

'Healer Know Thyself': Mindfulness in the Training of Health Professionals

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Despite the fact that students in the health professions are subject to various stresses, and many poor health behaviours originate during undergraduate education, little curriculum time has been dedicated to providing self-care skills for healthcare students. In order to equip students to respond to the inherent challenges of clinical practice and avoid burnout, the training of health professionals needs to give increasing recognition to the knowledge that skills in self-care and mindfulness are central to the development of resilience, coping, empathy, communication and reflective learning. If the education of future generations of healthcare professionals is to provide for their personal and professional needs, such programs will need to be integral and not peripheral parts of curriculum. CRAIG HASSED describes the development, implementation and evaluation of the Health Enhancement Program (HEP) run in the medical training at Monash University since 2002, which incorporates a mindfulness-based stress management course, cognitive strategies and the ESSENCE lifestyle program. The Monash program is possibly the first of its kind in the world to be integrated into core curriculum and is now being piloted at other medical schools. Monash's experience may provide an example and encouragement for the training of other healthcare professionals, including those working in the fields of counselling and psychotherapy.

It is a well-observed phenomenon that health professionals experience significant challenges to personal wellbeing from the time they commence training and throughout their careers. Medical students and doctors, for example, tend to experience high rates of psychological morbidity (Stewart et al., 1995; Hsu & Marshall, 1987), and many factors predispose students to depression including ethnicity, study demands and fears about performance. A recent study at Duke University put the prevalence of depression among undergraduate medical students at close to 20 per cent overall and 25 per cent for some sub-groups (Rosenthal & Okie, 2005). Other studies have put the level of significant emotional

distress at over 30 per cent with the most common stressors cited including; 'talking to psychiatric patients', 'effects on personal life', 'presenting cases' and 'dealing with death and suffering'. Firth (1986) reported that 'Relationships with consultants raised the strongest negative feelings.'

Stressors of this nature are not only ubiquitous to the training and professional work of medical professionals, but health professionals in general, including those working in the fields of counselling and psychotherapy. While the primary focus here is to explore the introduction of a mindfulness-based stress management program as core-curriculum in the Monash medical training, this initiative has broad

implications for the training of any health and helping professionals such as psychologists, social workers, nurses, counsellors and psychotherapists.

A number of unhealthy behaviours and co-morbidities are associated with poor mental health among health students. For example, it is estimated that around 45 per cent of medical students abuse alcohol and have used illicit substances, mostly marijuana (Newbury-Birch, Walshaw & Kamali, 2000). Some studies now estimate that 22 per cent of students have tried other illicit drugs compared to just three per cent ten years before (Ashton & Kamali, 1995; Webb, Ashton, Kelly & Kamah, 1998). It seems that usage rates increase as medical students move into residency years (Newbury-Birch,

Walshaw & Kamali, 2001) and use drugs to help them deal with stress and improve sleep (Laure & Binsinger, 2003). Chronic sleep deprivation is associated with a significantly greater risk of drug and alcohol abuse, conflict, weight change and medical errors. Student stress also correlates with poor immune function (Burns, Drayson, Ring & Carroll, 2002) and other physiological markers (Malarkey, Hall, Pearl, Kiecolt-Glaser & Glaser, 1991). Despite such experiences being common, denial is also common among senior doctors, which no doubt effects the professional environment into which medical students are indoctrinated (Sexton, Thomas & Helmreich, 2000).

Burnout and psychiatric morbidity in new medical graduates is common (Willcock, Daly, Tennant & Allard, 2004). A recent Australian study found a steady increase in the point prevalence of burnout during internship, to a peak of 75 per cent late in year, and 73 per cent (of interns) met criteria for psychiatric morbidity on at least one occasion.

The findings from medicine are reflected in other caring professions. High rates of burnout are found amongst psychotherapists and point to a need for greater self-care skills and practices (Figley, 2002; Leiter & Harvie, 1996). Burnout and wellbeing have significant implications for how a health professional relates to their clients. Thomas et al. (2007) demonstrated that both burnout (negative correlation) and wellbeing (positive correlation) correlated independently with student empathy scores. The author's conclusion was that, *'Efforts to reduce student distress should be part of broader efforts to promote student wellbeing, which may enhance aspects of professionalism.'* Although many students seem to cope well with the demands there is a significant proportion who are at risk of compassion fatigue (Wee & Myers, 2003). A lack of autonomy and connectedness seem to be predictive factors for depression and anxiety among mental health students (Bekker & Belt, 2006).

