

“Behind The White Coat: Navigating Anxiety In The World Of Rotational Medicine”.

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Abstract

Anxiety rates are on the rise and affect individuals of all socio-cultural strata, becoming a serious mental health problem. Anxiety is an innate personality trait that allows us to react to situations of imminent danger. It can also manifest itself as an emotional state in situations of joy or sadness, depending on individual perception. This article aims to conduct a literature review on anxiety in medical students during their rotations, exploring both its manifestation as a trait and as a state, both in the clinical setting and in research. For this purpose, scientific articles published in the last 10 years in indexed journals such as PubMed, Redalyc, Scielo and Ebsco will be analyzed. The main results indicate that clinical rotations have a significant impact on the development of anxiety, which is related to family social climate, self-esteem, resilience and academic performance of medical students.

Keywords: Anxiety, Medicine, Clinical rotations.

Date of Submission: 01-08-2024

Date of Acceptance: 10-08-2024

I. Introduction:

In the frenetic environment of modern medicine, doctors on hospital rotations face a constant emotional roller coaster. Behind the white coats and composed smiles lies a reality that is often ignored: anxiety. This manuscript delves into the depths of this experience, exploring the complex interactions between professional duty and personal well-being. Through intimate stories and deep reflections, we reveal the unique challenges these doctors face as they navigate a sea of expectations, responsibilities and pressures. By transcending the clinical surface, we discover the humanity behind the title, offering a moving and insightful look at life on the front lines of healthcare.

During the undergraduate medical rotation, students develop practical skills in hospital environments, facing stress due to completing tasks, workload, and academic pressure. These conditions can lead to high levels of anxiety, as previous studies have highlighted (Sánchez et al., 2008; Ortega et al., 2014).

The first clinical encounters awaken intense emotions in medical students, who must face the complexity of diseases, the responsibility of interacting with real patients, and even the moral dilemma of using their illnesses and experiences for their own learning. Pitkälä KH and Mantyranta T (2004)

Due to the increasing increase in their prevalence, mental disorders are a public health problem. Among mental disorders, anxiety disorders are considered the most common in people of any age (childhood, adolescence and adulthood). John A, McGregor J, Fone D, Dunstan F, Cornish R, Lyons RA, et al. (2016), Essau CA, Lewinsohn PM, Lim JX, Ho MR, Rohde P.(2018)

The growing increase in the prevalence of mental disorders has turned this phenomenon into a public health problem. Within these disorders, anxiety disorders are the most common in individuals of all ages, from childhood to adulthood, as various studies have documented (John et al., 2016; Essau et al., 2018).

II. Methodology

Through an exploratory systematic review, which aims to gather and condense the body of knowledge already known on a specific topic of interest to the reader, the article offers a theoretical interpretation of the psychological problems related to the initiation of clinical studies in medical institutions. first-rate health in the department of Quindío. The objective: to obtain information on the prevalence of psychological problems in fourth-year medical students related to the initiation of clinical rotation in a public health institution in Quindío.

Search strategy

To compile the documents that would make up the sample, four databases (Pubmed Redalyc, Scielo and Ebsco) were accessed in the last 10 years to compile the documents that would make up the sample. The search terms "Anxiety in the World of Medicine" and "clinical rotations" were established and applied in the three

scientific databases. When entering the first search term, 735 documents in total were found, with REDALYC being the one that returned the most results. Then, by adding the second search term and joining it with the Boolean AND, the results were reduced to 191 articles relevant to the field of study. Searches were carried out for duplicate documents with little relation to the topic among the databases, finding 60; Finally, inclusion criteria were applied to the remaining documents, selecting a total of 20 articles for the sample.

Criteria for selecting studies

Initially, the search term “Anxiety in the World of Medicine”, “clinical rotations” recommendation was used to search the databases Scielo, Redalyc Pubmed and Ebsco. The databases were chosen carefully due to their material. relevant to anxiety in health care workers and background, with a focus on contemporary academic work on mental health To ensure the applicability of research on anxiety in health and clinical rotations, the works discovered had to meet requirements. specific inclusion and exclusion Table 1.

Table 1. Inclusion and exclusion criteria for articles related to anxiety and somatic symptom disorder.

No. Inclusion criteria
1. Select only scientific articles.
2. Aim to analyze anxiety, somatic symptom disorder.
3. Be written in Spanish-English.
4. Exclusion Criteria
5. Delete duplicate documents.
6. Delete articles that do not have access to full text.
7. Exclude works that cannot be referenced.
8. Exclude papers that are not cited

TABLE 2 Papers included in the systematic review: academic articles

Author	Year	Title
Galeano, R. A. O. (2020).	2020	<i>Depresión y ansiedad en estudiantes de medicina. Revista Ciencia Multidisciplinaria CUNORI, 4(2), 15-21.</i>
Ortega, M. E., Ortiz, G. R., & Martínez, A. J	2014	<i>Burnout en estudiantes de pregrado de medicina y su relación con variables de personalidad. Terapia psicológica, 32(3), 235-242.</i>
Pitkälä, K. H., & Mäntyranta, T.	2004	<i>Feelings related to first patient experiences in medical school: A qualitative study on students' personal portfolios. Patient education and counseling, 54(2), 171-177.</i>
John, A., McGregor, J., Fone, D., Dunstan, F., Cornish, R., Lyons, R. A., & Lloyd, K. R.	2016	<i>Case-finding for common mental disorders of anxiety and depression in primary care: an external validation of routinely collected data. BMC medical informatics and decision making, 16, 1-10.</i>
Weissman, J., Kramsky, J., Pinder, N., Jay, M., & Taylor, J.	2024	<i>The Mental Health Decline in Children during the Covid-19 Pandemic.</i>
Essau, C. A., Lewinsohn, P. M., Lim, J. X., Moon-ho, R. H., & Rohde, P.	2018	<i>Incidence, recurrence and comorbidity of anxiety disorders in four major developmental stages. Journal of affective disorders, 228, 248-253.</i>
Moss, F., & McManus, I. C.	1992.	<i>The anxieties of new clinical students. Medical Education, 26(1), 17-20</i>
Bunevicius, A., Katkute, A., & Bunevicius, R.	2008	<i>Symptoms of anxiety and depression in medical students and in humanities students: relationship with big-five personality dimensions and vulnerability to stress. International Journal of Social Psychiatry, 54(6), 494-501.</i>
Moss, F., & McManus, I. C.	1992	<i>The anxieties of new clinical students. Medical Education, 26(1), 17-20.</i>
Meng, J., Gao, C., Tang, C., Wang, H., & Tao, Z.	2019.	<i>Prevalence of hypochondriac symptoms among health science students in China: A systematic review and meta-analysis. PloS one, 14(9), e0222663.</i>
Azuri, J., Ackshota, N., & Vinker, S.	2010.	<i>Reassuring the medical students' disease-Health related anxiety among medical students. Medical teacher, 32(7), e270-e275.</i>
Solis, A. C., & Lotufo-Neto, F.	2019.	<i>Predictors of quality of life in Brazilian medical students: a systematic review and meta-analysis. Brazilian Journal of Psychiatry, 41, 556-567.</i>
Gan, G. G., & Yuen Ling, H.	2019	<i>Anxiety, depression and quality of life of medical students in Malaysia. Med J Malaysia, 74(1), 57-61</i>
Rosen, K. R.	2008.	<i>The history of medical simulation. Journal of critical care, 23(2), 157-166.</i>
Lateef, F.	2010.	<i>Simulation-based learning: Just like the real thing. Journal of emergencies, trauma, and shock, 3(4), 348-352.</i>

ANXIETY

It is essential to have a thorough understanding of the concept of anxiety, which can be triggered by internal or external events and result in behavioral, physiological, and cognitive changes. Oxford (2018) defines anxiety as a state of mind marked by extreme restlessness and profound insecurity. In contrast, Moss and Mcmanus (1992) characterize it as a relative state that is variable in intensity and can be initiated by multiple events.

A higher incidence of anxiety-related psychological problems, especially compared with the general population, has been noted in the medical student training environment. Some people consider stress and anxiety to be detrimental elements that may be related to a lack of preparation for clinical and academic experiences

Specifically, in the context of medical student training, a higher prevalence of anxiety-related psychological disorders has been observed compared to the general population. For some, anxiety and stress are considered negative factors that may be associated with unpreparedness in the academic and clinical experience. These are perceived as a transitional stage experienced by students as they enter an environment where practice predominates over theoretical content.

From the medical student's point of view, excessive stress and anxiety during educational settings can impact their performance and ability to educate. The level of anxiety is influenced by numerous internal and environmental factors. Extroversion, conscientiousness, emotional stability, openness to new experiences, and susceptibility to stress are some examples of internal ones. Bunevicius R, et al (2008). The preclinical phase takes into account extrinsic factors such as professional socialization and work pressure. Subsequently, during the clinical phase, patients are bonded, recommend the recommended course of action for their care and deliver bad news.

The first clinical experiences are one of the main sources of anxiety for medical students. During this transitional phase, the physician-in-training must move from classroom lectures and laboratories to hospital shifts and patient care. These components-the way in which the medical student begins to become a physician who shares the knowledge, values, and attitudes of a professional-form a fundamental part of who he or she is.

The goal of the core clinical course curriculum is to help students make this transition and to teach them coping mechanisms to reduce stress. In this regard, clinical tutors have much to say regarding acceptable and successful teaching strategies. Mcmanus IC, Moss F (1992).

Studies suggest that medical schools attract individuals with tendencies toward perfectionism Eley, D. S., et al. (2020), competitiveness. Torres, et al. (2018), these personality traits have been associated with an increased predisposition to stress and anxiety Bußenius, L., & Harendza, S. (2019). Other factors such as academic workload (McKerrow et al. (2019); Slavin, S. J., et al. (2014) consequent sleep deprivation Almojali, et al. (2017) and financial burden Pisaniello, M. S. et al. (2019) also contribute to mental health impairment.

The Silent Challenge

At the intersection of vocation and responsibility, physicians on hospital rotations face a silent but omnipresent reality: anxiety. Behind the fluorescent-lit hallways and emergency call-outs lies a spectrum of complex emotions that often go unnoticed. In this essay, we will explore the depths of this phenomenon, examining its causes, manifestations, and consequences for both healthcare professionals and healthcare as a whole.

The AS appears to be more common among medical students, according to a comprehensive study of hypochondriacally symptoms in Chinese students, which found a high frequency of 28%. Meng J, Wang H, Tao Z, Gao C, and Tang C (2019). Variations in AS are observed among medical students based on year of study and gender, although these differences are not considered statistically significant. Zahid MF, Haque A, Aslam M, et al. (2016), Meng J, et al. (2019). Some authors refer to somatic symptom disorder (SSD) instead of hypochondriasis.

It is believed that young people entering higher education are trying to adjust to the university environment while being impacted by things like being away from family, making new friends and going through age-related changes. All of these can affect their physical and mental health at a time when their personalities and individual responsibilities are developing. Mandiracioglu A, Govsa F, Cam O, Bati AH (2018). Medical students also endure continuous stress due to their rigorous study schedules, heavy workloads, competitive environments, and first-hand clinical encounters. Ackshota N, Vinker S, Azuri J (2010).

Anxiety disorders were the most common conditions, and 83% of medical students reported that their studies at medical school were a major source of stress. These results come from a study on the well-being and mental health of Canadian medical students. Thirty-six percent of medical students had seen a professional for mental illness. Brager N, Lewis T, Wilkes C et al (2013). Similarly, a substantial percentage of students (59.9%) reported having an ongoing mental disorder in an investigation of psychological morbidity among third-year medical students in Egypt.

However, no statistically significant differences were observed between psychological morbidity and any of the sociodemographic variables analyzed. The study revealed that the most frequent psychiatric diagnosis was depression (47.9%), followed by generalized anxiety disorder (44.9%) and obsessive-compulsive disorder (44.4%), while the least prevalent was anorexia nervosa (0.7%) (Azuri et al., 2010).

