Medical school stressors – What about the health of our students?

Sir,
We welcome the qualitative study on students’ perspectives on stress in medical school. As medical students, we can identify with the viewpoints raised in this study and feel that while the emotional burden of medical education has been acknowledged in the literature for many years, the problem still lies unchanged and the traditional medical curriculum remains the same.

The cross-sectional survey showed that 51% of students found the medical curriculum stressful and students suggested that fewer examinations and more free time would relieve this. This study involved a questionnaire that was conducted at one medical school in India, which is not representative of the wide scope of medical schools. With this being said, there is no doubt that medical students have more loaded timetables than students on other courses; they are also faced with performance pressure, less time for hobbies, and difficult situations involving patient death.

The changes suggested by the students, such as reduced workload and examinations, are perhaps not the most effective and realistic when considering the large academic content and various skills they need to hone by the end of
the 5 years. Doing this will change the traditional medical course and would likely result in a curriculum lasting longer than 5 years. One can be certain that these are common features shared across medical schools, implying that perhaps we ought to equip students with the skills to deal with these difficulties, rather than opting for the temporary solution of reducing the workload or examination frequency.

The combination of these stressors increases students’ risks of burnout, emotional stress, and depression. The high rate of psychological morbidity in undergraduate medical students being 46% is alarming.[3] Throughout our 5 years in medical school, we spend endless hours on modules on the pathophysiology of disease, anatomy, and ethics. Ironically, students often neglect their own health, whilst learning how to treat and improve the health of patients. As students, we are taught to advocate and promote interventions such as cognitive-based discussions and positive mental health. This raises the question of whether the medical school should incorporate such programs in the curriculum to address this at an early stage of our career, thus preparing us for the challenges of medical school and our future as doctors.

We benefit from endless literature on the prevention of burnout and stress,[4] which show us that positive mindset, self-reflection, and leisure are all effective coping strategies. In the UK, medical schools have opt-in sessions on topics such as mindfulness as well as a half-day on Wednesday which is reserved for extracurricular activities. Yet, it is evident that students still feel that these measures are insufficient in addressing the students’ needs. We suggest a more structured series of expert-led workshops on active coping strategies, cognitive-based discussions, and promotion of good mental health for implementation from the 1st year throughout medical school. This will train and develop a resilient and positive-minded cohort of graduates which add to their value as a doctor.

Ultimately, doctors are being encouraged to incorporate a preventative approach for primary prevention of disease. It might be time to do the same for the students and doctors, rather than wait to treat the effects of an overloaded medical school curriculum.

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Conflicts of interest
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REFERENCES