



MEDICAL EDUCATION
SCHOLARSHIP CENTRE

Medical Education Scholarship Forum Proceedings

All work and no play...

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Background/rationale: Physicians and medical students are at risk for some serious mental health issues by the very attributes that make us good at what we do. There is a tendency in many physicians towards a strong preference to be independent, to not be seen as weak, to be respected by peers, to fit with the general medical culture of service and selflessness, and to make work the major aspect of their lives. We also tend, as a profession, to select for personality type (Myers). Some common characteristics of those entering medicine are perfectionism, organizational capacity, placing high demands on self, obsessiveness and compulsiveness (not necessarily OCD), and intolerance of feeling helpless (Myers). Despite medical learners being apt to care for their health very well in terms of managing diet and exercise even with very busy schedules, there is a high rate of depression, anxiety, and related mental health issues including substance misuse/abuse (Myers). We (physicians and medical learners) use many defense mechanisms (Myers) and learn them early as part of the cultural immersion in the discipline. These are not always positively adaptive. Stressors, coupled with these characteristics, often put severe strains on relationships outside medicine including families/partners. In medical school, this may be a particular challenge. Although partners recognize that the terms of medical school are temporary, there is still the need to go where the program sends the student. Partners can't always go to the same place — they may have careers of their own, lack child care, supports, or even the basic amenities of adequate family housing or ability to maintain a main home base for the family. Some programs require extended rotations in different areas, some of which have their own related challenges. The literature regarding medical practice in rural areas suggests barriers to care specific to these areas that include (but are certainly not limited to) lack of relationship opportunities, work hours, isolation in practice or personal life, access, confidentiality, and cultural safety. There are several risk factors that apply to medical learners of all levels. Among them are number of hours worked, sleep deprivation, imbalance between work and personal life, lack of control of duties and hours, decreased social networking, lack of convenient access to care, not wanting to appear 'weak' to preceptors, feeling isolated and 'uncared for,' and concerns regarding confidentiality, mandatory reporting, and lack of knowledge of available resources (Myers). Learners also sometimes feel as though the administration/medical school staff doesn't care about them, and leave them to deal with stressors on their

own. There is sometimes a feeling of a lack of support. Finding the balance between the very real and ever present social and professional obligations we have willingly (enthusiastically) assumed, and accepting that we also need to care for ourselves, is difficult. **Objectives:** (a) to identify barriers to access to health care for medical learners; (b) to list some specific mental health issues that medical learners are at risk for; (c) to be able to recognize signs of burnout in self and others; and (d) to be able to identify some resources that can be accessed to either prevent mental health problems during the medical education period or that can help when a problem has been identified.

Teaching Methods: 1. Thirty (30) minutes – introduction to the ‘risks’ of medical education, available resources, the importance of having a family physician, and the signs and symptoms of developing health issues; 2. One hour – guided discussion using examples of situations medical learners may find themselves in, the concept of mindfulness and the benefits of developing this, and the application of mature defense mechanisms and healthy coping mechanisms.