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*"My family absolutely loves this program and understands so much more about what I do"*

*"I like that it gives my loved ones more details about what I'm doing and how to support me when I may be too busy to give in depth explanations or feel weird about asking for support"*

**Medical students are at high risk for depression and suicide**, with a 2016 meta-analysis in JAMA estimating the prevalence of depression or depressive symptoms at 27.2% and the prevalence of suicidal ideation at 11.1%.<sup>1</sup>

**Medical school erodes relationships between medical students and their personal support network.** Students who report not getting adequate support from family and friends are more likely to report feeling emotionally over-extended and exhausted.<sup>2</sup> The deterioration of relationships with family and spouses/partners further contributes to student isolation, stress, depression, and anxiety.

**We prevent student burnout and promote student wellness** using two approaches:

**1) Strengthening students' personal support network** (parents, partners and friends). We help support givers understand the experience of medical students, and suggest ways to offer effective support. See below for examples of educational resources for support givers.

**2) Early identification of at-risk students**, and connecting them with university support resources.

### Students Love Us

In an anonymous survey of 193 medical students from 3 different medical schools:

- 90% of students said My MD-to-Be would be beneficial for other medical students
- 92% of students said My MD-to-Be helps their support givers understand them better

### Who We Are

Eran Magen, Ph.D., received his PhD in psychology from Stanford University and completed post-doctoral training in population health as a Robert Wood Johnson Health & Society Scholar, studying relationships as a public health resource. Dr. Magen's work has been published in top-tier journals including *Psychological Science* and *Emotion*, as well as in popular outlets such as the *Gold Foundation* blog.

### References

1. Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis. *JAMA*. 2016;316(21):2214-2236. doi:10.1001/jama.2016.17324.
2. Thompson G, McBride RB, Hosford CC, Halaas G. Resilience among medical students: The role of coping style and social support. *Teach Learn Med*. 2016;28(2):174-182.



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## **Consistent Enthusiastic Feedback from Students and their Loved Ones**

In an anonymous survey of 193 medical students from 3 different medical schools:

- 90% of students said My MD-to-Be would be beneficial for other medical students
- 92% of students said My MD-to-Be helps their support givers understand them better

### **Praise from Students for My MD-to-Be**

- "My family absolutely loves this program and understands so much more about what I do."
- "I like that it gives my loved ones more details about what I'm doing and how to support me when I may be too busy to give in depth explanations or feel weird about asking for support."
- "It's really great at making my parents aware of what I may be going through. Sometimes they can be dismissive (part of the culture) and it makes them take a step back to really think about what I'm saying."
- "I like that it makes my family and friends feel involved with my life. It's difficult to feel connected from so far away. But I know that my mother and my girlfriend definitely love getting the updates."

### **Praise from Families and Loved Ones for My MD-to-Be**

- "I absolutely love My MD-to-Be. My husband and I are posted overseas, so our contact with our daughter is even more remote, due to the time difference. These emails, with interesting and relevant info and really spot-on tips about how to engage with our daughter, are wonderful. Instead of having to labor to understand her med school experience, we can understand it, and in a way which respects her adulthood and professionalism. THANK YOU!!!!"
- "Great newsletters. I love that you are keeping us so informed."
- "Thanks for the tips! We live far away and care packages sound like a great idea. Also, thanks for reminding me that as a parent I have to step back with my advice."
- "This is a wonderful resource! We really appreciate this."

## STARTING ANATOMY LAB



**This week, Maya will dissect a cadaver for the first time.**

### WHAT IS THE ANATOMY LAB?

Medical students dissect (cut apart and separate) cadavers (dead bodies) in order to study human anatomy in detail. Students build a foundation of understanding how the human body is put together by identifying muscles, nerves, and blood vessels, as well as by examining major organs (such as the liver and the heart) within a human body. Over the course of six months, students work in groups of four per cadaver, meeting twice a week for sessions that last several hours.

Each session begins with a lecture from the anatomy faculty, detailing the "roadmap" for that day's dissection. Following the lecture, students prepare for the dissection and relocate to the anatomy lab, where they are guided by teaching assistants (more advanced medical students).

The first session begins with cutting open the chest and exploring the chest cavity. Over the course of six months, students move from the chest and abdomen to the arms, legs and back. Later in the course, students dissect the head and neck.

### HOW DO MEDICAL STUDENTS EXPERIENCE THE ANATOMY LAB?

For many students, dissecting a cadaver is their first encounter with a dead human body. Many students experience a sense of awe and humility at the privilege of opening and looking inside a human body, while simultaneously experiencing an unsettling feeling of depersonalization as they grow comfortable performing invasive procedures on their cadaver.

Perhaps more than any other early experience in medical school, cadaver dissection is a time when medical students learn to look at the human body as a clinician would, rather than as a layperson. As they prepare for their first session, students are often nervous about how they will react to their cadaver, and more than one student will be visibly faint or deeply uncomfortable. As sessions progress, many students find the experience to be manageable and even exciting or fascinating, albeit intense and somewhat surreal.

At some point over the six months of dissection, most students find they have a strong visceral reaction to some part of the dissection process. Some students are surprised to find that dissecting the muscles of the hand or the eye is deeply unsettling. Other students react strongly to finding evidence of a cadaver's C-section or tumor. While students cannot always predict which element of the dissection will move them emotionally, it is safe to say that the vast majority of students will have a strong emotional reaction at some point of the dissection course.

