1

00:00:02,166 --> 00:00:03,050

2

00:00:18,008 --> 00:00:21,799

Welcome back to the paperless podcast where the number needed to watch is one.

3

00:00:21,799 --> 00:00:27,831

We are in the early stages of our YouTube station with my amigos who all have a face for

radio.

4

00:00:27,831 --> 00:00:29,751

Hi, Linda.

5

00:00:29,751 --> 00:00:30,722

How are you?

6

00:00:30,722 --> 00:00:31,492

What the hell?

7

00:00:31,492 --> 00:00:32,132

Harsh but true.

8

00:00:32,132 --> 00:00:34,883

Sitting here minding my own business, and I get slanged on.

9

00:00:34,883 --> 00:00:35,553

Sorry, Linda.

10

00:00:35,553 --> 00:00:35,853

Go ahead.

11

00:00:35,853 --> 00:00:36,763

Say hi.

12

00:00:37,323 --> 00:00:38,724

Hello, darling.

13

00:00:40,084 --> 00:00:40,784

Linda, I'm not sure.

14

00:00:40,784 --> 00:00:41,945

I've even watched the Olympics.

15

00:00:41,945 --> 00:00:42,585

I have.

16

00:00:42,585 --> 00:00:44,405

We're in the middle of the Olympics.

17

00:00:44,405 --> 00:00:46,678

The Canadian women's rugby seven.

18

00:00:46,678 --> 00:00:47,728

Just won a silver medal.

19

00:00:47,728 --> 00:00:49,019

I'm not sure if you saw this.

20

00:00:49,019 --> 00:00:50,680

I'm a big rugby fanatic.

21

00:00:50,680 --> 00:00:52,460

I played it in uni.

22

00:00:52,681 --> 00:00:55,352

This is the first time the Canadian women have medaled.

23

00:00:55,352 --> 00:00:57,232

Apologies to you if you're not a Canadian.

24

00:00:57,232 --> 00:00:59,243

Apologies if you're not a rugby fan.

25

00:00:59,243 --> 00:01:00,504

But this is a great day to celebrate.

26

00:01:00,504 --> 00:01:02,765

Linda, I'm hoping you saw a little bit of the game.

27

00:01:02,765 --> 00:01:03,925

I did.

28

00:01:03,925 --> 00:01:05,656

And if I remember, it's not part of it.

29

00:01:05,656 --> 00:01:08,147

They actually beat the world champions.

30

00:01:08,287 --> 00:01:09,287

They did.

31

00:01:09,387 --> 00:01:10,168

To get there.

32

00:01:10,168 --> 00:01:12,469

Well, they beat the world champions, the Australians.

33

00:01:12,469 --> 00:01:16,172

But then they lost in the finals to the Kiwis, which is a pretty powerhouse.

34

00:01:16,172 --> 00:01:16,452

Yeah.

35

00:01:16,452 --> 00:01:20,385

is repeating gold medal winners back-to-back games.

36

00:01:20,385 --> 00:01:23,867

How Canadian is it to say that we're pretty happy to lose to those guys?

37

00:01:23,867 --> 00:01:26,068

Like that's a very Canadian statement.

38

00:01:26,609 --> 00:01:27,050

Yeah.

39

00:01:27,050 --> 00:01:28,040

Yeah, they're real good.

40

00:01:28,040 --> 00:01:28,590

Fact.

41

00:01:28,590 --> 00:01:29,351

They're good.

42

00:01:29,351 --> 00:01:31,142

So we're sorry.

43

00:01:31,142 --> 00:01:33,594

We're sorry that we beat you.

44

00:01:33,594 --> 00:01:33,994

did well.

45

00:01:33,994 --> 00:01:36,756

All right, Jason, what have you been watching at the Olympics?

46

00:01:36,936 --> 00:01:37,897

I've been working a lot.

47

00:01:37,897 --> 00:01:38,958

How sad is that?

48

00:01:38,958 --> 00:01:45,562

I watched the end of one of the Canadian women's soccer team games where they

49

00:01:45,614 --> 00:01:48,005

came back to win against France in injury time.

50

00:01:48,005 --> 00:01:48,816

That was amazing.

51

00:01:48,816 --> 00:01:49,496

Outstanding.

52

00:01:49,496 --> 00:01:52,418

Like what it on both sides, amazing athleticism.

53

00:01:52,418 --> 00:01:56,020

I caught clips of women's gymnastics all around.

54

00:01:56,020 --> 00:01:58,501

Amazing, amazing athleticism.

55

00:01:58,501 --> 00:02:01,823

And I saw a couple of things about Celine Dion singing from the Eiffel Tower.

56

00:02:01,823 --> 00:02:04,904

And my first thought was don't jump or stay away from the edge.

57

00:02:05,005 --> 00:02:06,926

It was it's been an entertaining week.

58

00:02:06,926 --> 00:02:09,067

She was tethered, by the way.

59

00:02:09,907 --> 00:02:14,924

so we did the we did the composite of the Canadians apologizing for winning silver.

60

00:02:14,924 --> 00:02:27,444

And then the Canadian soccer team are cheating using drones and the entire coaching staff

has been fired and sent off and the Canadian government is withholding funding for the

61

00:02:27,444 --> 00:02:28,595

Canadian women's soccer team.

62

00:02:28,595 --> 00:02:30,687

So we're both into the spectrum here.

63

00:02:30,687 --> 00:02:32,048

We're not holding them now.

64

00:02:32,048 --> 00:02:34,670

We like to cheat just as much as everybody else.

65

00:02:34,670 --> 00:02:35,721

I think it's a misunderstanding.

