Medical education is intrinsically connected to our state and nation’s health. Currently, as we consider the education of our nation’s physicians, we must include a discussion on student well-being, transition from medical school to residency, and the number of residency positions available to train the next generation of physicians – which are important areas and in need of improvement.

Here in Wisconsin, we are privileged to have two outstanding schools of medicine: the Medical College of Wisconsin (MCW) and the University of Wisconsin School of Medicine and Public Health (UWSMPH). These two institutions train the vast majority of physicians who practice in hospitals, clinics, health systems, medical groups, and private practice throughout the state. The fact that Wisconsin is consistently ranked at or near the top among the national leaders in overall quality of health care is a testament to the excellence of medical education in our state.¹

However, we know that we have a crisis in health care – both within Wisconsin and elsewhere – as it relates to the well-being of our students, residents, and ultimately the physician workforce. More than 50% of US physicians report significant symptoms of burnout, which can have serious, wide-ranging consequences, from reduced job performance and high turnover rates to medical error and clinician suicide. Recent reports note that the prevalence of physician burnout has reached critical levels.²

Clinician well-being is essential for safe, high-quality patient care. Supporting clinician well-being requires sustained attention and action at organizational, state, and national levels. The Association of American Medical Colleges (AAMC) supports a culture in academic medicine that values the well-being of learners, faculty, and staff, including a robust well-being website for medical students.³ In my national role as the recently elected chair of the board of the AAMC, among other endeavors, I am helping to facilitate ongoing discussions related to how medical students can best transition to the role of resident physician.

We know that one of the most important items impacting student well-being is the pressure that exists in single “high-stakes” examinations such as the US Medical Licensure Examination (USMLE) process (especially Step 1), which is governed through the Federation of State Medical Boards and the National Board of Medical Examiners. The AAMC is helping to convene conversations related to the Step examination processes. I have participated in numerous national conversations on this topic looking to develop possible solutions regarding how the Step 1 exam is currently utilized as a tool to evaluate medical student performance and as part of the residency Matching process. These conversations are particularly important given that this examination has demonstrated limited ability in meaningfully correlating with a physician’s level of quality in future clinical practice. I remain optimistic that solutions to consider in this area will be forthcoming in the near future.⁴

At MCW, although we have distance to travel to enhance our overall well-being for faculty, staff, and students, we continue to prioritize initiatives to enhance wellness. The mission of our Wellness Program is to create and maintain a workplace environment that encourages a healthy lifestyle and individual wellness for all members of the MCW family. We offer a Well-Being Index designed to evaluate fatigue, depression, burnout, anxiety/stress, and men-
Department of Veterans Affairs, these initiatives have been some federal initiatives to grow GME (Projected physician shortage) Although there is important work being done to help alleviate the crisis. In Volume 118, No. 2 of the Journal of Medical Education (JME), we saw the growth of academic progression; this has been identified as another potential enhancement in medical education to support student well-being.

In addition to the above, enhancing opportunities in the Match for those students completing their degrees would alleviate some concerns related to the recent expansion of medical students being trained in the United States. During this period of growth, comparatively fewer new residency positions were created. Equally important to providing more opportunities to US-trained medical students is the fact that the country and Wisconsin are facing a very large physician shortage and expansion of Graduate Medical Education (GME) positions is necessary to alleviate this difficulty for the future.

We are grateful to the elected officials in Wisconsin who have supported state funds for these programs. We will look to this support in the future as we work with UWSPM to develop additional GME programs in underserved areas for the future.

**REFERENCES**


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