keeping your grass greener

the wellbeing guide for medical students

proudly produced by
the Australian Medical Students’ Association & the New Zealand Medical Students’ Association
The Wellbeing Guide Team would like to thank the following partners, without whom this guide would not have gone ahead:
feel good Dr Sally Cockburn

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Dr Sally Cockburn

When I speak to medical students at O-Week every year, my message is simple: get a GP, get a hobby and get a life.

If you want to be a good doctor you actually need to put effort into looking after yourself. You are not invincible, physically or mentally. The course can seem daunting and chip away at your self-worth, so you have to work at keeping your view of yourself in perspective.

The Wellbeing Guide is essential reading for every medical student. In my view it’s as important as those jabs you had before you started the course to build immunity to various infections you may encounter as a doctor. Like those immunisations, this book will help build resilience to another sinister and surreptitious problem – attacks on your mental health. They say plumbers have lousy bathrooms. In the same way, health professionals are generally not flash at looking after themselves. We spend our professional lives caring for others and often we are just too worn out to bother caring for ourselves. You might be able to get away with this for a while but sadly by the time you really need to do something about your health it’s often too hard to ask for help.

If you have a family GP, don’t lose contact. If you don’t, then find one. This should be a high priority in the first few weeks after enrolling and will be insurance for surviving the course and the profession. Your GP is someone you can simply be a patient with, confide in and get support from. You have to let yourself be a patient and listen to advice. You need to practise this because it gets harder the longer you are a doctor.

Because of the intense focus needed to get into medical school, many people stupidly sacrifice things that they enjoyed doing. Getting rid of hobbies is not a sign of discipline; it’s actually counterproductive to your goal. In my experience those people who keep up hobbies do better at medicine and life.

Medicine is a great career. It’s always interesting and can take you anywhere. Most of all we have the privilege of travelling with people on their personal journeys with health, life and even death. Sometimes joyous. Sometimes devastating. Then again, beware, however enthralling it might be, don’t get sucked into the vortex where medicine becomes your life.

There must always be life outside medicine. I sit here nearly 30 years after graduation - medicine is now more or less my hobby and my career is spreading the word on health on radio and TV. I still love practicing medicine. I believe this is because I have a life outside it.
Dear Medical Students,

We are glad you have picked this booklet up to have a read. It contains some pretty important stuff and tackles issues that have long been neglected.

Medical student wellbeing has often been swept aside as something of little relevance. Any stress, distress or concerns of mental health have been thought of as a normal part of what can be a gruelling education. We, as a profession, did not know how to deal with it and did not want to deal with it - “Warning: Taboo subject lies dormant behind this door. Admitting to stress carries stigma and must be avoided. Do not enter under any circumstance”.

Slowly, however, we have started to peek through the lock. Some of us have even opened that door to look inside. The Australian and New Zealand Medical Students’ Associations now hope (with a bit of your help) to open that door properly and get things right on track. True, medical students will experience stress at different times, but it need not be at the highest levels of stress, distress and depression that we’re at risk of.

Your health is important!

Have a think about it. To get the most out of medical school, and ultimately deliver the best care to your patients, you need to be physically and mentally fit. It is a situation where everyone will be glad you looked after yourself first:

If oxygen is needed in an emergency, a mask will be released from above you. Place the mask over your mouth and nose and tighten the strap. Pull down on the hose to start the oxygen flowing. Make sure you put on your mask first before assisting others.

We produced this booklet off the back of wellbeing research that AMSA and NZMSA conducted, and have included some of the results. We want this document to help break down the stigma that surrounds wellbeing, and provide some practical tips for surviving and thriving at medical school. We have also compiled a help directory that lists places you can go when you need some advice.

Finally, remember wellbeing includes avoiding stress, distress, and issues of mental health, but is also about having a balanced lifestyle, resting well and relaxing, and ultimately enjoying what you do.

Medical school will have its challenges but it should be fun at the same time.
are we that different?

Well, the simple answer is yes.