66

00:02:35,721 --> 00:02:36,251

We're Canadians.

67

00:02:36,251 --> 00:02:39,304

We don't cheat, but we're really dumb at being a tourist.

68

00:02:39,304 --> 00:02:42,477

They were just trying to take pictures and then they got caught.

69

00:02:42,477 --> 00:02:44,008

They were told it's a no flies on.

70

00:02:44,008 --> 00:02:44,546

They're like,

71

00:02:44,546 --> 00:02:48,467

but we're with the soccer team and then that didn't work out.

72

00:02:49,027 --> 00:02:51,498

All right, Lava, we put you in the difficult question.

73

00:02:51,498 --> 00:02:52,118

It's your paper.

74

00:02:52,118 --> 00:02:54,769

But before that, who are you cheering for?

75

00:02:54,769 --> 00:02:56,150

You live in States.

76

00:02:56,150 --> 00:02:57,970

It's hard to be seen in hard days.

77

00:02:57,970 --> 00:03:00,271

You have some Scandinavian blood.

78

00:03:00,591 --> 00:03:03,322

Karolinska wants you to be cheering for Sweden.

79

00:03:03,322 --> 00:03:06,013

But, you know, you grew up in the great white north, you loser.

80

00:03:06,013 --> 00:03:09,484

So which team is which team, or which country is your team?

81

00:03:09,484 --> 00:03:10,924

And living in the US.

82

00:03:11,190 --> 00:03:23,223

I am nationally agnostic when it comes to the Olympics because like honestly, watching

these athletes at the top of their game in so many ways, I'm just like so in awe and quite

83

00:03:23,223 --> 00:03:26,194

frankly, I don't know if you guys have, you play this game at home?

84

00:03:26,374 --> 00:03:32,766

If I wonder what Olympic sport I could do today, like is there, so John, like you, I rugby

for I could do, right?

85

00:03:32,766 --> 00:03:35,157

could do napping, I could do Olympic napping.

86

00:03:35,157 --> 00:03:37,197

I played rugby for one season.

87

00:03:37,197 --> 00:03:39,650

I watched five minutes of that game going, nope, nope.

88

00:03:39,650 --> 00:03:41,782

Nope, that is so not a Varpio thing again.

89

00:03:41,782 --> 00:03:45,364

like, yeah, like I want to know, is there something I could do that would get me in the

Olympics?

90

00:03:45,364 --> 00:03:47,276

Because boy, that looks cool, but I don't think so.

91

00:03:47,276 --> 00:03:48,036

Yes, there is.

92

00:03:48,036 --> 00:03:49,798

There's something that we haven't seen yet.

93

00:03:49,798 --> 00:03:50,828

It's later on in the week.

94

00:03:50,828 --> 00:03:52,680

It's called kayak cross.

95

00:03:52,680 --> 00:03:59,184

And it seems to me like a combination of, of kayak slalom and bumper cars.

96

00:03:59,445 --> 00:04:00,846

I think you should do break dancing.

97

00:04:00,846 --> 00:04:04,808

I've seen you at a pub and I think break dancing would be awesome.

98

00:04:05,069 --> 00:04:06,880

Break dancing is an Olympic sport now.

99

00:04:06,880 --> 00:04:07,831

It is check it.

100

00:04:07,831 --> 00:04:08,241

Look it up.

101

00:04:08,241 --> 00:04:10,233

If we call it falling down, then yes.

102

00:04:10,233 --> 00:04:10,834

All right.

103

00:04:10,834 --> 00:04:16,499

But friends, we are here to have a conversation about a paper today and actually it's a

paper.

104

00:04:16,499 --> 00:04:17,350

It's a serious paper.

105

00:04:17,350 --> 00:04:22,304

And I want to start by saying we in this podcast, we have never shied away from difficult

topics.

106

00:04:22,304 --> 00:04:26,208

And today we're going to look at yet another difficult topic straight in the eye

explicitly.

107

00:04:26,208 --> 00:04:27,859

And we're not going to back down today.

108

00:04:27,859 --> 00:04:31,773

We're going to talk about mental illness and self -reporting of mental illness among

physicians.

109

00:04:31,773 --> 00:04:33,454

I worry this might be triggering.

110

00:04:33,454 --> 00:04:34,554

for some of our listeners.

111

00:04:34,554 --> 00:04:38,134

So listeners, please know if you need to skip this episode, we totally get it.

112

00:04:38,134 --> 00:04:40,774

So with that, what do we know?

113

00:04:40,774 --> 00:04:44,004

We know the rates of depression on residents are high.

114

00:04:44,004 --> 00:04:47,834

They're about 29 % of the rate of non -physicians.

115

00:04:47,834 --> 00:04:49,614

Among non -physicians, it's much lower.

116

00:04:49,614 --> 00:04:50,634

It's close to 8%.

117

00:04:50,634 --> 00:04:55,374

We know physicians die by suicide at a rate that is staggering.

118

00:04:55,554 --> 00:04:58,194

We also know that physicians suffer from mental illness.

119

00:04:58,194 --> 00:04:59,814

We know this is a problem.

120

00:04:59,814 --> 00:05:01,228

We also know...

121

00:05:01,228 --> 00:05:06,610

that many physicians have real and justifiable worries about disclosing living with mental

illness.

122

00:05:06,610 --> 00:05:10,712

They worry about not living up to the perfectionist ethics that dominates our field.

123

00:05:10,712 --> 00:05:20,586

They worry about disclosure, what it might mean for their license, about what it might be,

how their social group might deem them as weak or problematic.

124

00:05:20,586 --> 00:05:26,458

And this is for me, like truly, I picked this paper because this is a problem for me.

