LETTER

A Response to "Assessment of Student Perspectives on Improving Wellness in Medical School: Qualitative Results from a Cross-Sectional Survey of Medical Students in Florida" [Letter]

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Dear editor

We read, with great interest, the paper by Butcher et al, assessing student perspectives on improving wellness in medical schools.[1] We believe that mental and physical wellbeing should underpin all educational programmes. As final-year medical students, we have observed and experienced the hardships that undergoing a medical degree can have. We commend the authors for addressing an often overlooked aspect of medical training and want to offer our perspectives and recommendations on their study.

The study uses students from a variety of medical schools, which is useful in creating a representative sample, however the authors have not demonstrated the use of statistical methods to determine the necessary sample size. Additionally, as the authors themselves suggest, demographic data may be crucial in providing justifications for patterns in the results. A previous study by Hardeman et al has shown that female African American students have a higher risk of depressive symptoms than white, male counterparts.[2] This is just one of the many examples, with trends seen amongst gender groups and social classes. The authors could have gathered these data whilst maintaining anonymity by asking questions about race, parental income and area of upbringing. Perhaps, this would also allow for implementation of student-specific wellbeing strategies.

The authors mention "Wellness resources" as part of their results. It may be pertinent to address the services that are already available at the Universities. From our own experience, many University facilities are either unknown to students or not easily accessible. By finding out what is already available, the study can help to improve these services or make additions based on student recommendations. Moreover, it may have been appropriate to find the barriers that students face in seeking help when their wellness deteriorates as recent studies have shown students who need help do not seek it even when it is readily available.[3]

The authors provide an array of student perspectives, which are beneficial in seeing the extent of the issue. However, it may have been useful to prioritise the key needs of the students or the answers that were given most frequently. It is unlikely that all the suggestions can be implemented due to financial, timetabling and

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curriculum demands. An interview study by Sun et al identified three key wellness needs of students: getting help that aligns with the severity of student's problem, continuous relationship with support givers and addressing the stigma associated with disclosure.[4]

In conclusion, the wellness of medical students is multi-faceted, and the most effective way to understand the challenges is to obtain first-hand feedback, which the Authors have successfully presented in this study. Addressing which services are currently working effectively will aid in finding the gaps. Once these have been identified, financially and logistically viable options can be considered.

Disclosure

The authors report no conflicts of interest in this communication.

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