Workplace stress has been related to three main domains; control, support and demands (Theorell

& Karasek, 1998). Control can be fostered by improving the control over one's external environment, but more importantly, can be fostered through emotional regulation and management of one's internal responses to stressful life-events.

building resilience. Although many studies quantify the problems that health professional students face, few programs are built into core curriculum to assist healthcare students to avoid or manage these problems. A systematic review of the literature on stress

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With such stressors being unavoidable in any professional caring role it must surely be a goal of medical and other health practitioner education to foster the development of effective coping strategies and

management interventions for medical students, for example, revealed that by the year 2000 there were still only six well controlled trials (Shapiro, Shapiro & Schwartz, 2000). Two of the studies cited were on mindfulness-based stress

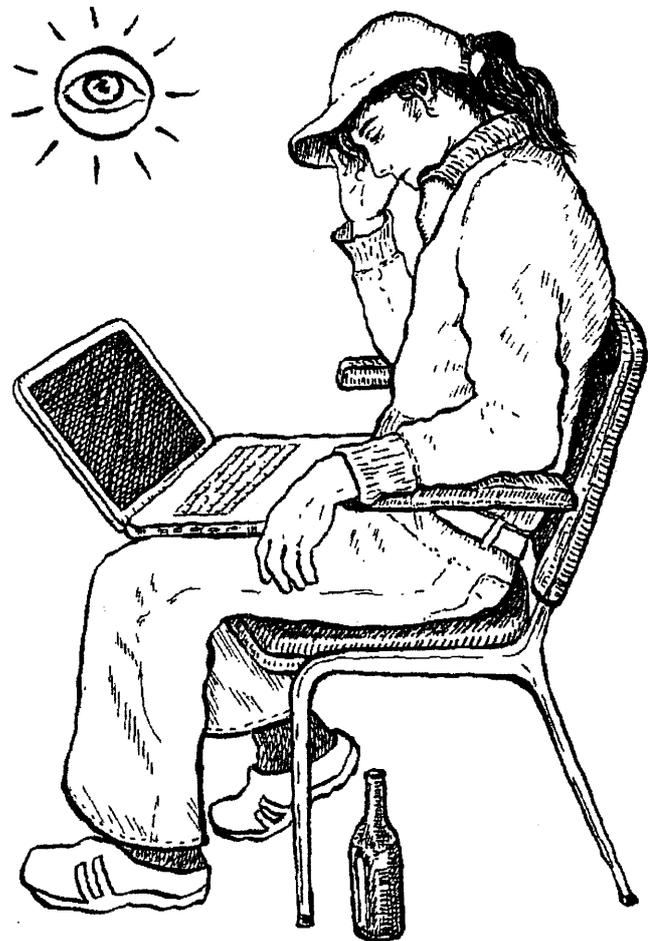


Illustration: Savina Hopkins

reduction (MBSR) programs. They found reductions in self-reported state and trait anxiety, psychological distress and depression, and increased scores for empathy, control and spiritual experiences, as well as markers of physical health (Shapiro, Schwartz & Bonner, 1998; Astin, 1997). A recent controlled trial demonstrated that students trained in MBSR had

number of other medical schools are using the *HEP* and adapting it to the local needs, curriculum and culture. These include the new medical course at Monash Malaysia and Sharjah University in the Emirates. Recently, Harvard Medical School have piloted the stress management component of the Monash course with their medical students (Rosenthal & Okie, 2005).

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significantly lower scores in mood disturbance than those in the control group. Improvements were also noted on the *Tension-Anxiety, Confusion-Bewilderment, Fatigue-Inertia* and *Vigor-Activity* subscales (Rosenzweig, Reibel, Greeson, Brainard & Hojat, 2003). Despite these promising results such programs tend to be optional rather than essential in training. As it is unlikely that demands will be reduced in current and future curriculums, there is a great need to improve the student's ability to perform at a high level in a sustainable way. Support groups providing mindfulness training seek to assist in all these domains. Any effort to build effective and congruent support in an educational institution needs to become a part of the culture, and include the students and faculty staff.

The introduction of mindfulness-based stress management in the Monash medical curriculum

The new medical curriculum at Monash University began in 2002 and reinforced previous efforts to foster student wellbeing and self-care through the Health Enhancement Program. Two-hour mindfulness-based stress management workshops had been a part of the first year core-curriculum since 1992, supplemented by a twelve-week stress management and wellness option for students who wanted to explore these techniques in more detail. Since this time a

1. The Stress Release Program (SRP)

Since 1991 the *SRP*, a mindfulness-based stress management and cognitive therapy program, has been used successfully as a student elective (see Table 2). Developed originally for the Royal Australian College of General Practitioners to help doctors with personal and professional stress management and counselling skills, it has also been used in distance learning through the Monash Diploma of Family Medicine and the combined Monash-Melbourne University General Practice Psychiatry Program.