125

00:05:26,458 --> 00:05:27,649

have the data.

126

00:05:27,649 --> 00:05:30,816

We know physicians are living with mental illness and yet we make it

127

00:05:30,816 --> 00:05:38,172

ever so hard, if not impossible, for those individuals to disclose their experiences and

get the help they need and deserve.

128

00:05:38,172 --> 00:05:40,394

So this study aims to address this conundrum.

129

00:05:40,394 --> 00:05:41,525

It's by Kassam et al.

130

00:05:41,525 --> 00:05:44,056

It's published in Perspectives on Medical Education.

131

00:05:44,097 --> 00:05:52,944

And it looks to explore the barriers and enablers of self -disclosure by understanding the

perceived outcomes, both positive and negative, of self -disclosure of mental illness

132

00:05:52,944 --> 00:05:54,665

among medical learners.

133

00:05:54,946 --> 00:05:57,578

Now, you have each had very long careers in the field.

134

00:05:57,578 --> 00:06:00,310

And you know, I'm sure, people who live

135

00:06:00,374 --> 00:06:06,740

practice as physicians who have disclosed and who have not disclosed.

136

00:06:07,101 --> 00:06:10,524

Maybe you can talk about how prevalent it is to disclose.

137

00:06:10,524 --> 00:06:13,527

I have no insight into what it's like to be a clinician.

138

00:06:13,527 --> 00:06:17,401

Do you hear about mental illness often, are struggles things that are talked about?

139

00:06:17,401 --> 00:06:19,273

Is it largely hidden?

140

00:06:19,273 --> 00:06:22,076

What's it like in the clinical context?

141

00:06:22,076 --> 00:06:24,978

I'm going to ask Jason, then John, then Linda.

142

00:06:25,514 --> 00:06:28,537

I think it's changed over time and in dramatic ways.

143

00:06:28,537 --> 00:06:33,360

think for our generation and the generation ahead of us, it was not discussed.

144

00:06:33,501 --> 00:06:39,065

If people were mentally ill and very sick, they just went away and had a surgery or

something like that.

145

00:06:39,065 --> 00:06:39,886

It was not discussed.

146

00:06:39,886 --> 00:06:44,189

It was definitely a lot of stigma, lot of framing around weakness.

147

00:06:44,289 --> 00:06:46,791

Other people allowed to be sick, but not us.

148

00:06:47,132 --> 00:06:48,613

I think that's really different.

149

00:06:48,613 --> 00:06:50,815

Now, generations have made differences in this.

150

00:06:50,815 --> 00:06:55,318

You hear people talking about definitely about burnout, definitely about needing a break.

151

00:06:55,758 --> 00:06:57,859

Definitely people talk about depression.

152

00:06:58,620 --> 00:07:01,522

I still think there's a category that is verboten.

153

00:07:01,582 --> 00:07:06,665

I don't think people in my network, in my institution, talk about addictions.

154

00:07:06,886 --> 00:07:13,329

I think there's a couple of diagnoses that are less acceptable, like bipolar and maybe a

little bit OCD.

155

00:07:14,551 --> 00:07:19,133

And whereas some other things like depression, burnout,

156

00:07:20,654 --> 00:07:29,768

Even suicidality that people have gone through, eating disorders, people talk about those

openly because they want the next generation to recognize risk factors and get help and

157

00:07:29,768 --> 00:07:30,478

that sort of thing.

158

00:07:30,478 --> 00:07:32,359

I think the world's really changed.

159

00:07:32,819 --> 00:07:33,350

I agree.

160

00:07:33,350 --> 00:07:43,354

I can think of some high-profile people on a national level and there's some friends of

the show that have been really brave in bringing a spotlight to mental illness by talking

161

00:07:43,354 --> 00:07:48,774

about their experience, but it comes at a tremendous price to them leading up to that.

162

00:07:48,774 --> 00:07:51,595

And I have no idea what happens on the other side.

163

00:07:51,595 --> 00:08:00,239

Knowing what social media is like, I can imagine is staggeringly awful with just the

pulling apart of people's courage.

164

00:08:00,239 --> 00:08:06,221

I've seen it close in my own community and it's been encouraging there.

165

00:08:07,222 --> 00:08:17,716

You know, I've seen it at an institutional level that the prevalence is far larger than

what we see in terms of the discussions that we're having.

166

00:08:17,952 --> 00:08:28,417

And so the prevalence for accommodative learning accommodation and the increasing

resources that we need to provide to our learners is, you know, at my deck and overall

167

00:08:28,417 --> 00:08:33,349

that I play, I'm just continually shocked at the prevalence that's happening.

168

00:08:33,349 --> 00:08:38,911

But I think about my own context and what it's like for me, health services seems harder.

169

00:08:39,451 --> 00:08:45,550

You know, I want to be cautious about not labeling clinical diagnoses, but the

170

00:08:45,550 --> 00:08:53,613

prevalence of PTSD, which is a really tragic thing because of the things that our health

professionals and providers experience.

171

00:08:53,613 --> 00:08:55,474

That prevalence is surprising to me.

172

00:08:55,474 --> 00:09:06,098

But in a broader sense, the moral injury of working in these systems that ask us to do

impossible things without the resources and taking and carrying that emotional backpack,

173

00:09:06,098 --> 00:09:12,901

the empathy necessary to be a great health provider, but also realizing that you are in an

impossible situation.

174

00:09:13,201 --> 00:09:15,202

Yeah, I can just see

175

00:09:15,202 --> 00:09:21,144

burnout as one feature of mental health along a spectrum that leads to clinical diagnoses.

176

00:09:21,224 --> 00:09:24,385

And so I think this is a timely conversation.

