strong messaging to attendings/ clinical teams, but benefits expected for all members of team. Short term- Once this is done, can incorporate sessions ASAP
3. Students-Students	Student culture is not as empathetic/supportive as it could be, and many students who return from LOA/SY are unable to form connections/ support sources within their class because of lack of opportunity to do so.	1)MY-TAKES: 1 lunch per month, designate a lunch session (+food) to give a few classmates time to talk about a certain theme (mental health, difficulty with teams, difficult patient stories, hardships encountered, etc.) to their classmates. This can help build empathy amongst classmates; 2) RETREATS (orientation 1st year, In-Focus, orientation prior to 3rd year, etc.) - highly recommend use of retreats for both structured and social activities, needs school funding; 3) CURRICULAR CHANGES (ASM, In- Focus): more career development; programming re: resilience, burn-out through small-group discussions, 4) ADVISING COHORTS , 5) PEER-TO-PEER SUPPORT NETWORKS (emotional + academic), mandatory ally training, possibly in a retreat format, Group Therapy option (proposed by Mental Health group), 5) COMMUNICATION TRAINING- early on in medical school; emphasis on peer- to-peer support, motivational interviewing or discussing contentious topics with closed-minded individual; 6) CAFETERIA/MEALS -for students to have the dining hall experience" , "medical home"	**Short term** - My-Takes, Advising Cohorts, Curricular Changes can/ should be implemented by next Fall; **Long term -** Retreats/ Peer-to-peer support networks/ meals will require additional resources but can be implemented in short term

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4. Students-Admin (Some elements in Transparency)	Students and Administration should continue to work together to promote best practices and identify areas for improvement.	1) Public dissemination of overall findings from e-value data and changes that are in progress 2) Integrating student representation and voices into bodies that govern and change student related policies, curriculum, and recourses (major curriculum and policy changes, event planning, etc...)	**Short term** - Class meeting/email updates to disseminate changes made based on feedback from previous cohorts (to both previous and current cohorts). **Intermediate -** Assess where student representation can be improved.
5. Grievance and disciplinary committees	The individuals that students are expected to report problems with academics, student life, or clerkships to, ranging from academic difficulties to mistreatment, bias and harassment, are people in MedEd with multiple responsibilities for grading and poor training in dealing with issues of bias and harassment. While there are numerous people to report to, this creates a diffusion of responsibility that leads to a lack of assurance that any claims will be responded to.	Designate one person to filter complaints of bias, mistreatment and harassment and ensure that this person has actual power to initiate investigations. This may not be the person that students directly report to if students feel more comfortable reporting to advisors, deans, etc. Institute standardized guidelines for discipline. Provide students adequate counseling on their options for reporting and what potential investigations may look like. Ensure that the "grievance committee" is filled with people from diverse backgrounds who are actually trained in dealing with issues of bias, mistreatment, and harassment.	
C. Housing/ Facilities/ Other Resources	**Problem statement**	**Intervention/ Solution**	**Timeline**
1.Resource Centralization/ Resource Hub	There is no formalized location for students to go if they feel they could benefit from academic support	Create a "learning enrichment center" that will include info on tutoring, earning strategies, wellness information, and act as a central hub for students to receive information; possibly connect to advising homes	**Immediate:** determine how learning hub can be integrated into the new student lounge in Annenberg; **short-term**: integrate student resources into a learning center with staff knowledgeable with regards to tutoring, advising, mentoring
2. Financial	Students experience confusion due to irregularity of the financial aid and payment system; checks may not arrive on time, students are not billed in an organized manner. As a result of delayed checks, students are occasionally unable to pay Mount Sinai Real Estate office on time and these financial commitments are used to prevent students from participating equally in their education (eg. by preventing students from registering for the semester)	Mandate that students get financial aid checks before the semester begins. Provide announcement of dates in advance so that students know when to expect checks and bills. Provide short course on how to read the financial aid award, and how to plan for debt once students graduate. Making refund checks available electronically. Ensure that financial need does not preclude students from participating equally in their education. Provide more staff in financial aid office and better counseling on outside scholarships. (Pay overdue credit card balances that are accrued as a result of delayed checks.)	**Immediate:** Find an immediate solution to accommodate student financial emergencies that result from financial aid delay; Provide announcements of deadlines
3. Financial Part 2	Cost of attendance continues to increase each year. Overall cost of attendance and costs while in medical school (examination fees, review materials, etc..) furthers disparities in who can afford to attend medical school.	Freeze tuition increase for the next years so that medical school can be accessible to all, regardless of socioeconomic background.	**short term**: consider a tuition freeze so that we can make medical education more affordable and accessible long term: fundraising for financial need based scholarships through capital campaign

