

## Stress and Coping in Medical Training

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Medical educators have a profoundly heavy dual responsibility: (1) ensuring the well-being and academic success of our students and (2) helping to safeguard the health care of the public, whose needs will be met by physicians whom we have given our coveted and life-changing stamp of approval. The core competency movement in health care has made us increasingly cognizant of the humanistic aspects of medicine: attention to interpersonal dynamics, person-centered environments, cultural influences, empathy, individual differences, and respect for autonomy. The osteopathic medical profession has long emphasized the body-mind-spirit interconnections; our students will best internalize such principles if they experience them during their training.

Yet, as we all know, medical training is a time of tremendous stress and self-sacrifice. Further, for some students and residents, it can be a time of depersonalization, disempowerment, and depression. Three articles in the current issue of *The Journal of the American Osteopathic Association* take a much-needed look at the student experience, with its seemingly insurmountable pressures and the coping strategies that may ensue.

Human beings will go to extraordinary lengths when the stakes are high, and establishing a future career while racking up thousands of dollars in debt certainly qualifies as a high-stakes endeavor. So, when one has more to do than can be done in a 24-hour day, something has to give. Those students and residents who find themselves coming up short strive to find a way to wring more productivity out of every waking hour, sometimes at the expense of their education and health. Strategies include trying to do more than 1 thing at a time (multitasking) and increasing attentional capabilities chemically (stimulant medication). Investigator teams Shah et al<sup>1</sup> and Wasserman et al<sup>2</sup> have started to put numbers to the scope of these problems to find out how common it is for osteopathic medical students to use multitasking and medication to try to get more bang from their mental buck.

There is a saying, “When you want something done, give the task to a busy person.” A busy schedule and a goal-oriented mentality require good organizational skills. Being an organized person entails “wasting” less time between tasks, on useless tasks, on off-task behavior, or on ineffective approaches. There are 2 essential paradigms for multitasking: doing multiple activities simultaneously (this works well when the activities are in nonconflicting domains, such as jogging while listening to a book on tape), and switching back and forth among activities (which is what happens when one engages in multiple same-domain activities, such as composing an e-mail while listening to a lecture).

The latter example is just the type of scenario that Shah et al<sup>1</sup> explore in their article, “Multitasking Behaviors of Osteopathic Medical Students.” They found some interesting patterns of behavior in students seeking to maximize their effectiveness, particularly as examinations drew near. One can imagine that in a 50-minute lecture there may be several minutes of “down time.” Perhaps a professor glances down at her notes to collect her thoughts or takes a moment to draw a diagram. According to the article, today’s multitasking generation would be well practiced at using these moments to check e-mails, sports scores, or send a text. Or students may be likewise engaged during the flow of a lecture if they assume to know the material yet to be elucidated. In these brief moments of switching focus, something important happens. The listener-e-mailer-texter-shopper misses out on the continued pondering and deep processing of the information as it is presented and discussed. Shah et al<sup>1</sup> collected data on the amount and type of multitasking students engage in during lectures and also the subsequent grasp of lecture material on a postlecture quiz. The authors showed how common it is for students to perform these other tasks during academic lectures. However, they do not report the degree to

which the amount of multitasking during a lecture and subsequent quiz scores may be correlated. In the future, researchers should perform and share this analysis to determine whether a link is present.

In the article by Wasserman et al,<sup>2</sup> we learn that nonmedical use of stimulants to enhance one's studies, while not as ubiquitous as multitasking, is surprisingly common. In addition to assessing self-reported rates of stimulant use in medical students, Wasserman et al<sup>2</sup> looked at the students' attitudes toward such use. They assessed variables such as competitiveness, integration with social networks, views about other substance use, and stress, and they compared usage rates among medical students with usage rates among persons with attention-deficit disorders in the general population. Results showed that the number of students who took these medications outside medically diagnosed and treated conditions was higher than expected. This kind of self-medication is important to investigate further so that effective programs for healthy student development can be moved forward. Wasserman et al<sup>2</sup> have some interesting insights into creating such supports.

Yost et al<sup>3</sup> explored another response to the stress of medical training: burnout. Using a validated survey, Yost et al<sup>3</sup> explored 3 subcomponents of burnout: emotional exhaustion, depersonalization, and low personal accomplishment. They assessed the perceived causes of burnout among osteopathic otolaryngology residents and found a potentially protective benefit of mentorship in residency training, which may help residents avoid the feelings associated with burnout.

It will be important to study these topics with other groups of students and interns. For future study, it would be interesting and helpful to compare residents across primary and specialty care disciplines, and also to look further into the protective mechanism of mentorship. Taken together, these 3 investigations have taken a crucial step in understanding how students and residents navigate stress

during their training, what accommodations they make, what unhealthy behaviors they may adopt, what experiences promote their feelings of accomplishment, and how mentorship protects against burnout. All of these elements are critical considerations for the future well-being, career satisfaction, and, indeed, success of our future physicians. (doi:10.7556/jaoa.2014.123)

## References

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