177

00:09:24,965 --> 00:09:28,026

I think that is awesome and very enlightening.

178

00:09:28,406 --> 00:09:35,068

I'll agree with everything my esteemed colleagues and particularly as clinical teachers

and clinicians have said.

179

00:09:36,188 --> 00:09:41,836

I think it is getting better because wellness has become something that's talked about.

180

00:09:41,836 --> 00:09:43,648

I think it's still stigmatized.

181

00:09:43,648 --> 00:09:48,431

And I suspect it may differ by context or by discipline.

182

00:09:48,732 --> 00:09:59,361

What may be acceptable in one specialty may not be in another in terms of disclosure

because people still view it as something that harms advancement professionally or

183

00:09:59,361 --> 00:10:00,521

personally.

184

00:10:00,662 --> 00:10:05,005

I think we see it as teachers who are also mentors.

185

00:10:05,005 --> 00:10:10,700

And when I say we see it, we may recognize that there are mental health issues with an

individual

186

00:10:10,700 --> 00:10:15,693

learner, mentee before they are willing to disclose.

187

00:10:15,693 --> 00:10:21,546

And it comes back to what can we do if we see somebody who's struggling and hasn't

disclosed?

188

00:10:21,546 --> 00:10:30,140

I think it's probably up to us to sort of explore it a bit with them and make it easy for

them to disclose without being stigmatized.

189

00:10:31,241 --> 00:10:32,812

Thank you for those comments, friends.

190

00:10:32,812 --> 00:10:35,974

So I'm going to move us into methods and I'm going to try to do this really quickly.

191

00:10:35,974 --> 00:10:43,890

There's a beautiful rich description of their methods in the manuscript and I'll encourage

all of our listeners to go to perspectives to find that.

192

00:10:43,890 --> 00:10:48,593

I'm going to go through it quickly because I really want to focus today's conversation on

the results and discussion.

193

00:10:48,593 --> 00:10:58,429

So the authors work from a pragmatist orientation and conducts a mixed method study using

a sequential qualitative research design, which means for this study that the survey acted

194

00:10:58,429 --> 00:11:02,932

as a selection tool and background framing the qualitative study.

195

00:11:03,202 --> 00:11:05,883

The quantitative study consisted of two parts.

196

00:11:06,623 --> 00:11:15,886

First, there was several demographic questions that the research team used to provide

insight into participants' intersectional identities, gender identity, racial, racial,

197

00:11:15,906 --> 00:11:19,747

racial, ethno -racial, sorry, identity, marital status, those sorts of things.

198

00:11:19,747 --> 00:11:24,628

The second part consisted of three previously developed and psychometrically tested

questionnaires.

199

00:11:24,628 --> 00:11:30,414

They were the number one, the self-stigma of mental illness scale, the short form.

200

00:11:30,414 --> 00:11:33,816

Two, the opening mind scale of healthcare providers.

201

00:11:33,816 --> 00:11:37,818

And three, the WHO, the five well -being index.

202

00:11:37,818 --> 00:11:47,932

In terms of analysis of the quantitative data, did continuous data were analyzed using

independent sample t -test, comparing mean scores of the questionnaire subscales and

203

00:11:47,932 --> 00:11:50,484

demographic data that were not dichotomized.

204

00:11:50,484 --> 00:11:54,866

They used Cohen's D to determine the extent of the relationships between the data.

205

00:11:55,384 --> 00:12:03,137

To my more abstract theoretical understanding of quantitative analysis, that didn't give

me any cause but pause, but I'll look forward to your comments on that.

206

00:12:03,738 --> 00:12:11,281

This leads up to the qualitative component of the study where they conducted interviews

with the participants who had self -disclosed their mental illness to anyone in their

207

00:12:11,281 --> 00:12:12,401

sphere of training.

208

00:12:12,401 --> 00:12:15,993

They used hermeneutic phenomenology, which makes perfect sense.

209

00:12:15,993 --> 00:12:23,386

They want to do deep exploration of the individual's experience of self -disclosing mental

illness.

210

00:12:23,386 --> 00:12:24,046

Now,

211

00:12:24,046 --> 00:12:31,526

They used 90 -minute interviews to solicit narratives of experience, and they also used

any comments from the survey tools that they thought might help them.

212

00:12:31,526 --> 00:12:33,266

Wouldn't you, if you had extra data, use it?

213

00:12:33,266 --> 00:12:34,086

Fine.

214

00:12:34,086 --> 00:12:36,146

Analysis followed hermeneutic approach.

215

00:12:36,146 --> 00:12:46,886

They used the process described by Ajjawi and Higgs, great paper, by the way, to move from

first to second order constructs via immersion, understanding, abstraction, synthesis,

216

00:12:46,886 --> 00:12:48,506

illumination, and integration.

217

00:12:48,506 --> 00:12:53,566

If this is new to you, but you're interested, I've dropped a link to the methods,

218

00:12:53,868 --> 00:12:56,789

the lovely methods paper by Ajjawi and Higgs.

219

00:12:56,789 --> 00:12:58,280

I love their hermeneutic approach.

220

00:12:58,280 --> 00:12:59,740

So I'll stop there.

221

00:12:59,740 --> 00:13:00,841

I'm interested in your thoughts.

222

00:13:00,841 --> 00:13:02,581

Let's go Jason, Linda, John.

223

00:13:03,782 --> 00:13:04,682

You know what?

224

00:13:04,682 --> 00:13:08,384

In the last little while, we started to do a few more of these mixed methods.

225

00:13:08,384 --> 00:13:15,206

I thought this one was nicely written compared to a couple of others I've read or we've

covered.

