

Addressing medical student's stress

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Right from the preparation for competitive medical entrance examinations, to attending basic science lessons to the bedside learning where students are often at loss of answers, to attending first night on call and attending code blue involves tremendous nerve racking and anxiety ridden situations¹. To add to the student's difficulties, they might have to leave home for the first time to study in a new town, new social circle and sudden feeling that you are independent and handling everything on own can prove exciting and downright trying.

I believe the primary goal of a medical school is to make a competent doctor. To achieve this, students should be in a state to study with concentration and dedication i.e. free from undue stress. Stress is defined as a state of physiological or psychological strain caused by adverse stimuli, physical, mental, or emotional, internal or external that tends to disturb the functioning of an organism and which the organism naturally desires to avoid.² Medical students, often coping with a new environment and hectic schedule can easily feel stressed.

No matter how old or educated you are, stress will disturb you from time to time. Since studying medicine involves a lot of ups and downs and stress is always like a faithful spouse by your side, medical students feel overextended and their mental and social well being are challenged at every step, which ultimately may have its toll on the physical aspect as well. Though many people might say stress is healthy and can encourage you to perform better but there is definitely a limit after which stress can prove as a hurdle and interfere with ones normal way of thinking and be unproductive. A visual tool to understand the effects of stress on performance is shown in Fig 1.

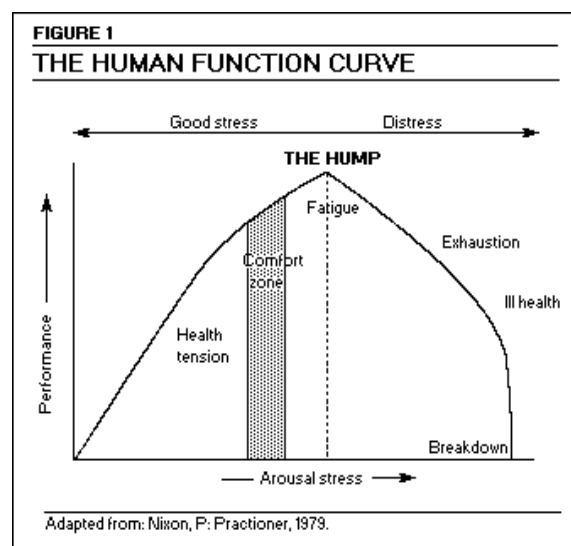


Fig 1: The human function curve

The diagram illustrates some important points:

- Initially, increased stress produces increased performance.
- Once you pass a certain point (the hump), any more stress results in decreased performance. Trying harder at this point is unproductive or even counterproductive.
- We need a certain amount of stress to function well (healthy tension) - this is called eustress (good stress). However, stress becomes harmful (distress) when there is too much, when it lasts too long or when it occurs too often.

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Hence it is imperative to address the student's problems early, preventing them from taking a leave of absence or dropping out altogether. It is also possible that the emotional problems can manifest themselves through alcohol and antisocial behaviour. If stress and depression are not addressed in medical school, patient care can be compromised.

When a student doesn't perform well in examinations the first impression that someone gets is, does the student have some family problem or did the student get carried away by his/her youth fullness? It might be true but it may not be as well. The student who has left everything just for the sake of his academic career may not end up achieving the knowledge, skills and high scores due to ineffective coping strategy. The aptitude of the student may not be fully realized.

Now that I have finally graduated I can recall situations when I thought of quitting the medical school for which I had dreamt all my life and worked so hard to get admission. I was one of the many who could be easily overwhelmed by the sheer volume of the medical studies and I wished if there was a forum to address it. Realizing the gravity of the issue the accreditation standards for the Association of American Medical Colleges require that "Each school must have programs to promote the well-being of students and facilitate their adjustment to the physical and emotional demands of medical school"⁴.

It is needless to say that counselling committee exists in many medical schools but even if it does then students might feel uncomfortable and reluctant to confide the problems with a medical school faculty member who might be member of the counselling committee as well. A literature review discovered that, although more than 600 articles addressed the importance of stress management programs, only 24 reported intervention programmes with accompanying data.⁵

In a recently published article describing the Student-Led Stress Management programme⁶ for First-Year Medical Students at Oklahoma State University, the results of the programme were highly encouraging. The program that was based on voluntary participation and student led approach was taken rather than involving the faculty member directly. The study evaluated data from 1,111 participants in a span of 16 years where as majority of other type of programme had data from fewer than 30 participants. The programme was delivered in a small-group format in which the senior students served as group leaders and the psychologist's faculty member served

as programme coordinators but had no direct contact with the group member's. The programme coordinators met only with the group leaders for training and supervision. Students reported that getting to know classmates, ventilating feelings, and discovering "I'm not the only one" who is anxious, lacking confidence, lonely, and so on was the most beneficial aspect of the program. Other groups of medical students reported the significance of peer support as a stress management strategy.

Although the aforementioned study was done in first year medical students it has been reported that the transition period (i.e. beginning medical school, clinical rotations, and residency) are particularly stressful⁷.

Hence, even in our medical schools in Nepal we could think of a similar programme led by the students and for the students in which the faculty member can guide them without coming in direct contact with the students. In this era of information technology a website xenoMED, Nepal (www.xenomed.com) developed in our county has taken the initiative of providing a forum for medical students to share their knowledge, experience and problems amongst themselves.

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