

Seven ways to get a grip on requests for trigger warnings in medical education

Sept façons de gérer les demandes d'avertissements de contenu en formation médicale

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Abstract

Trigger warnings are statements provided prior to the delivery of sensitive content that aim to prepare recipients for ensuing distress. In recent years, there have been calls to incorporate trigger warnings into medical education due to the recognition that encountering sensitive content in educational settings can add to the stress experienced by medical students. The evidence for and against their use is inconsistent, and currently there is little consensus on how to, or if we should, introduce trigger warnings into educational settings. In this paper, we present seven ways to get a grip on requests for trigger warnings in medical education: consult your institution; adopt a balanced and evidence-informed approach; encourage self-awareness and help seeking; communicate realistic expectations regarding clinical practice; approach sensitive content as an educational opportunity; foster inclusivity in discussions involving sensitive content; and encourage feedback.

Résumé

Les avertissements de contenu sont des énoncés présentés avant la diffusion de contenus sensibles, visant à préparer les destinataires à une détresse éventuelle. Ces dernières années, des appels ont été lancés pour intégrer ces avertissements dans la formation médicale, en raison de la reconnaissance croissante que l'exposition à des contenus sensibles en contexte éducatif peut accentuer le stress vécu par les étudiants en médecine. Les données probantes sur leur utilité sont contradictoires, et il n'existe actuellement aucun consensus quant à la façon d'introduire ces avertissements dans les milieux éducatifs — ni même sur l'opportunité de le faire. Dans cet article, nous présentons sept façons de mieux gérer les demandes d'avertissements de contenu en formation médicale : consulter son établissement ; adopter une approche équilibrée et fondée sur les données probantes ; encourager la conscience de soi et la recherche d'aide ; communiquer des attentes réalistes quant à la pratique clinique ; aborder les contenus sensibles comme des occasions d'apprentissage ; favoriser l'inclusivité dans les discussions portant sur des sujets sensibles ; et encourager la rétroaction.

Introduction

If you have ever watched a movie that was preceded by a caution about disturbing content, then you are acquainted with trigger warnings. However, have you ever provided a trigger warning when teaching medical students?

When students say they should have received a trigger warning before a lecture, it can be surprising for the educator. Trigger warnings are statements provided prior to the delivery of sensitive content that aim to prepare recipients for ensuing distress.¹ In recent years, there have

been calls to incorporate trigger warnings into medical education due to the recognition that encountering sensitive content in educational settings can add to the stress experienced by medical students.² Exposure to stressors is associated with burnout, poor performance academically, and even premature dropout.² Additionally, rates of burnout and mental illness in this group are increasing. Since the COVID-19 pandemic, rates of anxiety and depression in medical students have increased by 61% and 70%, respectively.³ A Canadian survey reported that 8.4% of medical students have mood disorders and 9.6%

have anxiety, compared to 5.1% and 4% in the general population, respectively.⁴

In addition to universally upsetting topics such as disease and death, certain topics in medical school may affect students on a personal level. For example, we have observed that suicide-related content, a core element of psychiatry curricula, often elicits strong responses. A systematic review found that the prevalence of depression and suicidal ideation in medical students was 27.2% and 11.1%, respectively.⁵ Another study found that 6.1% of medical students and 3.2% of the general population have experienced suicidal ideation in the past 12 months.⁴ Trigger warnings for movies often include a warning if suicide is depicted, and some students may expect or request the same warning for lectures on suicide.