226

00:13:15,307 --> 00:13:18,478

It nicely lays out their logic chain.

227

00:13:18,478 --> 00:13:23,650

I had to read the section a few times about the scales and why they were being used.

228

00:13:23,650 --> 00:13:29,373

And I just want to flag for everybody that I didn't unpack this one as far as I could have

because of time.

229

00:13:29,373 --> 00:13:39,928

But sometimes when people import scales from other contexts, especially when they say the

short form scale, there's a bit of a yellow flag there that is it really had the same

230

00:13:39,928 --> 00:13:43,020

utility as it was developed for.

231

00:13:43,181 --> 00:13:50,305

The entire body of literature around burnout in physicians is contaminated by misuse of

other scales.

232

00:13:50,565 --> 00:13:52,642

So we don't use scales the same way that

233

00:13:52,642 --> 00:13:54,393

some psychologists might have developed it for.

234

00:13:54,393 --> 00:13:56,024

So just a little flag.

235

00:13:56,224 --> 00:13:58,905

Overall, I was very positive about these methods.

236

00:13:59,846 --> 00:14:01,507

So a couple of things.

237

00:14:01,507 --> 00:14:08,771

First of all, I certainly learned a few things because when I see the word pragmatist or

pragmatic, I just think practical.

238

00:14:08,871 --> 00:14:15,094

And it was nice to see that there actually is a definition for a pragmatist orientation.

239

00:14:16,015 --> 00:14:22,018

Knowledge created from socially shared experiences and influenced by interactions.

240

00:14:22,018 --> 00:14:25,480

So nice to learn a little bit about that.

241

00:14:25,480 --> 00:14:33,483

Secondly, the question I have for you, Lara, is what is bracketing?

242

00:14:33,523 --> 00:14:40,907

That was a word that was mentioned in the paper that I didn't understand as it relates to

quantitative analysis.

243

00:14:41,047 --> 00:14:46,629

Having said that, I thought things were very clearly explained and they did do what a...

244

00:14:48,002 --> 00:14:55,568

a mixed method study is supposed to do and that has used one part of it, in this case the

quant, to inform the qual.

245

00:14:55,568 --> 00:14:58,930

Although they didn't actually tell us how they did that.

246

00:15:00,814 --> 00:15:02,874

I have mixed feelings.

247

00:15:02,874 --> 00:15:05,834

See what I just said there about the methods.

248

00:15:07,574 --> 00:15:20,614

individually, each portion is rigorous, and they have an analytic approach, and I like the

quantitative approach that individually makes sense.

249

00:15:20,614 --> 00:15:24,754

I will say that there's probably response burden problems.

250

00:15:24,754 --> 00:15:29,990

They make their survey 65 items long by the end of -

251

00:15:30,018 --> 00:15:31,508

Six items, I'm not paying attention.

252

00:15:31,508 --> 00:15:35,039

So there is maybe some little nitpicking, but that's picking around the edges.

253

00:15:36,000 --> 00:15:41,181

I do not do hermeneutic analysis, but I know it's so much work.

254

00:15:41,181 --> 00:15:44,222

And because every time I read it, I like, that seems hard.

255

00:15:44,222 --> 00:15:51,464

So I know that they're getting lots of rich data, but I'm to take issue and I think I

don't think this is a mixed methods study.

256

00:15:51,464 --> 00:15:53,745

I think it's a multi -method study.

257

00:15:53,745 --> 00:15:58,434

They try to integrate in their conceptual framework the rationale for why

258

00:15:58,434 --> 00:16:02,956

They need to take these two different sources of data and integrate it together.

259

00:16:02,956 --> 00:16:07,056

But just as a quick check, there's no design diagram for this study.

260

00:16:07,078 --> 00:16:08,488

There's no joint display.

261

00:16:08,488 --> 00:16:16,822

I will say that at the end, if you look hard, implied in their discussion is the

integration of the findings.

262

00:16:16,822 --> 00:16:22,664

But for most of the results, what you see is A and then B, A and then B.

263

00:16:22,664 --> 00:16:24,484

And that's not mixed methods.

264

00:16:25,285 --> 00:16:28,256

Even in a sequential design, you want to see

265

00:16:28,506 --> 00:16:36,472

A informs B so that you get a complete sum, which looks like C and that's the meta

inferences.

266

00:16:36,472 --> 00:16:43,336

It's the integration of those different parts of data that one is insufficient without the

other to have a bigger output.

267

00:16:43,336 --> 00:16:47,019

And that's maybe a mislabeling of what they're doing here.

268

00:16:47,019 --> 00:16:47,970

So I thought that was implied.

269

00:16:47,970 --> 00:16:52,262

I do think they're doing as a multi -methods Thank you Sean.

270

00:16:52,503 --> 00:16:53,564

your socks off.

271

00:16:53,564 --> 00:16:57,416

I just, there's some things that I expect to see here, and I don't see it.

272

00:16:57,674 --> 00:17:10,374

They imply it in a few places, but it's not, if you were a mixed methodologist, you'd

probably say, hey, there are some issues that we might have concerns for.

273

00:17:10,374 --> 00:17:11,605

Jason, sorry, do you want to add to that?

274

00:17:11,605 --> 00:17:13,096

No, that really resonates with me.

275

00:17:13,096 --> 00:17:13,897

John's got a good point.

276

00:17:13,897 --> 00:17:21,733

It's kind of like they didn't do enough to make explicit how the two approaches were

integrated.

277

00:17:21,733 --> 00:17:24,335

You don't see a diagram or a figure.

278

00:17:24,515 --> 00:17:26,096

It is very sequential.

