

When developing the RPT, Nielsen et al. only knew about the BCSB memory test from the international scientific literature. However, upon request Nitrini forwarded all of the BCSB memory test material, and it is only now that Nielsen et al. have had the opportunity to review this material. Although they acknowledge similarities between the two tests, Nielsen et al. also find important differences in their designs, procedures and measures (Table 1). Additionally, the wording of all the instructions differs and there are differences in administration and scoring. Thus, Nielsen et al. respectfully disagree that the RPT is simply a color version of the BCSB memory test, and Table 1 demonstrates these differences.

It is important to highlight that Nielsen et al. have no commercial interests in the RPT, which is made freely available to the international clinical and research community. In fact, Yassuda, one coauthor of the letter was given full access to all RPT materials in 2014, when she contacted Nielsen to ask permission to include the RPT and other CNTB tests in her research.

It is remarkable that Nitrini et al. argue against the suggestion that color information may improve recognition of pictures in low-educated or illiterate people. This suggestion is an old one⁵ and has been supported by several studies, including two by one of the signers of the letter.^{6,7} Interestingly, Ortega et al.⁶ directly compared tests included in the BCSB and the CNTB and stated that “data from the present study suggest that the use of colored stimuli seems to be a relevant strategy in the evaluation of memory among people with low schooling, as they may facilitate encoding.” It is noteworthy, that the name of the RPT was changed to the “Colored Figure Memory Test” in this publication.

We have the deepest respect for Nitrini et al., their excellent and longstanding commitment to improving cognitive assessment in low-educated and illiterate populations, and for introducing the test paradigm used in the BCSB memory test. There is no doubt that the RPT was inspired by Nitrini et al.’s seminal study, and this has always been recognized by Nielsen et al.

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Urging caution regarding the generalizability of the Medical Student Stress Factor Scale: a medical student perspective

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We read with great interest the article entitled “The root of the problem: identifying major sources of stress in Brazilian medical students and developing the Medical Student Stress Factor Scale” by Damiano et al., recently published in the *Brazilian Journal of Psychiatry*.¹

As medical students ourselves, we believe this paper raises an important awareness of the mental health crisis that appears to be spreading amongst medical students internationally.² In some regards it is unsurprising that medical students are at heightened risk of mental health issues. Here in the United Kingdom, as is the case in most countries, students begin medical education in their late teenage years/early twenties, where they are exposed to high-intensity education, fierce academic competition, and patient suffering/death, often without the necessary coping strategies to deal with such stressors.³ We

additionally agree with the authors' comments that it is the responsibility of the medical education providers to mitigate potential impact of their education practices on the well-being of their students.


However, we question this study's conclusion that the stressors identified may lead to poor grades and unprofessional behavior.¹ The study design is not suited to support such claims, since neither grades nor measures of unprofessional behavior were recorded as outcome measures in the study population. As a result, we are unsure what these conclusions are based on and feel that further clarification from the authors is necessary.

The authors additionally claim that this tool could be used internationally to allow medical schools to identify and act upon stressors in their students; however, we would question the validity of this assertion. The domains explicitly used in the Medical Student Stress Factor (MSSF) tool appear to have been generated from one medical school in Brazil. This concerns us since the stressors identified as significant in the study are likely to reflect the specific cultural, social, and educational environment found at this institution, and not necessarily those of other medical schools, both intra- and internationally. We therefore feel it would be appropriate to seek further validation of the MSSF tool across a wide range of institutions before claims of its validity are expanded to all medical schools.

One aspect of the educational environment that was not made clear in the study methodology was the temporal relationship between examination periods and questionnaire completion. Thiemann et al.⁴ recently demonstrated a significant increase in clinical depressive and anxiety symptoms in final year medical students whose clinical examinations were within two months compared to students outside of this examination period. This highlights the need for a longitudinal assessment to identify whether the contribution of stressors to depression, anxiety,

or stress symptoms is transient or protracted. Therefore, an opportunity for continued research could be to perform a similar study where the questionnaire is repeated at multiple timepoints throughout the academic year.

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