

Prioritizing Medical Student Wellness: Community, Skill-Building, and Structural Support

Roberto Vasquez, MPH | Madison McCraney, MPH | Shermeeka Hogans-Mathews, MD, MS, FAAFP

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To the Editor:

As medical students with a vested interest in addressing burnout and promoting wellness among future physicians, we were deeply intrigued by the article “Resident Perspectives on a Wellness Program: A Qualitative Analysis.”¹ We commend the authors for their thoughtful exploration of residents’ wellness programming. These findings are highly relevant to medical students, who face similar challenges and are equally vulnerable to burnout and mental health concerns throughout training. Medical students experience demanding academic workloads, financial pressures, and the emotional toll of clinical experiences—stressors that mirror the structural and emotional limitations described in the study. These parallels underscore the importance of wellness initiatives tailored to medical students. Building on the authors’ discussion, we offer perspectives on adapting wellness programs for this population by fostering community, developing wellness skills, and addressing structural limitations.

Physician burnout and depression rates are unfortunately increasing.¹ Therefore, supporting medical students and equipping them with wellness skills during professional identity formation is essential to their academic and psychosocial well-being.² Training in practical strategies such as efficient charting, boundary-setting, and prioritizing self-care can help students manage the demands of medical school while establishing habits for long-term sustainability. Workshops focused on time management and boundary-setting support balance among academic, clinical, and personal responsibilities, while early integration of these skills can reduce stress and promote healthier professional lives.

Wellness initiatives may include peer-led mindfulness sessions, virtual workshops on coping strategies, or recreational activities such as yoga or art therapy. Offering remote or recorded options improves accessibility, particularly during clinical rotations. Ensuring access to healthy food during long academic or clinical hours can also make a meaningful difference.¹ At our institution, lunch-and-learn sessions combine nourishment with education, illustrating how small structural supports can positively impact student well-being.

Fostering a sense of community is another critical component of effective wellness programming. Peer mentorship programs and collaborative wellness events can reduce the isolation commonly experienced in medical school.³ Emphasizing community reflects the supportive role family physicians play within their communities. Participating in wellness-focused group activities helps students enhance their own well-being while developing skills to create supportive environments, while also mitigating imposter syndrome and adverse mental health outcomes. Reducing mental health stigma further requires normalizing discussions of traumatic experiences and providing safe spaces, despite challenges related to vulnerability within training

environments.¹ Intentional curricular space for these conversations enables students to process difficult experiences and seek support when needed.

Finally, addressing structural limitations is vital. Rigid schedules and high-stakes evaluations often leave little room for self-care. Systemic changes, such as integrating wellness programming into the curriculum and providing protected time, are essential.³ Incorporating protected wellness time or flexible scheduling options can reduce barriers and promote a culture of wellness in medical training. We appreciate the authors' efforts to examine wellness through the lens of resident experiences and encourage future research that includes medical students' perspectives. Addressing trainee wellness across all stages of medical education is essential to cultivating a healthier, more resilient health care workforce.

Corresponding Author

Roberto Vasquez, MPH

College of Medicine, Florida State University, Tallahassee, FL

Rv17b@fsu.edu

Author Affiliations

Roberto Vasquez, MPH - College of Medicine, Florida State University, Tallahassee, FL

Madison McCraney, MPH - College of Medicine, Florida State University, Tallahassee, FL

Shermeeka Hogans-Mathews, MD, MS, FAAFP - Department of Family Medicine & Rural Health, Florida State University College of Medicine, Tallahassee, FL

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