279

00:17:26,096 --> 00:17:27,387

It's implied though.

280

00:17:28,397 --> 00:17:37,097

So I'm going to jump right into the results because honestly, this is a really important

topic and this is where I want to make sure we spend our time.

281

00:17:37,097 --> 00:17:42,337

So if these results don't make you scream, you're a more composed human being than I am.

282

00:17:42,337 --> 00:17:44,597

admittedly, that's a low R.

283

00:17:44,617 --> 00:17:47,197

But we'll start with the quantitative results.

284

00:17:47,237 --> 00:17:51,537

36 % of the respondents reported having disclosed a mental illness.

285

00:17:51,537 --> 00:17:54,917

24 .7 % had only considered it.

286

00:17:54,917 --> 00:17:58,048

There were medium effect size found with

287

00:17:58,048 --> 00:18:08,321

radicalized learners having more stigmatized attitudes overall and more stigmatizing

attitudes with respect to disclosure, and learners identifying as women having lower

288

00:18:08,321 --> 00:18:11,402

stigmatizing attitudes than those identifying as men.

289

00:18:11,642 --> 00:18:21,155

Large effect sizes were found with learners who had close contact with a person with

mental illness having lower stigmatized attitudes overall and with respect to disclosure.

290

00:18:21,155 --> 00:18:25,106

Okay, now it's going to get worse.

291

00:18:26,060 --> 00:18:30,173

Well -being was shown across all participants.

292

00:18:30,634 --> 00:18:33,876

If that doesn't warrant a pause, I don't know what does.

293

00:18:34,177 --> 00:18:39,402

Residents had more negative attitudes towards people with mental illness and towards

disclosing mental illness.

294

00:18:39,402 --> 00:18:50,351

People who identified as racially minoritized learners had higher, scored higher, sorry,

in applying the stigma of mental illness to themselves than white learners.

295

00:18:51,012 --> 00:18:52,243

What did we do to these people?

296

00:18:52,243 --> 00:18:52,833

Okay.

297

00:18:52,833 --> 00:18:54,194

Qualitative results.

298

00:18:54,370 --> 00:18:57,381

The authors first talk about enablers and barriers to disclosure.

299

00:18:57,381 --> 00:19:04,453

Nothing surprising when it comes to the barriers is about fear and stigma, fear of

judgment from peers, fear of retribution and career outcomes for those with more

300

00:19:04,453 --> 00:19:05,433

structural power.

301

00:19:05,433 --> 00:19:11,134

Among med students, they had fears of appearing as though they weren't up to standards,

not up to par.

302

00:19:11,155 --> 00:19:16,296

Residents described fear of negative outcome for their career, for future licensing

issues.

303

00:19:16,397 --> 00:19:21,698

In terms of enablers, most prominent was supportive social relationships.

304

00:19:21,798 --> 00:19:29,064

such as preceptors who were genuine and empathetic and understanding, supportive peers,

having reassurance of anonymity and transparent policies.

305

00:19:29,064 --> 00:19:31,186

Can we underline that somehow visually?

306

00:19:31,186 --> 00:19:33,728

Anonymity and transparent policies.

307

00:19:33,728 --> 00:19:36,150

But what would happen if they disclosed?

308

00:19:36,150 --> 00:19:45,677

Participants talked about needing to give themselves permission to self -disclose, to

overcome their internalized fears of being weak, of being less than, of not being worthy.

309

00:19:46,278 --> 00:19:49,601

Not being worthy of their place in the profession because you have mental illness.

310

00:19:49,601 --> 00:19:50,091

Like really?

311

00:19:50,091 --> 00:19:51,482

Okay.

312

00:19:52,002 --> 00:19:52,562

We're not done.

313

00:19:52,562 --> 00:19:54,023

It just breaks my heart.

314

00:19:54,023 --> 00:20:03,207

Participants who talked about their journey to disclose, they talked about the journeys,

but those journeys were highly variable in terms of perceived identity and diagnosis.

315

00:20:03,207 --> 00:20:05,208

This is something you alluded to earlier, Jason.

316

00:20:05,208 --> 00:20:08,970

There seems to be a hierarchy of what's OK to disclose and what isn't.

317

00:20:08,970 --> 00:20:18,014

One participant said being sensitive about their ADHD diagnosis, but they were very

concerned about the stigma around their bipolar disorder.

318

00:20:18,070 --> 00:20:26,813

Another participant was less concerned about their bipolar disorder, but they were very

hesitant to talk about their obsessive -compulsive disorder diagnosis.

319

00:20:26,815 --> 00:20:30,557

And their perceived identity was also factored into the journey.

320

00:20:30,557 --> 00:20:38,461

If they felt like they were outside of the system because of their identity, it impacted

their comfort with disclosure.

321

00:20:38,501 --> 00:20:44,924

So if it's hard to disclose your non -cisgendered identity, imagine trying to disclose

that plus mental illness.

322

00:20:45,565 --> 00:20:47,340

Here comes my not.

323

00:20:47,340 --> 00:20:49,290

favorite part of the results.

324

00:20:49,591 --> 00:20:52,952

I'm going to read this verbatim because I can't do better.

325

00:20:52,952 --> 00:20:57,113

Participants described a sense of hypocrisy, double standards, or duplicity.

326

00:20:57,113 --> 00:21:04,355

Several noted that an application process seemed to seek students who were well -rounded

and that narratives of adversity were often anticipated.

327

00:21:04,355 --> 00:21:14,817

Yet their experiences in medical training were discordant to their expectations and their

conceptualizations of what would make a good physician, end quote.

328

00:21:14,938 --> 00:21:16,758

I'm going to call that a bait and switch.

