



## **Knowledge is power: Bolstering student efforts to improve learner well-being**

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## Knowledge is power: bolstering student efforts to improve learner well-being

Le savoir, c'est le pouvoir : renforcer les efforts des étudiants pour améliorer le bien-être des apprenants

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Dear Editor,

Two recent commentaries<sup>1,2</sup> address the current approach to student well-being in medical education. I applaud the points the authors raise and would like to contribute my perspective as a pre-clerkship student to this critically important conversation.

I agree with Yuan et al that students would benefit from education about the structural barriers to well-being that exist in medical training;<sup>1</sup> further, I submit that they would also benefit from the psychosocial knowledge, such as self-determination theory (SDT), that Neufeld suggests for medical educators and organizational leadership.<sup>2</sup> While systems-level changes that both commentaries call for will take time, efforts at the grassroots level may be able to take a fast track.

This past year I have served as a junior executive on my school's student-led Mental Health Advocates (MHA) group. Between extracurricular groups like MHA and elected student government positions such as wellness and curriculum representatives, there is no shortage of student leaders motivated to improve and advocate for learner well-being. However, student-led initiatives can fall victim to the same pitfalls as mandatory resiliency training and individual-focused wellness interventions<sup>1,2</sup>—without a cohesive, evidence-based approach, we risk bombarding peers with redundant and superficial events with poor engagement and potentially little positive outcome.

To help lead a revolution in student wellness, students themselves need to be more informed from the available literature. This coming year, I envision the initiation of a student-led journal club or elective as a way for interested students to explore and learn deeply these topics (rather than mandatory curricula, which would work against well-being by undermining autonomy). Systems knowledge and tools like SDT could strengthen our efforts and provide more solid ground to stand on when planning initiatives or representing learners in discussions that can impact program decisions. So equipped, students could also help inform faculty leaders, and together we could more effectively address the alarming situation of medical student wellness. Furthermore, with considerable turnover among student leaders, succession planning for wellness initiatives and long-term projects, as is any systems change, will be more likely sustained when initiatives are guided by evidence rich theory (i.e. SDT) and proven principles.

**Conflicts of Interest:** The author has no conflicts of interest to report.

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