| Perceived stress of AMEC | | | | |
|---|---|---|---|---|
| **Instruction:** Please rate to what extent the following events causes you stress | **level of stress** | | | |
| **Loss opportunity for clinical practices and experiments,** | No impact | Mild | Moderate | Severe |
| **Lack of peer contact** | No impact | Mild | Moderate | Severe |
| **Lack of face-to-face communication with teachers** | No impact | Mild | Moderate | Severe |
| **Online examination** | No impact | Mild | Moderate | Severe |