

The Stresses of Medical School and Residency

The stresses of medical school and psychiatric residency are numerous. Unlike medical school, residency –regardless of specialty -- entails progressive assumption of responsibilities and integration into the profession. What are the stresses that residents, particularly psychiatric residents, encounter? And how are these stresses addressed?

> Personal account: During her last years in medical school, this psychiatric resident describes in wrenching immediacy her struggle with anorexia and depression. Commentary by Anna L. Dickerman MD

>The challenges of suicide among the resident group are enormous. Is there a way of having instituting a program that anticipates this possibility? See: http://www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_Clinician_Toolkit_Final_2.pdf

>In “Support for Medical Students with Mental Health Problems: a Conceptual Model,” Andrew Grant & Andrew Rix & Peter Winter & Karen Mattick & Debbie Jones sought a model for recognizing how medical schools approach mental problems in students. *Academic Psychiatry* (2015) 39:16–21

Abstract: Objective Medical students experience higher prevalence of mental illness than age-matched controls and are less likely to access appropriate help when this happens. The aim of this study was to determine the range of strategies deployed by medical schools to support medical students with mental health concerns and to use this to identify distinct categories.

Methods: Websites and documents relating to all 32 UK medical schools were looked at, as were reports for quality assurance visits carried out by the General Medical Council (UK). A structured telephone interview was carried out with medical schools. Support services were examined by tracing the path that might be taken by a hypothetical student with mental health concerns of varying severity, seeing what was required and what was available at each stage.

Results: A range of support strategies is available to most medical students both from their medical school and from generic services in the university. Medical students will usually first contact a personal tutor or a

senior member of faculty or be contacted by them as a result of concerns raised either via performance issues or by another student. While individual support interventions are mostly based on evidence of effectiveness, there is no unifying theory in terms of what constitutes effective support. To enable analysis of support interventions and comparison across providers, a six-stage conceptual model of prevention was developed. The six stages are the following: prevention, identification, referral, escalation, treatment, and reintegration.

Conclusions: The staged model, derived from analysis of existing interventions, provides a framework for evaluation of current provision and comparison of different methods of delivery. Moreover, it provides a framework for future research.

> Medical Student Burnout is considered by Amir, Olivetta, and Mansoor (unpublished). See attachment Medical Student Burnout. [create link to 9d. Medical Student Burnout]: