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TAI-CHI FOR STRESS MANAGEMENT AND WELL-BEING IN MEDICAL STUDENTS

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Aims: Medical school is known to be a highly stressful environment for students the world over, particularly in the lead-up to examinations. The stress, anxiety and other emotional disturbances experienced by medical students during their studies can hamper their academic progression, lead to the development of more serious mental health issues and impact on their ability to perform well in their future clinical care roles. There is a growing call in the medical education literature for interventions aimed at reducing stress levels and increasing medical student well-being. Tai Chi, a form of low impact Chinese mind-body exercise, has been successfully used to improve well-being in several high-stress populations; however its effectiveness in medical schools has apparently not yet been evaluated. This preliminary study investigated psychological status and distress (as measured by the Brief Symptom Inventory, BSI) in medical students before and after a training course in Tai Chi.

Methods: A total of 30 students volunteered for a course of 10 weekly lessons by a Tai Chi expert. Participants were given the option of morning or lunchtime lessons. Before and after measures in the BSI of 11 course completers were compared using paired samples T-tests.

Results: Attrition rates from lunchtime classes were high, with students citing competing demands on their time and only 50% of participants completing the full course. Early morning classes had high attendance rates and 80% of participants completed the course. This finding is consistent with the early morning scheduling of Tai Chi in many Eastern societies and has potential implications for the timing of other stress management activities in medical schools. Of the course completers who returned questionnaires, there was a significant reduction in psychological distress as measured by the Positive Symptom Total of the BSI, $t(10) = 4.0, p < .01$, along with Somatisation, $t(10) = 3.5, p < .01$, and Hostility, $t(10) = 3.2, p = .01$, subscales. Mean scores for these three measures of psychological distress reduced from above average to below average with the intervention, with reference to BSI norms for adult non-patients. The limitations of the study include examining a small, self-selected sample of medical students with no control group. The observed reductions in psychological distress, however, occurred as exams approached, lending weight to the findings.

Conclusion: These data are encouraging and show that Tai Chi can potentially serve as an effective, affordable and simple means of stress management in medical students. Further studies are worthwhile to explore these preliminary results.