

Undergraduate Medical Program



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Teaching Context

MED1011 is the first unit (first semester, first year) of the five-year undergraduate medical program at Monash University. The unit introduces four themes that are maintained over the degree: Personal and Professional Development, Population, Society, Health and Illness, Foundations of Medicine, and Clinical Skills.

Students: Approximately 320 students enrol in the undergraduate Medical Education program each year.

The teaching team: Assoc. Prof. Craig Hassed developed the unit and the strategies outlined in this case study. These strategies have been in place in the undergraduate medical program since 2002. Twelve tutors support the unit. They are teaching practitioners with professional experience in small group teaching and with personal and professional experience in the course content (Hassed et al., 2009)

Mode: 10 weeks of face-to-face lectures, supported by five 2-hour tutorials in groups of 15-16 students each.

Issue: Impetus for change

Associate Professor Hassed and his colleagues recognised high levels of distress and burnout among their medical students. They were concerned about the implications that this distress would have on the students' capacities as medical practitioners. He explained that as future doctors, students needed to develop self-care and self-regulation skills: "A doctor who is not coping well or is less mindful is many times more likely to make clinical errors" (Monash University, 2009). Furthermore, as future doctors they will need clinical skills in mindfulness and lifestyle management as well as sustainable performance and communication skills.

Aim

To incorporate into the curriculum of a first-year unit a component that teaches students about the importance of their own personal and professional development, and to develop learning activities that highlight: (1) the mindfulness and lifestyle skills necessary to take responsibility for their own self-care and help-seeking, and (2) how their own strengths and limitations can impact upon performance.

Subject Design strategies

The strategies developed to meet this aim are:

Dedicating half of the semester's content on personal and professional development to teaching theory and practice related to student wellbeing

One of the four themes of the undergraduate degree, personal and professional development, is allocated 10% of curriculum time in MED1011. The half-semester incorporates content related to students' awareness of their skills and activities that are designed to let students apply theory to their own lives. Content is predominantly embedded within the Health Enhancement Program (HEP). The HEP comprises two components: a mindfulness program and the ESSENCE lifestyle model. Detail about the content of the HEP program can be read in Hassed's and his colleagues' publications (Hassed et al., 2008; Hassed et al., 2009; Slonim et al., 2015).

Using student-directed learning in a reflective task in first year

Students set their own agendas and goals in applying the concepts of the HEP to their personal lives. This approach gives students autonomy in how they learn

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the content. They keep a journal of their personal applications and submit entries to the tutor each week for feedback. There is a chance that students will disclose experiences of distress (i.e., personal, mental, or academic difficulties) to their tutors, and therefore strategies and pathways to further support must be clear to tutors before semester begins. For instance, if students disclose significant distress, then tutors refer them to student support counselling services for care (Hassed et al., 2008; Hassed et al., 2009).

Practicing and debriefing weekly homework tasks in first year

As well as the self-directed learning, students are given weekly 'homework tasks' to practice mindfulness techniques learned in class. One hour of every tutorial is dedicated to discussing and debriefing their experiences with the mindfulness techniques and the other hour on the particular lifestyle topic for the week. The discussion is designed to help students articulate their experiences with the strategies and develop insight into mindfulness, the mind-body relationship and the factors governing their lifestyle choices. A range of behaviour change strategies are also explored and applied by the students. Personal application is voluntary but understanding core knowledge and skills is expected examinable.

Establishing a committed, professional and empathetic tutoring team

Hassed advocates strongly for building a teaching team with professional experience in the discipline and in teaching, commitment to content, and capacity for empathy. The tutors in his course are all teaching practitioners (as the content is medicine, these include specialist doctors, general practitioners, psychologists, and counsellors). They act as role models, mentors, and personal "links" for students between their study and professional pathways.

Evaluating outcomes

Hassed and his colleagues have systematically evaluated the effectiveness of embedding these strategies into their first year unit, and have published their findings (Hassed et al., 2009; 2009; Slonim et al, 2015). They evaluate its effectiveness in relation to engagement in the course and to students' wellbeing.

In their first evaluation, over 90% of students reported using mindfulness practices in their lives outside the unit (Hassed et al., 2008). They also found that students had higher measures of wellbeing (across multiple scales) after the HEP (prior to mid-year exams) when compared to before the HEP (mid-semester). That mid-year exams are typically a stressful experience for students makes these evaluation findings even more remarkable.

Since 2008, various published and in-production evaluations by Hassed and his colleagues continue to find associations between the HEP and students' academic engagement and wellbeing (Hassed et al., 2009; Slonim et al., 2015). One paper in production, for example, reports positive correlations between mindfulness techniques and wellbeing and engagement in unit content (Opie, in production). The more that students adopted mindfulness techniques, the more engaged they were with course content across the curriculum and the higher their wellbeing.

The success of the HEP is also clear in its uptake into other disciplines and other universities. At Monash University, the mindfulness elements of the HEP have been integrated into other undergraduate programs including Physiotherapy, Pharmacy, Information Technology, and Master of Business Administration. The HEP is also being integrated into programs at other universities in Australia (e.g. Deakin University, University of Notre Dame) and internationally (e.g. Auckland University, New Zealand; University of Leicester, U.K.; University of Montreal, Canada).

REFERENCES

- Hassed, C., Sierpina, V. S., & Kreitzer, M. J. (2008). *The health enhancement program at Monash University medical school*. *EXPLORE: The Journal of Science and Healing*, 4(6), 394-397.
- Hassed, C., De Lisle, S., Sullivan, G., & Pier, C. (2009). *Enhancing the health of medical students: outcomes of an integrated mindfulness and lifestyle program*. *Advances in Health Sciences Education*, 14(3), 387-398.
- [no author]. (2009, May 27). *Future doctors look within* [media release]. Monash Memo. Monash University. Retrieved from <http://adm.monash.edu/records-archives/archives/memo-archive/2004-2007/stories/20090527/yoga.html>
- Opie, J. (2015, in preparation). *[Masters thesis study engagement and wellbeing.]* Unpublished thesis: Monash University.
- Slonim, J., Kienhuis, M., Di Benedetto, M., & Reece, J. (2015). *The relationships among self-care, dispositional mindfulness, and psychological distress in medical students*. *Medical Education Online*, 20.