

Chapter 8

Developing a Comprehensive Wellness Program for Medical Students

LaTanya Love

The University of Texas Health Science Center at Houston, USA

Dana McDowelle

The University of Texas Health Science Center at Houston, USA

ABSTRACT

This chapter addresses the various components that go into the development of a comprehensive wellness programme. Medical school can be a difficult time for students and some will experience an increase in burnout, stress, and anxiety that can lead to less empathetic physicians, decline in professionalism, and ultimately impact the quality of healthcare. Increased stress, burnout, and anxiety can lead to less empathetic doctors, decline in professionalism, and ultimately impact the quality of healthcare. One way to address these issues is through the development of a comprehensive wellness programme that addresses both academic and non-academic contributing factors. Prior to the development of a comprehensive wellness programme one must identify key stakeholders and assess the factors that are contributing to medical student well-being. Equal consideration must be given to both academic and non-academic factors that contribute to overall student well-being and incorporated into the design of a comprehensive wellness programme.

DOI: 10.4018/978-1-5225-2811-1.ch008

INTRODUCTION

Medical school can be a very exciting time for students. The medical school admissions process is extremely competitive and as a result, many students have an increase in stress in comparison to their peers when they are navigating the medical school admissions process; nevertheless, according to the literature, upon entry into medical school, these students enjoy a similar or better mental health status than age-similar controls (Brazeau, et al, 2014). Pre-medical students dedicate a significant block of time to researching the medical school admissions process in an effort to become the most competitive applicant possible and to improve their chances of matriculating to medical school. In a similar vein, an even greater number of hours is spent on preparation for the Medical College Admissions Test (MCAT) and maintaining a stellar academic record, including an acceptable grade point average, to place them in a competitive range for entry. Outside of the formally assessed academic arena, pre-medical students dedicate innumerable hours shadowing healthcare workers, conducting research, and accruing community service hours. In short, the overwhelming majority of medical student-hopefuls have worked particularly hard to be successful medical school applicants. It is not uncommon for the students who matriculate to medical school to have graduated at the top of their undergraduate classes and as their medical education journey ensues, for the first time they may be surrounded by students who are equally accomplished and who have achieved at similar or higher levels as they have, another potential stressor in the form of crisis of confidence.

The decline in mental health status and well-being in medical students is well documented at this point. There is a clear and definitive relationship between medical training (encompassing undergraduate medical education and residency) and an increase in trainee distress with trainees demonstrating burnout, emotional exhaustion, erosion of empathy, depersonalisation, depression and suicidal ideation at higher frequencies than their non-trainee counterparts (Dyrbye, et al 2014). Plainly, distress among medical trainees and physicians has risen to an alarming rate while programs to instil resilience-fostering behaviours and self-care have remained woefully inadequate. It is noteworthy that research findings demonstrate that students with severe depressive symptoms upon graduation are at risk for depression later in practise and later in life (Seritan, et al., 2015; Strøen Gotmol, et al., 2013). Due to these variances, it is important to thoughtfully and carefully identify the predominating stressors by stage of training. It is clear that interventions must be aimed at all stages of medical training and close attention must be paid to factors that affect trainees at each level of their education, starting with year one of medical school.

17 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igi-global.com/chapter/developing-a-comprehensive-wellness-program-for-medical-students/190266

Related Content

Healing Together: The Lid Project

Kristine Vuocolo (2021). *Research Anthology on Mental Health Stigma, Education, and Treatment* (pp. 698-706).

www.irma-international.org/chapter/healing-together/276052

Impulsive Buying as a Response to COVID-19-Related Negative Psychological States

Inci Dursun, Hediye Yürüyen Kılıçand Elif Aralk (2023). *Perspectives on Stress and Wellness Management in Times of Crisis* (pp. 104-125).

www.irma-international.org/chapter/impulsive-buying-as-a-response-to-covid-19-related-negative-psychological-states/321221

Transgender and Gender Expansive

Adrianna Ortegaand Christy French (2023). *The Role of Child Life Specialists in Community Settings* (pp. 326-340).

www.irma-international.org/chapter/transgender-and-gender-expansive/313818

Stress and Its Relationship to Leadership and a Healthy Workplace Culture

David B. Ross, Julie A. Expositoand Tom Kennedy (2020). *Occupational Stress: Breakthroughs in Research and Practice* (pp. 161-193).

www.irma-international.org/chapter/stress-and-its-relationship-to-leadership-and-a-healthy-workplace-culture/240305

Training Needs for Teachers Teaching Children With Autism in Special Schools

Nausheen Ameen (2021). *Social, Educational, and Cultural Perspectives of Disabilities in the Global South* (pp. 83-100).

www.irma-international.org/chapter/training-needs-for-teachers-teaching-children-with-autism-in-special-schools/268107