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4. 3rd/4th Year Protected Time	Clinical year students have no protected time during the week to allow for personal health and activities	Mandate early dismissal for 1 hour for 3rd and 4th year students during a didactic day each clerkship.	**short-term:** determine which days of 3rd year can include early dismissal of students for the 2017-2018 academic year
5. Food/ Physical Spaces	Students have few spaces to gather and access common resources	Provide a social space for students in the new student lounge that is stocked with healthy communal snacks, tea, or coffee for students	**short-term:** plan to involve student food in new student lounge
6. Books/Study Materials	Students with fewer financial means are unable to access expensive resources as students with more financial resources.	1) Provide the CMCA with more money so that they are better able to support the growing number of URMs with Step 1 grants. 2) Increase the number of up to date study materials for each course in the library. 3) Include the cost of Step 1 and Step 2 into the budget for Attendance.	**short-term:** allocate resources
7. Academic difficulty	Lack of standardized policy regarding academic difficulties means that students face differential consequences for academic struggles (eg. failing pre-clinical classes or Step 1), are often left uncertain, provided with inadequate counseling, and required to advocate for themselves.	Institute standardized policies regarding course and test failure, including timelines for remediation. Maximize options for remediation and provide students with the resources necessary (i.e. enable scholarly year instead of leave of absence if a year off is required, help students understand how they can finance their year off or the necessary test prep.) Reform the promotions committee process so that students are not unfairly asked to advocate for themselves.	

Appendix C
PROPOSED SOLUTIONS:
Graduate Medical Education/House Staff

Theme	Problem statement	Intervention/ Solution	Barriers	Priority Score (Immediate, High, Moderate)
A. Training and Evaluation	1. Work intensity. Service v. Education	Ancillary staff ED – transport, nursing, techs - medical floors Physician extenders in ICU Introduce a stricter "cap" on the service Encourage RNs, SW, ancillary staff to limit pages during education time (noon conference, etc.)	1. Need to also improve education for balance 2. Needs assessment where to intervene first	Immediate
	2. High volume patients/turnover	Improve communications between providers (IR phones or two-way pagers) Extend the "non-teaching" service purview	1. Needs support from non-provider staff (housekeeping) 2. Further study to identify most needed locations. 3. Geography/Space might be rate limit.	High
	3. Debrief after high intensity events	Education of faculty and Chief residents Simulation training for debriefs at orientation of new faculty & house staff	1. Time and availability 2. Identify proper curriculum	High
	4. Patient satisfaction survey needs and impact on resident	Education of residents. Service line scores to be shared imperative. ?rewards	1. Will still be some imbalance due to priorities 2. Difficult to measure resident impact	Moderate
	5. Medical futility	Departmental education from Bioethics Palliative Care support	1. Minimal risk 2. Need demonstrated by recent MSHS survey of residents	High
	6. Boarders/pt flow	Patient flow navigators, communication system. Identify protocol to improve boarder treatment Role of physician extenders	1. Impact of space and geography. 2.	High-Immediate
	7. “Over my head” with sick patient/support	Evening teaching hospitalist, more Crit care staff support	1. Which services to add on aside from medicine 2. Critical care already many demands	High
	8. Hostility/Anger patients, staff, families	Education of residents. Chain of command to deal with. Involve admin/pt care services on call? Sim sessions for conflict resolution training and de-escalation		High
B. Mentoring/ Relationships	9. Lack of mentorship	Faculty development, Teaching awards Department chairs/division heads from each dept pick 2-3 young faculty members be designated mentors for housestaff/ fellows Mentorship from senior residents to junior residents	1. Additional demand on busy clinical faculty 2. Time for training	Immediate
	10. Lack of research opportunities	Biostat support, faculty support Registry of ongoing projects in each department. Could be made available to housestaff/ fellows	1. Additional demand on busy clinical educators 2. Lack of grants for clinical resident-run research	Moderate
	11. Lack of career/life planning	Personal days Pair a mentor-Mentee upon orientation	1. Impact on daily scheduling and duty hours. 2. Will require HR support	High
C. Housing/ Facilities/ Other Resources	12. Work hygiene- call rooms	Better housekeeping, resident lounge. Minimize disturbance by nursing education	1. Space constraints 2. Further study needed	High

Appendix C
PROPOSED SOLUTIONS:
<u>Graduate Medical Education/House Staff</u>

			3. Optimize call-room distribution to those that really require	
	13. Time to eat and healthy food	Dedicated call room/lounge, Coffee machine Healthy snacks (fruits and nuts)	1. Space constraints. 2. No secure area just for house staff 3. Various dietary constraints	Immediate
	14. Work hours/sleep hygiene	Minimize disturbances, schedule changes, call room improvement Education on proper sleep hygiene		High
	15. Outdated paging system	New 2 way communication system, cell phone numbers?	1. Transmission around campus 2. Infrastructure 3. Education of staff	High
	16. Communication with nurses and others	New 2 way communication system, cell phone numbers:	1. Transmission around campus 2. Infrastructure 3. Education of staff	High
	17. Protected time for education and wellness	Personal days, schedule changes, culture of wellness, protocol for using personal days	1. Impact on daily scheduling and duty hours. 2. Will require HR support	Immediate
	18. International office support for non-US citizen residents	Education of Int'l office staff. Assure wellness of international learners. Support of non-US GME families	1. State Department regulations 2. Language barriers 3. Space constraints	Moderate
	19. Maternity/paternity	Adequate paid maternity and paid paternity leave. Child care and lactation support	1. Board requirements 2. Impact on daily scheduling and duty hours. 3. Will require HR support	High-Immediate
	20. Exercise	In-hospital gym space –simple cardio machines, free weights, mats; 24-7 ID access	1. Will require space 2. Institutional Support	High

Appendix D
PROPOSED SOLUTIONS:
Postdocs

Theme	Problem statement	Intervention/ Solution	Barriers	Priority Score (Immediate, High, Moderate)
A. Training and Evaluation				
Trainee Advisory Committee	1. Many postdocs are solely reliant upon their PI for guidance (scientific and career) and for recommendation letters to attest to their performance	Create a panel of faculty (similar to a PhD thesis committee but without the PI being present) or instigate a system of co-mentors to provide advice	Faculty would have to be willing to give up their time (<5hr per year) and PIs would have to be willing for postdocs to talk about scientific projects with other PIs	Moderate
Teaching Opportunities	2. 2. There are currently far too few opportunities for postdocs to gain teaching experience	1) Allow postdocs to be TAs in existing classes	May reduce learning opportunity for grad students teaching courses	Moderate
		2) Create new teaching opportunities for postdocs to teach grad students about cutting-edge techniques in use in labs here	New course material would have to be developed, Faculty oversight required	Moderate
		3a) Create a new Mentored Teaching program for postdocs 3b) Promote existing postdoc teaching program to teaching-focused postdocs	Faculty would have to be willing to mentor postdocs on how to lecture and hand over one class to a postdoc to lead	Moderate
OPA	3. Little administrative support for proactively designing and providing services to benefit postdocs	Add new staff member to take over programming currently run voluntarily by PEC (could be joint with OCSS	Requires financial commitment and recruiting enthusiastic individual	High
OCSS	4. Not currently enough resources for postdocs wishing to leave academia or a perceived willingness to help with postdoc careers	OCSS should be involved with running programming for postdocs		Moderate
Awards	5. There are very few institutional awards available for postdocs and letter of recommendation is only other metric of success	Create a suite of awards to recognize postdoc achievements in: Leadership for postdoc community; Departmental contribution; Mentoring; Teaching; Entrepreneurship/IP; Innovation; Outreach to surrounding community; Contribution to Mount Sinai	none	High
Communication	6. There is little communication from leaders to the postdoc community leading to a feeling of being undervalued	Have a regular message from the Grad School Dean about what is being done to improve situation here (like recent email concerning mental health services)	none	Immediate