329

00:21:18,038 --> 00:21:20,380

The authors leave us with a little bit of hope.

330

00:21:20,380 --> 00:21:24,042

Participants described feeling positive after disclosure.

331

00:21:24,042 --> 00:21:28,585

They felt better and more confident about themselves after disclosure.

332

00:21:28,605 --> 00:21:35,280

So I'm going to ask Linda, John, and Jason, are you as angry as I am about the findings

from this study?

333

00:21:35,280 --> 00:21:39,512

I think they've hit the nail on the head in terms of results.

334

00:21:39,553 --> 00:21:48,158

Depressing as it may be to look at these results, I can certainly see that we have a lot

of work to do, basically.

335

00:21:50,623 --> 00:21:54,465

It's not something that we should be taking lightly.

336

00:21:54,465 --> 00:21:56,396

It's not just for educators either.

337

00:21:56,396 --> 00:21:57,446

It's the whole system.

338

00:21:57,446 --> 00:22:06,120

It's the administrators and department chairs and student health and you name it who needs

to get together on this one.

339

00:22:09,118 --> 00:22:14,188

I don't think I can say it any more powerfully than what the author said.

340

00:22:14,188 --> 00:22:21,078

I want to double click a couple of things and just say it again, because obviously the

system is not listening.

341

00:22:21,118 --> 00:22:26,158

More than 50 % of respondents in the study, suffered from mental health.

342

00:22:26,418 --> 00:22:32,006

That, that if there's a crisis, that number says that we can just stop right there.

343

00:22:33,880 --> 00:22:42,031

There is a potential antidote that the stigmatization rates decrease when you're

vaccinated against stigma of mental health.

344

00:22:42,031 --> 00:22:55,136

So when you have close contact with somebody, presumably that you understand what it feels

and looks like, fear of it, your ability to be supportive in the stigmatization that you

345

00:22:55,816 --> 00:23:00,957

present or push on to others, dramatically lessons.

346

00:23:00,957 --> 00:23:03,818

So there's opportunities for us to learn from that experience.

347

00:23:04,418 --> 00:23:10,000

because this system, the medical education system is not doing anything to help these

people as very clear from their data.

348

00:23:10,000 --> 00:23:14,061

And so I've kind of done the turd sandwich here.

349

00:23:14,061 --> 00:23:15,061

It's bad.

350

00:23:15,061 --> 00:23:20,062

We have a small, there is some hope, but the system is not helping.

351

00:23:20,062 --> 00:23:30,685

And it's very clear from the respondents that the system, the education system and the

healthcare system makes possible the ongoing existence and probably the increasing

352

00:23:30,685 --> 00:23:32,045

prevalence of what's happening.

353

00:23:32,045 --> 00:23:34,546

And our current approaches are insufficient.

354

00:23:34,594 --> 00:23:46,701

And so if there is, if you're in an administrative role, if you were in a leadership role

in health sciences and health professions education, this needs to be front and center.

355

00:23:46,701 --> 00:23:47,651

This needs to be in your inbox.

356

00:23:47,651 --> 00:23:49,602

This needs to be something that you're thinking about.

357

00:23:51,684 --> 00:23:54,755

It is that this threatens the, this threatens our system.

358

00:23:54,755 --> 00:23:55,766

It threatens our learners.

359

00:23:55,766 --> 00:23:56,376

It threatens us.

360

00:23:56,376 --> 00:23:58,087

Yeah.

361

00:23:58,627 --> 00:23:59,878

I'm just going to stop there.

362

00:23:59,878 --> 00:24:00,939

Okay.

363

00:24:00,939 --> 00:24:01,839

This is a powerful paper.

364

00:24:01,839 --> 00:24:03,089

I'm, I,

365

00:24:04,012 --> 00:24:06,754

I worry a little bit that somebody might stop listening right now.

366

00:24:06,754 --> 00:24:13,197

If it's not triggering, it might just sound really heavy and you're trying to drive to

work and start your day or trying to work out.

367

00:24:13,197 --> 00:24:18,250

And maybe this is a tough episode to bring along with you.

368

00:24:18,471 --> 00:24:21,032

So I want to talk about the positive side of this.

369

00:24:21,032 --> 00:24:22,943

The epidemiology here is not new.

370

00:24:22,943 --> 00:24:27,716

We have a huge body of literature about the burden of illness in health professions.

371

00:24:28,176 --> 00:24:29,457

So that's not new.

372

00:24:29,737 --> 00:24:31,658

What's new is the depth.

373

00:24:31,794 --> 00:24:33,635

and the richness of the descriptions here.

374

00:24:33,635 --> 00:24:35,265

It's almost like stories, right?

375

00:24:35,265 --> 00:24:38,616

So it's telling stories about people's lived experiences.

376

00:24:39,196 --> 00:24:40,737

I think that's really important.

377

00:24:40,737 --> 00:24:42,557

That makes this paper useful.

378

00:24:43,678 --> 00:24:47,879

We all slag the system in our discussion today and the system is us.

379

00:24:48,159 --> 00:24:52,960

It's all of us and our contributions to a system because the system involves all our

ingredients.

380

00:24:52,960 --> 00:24:56,431

Many of us listening on this podcast have jobs of influence.

381

00:24:56,431 --> 00:24:57,371

We can make things better.

382

00:24:57,371 --> 00:24:58,902

I do...

383

00:24:59,778 --> 00:25:06,582

believe what I said earlier in this episode that generationally we are doing better,

incrementally better.

384

00:25:06,582 --> 00:25:08,142

We have a long way to go.

385

00:25:09,043 --> 00:25:13,806

The people who I work with have done some amazing things to make systems richer.