The *SRP* incorporates mindfulness meditation and a series of related cognitive strategies or tasks that shed light on the thought processes that underpin stress, negative emotions

Table 1: Objectives of the Health Enhancement Program

To foster behaviours, attitudes, skills and knowledge which are conducive to:
1. Learning personal self-care strategies for managing stress and maintaining a healthy lifestyle.
2. Enhancing student's physical health.
3. Laying the foundations for clinical skills in managing stress and fostering healthy lifestyle change.
4. Being able to integrate <i>HEP</i> content with biomedical, psychological and social sciences.
5. Understanding the mind-body relationship.
6. Developing a holistic approach to healthcare.
7. Developing a supportive environment among the student body.
8. Enhancing performance.

The Monash Health Enhancement Program (HEP)

The objectives of the formal *HEP*, delivered in the first semester of first year, are laid out in Table 1. Twenty hours of face to face teaching is supported with twenty hours of self-directed learning. Students have a total of eight evidence-based lectures throughout the semester that cover an overview of the *HEP* and its relevance, stress and health, mind-body medicine, holistic and lifestyle approaches to healthcare, mindfulness-based therapies and each of the elements of the *ESSENCE* program. This material is supported by six two-hour tutorials in groups of fifteen. The *HEP* tutorials have two main aspects:

and poor performance. Each week, 'homework' is given that relates to the mindfulness exercises and one of the cognitive tasks. Students are invited to apply and examine the strategies within a personal context over the following week. Their experiences, insights gleaned and any questions that may have arisen are discussed in the next class. Discussion is driven by the questions, issues and insights of the students, not the tutor. Support materials include a student manual and course text *'Know Thyself'* (Hassed, 2002) and a 2-CD set. Implicit and explicit in the mindfulness training are the cultivation of self-awareness, self-regulation, autonomy, focus and meta-cognitive abilities.

Table 2: A brief summary of the Stress Release Program (SRP)23: a mindfulness-based stress management and cognitive therapy program.

<p>Mindfulness meditation practice: Students are recommended to punctuate the day with two 5-minute 'full stops' and as many 15-30-second 'commas' as needed. Over the weeks the students are invited to increase the length of the "full stops" to 10-15 minutes twice a day.</p>
<p>Mindfulness-based cognitive tasks:</p>
<p>1. Perception: are events inherently stressful or stressful depending on how they are perceived?</p>
<p>2. Letting go and acceptance: Is it the thoughts, feelings and events which cause us stress, or our relationship and attitude to them?</p>
<p>3. Presence of mind: what is the effect of being more present in the moment and connected to the senses rather than preoccupied with the past and future?</p>
<p>4. Limitations: do we impose much stress and avoidant behaviour on ourselves with unexamined, unreasonable and limiting ideas about ourselves?</p>
<p>5. Listening: does much of our stress originate in the unconscious mental chatter we listen to, and do we have a choice whether to listen to it or not?</p>
<p>6. Self-discipline: what is the cause and effect of not getting on with things when we need to, and not stopping when we need to?</p>
<p>7. Emotions: without suppressing emotions or criticizing their presence, can we be cultivate a wiser choice as to which ones to entertain and act upon?</p>
<p>8. Expanding self-interest: what is the effect of being more interested in and responsive to the needs of those in our daily environment?</p>

Table 3: the ESSENCE lifestyle model

Education: the importance of knowledge and reflection for modifying behaviour
Stress management: covered in the mindfulness program
Spirituality: the role of meaning and/or spirituality on coping, health and illness
Exercise: the importance and application of physical activity
Nutrition: the role of healthy nutrition and the influences on eating patterns
Connectedness: the role of social support for wellbeing and healthcare
Environment: creating a healthy physical, emotional and social environment

2. The ESSENCE Lifestyle Program

Each week a different ESSENCE topic is explored by the group (see Table 3). Students are encouraged, without self-criticism, to examine their own behaviours, motivations and attitudes as well as the outer influences that promote or obstruct a healthy lifestyle. The approach taken to debriefing this material is to create awareness, conscious choice and strategies to change behaviour if desired. To give further structure to the discussions, a number of behaviour-change strategies are

discussed and applied including motivational interviewing, the Prochaska-DiClemente cycle and the SAME model of goal-setting (Specific, Achievable, Measurable, Enjoyable). In applying these strategies to themselves students set their own agenda, rate of progress and goals. Application of the strategies to the students' own lives may vary, but at the very least they provide a deeper understanding of the challenges that face patients who are trying to apply a health professional's lifestyle advice.