## HOW CAN I SUPPORT MAYA WITH THE ANATOMY LAB?

- If you speak before Maya's first anatomy lab, you can ask Maya about how she feels regarding the upcoming first anatomy lab.
- When you speak after her first session, invite Maya to share her experience of anatomy class with you.
- Keep in mind that anxiety, excitement, awe, and unsettledness are equally valid. Students normally experience a broad range of feelings associated with cadaver dissection, a situation that most students have never encountered in the past.

Remember that, at times, Maya will probably feel excited or fascinated by her experience in the anatomy lab. This fascination is normal and, for a budding physician, an important part of forming a professional identity.

- Keep in mind that students can't always anticipate what their feelings will be, and that feelings may shift from day to day and week to week.
- Remember to take care of yourself, too. If Maya shares details that make you uncomfortable, it's okay for you to tell her that you would prefer not to hear all the gory details. Instead, you can focus on Maya's experience and feelings as she goes through this intense process.

## LEARN MORE ABOUT ANATOMY LAB

Many medical students have written thoughtful articles about this powerful and deeply meaningful experience. Here are some of our favorites:

- [Learning Empathy From the Dead](#) / The Atlantic
- [The Secret Lives of Cadavers: How Lifeless Bodies Become Life-Saving Tools](#) / National Geographic
- [First-Year Med Students Enter the 'Gross' Lab](#) / National Public Radio (Audio)





## STARTING THE SURGICAL CLERKSHIP



**This week, Derek begins his surgical clerkship.**

### WHAT IS THE SURGICAL CLERKSHIP?

The surgical clerkship is a two-month core rotation required of all clinical medical students. Students are assigned to a general surgery service for one month and to a surgical subspecialty (such as trauma surgery, vascular surgery, or breast surgery) for the other month. During this clerkship, students help out in the operating room during surgical procedures, while also becoming proficient in the care of patients who are awaiting surgery or have just completed it, managing problems such as infections and surgical complications.

Exhausting and at times exhilarating, the surgical clerkship asks a great deal of medical students. Work often begins as early as 5am, and the hours are longer during this rotation than almost any other. In the course of a day on the surgical clerkship, a student may interview and examine multiple patients in the morning, attend team meetings ("rounds") to discuss patients, and assist in surgery while the surgeon quizzes the student about the procedure. Students work in shifts, which can be as long as 24-30 hours when the student is [on call](#).

### HOW DO STUDENTS EXPERIENCE THE SURGICAL CLERKSHIP?

The surgical clerkship is physically, emotionally, and intellectually demanding, and many students enter it with at least some apprehension. Being part of a surgical team is psychologically demanding, requiring physicians to relate to patients in very different ways throughout the day. During surgery, physicians must consider patients impersonally, in order to cut into them when they are unconscious; physicians also interact with the patients and their families on a very personal level, often while patients and family members experience strong emotions like anxiety, sadness, or relief.

The social experience of being a member of different surgical teams can also be challenging. Surgical teams, made up of surgeons, nurses, and technicians ("techs") are close-knit, having worked together for years. Some surgeons and surgical teams will be warm, welcoming, and make every effort to include students in the procedure and teach as they work; others may be brusque and to-the-point, quizzing students constantly and sometimes harshly.

As a result of the intense demands of the surgical clerkship, many students feel overwhelmed at times. Students witness and participate in scenes that most people would consider traumatizing, have frequent difficult interactions with surgical teams, with patients and with patient families - all while experiencing exhaustion and lack of control over their own schedule. However students respond, surgical clerkship is often a very challenging milestone in the course of medical training.

## HOW CAN I SUPPORT DEREK DURING THE SURGICAL CLERKSHIP?

- If you speak with Derek before the start of the surgical clerkship, ask him about his hopes and fears. Listen while he is talking and accept his concerns as legitimate.
- Derek will probably be exhausted during much of this clerkship, due to the incredible physical and emotional strain he will experience. Let him know, in advance, that you understand if he won't be in frequent contact with you, so he has one less thing to worry about.
- Derek may become emotionally reactive in ways that seem strange to you, as a result of witnessing difficult sights and having to function professionally through them. At home, Derek may appear unfeeling and uncaring about problems that arise, or he may have strong emotional reactions to seemingly minor things, such as a TV show. Be gentle and patient with Derek, and also with yourself. Do not take his reactions personally.
- Expect Derek to have little control over his schedule. he may miss a phone call, a meal, a date, or a flight. He can neither anticipate nor control when he will be able to leave the hospital. Again, help him worry about you less by telling him that you understand if he needs to miss something you scheduled together.
- Live your own life. Do not wait for Derek in order to do fun or important things. If you set a dinner date with friends and Derek calls at the last minute to say he has to stay at the hospital for 3 more hours, go have dinner with your friends. Continue to take care of yourself—physically, emotionally, socially, and spiritually—so you do not become depleted and resentful.
- Help Derek take care of herself during these stressful times, by giving him things you know he enjoys that do not require a major time investment on his part. A home-cooked meal, cookies, a massage (by you or as a gift card) are all good ways to show how much you respect and care for Derek.

## LEARN MORE ABOUT THE SURGICAL CLERKSHIP

If you would like to read about one student's experience, here is a student blog post that we found especially thoughtful:

- [Clerkship Experiences: Surgery \(My Life In Med School\)](#)