Appendix D
PROPOSED SOLUTIONS:
Postdocs

B. Mentoring/ Relationships				
Mentor training	7. The quality of mentoring at ISMMS ranges from exceptional to awful	1) Create mentor training for ALL PIs and use input from grad students and postdocs to develop material	Pushback from PIs Training requires time and personnel to deliver	High
		2) Reinforce value of mentoring to all Dept. Chairs (Eric Nestler?)	Institutional commitment (part of PI evaluations)	High
		3) Require mandatory training for all PIs who have complaints made		High
		4) Use MRP data to develop training materials and address common problems		High
		5) Reward and publicize great mentoring to serve as an example		Low
		6) Promote institutional culture that values postdoc achievement & contributions	**Evidence of poor and uneven salary and benefits packages: 37%** of postdocs agree that financial worries are impeding their success **60%** say salary and benefits not working well. **Over 13%** are still paid below the NIH minimum **Over 45%** do not receive an NYC cost of living top up **Over 20%** of postdocs either use personal savings, accrue debt or have get an extra job to make ends meet **17%** are financially supported by family member	Immediate
	8. Evidence of significant levels of postdoc mistreatment: 46/404 people (**11%**) report being neglected, insulted, berated belittled humiliated or intimidated by their PI	Enforce clear & formal policies regarding trainee mistreatment	**5 people** were threatened with poor recommendation letters for reasons other than research performance or appropriate behavior **9 people** were threatened with reduced authorship for reasons other than research performance	Immediate
C. Housing/ Facilities/ Other Resources	**9. Evidence of unacceptable housing situation: 50%** say housing is not working well including significant issues with cleanliness, safety, pest control (20% each)	Lift the 3yr housing limit Cap increases in rent (rent control) Have OPA director sit in housing committee meetings to advocate for postdocs To encourage turnover, offer to pay broker fees for postdocs (like MSKCC)		High/ Immediate

Appendix D
PROPOSED SOLUTIONS:
Postdocs

International personnel	**10.** 67% of postdocs are foreign nationals on visas. **Five** reported being threatened with **visa revocation** **Low satisfaction rate for IP – unnecessary stress caused by errors and delays**	The OPA/ International Personnel must improve service & support for vulnerable postdocs – ensure postdocs and PIs are aware of all rules regarding visas to ensure all requirements are met, to protect the institution and the postdoc Change the culture to that of service to provide postdocs correct advice on best decisions for future visas/jobs etc Also someone in OPA needs to have in depth knowledge of visa issues so they don't have to rely on IP respond (a knowledgeable advocate for postdocs who can challenge IP mistakes)	Culture in IP office/office may be understaffed/unable to attract best talent/prevent turnover of staff	High/ Immediate
Social space	11. **Social space for Postdocs** to alleviate lack of collegial environment	Create a space	cost and difficulty in finding space	Moderate
Parental leave	12. **Evidence of unacceptable parental leave policy:** There is no paid parental leave	Give postdocs paid leave for caring responsibilities (equivalent of paid FMLA)	Requires PI and Institutional support	Low
Access to affordable childcare	13. Majority (Over **40%)** of women have to rely on non-Sinai daycare whereas majority (**40%**) of men rely on their partner/spouse. Only **11%** think that ISMMS access to childcare is working well	Provide more daycare spots and also emergency daycare for postdocs (we don't have offices to bring sick children to work)	Cost and space	Low
Better administration/HR covering postdoc salary and vacation days and sick leave	14. Have clear and transparent policies relating to salary that are mandatory (currently PIs have too much discretion over paying the minimum 'recommended ' by Sinai. Annual raises can involve several months delay with OPA contacting dept. admins and PIs and postdocs having to expend relationship capital to get their mandated raise	Provide more HR support to OPA Provide software that can automatically generate a list of postdocs that are underpaid Force PIs to pay back pay for delayed raises and prolonged underpayment to remove incentive for not paying Sinai's 'recommended ' amount	Cost in terms of personnel to oversee salaries Pushback from PIs who currently underpay and ignore OPA directives Dept. chairs need to make sure all PIs are adhering – use depts. like Neuroscience and Oncological sciences as models	High

Appendix E
PROPOSED SOLUTIONS:
Graduate School Including MD/PhD Program

Theme	Problem statement	Intervention/ Solution	Barriers	Priority Score (Immediate, High, Moderate)
A. Training and Evaluation	Measuring Progress, not feeling stuck and unproductive - there have been moves to improve this with the mandate to have more than one committee meeting per year but it can be improved.	While students are expected to have two Committee Meetings per year, these are often seen as high stress pass/fail scenarios. Creating a culture where people are comfortable having more informal meetings with the committee or a subset of the committee to gauge progress can facilitate more communication, less stress, and more orientation within the student's work.	1. Availability of Committee members 2. Culture change of committee as an evaluation to a support system	Moderate
	Measuring Progress, not feeling stuck and unproductive - Students don't get graded once they are in lab so there is no clear metric for measuring progress beyond the committee meeting	Additional opportunities to showcase and receive feedback on work - ex. poster sessions, more presentations; these sometimes happen at retreats, but are very MTA specific in quantity and quality - faculty should be expected to attend and engage with all the students.	1. Funds for retreat planning 2. Ensure faculty attend	Moderate
	Career development - not all students are afforded the same opportunities to network and present on a national or regional stage, some PIs do it while others don't and the whole process is not standardized	Strongly encouraging all PIs to ensure that students (year 2+) go to at least one conference a year or one major conference in their field during their training, where they can present a poster and/or see their work in context of the field, and network/meet others in the field.	1. Travel Funds	High
B. Mentoring/ Relationships	More mentorship for career identification and planning - Currently students are not having their needs met by the current career planning office	Increase personnel and expertise of Career Office	1. Requires funds for hiring more personnel and training of said personnel 2. PIs need to allow	High

