Identified strategies to mitigate medical student mental health and burnout symptoms

We commend Ley et al. [1] on their research “Beyond burnout: a four-year survey of osteopathic medical student mental health and the implications for the development of wellness and mental health programs,” which examined the trends of burnout and mental health in a medical student population. Research on this subject is imperative to further understand factors that perpetuate poor mental health statuses among future healthcare providers and to prevent worsening of the current nationwide physician shortage [2]. Ley et al. [1] discussed the importance of understanding when symptoms of burnout or mental health conditions first begin in order to determine when intervention efforts should be pursued. Through this written response, we want to bring attention to research that has been previously conducted on this topic. Specifically, multiple studies have found that premedical students report higher rates of burnout and symptoms of depression compared to non-premedical undergraduate students, warranting mental health treatments starting earlier than professional school [2, 3]. Furthermore, one of the studies showed that experiencing burnout and depressive symptoms in undergraduate school deterred students from pursuing a medical degree, which may be exacerbating the physician shortage [2].

In addition, we would like to discuss researched interventions that medical schools can adopt to prevent burnout and exacerbation of negative mental conditions experienced by medical students. Mindfulness-Based Stress Reduction (MBSR), a validated program that attempts to create greater awareness and insight, has been employed in both premedical and medical education. It has demonstrated results of long-standing self-compassion and decreased stress levels compared to control groups [4–6]. Slavin et al. [7] discussed curricular initiatives practiced by some medical schools to combat burnout that have demonstrated promising utility, such as pass/fail grading systems, reduced contact hours, and problem-based learning. Other studies have employed modalities such as virtual reality–based guided meditations, Compassion Cultivation Training, measured physical activity goals, and phone- and web-based behavioral interventions that have shown reduced burnout rates in their participants [8–12].

As noted by the significant findings of Ley et al. [1] and other studies, burnout must be identified and targeted early on to prevent its aggravation of depressive symptoms that may contribute to the development of dissatisfaction with career choice and suicidal ideations [1, 13–15]. By developing effective early intervention strategies that target this systemic issue, we can hopefully improve the mental health of medical students and physicians.

Research ethics: Not applicable.
Informed consent: Not applicable.
Author contributions: The authors have accepted responsibility for the entire content of this manuscript and approved its submission.
Competing interests: None reported.
Research funding: None reported.
Data availability: Not applicable.

References


