“You Will Miss Your Grandmother’s Funeral”: Surviving Medical School, Just in Time to Burnout

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Abstract

The abounding negativity of my first year of medical school was best exemplified by a preparatory class entitled “How to Survive the Spring Semester.” Physician burnout is an epidemic that may begin in the classrooms and cadaver labs of medical schools with scare tactics, fatalistic messaging, and a pervasive “culture of burnout.” Medical education’s axiom—“if I suffered through it, so should you”—is a persistent disservice to students who must survive medical school, just in time to burnout as physicians. I wonder if combating physician burnout could start with medical schools, which must stop sowing the seeds of burnout in students. Medical educators can start by reevaluating the words and tone they strike with the physicians of the future.

Keywords Undergraduate medical education · Burnout · Hidden curriculum

Dr. Dean,

Thank you for your informative lecture about “surviving” the next two semesters and preparing for the Step 1 USMLE Examination. I look forward to incorporating your study tips and resources into my routine in anticipation of the difficulty and pace of upcoming material. I wanted to write you briefly about the title of your session: “How to Academically *Survive* the Spring Semester.” I’m interested in hearing about the thought process or inspiration behind the name. Has it always been called this? Have you ever given any thought to the idea of changing the title? In particular, what was the rationale for using the word “survive?” Why did you decide to use a word that conjures life and death in a discussion about academic performance?

The use of such a provocative word is emblematic of my medical school experience to this point, an experience characterized more by fatalism than positivity. The first time I read this class title I genuinely only saw the words “How to... Survive the Spring Semester.” I’m not too obtuse to realize that the title of this class is another scare tactic to boost class attendance. And of course I appreciate the necessity of holding

us accountable to the expectations, responsibilities, and rigors of medical school.

Words matter. And I was taken aback by the macabre nature of this class title. How to academically survive the spring semester could be read as “How to Not Die This Spring Semester,” or more colloquially as “How to Not Get So Bugged Down in the Books You Feel Like Taking a Bullet in the Mouth This Spring Semester.” Awkwardly inserting the word “academically” does little to mitigate the underlying doom and gloom. In the movie *Talladega Nights*, fictional race car driver Ricky Bobby is reminded that prefacing a barrage of insults with the phrase “will all due respect” “doesn’t mean you get to say whatever you want...” [1]. Similarly, it is inadequate to mask a statement that evokes literal life and death with the flimsy modifier “academically.”

I recognize that writing a letter about the title of a class is perhaps a cliché trap in which I further reinforce the stereotype of my generation of students as weak-skinned, uppity, whiny, and entitled. And I assure you I embrace the content of a session preparing us for the next step of our education. This seemingly innocuous title, however, demonstrates the tendency in medicine and medical education to use negative messaging, scare tactics, and forms of professional hazing in the place of positive, constructive, encouraging language.

During our first week of medical school, my class was peppered with informational sessions on a wide range of topics: financing medical school, medical professionalism, balancing the expectations of medical school, an introduction

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to Richmond, and everything in between. A recurring theme was the need to balance our education with our lives outside school, to continue to reserve time for our hobbies, relationships, and personal growth. Yet, in the summary session of the week, the dean of student affairs' remarks (to all 185 of her bright-eyed bushy-tailed first year medical students) boiled down to the following: "Prepare to work 20+ hours every weekend for the next 4 years. Understand that there will be significant opportunity costs to your extracurricular aspirations, hobbies, and relationships as you continue down this road. You need to prepare to miss important events in the lives of your friends and loved ones. You will miss your cousin's wedding. You will miss your grandmother's funeral."

I've heard my parents and older cousins recall the pervasiveness of this bleak and demoralizing culture of medical education as if it were the way of the past. The older doctors of my family drone on about how new resident work requirements are soft and pedagogically misguided, but they always admit there are a lot of pointlessly despairing parts of medical education. Before matriculating, I assumed medical education had evolved past such cynical language, just like other archaic institutions in medicine—embarrassment-inducing pimping, surgeons screaming in operating rooms, attending physicians assuming female medical students were nurses. Yet here it is, alive and well. Friends from other medical schools have also shared their experiences with negative language and tone. My institution's culture of doomsday speak is not an isolated case.

I wonder if the negative messaging in our first year is where medicine's "culture of burnout" begins; a culture with widespread negative impact on doctors and modern medicine². My administration tells me concomitantly that I should foster hobbies and relationships outside of medical school *and* that medical school must be my entire life if I am to succeed. These discordant messages may just be the seeds of a culture of burnout in medical education that grow into a more destructive culture of burnout among physicians.

For every idealistic medical student who dreams of curing cancer, performing miracle surgeries, or simply taking the time to learn someone's story, I encounter a curmudgeonly professor, a class title, or a panic-inducing address from the deans that perpetuates the axiom of medical training: "If I suffered through it, so should you." I imagine things only get worse when we transition to our clinical clerkships, the more classic arena of hazing³. And so continues the cultural of bludgeoning medical students into residents and physicians who feel that making medicine harder than it needs to be is just part of being in medicine. And so begins the culture of burnout that makes the path of least resistance one in which I bury my head in my text books, stress about Step scores and residency match, agonize about prestige and research dollars, and forget completely the honor and privilege of being a physician⁴. The deafening echo chamber of Step 1 performance has already replaced the fleeting naivety of a 9-month younger

me donning my white coat and ceremoniously reciting the Hippocratic oath.

We are all highly motivated students who have married our lives to medicine. We all worked our butts off to get seats in your class. We know the privilege, labor, and stakes of training to become a doctor. Ultimately, you do not have to remind us constantly of the opportunity costs of medical training because we all have that drive intrinsically instilled within us. You can try to dissociate our performance in school from our personal lives by using the word "academically," but failure academically will be felt in a deeply personal way that cannot be so easily compartmentalized. For some of us, whether in training or in practice, failure may even become a matter of life and death⁵.

I will not pretend to know how to fix a problem as complex and resolute as the culture of medicine. However, I do know the first step is changing the words we use and the culture of imbalance in medical education. My ask is simply that you reconsider your messaging and tone. Is it going to make me a better medical student to say I'm going to miss my grandmother's funeral? Can you convey the difficulty of medical school without validating the sentiment that every examination is a march off to war (from which some of us may not return)? Shouldn't the underlying message be that medical training is hard but being a doctor and saving lives makes it worth it? What does it say about our training and profession when the path looms so dark we forget the honor of actually being physicians?

And so, I suggest to you a change of title, perhaps something as simple as "how to thrive this spring semester." For our success as students and future doctors in avoiding burnout and the constellation of medicine's negatives is about thriving both professionally and personally. Such a change is a reminder that our calling in medicine is not simply to help people survive, but to help them flourish and live happy, healthy lives. Please help us learn to combat future physician burnout and find "Joy in Practice" by teaching us to find joy in the practice of practice of medicine⁶.

Compliance with Ethical Standards

Conflict of Interest The author declares that there is no conflict of interest.

Ethical Approval NA

Informed Consent NA

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