386

00:25:13,806 --> 00:25:18,228

The next generation of trainees who become the next generation of attendings have made

things better.

387

00:25:18,228 --> 00:25:22,670

I really, really see that in most of the institutions that I direct.

388

00:25:23,751 --> 00:25:29,090

And some of my most rich personal experiences as an attending teacher, supervisor,

389

00:25:29,090 --> 00:25:33,974

I've been with people who helped their remedial when they were struggling with an illness.

390

00:25:33,974 --> 00:25:38,478

And now they're superstars and they come to a different place in various ways.

391

00:25:38,478 --> 00:25:41,540

And those are the most rewarding experiences I've had.

392

00:25:41,540 --> 00:25:46,834

So all of us can take this paper and help make the world a bit better place.

393

00:25:46,834 --> 00:25:48,045

I wanted to add that.

394

00:25:48,946 --> 00:25:50,487

Thanks, Jason.

395

00:25:51,168 --> 00:25:56,092

I'm going to come to that exact same point, but I'm going to take privilege of having the

final word here.

396

00:25:56,092 --> 00:25:58,988

Because when I read this paper and

397

00:25:58,988 --> 00:26:01,700

When I chose this paper, I did it because I'm angry.

398

00:26:01,700 --> 00:26:07,283

I'm angry that we are perpetuating what is truly an unnecessary and yet consistent

persistent contradiction.

399

00:26:07,283 --> 00:26:10,884

We say we care about the health of our trainees and our physicians in practice.

400

00:26:11,085 --> 00:26:21,571

The numbers tell us they're a crisis, but our traditions, our beliefs, our expectations

for perfection, for grit, for Teflon -like resilience and invulnerability, we cling to

401

00:26:21,571 --> 00:26:27,308

these with such desperation that we're willing to inflict harm upon ourselves and each

other.

402

00:26:27,308 --> 00:26:32,180

We say we want a more diverse population of physicians, a population that reflects

society.

403

00:26:32,180 --> 00:26:40,234

We advertise for them, and we invite them, but then we switch the rules, and we say, need to

fit this norm, this mold, these expectations.

404

00:26:40,234 --> 00:26:41,865

This is what a good doctor is.

405

00:26:41,865 --> 00:26:45,546

And if you don't fit in, then the problem is with you.

406

00:26:47,490 --> 00:26:49,792

There's no need for us to maintain these myths.

407

00:26:50,233 --> 00:26:51,433

They hurt us.

408

00:26:52,094 --> 00:26:53,355

We can let go of them.

409

00:26:53,355 --> 00:26:57,789

If the fear is legal repercussions, let's take on the lawyers and the law that we have

supported.

410

00:26:57,789 --> 00:27:07,148

If it's fear of not getting good jobs, then let's flock to the places that will take us

and drive those places that won't by voting with our feet.

411

00:27:07,148 --> 00:27:14,582

If it's this idea that a good doctor is perfect and never gets sick, let's show them by

being more humane.

412

00:27:14,582 --> 00:27:20,004

and taking care of each other and accepting each other with our imperfections and all of

our diagnoses.

413

00:27:20,244 --> 00:27:23,525

Honestly, there's more of us than there are of them.

414

00:27:23,566 --> 00:27:27,637

And so as Jason said, we can all be leaders in this.

415

00:27:27,637 --> 00:27:34,790

We can be leaders at the individual level with our learners in the clinical space, in the

learning classroom, one on one.

416

00:27:34,790 --> 00:27:39,632

If any listeners have leadership roles, we need to do better.

417

00:27:39,632 --> 00:27:44,234

You need to listen to this and do better because we can't let this persist.

418

00:27:44,364 --> 00:27:53,969

What this study says and what all the other studies like this, they tell us that we have

to change these norm because if we don't change these norms, we pay the price and that

419

00:27:53,969 --> 00:27:55,540

price is just too high.

420

00:27:55,540 --> 00:27:57,411

And no, we're not going to vote on this.

421

00:27:57,411 --> 00:27:58,552

We're not going to vote on this.

422

00:27:58,552 --> 00:28:02,544

Yay, we're not going to vote on this because this paper stands on its own.

423

00:28:03,345 --> 00:28:09,068

To those of you who managed to listen all the way to the end, I want to thank you for

listening to a hard paper for the authors.

424

00:28:09,068 --> 00:28:13,630

I'd like to thank them for taking on an incredibly demanding manuscript and idea.

425

00:28:13,682 --> 00:28:16,955

And we would love to hear your thoughts, your reflections.

426

00:28:16,955 --> 00:28:21,070

You can find us on the internet at paperspodcast.com.

427

00:28:21,070 --> 00:28:26,255

And if you want to write to us, you can reach us at [thepaperspodcast@gmail.com](mailto:thepaperspodcast@gmail.com).

428

00:28:26,255 --> 00:28:29,458

And so with that, friends, I will say, I'll talk to you later.

429

00:28:32,767 --> 00:28:34,789

You've been listening to the Papers Podcast.

430

00:28:34,789 --> 00:28:37,230

We hope we made you just slightly smarter.

431

00:28:37,611 --> 00:28:42,495

Podcast is a production of the unit for teaching and learning at the Karolinska

Institutet.

432

00:28:42,856 --> 00:28:46,038

The executive producer today was my friend, Teresa Sörö.

433

00:28:46,459 --> 00:28:49,220

The technical producer today was Samuel Lundberg.

434

00:28:49,601 --> 00:28:56,286

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435

00:28:56,447 --> 00:28:59,369

Thank you for listening, everybody, and thank you for all you do.

436

00:28:59,609 --> 00:29:00,610

Take care.