Depressive, anxious, and stress factors, as well as low income, gender, and early medical training, were associated with poorer mental health and quality of life. In 2019, Solis A, Lotufo-Neto F., Moutinho I, Lucchetti A, Ezequiel O, and Lucchetti G was published. The poor quality of life of medical students is related to unhealthy

lifestyles, psychological disorders and academic failure, all of which can have an impact on the treatment they provide to patients in the future. Gan GG, Ling HY (2019), Malibary H, R. Bamashmous, Omer A., Zagzoog M, Banjari M. Quality of life (QoL). These findings underscore how crucial it is to include counseling and preventive mental health services in routine clinical settings for medical students.

Anxiety in rotating doctors is a multifaceted phenomenon, fueled by a combination of intrinsic and extrinsic factors. From the constant pressure to provide impeccable care to the overwhelming responsibility of making decisions that can have life-or-death consequences, rotating physicians are immersed in an environment that can exacerbate anxiety symptoms. Additionally, the unpredictable and demanding nature of hospital rotations, with their long work hours and the need to adapt quickly to changing situations, can lead to chronic stress that negatively affects the mental health of medical students.

The effects of anxiety on rotation students are profound and widespread. From emotional exhaustion to deterioration in quality of attention, students who struggle with anxiety can experience a wide range of negative consequences. Chronic stress can erode empathy and connection with patients, undermining the very foundation of patient-centered medical practice. Additionally, anxiety can lead to burnout, an increasingly common phenomenon that can have devastating repercussions on students' physical and mental health, as well as the quality of care they provide.

Medical students are believed to conceive certain symptoms using newly learned information, which they then interpret as supporting evidence. Reactions called nosophobia, or hypochondriasis, medical student's disease, are usually understood as a type of temporary hypochondriasis. Ackshota N, Vinker S, Azuri J (2010). Medical students who suspect that they may suffer from a certain disease are better able to recognize cases because they arouse their curiosity and remain engraved in their memory. Azuri J, Ackshota N, Vinker S. (2010), Govsa F, Cam O., Mandiracioglu A, Govsa AH, (2012). There is a paucity of epidemiological data aimed at preventing the immediate implications of not preventing AS in medical students and the long-term effects on aspiring doctors who could suffer serious consequences if they are not recognized and do not receive cognitive behavioral therapy. necessary. (Creed, F. et al 2004), Tyrer P. (2018).

Sin embargo, a pesar de los desafíos que enfrentan, los estudiantes de medicina en rotación no están indefensos ante la ansiedad. La atención médica está comenzando a reconocer la importancia crucial de abordar la salud mental de los profesionales de la salud, y se están implementando medidas para proporcionar apoyo y recursos a los médicos en rotación. Desde programas de bienestar que promueven el autocuidado hasta el acceso a servicios de salud mental confidenciales, se están realizando esfuerzos significativos para mitigar los efectos de la ansiedad en este grupo particular de profesionales

However, despite the challenges they face, rotating medical students are not helpless in the face of anxiety. Healthcare is beginning to recognize the crucial importance of addressing the mental health of healthcare professionals, and measures are being implemented to provide support and resources to rotating doctors. From wellness programs that promote self-care to access to confidential mental health services, significant efforts are being made to mitigate the effects of anxiety in this particular group of professionals.

Additionally, rotation students can adopt individual strategies to manage anxiety and promote their emotional well-being. From regularly practicing relaxation techniques, physical exercise, time management, social support to establishing clear boundaries between work and personal life, there are a variety of measures students can take to protect their mental health as they face the challenges. demands of hospital rotations. White Alcanda (2022)

Rotation students face a series of specific challenges in their training process. One of these challenges is the transition of roles, as they go from being primarily students to taking on greater clinical responsibilities under supervision. This transition can be overwhelming, requiring greater autonomy in clinical decision-making and rapid adaptation to the hospital environment. Additionally, during this period, rotation students must deal with increased complexity in the clinical cases they face. As they advance in their training, they are assigned patients with more diverse pathologies, which demands a higher level of knowledge and clinical skills for proper management.

Another important challenge is the balance between clinical work and academic demands. During the semester, rotation students must fulfill their clinical responsibilities while continuing to study for their exams and complete their academic assignments. Effectively managing these demands can be difficult and require strong organization and time management skills.

Ultimately, addressing anxiety in rotation students is critical not only to the well-being of healthcare professionals, but also to the quality of healthcare patients receive. By recognizing and addressing this silent challenge, we can work toward a health care system that promotes the health and well-being of both students and those they serve.