Appendix E
PROPOSED SOLUTIONS:
Graduate School Including MD/PhD Program

			time for career planning activities	
	Career mentorship	Apply for NIH BEST grant or implement some similar programs	1. Writing grant application	High
	PI/Student relationships - many PIs have very productive labs where good research is being done but not all these PIs are also good mentors. They sometimes have expectations of their students (and postdocs) that leads to a work/life imbalance and greatly affects general well being	Create PI leadership and mentorship training	1. No centralized training for PIs currently, hard to get PIs to attend trainings especially when they have been training students and postdocs for a long time (might not believe they need training).	Immediate
	PIs are not made aware of items that the graduate school leadership wants students to do and so they resist when a student then reports a need to complete such items or activities and they sometimes can penalize the student in a sense of expecting them to do more work to make up for the time they had to be away	Better communication of graduate school administration with PIs (emails can be ignored need a top down communication plan, maybe an annual mandatory check-in meeting/training with PIs that have students and postdocs)	1. Availability of administration	Immediate
	Graduate school administration communications are not always clear, sometimes they come through the office of medical education and graduate students ignore it	Better communication from administration to students - ex. a regular newsletter covering a range of issues	1. Volunteers to create the newsletter 2. Time set aside by current administration to draft and send out	Immediate

Appendix E
PROPOSED SOLUTIONS:
Graduate School Including MD/PhD Program

	thinking it does not apply to them. Also the emails are a bit bland/not eye catching		regular updates from a centralized graduate school office that will be immediately recognized by students as coming from administration	
C. Housing/ Facilities/ Other Resources	Isolation once in lab - students once they pick a lab have a hard time interacting with other members of their class or even with other people in their program because they are unaware who is in their program and who they can speak to among their peers for advice	More receptions for informal interaction of students and PIs, can be attached to highly attended events - ex. Dean's Lecture (high profile speakers)	Funds (could potentially be expensive)	Moderate
	Isolation once in lab - students once they pick a lab have a hard time interacting with other members of their class or even with other people in their program because they are unaware who is in their program and who they can speak to among their peers for advice	Annual retreats or retreat-like events that are more activity or interaction based than class based	1. Funds and 2. Logistics of location and timing	Moderate
	Isolation once in lab - students once they pick a lab have a hard time interacting with other members of their class or even with other people in their program	Website for each program/MTA with photos of students and postdocs to create the recognition within programs	1. Website construction or redesign of current website 2. Having students and postdocs fill	Immediate

Appendix E
PROPOSED SOLUTIONS:
Graduate School Including MD/PhD Program

	because they are unaware who is in their program and who they can speak to among their peers for advice		in documentation to populate the website	
	Graduate School Leave of absence policy - Unclear if there is one, what it says, how the process is, and where students can access it	Make it visible if there is one, if there isn't create one. Place it online, in the graduate school intranet and also on maybe the MD/PhD intranet website. Many students don't read the handbook in depth so if it's there most students still aren't aware, but students look at the website all the time. Make it easy to navigate to. Make it obvious that a student will not be penalized for making use of this.	1. Editing website	Immediate
	Housing options - PhD and MD/PhD students (especially) remain in student housing the longest but do not get the option to move into other Mt Sinai housing options especially as they get older and no longer want to room with so many other students in a unit	There is apparently a lottery system for 4th year medical students to have the option to leave Aron hall in order to create space for incoming medical and graduate students; propose that PhD and MD/PhD students be offered this choice as well especially after they have complete 4 years in their respective programs.	1. Unit availability 2. Real estate might be difficult to negotiate with 3. Might be more expensive out of pocket for students (rent could be higher)	High