Throughout the HEP students keep

a journal to record their experiences, difficulties, questions and insights. The journals are handed in to the tutor who gives them back the following week with feedback and encouragement.

The approach to self-care and building clinical skills is proactive, pragmatic and relies heavily on the tutorial working as a support group. Students are not expected to accept or reject material, but to test it in experience with personal application remaining the choice of the individual student. Experiential learning is seen as the most effective way to:

- achieve deep learning,
- integrate the HEP with the rest of the course,
- empathise with patients with regard to managing stress and making lifestyle changes,
- derive personal benefit.

Healthy lifestyle or behaviour change is encouraged, but not coerced. Privacy is a major imperative in personal development, and students are never encouraged to share anything in the small group teaching or journal that they are not happy to share, or that would be better dealt with in a confidential setting. If students identify themselves to the tutor as having significant mental-health, behavioural, academic or drug problems they are referred to an appropriate student support counselling service. The program is designed to be preventive or an intervention for mild to moderate problems only.

Evaluation

While a more detailed study is currently underway, some findings of post-course evaluation undertaken in the week prior to exams are available. Overall the results present a positive impression of the student's wellbeing as well as their uptake of the strategies and perception of the course. On nearly all parameters more than half the students reported having improved significantly or a little. For example, 85 per cent of students reported improvements in their ability to manage stress, 72 per cent reported improvements in their ability to relax throughout the semester, 70 percent reported improvements in their levels of anxiety and 59 per cent said their mood had improved.

These are encouraging results considering the evaluation took place in the week prior to exams and that almost all the remaining students reported that their anxiety and mood had not altered throughout the semester. Most notable and unexpected, was the fact that no students perceived themselves as being significantly worse on any measure of wellbeing or performance and very few reported that they were even slightly worse.

In terms of personal utilization of the self-care strategies, 76 per cent reported use of the mindfulness meditation and 82 per cent reported use of the mindfulness-based cognitive strategies. Students' reports of their overall perception of the course were positive. The *HEP* was rated by 65 per cent of students as 'significantly' or 'extremely' enjoyable, 56 per cent as useful, 53 per cent as instructive, 64 per cent as relevant and 67 per cent as interesting. Almost no students gave a rating of 'not at all' on any of these parameters.

Of course, these evaluations are only a snap-shot in time and conclusions about long-term benefits should be interpreted with caution. While the data presented here may simply indicate an 'afterglow effect', previous studies on medical student stress and wellbeing would suggest that the week before mid-year exams is a time when wellbeing would be at its lowest. More extensive and rigorous evaluations of the program are under way.

Discussion

Differences in the motivation of students to apply the practices to themselves are based on variable need, interest and insight. It would be reasonable to expect that the *HEP*, no matter how gently or non-coercively it might be presented, may challenge certain learning and coping styles. Perhaps less motivated students will see the relevance once they have more personal and clinical experience to draw upon.

Tutors are required to have experience with mindfulness-based therapies and behaviour change strategies and 'practice what they preach' at a personal level. Adequate preparation and personal motivation

of tutors is seen as essential as most students will look to them as role models and not just deliverers of material. A pre-*HEP* mindfulness program is provided for tutors who are relatively new to mindfulness and weekly debriefings of tutors are held to deal with any issues and questions.

The *HEP* provides students with a holistic model of health care and prevention, and lays a solid foundation of personal reflection and awareness upon which to build further clinical experience and skills. A core objective of the program is to foster peer support and self-reflection, an often ignored aspect of health practitioner education and practice (Sexton et al., 2000). Medical students, for example, are not often put in a situation of the 'self being the subject' and so denial and concern about revealing vulnerability are almost a part of medical culture.

A lesson learned with the first delivery of the *HEP* in 2002 was that without an evidence-based lecture series to support the tutorial content many students did not see the program's context or validity. In subsequent iterations the scientific foundations of psychology, mind-body medicine, psychoneuroimmunology, brain sciences, stress and health, and lifestyle interventions were integrated into the *HEP*.

A core element in the successful integration of the *HEP*, has been to ensure that content and skills are examinable. The journal and personal application are a student's personal choice and only formatively assessed, but summative assessment (written and oral exams) on the student's ability to understand and apply core knowledge and skills ensures a basic level of competency and comprehension.