The desire to mitigate the traumatizing effects of medical education has led to the introduction of trigger warnings in some centres. Nolan and Roberts (2023) published twelve tips for implementing warnings in healthcare professions education,¹ however, we note that the use of trigger warnings remains a topic of debate. The evidence for and against their use is inconsistent, and currently there is little consensus on their use. In 2023, the results of a meta-analysis assessing the efficacy of trigger warnings were neutral to negative; they were found to increase anticipatory anxiety, but showed no effect on emotional reactions to and avoidance of material, nor on comprehension of warned material.⁶ However, most research has focused on individuals from non-traumatized groups.⁷ The prevalence of trauma among medical students is high, and during the COVID-19 pandemic, posttraumatic stress disorder was seen at higher rates in medical students compared to the general population.⁸ Concerns have also been raised by medical educators that trigger warnings may substitute for providing more meaningful support or even facilitate avoidant behaviour,⁹ if students choose to avoid upsetting content. Medical educators may have difficulty flagging all triggering content.⁹ Another argument is that warnings are not provided in clinical practice, therefore medical students must learn how to practice without the use of trigger warnings.¹⁰

Despite the conflicting evidence, educators may be asked to include them. To that end, we propose seven ways to get a grip on requests for trigger warnings in medical education, which are based on our experiences and existing literature.

Seven ways to get a grip

1. Consult your institution.

Some universities may have guidelines or policies around the use of trigger warnings in lectures. Check with your undergraduate medical education (UGME) office to see if there is anything that applies to medical students. If nothing exists, we recommend beginning a discussion.

2. Adopt a balanced and evidence-informed approach.

We recommend keeping current on the literature regarding trigger warnings. Make evidenced-based decisions about implementation, while acknowledging the limitations of what is currently known. The weight of evidence may shift as more research emerges.

3. Encourage self-awareness and help-seeking.

Instead of trigger warnings, we recommend encouraging students to recognize when they may require support. Given the increasingly high rates of burnout among medical professionals, it is especially important to normalize accessing help, prioritizing wellness, and building resiliency. Remind students of resources, such as student affairs, and encourage their use. Developing self-awareness and self-management skills may enable students to do so when they are in independent practice.⁹

4. Communicate realistic expectations regarding clinical practice.

Exposure to difficult and distressing clinical situations is inevitable in the healthcare field.¹¹ During pre-clerkship years, educators must help medical students understand they can expect to face challenging clinical situations during training. A study assessing medical students' perspectives of trigger warnings found that half of respondents agreed that they needed to learn how to cope with highly sensitive material prior to entering clinical practice.¹⁰

5. Approach sensitive content as an educational opportunity.

Physicians regularly care for patients with traumatic life experiences, so it is important that we teach medical students how to discuss sensitive topics using principles of trauma-informed care.¹⁰ Strategic delivery of sensitive content may support the development of empathy in students unaffected by trauma themselves.¹¹ Encourage your students to reflect on their own responses to disturbing material and how this might influence their interactions with patients in the future. Although the literature does not provide direction on specific strategies,

we recommend involving individuals with lived experience in these discussions to guide future research in this area.

6. Foster inclusivity in discussions involving sensitive content.

Students, including those from underrepresented communities, may have experienced systemic racism, ableism, and intergenerational trauma from colonialism. It is important to consider how such experiences have impacted wellbeing and to adapt sensitive content accordingly. We recommend collaborating with leaders of underrepresented groups to develop respectful strategies for addressing these issues.

7. Encourage feedback.

Educators should encourage students to engage in discussions around how to address sensitive content in the curriculum, including trigger warnings. This feedback can inform decisions and ensure that medical education adapts appropriately to student needs.

Putting it all together

While there is not enough evidence to definitively state whether the benefits of trigger warnings in medical education warrant widespread adoption, requests for their use should alert educators to the importance of delivering sensitive content in a trauma-informed manner, as outlined in the principles of Trauma-Informed Medical Education (TIME).¹² TIME emphasizes recognizing the impact of trauma, developing safe learning environments, and avoiding re-traumatization.¹² If used, trigger warnings should be part of a comprehensive approach to fostering resilience in individuals and creating supportive, trauma-informed educational systems. We also acknowledge the importance of addressing broader issues, such as fostering inclusive discussions, recognizing the ongoing harms of educational practices, and challenging aspects of medical culture that stigmatize emotional expression as a weakness. While these issues fall outside the scope of our recommendations, they represent critical areas for further exploration.

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