Clinical Simulation

The introduction of clinical simulations in undergraduate training provides an invaluable opportunity for students to acquire competencies and skills before facing real situations.

This not only increases their self-confidence, but also encourages their motivation to learn. However, Rosen KR (2008) points out that the implementation of this methodology has encountered significant obstacles, such as skepticism, lack of communication, and a lack of evidence supporting its benefits, which has slowed its adoption in the educational process. .

Es por eso que diversas estrategias de aprendizaje, enmarcadas en la simulación clínica, han surgido para preparar a los estudiantes en entornos seguros y enriquecidos por tecnología, utilizando el andamiaje y apoyados por ciclos de retroalimentación. Algunos como el uso de pacientes virtuales y el uso de maniqués con tecnología de alta fidelidad.

Using guided, regulated, and more immersive activities that suggest or duplicate meaningful features of the real world in a safe and engaging way, simulation serves as a learning approach that can both substitute for and magnify genuine experiences. F. Lateef (2010). They give students the opportunity to connect and apply what they have already learned, incorporating fundamental science into a problem or scenario in the clinical setting. Norman G. (2005), as well as protecting patients from unnecessary dangers In 2010, Lateef F.

Clinical simulation facilitates more effective learning by allowing the programming, observation and repetition of clinical scenarios, as highlighted by Weller et al. (2012). This educational method aims for students to develop skills and competencies through the personalization of teaching and evaluation, thus improving efficiency in practice and patient safety, as highlighted by Toader (2015).

According to Gordon et al. (2001), students consider that simulation should be an essential component in their preparation, since it gives them confidence in their abilities before facing real situations. However, some studies suggest that although simulation can be beneficial for the development of clinical skills, many students fear that it may negatively affect their communication skills, teamwork, ethical values, and the development of empathy towards real patients.

III. Conclusión

The document offers an in-depth reflection on the phenomenon of anxiety among medical students during their hospital rotations, highlighting its complexity and the implications for both health professionals and medical care in general. Based on the analysis of various research and studies, multiple factors are identified that contribute to anxiety in this group, such as academic and work pressures, clinical responsibilities, and the demanding environment of hospital rotations.

It highlights how anxiety affects not only doctors in training, but also medical students during their rotations, who face unique challenges during their undergraduate education. The urgent need to implement support services and preventive mental health programs for both these students and rotating doctors is highlighted, with the aim of mitigating the adverse effects of anxiety on their well-being and on the quality of medical care they provide.

The document also highlights the importance of recognizing the specific challenges faced by rotating doctors, such as role transition and the balance between clinical work (first clinical encounters in the hospital) and academic demands (theory, laboratories). The need to provide adequate support and resources to help these professionals face these challenges effectively is emphasized.

Ultimately, it is emphasized that addressing anxiety in rotation students is essential to ensure the well-being of health professionals and the quality of medical care that patients receive. It highlights the importance of working toward a healthcare system that promotes the health and well-being of both clinicians and those they serve, recognizing anxiety as a silent but pervasive challenge that requires attention and action.

IV. Recommendations

It is crucial to implement preventative mental health and support services for medical students to mitigate the adverse effects of anxiety and somatic symptom disorders, both on their personal well-being and the quality of care they provide.

It is essential to emphasize the need to provide real academic support and adequate resources to help students.

Curricula for introductory clinical courses should be designed with the specific purpose of facilitating this transition and teaching coping strategies to reduce anxiety.

According to Gordon et al. (2001), students consider that simulation should be a mandatory component in their training. The implementation of clinical simulations offers students an invaluable opportunity to develop competencies and skills before facing real situations.

Free hours should be allocated during the semester to carry out clinical simulations under the supervision of a tutor. This approach not only increases your self-confidence, but also stimulates your motivation towards learning and improves quality of life.

To ensure an effective supportive environment for medical students, it is crucial that psychological and academic support staff be independent of faculty. This separation facilitates freer and more confidential access to necessary services, ensuring that students can seek help without fear of academic or professional repercussions. Additionally, it allows support professionals to fully focus on students' emotional and academic needs, thereby promoting a healthier and more equitable learning environment.

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