The style of delivery of the *HEP* and mindfulness is important with regard to engaging and motivating students:

Use simple language, everyday examples and analogies to illustrate key principles

An accessible language style helps the students to understand, apply and communicate the principles and practices being taught. For example, the 'trains of thought' analogy, recognizes that thoughts and feelings enter and leave our awareness all the time. Mindfulness shows us that

we cannot necessarily stop these trains coming and going, for this only leads to frustration and a sense of not having control, but we can develop the ability to watch the trains without getting on them. This helps the students to understand principles like non-reactivity, restful control, stillness through observation, and meta-cognition (not having to stop or struggle with thoughts or feelings in order to be free of their influence).

Avoid psychological jargon and religious connotations

An understanding of the psychological, theoretical and scientific underpinnings of mindfulness-based therapies is best provided in lectures and *not* in tutorials where practical skills are being learned. In essence, the technique of mindfulness is a simple and direct practice, and does not need to be complicated. The avoidance of unnecessary religious connotations helps students to be aware of the pragmatic and universal aspects of mindfulness without them being clouded or limited by religious sensitivities. It is helpful to emphasize that the principles and practices of mindfulness are found in all cultures and contemplative traditions, and in clinical practice most patients want pragmatic help for their problems, not religious doctrines or paths.

Make the material relevant to the student's needs and interests

Students will differ in their awareness and/or experience of stress. It is important to remember that mindfulness is far more than stress management. Potential engagement may arise from an interest in; how to improve academic or sporting focus and performance, emotional regulation for coping with anger, improving sleep, anxiety, eating disorders or lifestyle management, or the physiological and health benefits. And for some their main interest will be the clinical skills or science.

Present material in a non-threatening way including the use of humour

The aim to bring self-development into health practitioner education will not be served by confronting or threatening students. Self-disclosure or self-awareness can be challenging,

especially when working with groups, and needs to be handled with care and respect for student's privacy and boundaries. Humour has always been helpful for introducing mindfulness to groups in order to improve retention, break down barriers and focus attention.

Avoid trying to impose on students, but invite inquiry and exploration

Imposing the practice, or expecting blind acceptance, are at variance with the principles and application of mindfulness. Questions and experience are vital to understanding mindfulness and its application. Mindfulness is very much an educative process of drawing out wisdom and insight ('educare' being Latin for 'to draw out'), and not one of indoctrination (which is to 'stuff in'). When such a subject is included as core-curriculum the potential for resistance is greater if there is a sense of imposition. If a student wishes not to participate in the practice with the group, which happens rarely, they are invited to sit quietly and listen so that they know what the practice is about.

Remind students that every experience is a potential learning opportunity

Every observation and contribution, if it is drawn from experience, is valuable. We can learn as much from the times when we think we are getting the practice 'wrong' as when we seem to be getting it 'right'. Judgments like right and wrong, good and bad, tend to set up expectations, create pressure, and lead to disappointment. More importantly, they cloud the valuable learning opportunity behind every experience. If, for example, a student says that they 'cannot clear their mind' they might be encouraged to consider if this was an actual instruction given by the facilitator or an assumption by the student. They might be further asked to explore the effect of trying to 'stop thoughts or feelings coming in' or 'get them out'. The student may then notice that this attitude to thoughts and feelings made them more intrusive, drew attention to them, and left them feeling like they had less control. This process can lead to valuable insight into the effects of responding to thoughts and feelings in this way. If the student is then invited to reflect on times when they

were more accepting of the presence of the thoughts and feelings, they may find that they came and went more easily with little disturbance. Both experiences provide valuable lessons in learning about mindfulness, acceptance, control and focus.

It seems that Monash is the only health professional course in the world to include mindfulness training in core curriculum. Training programs for health professionals need to give increasing recognition to the knowledge that skills in self-care and mindfulness are central to the development of resilience, coping, empathy, communication and reflective learning.

Conclusion

Our experience of introducing mindfulness-based stress management has been successful and positive, but for this to be most effective the method of delivery and integration with clinical skills, psychological principles and biomedical knowledge are important.

If the education of future generations of healthcare professionals is to provide for their personal and professional needs such programs will need to be integral and not peripheral parts of curriculum. It should be the aim of any health-professional course to have its students graduating healthier, happier and more resilient than when they came into it. In order to equip students to respond to the challenges inherent in clinical practice, the qualities of resilience, balance and knowing when to seek help need to be fostered early in training. The Monash initiatives are part of one faculty's commitment to the wellbeing of its students for its own sake, for their future development as clinicians, and for the healthcare system as a whole. The pooled experience of initiatives elsewhere in Australia and overseas will surely help these efforts to be refined and better targeted in the future.

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