The good news is that we can do something about it (and to an extent already are).

Research studies have shown that medical students have similar psychological wellbeing to the general student population before their course.¹⁻³ During the course, however, we begin to exhibit lower levels.⁴⁻¹⁰

The statistics are concerning and not an acceptable norm. One study has suggested that almost a quarter of medical students show signs of depression, and of them a quarter will experience an episode of suicidal ideation.¹¹ Other studies have had more conservative estimates, but they still show we have rates of depression and stress well above the general population.¹⁰

One of the most worrying statistics from the AMSA/NZMSA research was that 55% of medical students believe there is a stigma associated with experiencing stress and distress.¹² This stigma creates a potential barrier to accessing support services, as we will not want to admit to having a problem (the first and often most difficult step to seeking support). As part of their Doctors’ Mental Health Program in Australia, beyondblue has conducted a literature review that further emphasises perceived stigma and embarrassment as barriers to seeking help.¹³

So, what does this mean? It means that you have to look after yourself, and as a group we need to look out for each other. We also have to address wellbeing more actively, and realise that stress is normal as a medical student but that we can handle it better.

Our experiences at medical school will mould how we handle stressors as a doctor, so it really is important that we get on top of them all now.

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Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Stress</td>
<td>anyone’s response to the various factors influencing their life</td>
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<tr>
<td>Distress</td>
<td>a maladaptive response to these factors</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>the optimisation of physical, mental and social health</td>
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</table>
Medical school is a lot of fun. We have some pretty unique experiences and whether good or bad, they make us who we are. These experiences, however, are not necessarily fun at the time.

Cadaver dissection can be eye-opening for many. It can be hard to conceptualise the background to that learning opportunity. The first severely ill patient who you meet may also rattle your cage. Life is precious and it is normal to have these responses.

It’s not all death and dying though. There are simple stressors like the continual assessment and sheer volume of knowledge we are expected to carry. Sometimes we are put on the spot by clinicians. That can be a bad feeling too, when you freeze and can only think of whether or not your classmate will still date you!

Dr Dyrbye is a Primary Care Physician at the Mayo Clinic in Minnesota, USA. She has done a lot of work looking at what contributes to the stress of being a medical student. Here are some stressors she identified in a literature review:  

**Academic**
- Substantially increased workload\(^{15,16}\)
- Concern for academic performance\(^{17}\)
- High-stake examinations\(^{15,18}\)

**Life**
- Personal life events
- Finances and debt
- Lack of time for recreation and hobbies

**Support and role models**
- Separation from peer-support groups in clinical school and frequent rotations into new environments
- Interpersonal interactions with teachers\(^{19}\)
- Supervisors who are stressed, depressed or burned out, which leads to modelling of cynicism and unethical behaviour

**Student abuse**
- Verbal abuse that affects confidence

**Exposure to human suffering**

That’s a scary list! But don’t run. Knowing about them means you can be more consciously aware of how they may affect you. You can then ask for some help earlier than you might have done otherwise!
could this be me?

beyondblue

Looking after your mental health and wellbeing

When you’re focused on a career in helping others with their health, it can be hard to admit when you need help yourself.

It’s important to recognise the signs that you or a fellow student might be experiencing stress or mental health problems. If left untreated, stress and acute distress can lead to depression and anxiety disorders, severely impacting on your mental and physical health - and on your studies.

The good news is that there are many types of effective, easily accessible supports and treatments available. Help is out there, so nobody should be afraid to ask for it.

Depression

Depression is more than just a low mood - it’s a serious illness. 1 in 6 Australians will experience depression in their lifetime, but with the right treatment most people recover.

How do you know if a person is depressed and not just sad?

A person may be depressed, if for more than two weeks they have felt sad, down or miserable most of the time, or lost interest or pleasure in most of their usual activities, and experienced some other symptoms which include:

- stopping going out
- poor attendance and lack of involvement in their studies
- withdrawing from friends and family
- relying on alcohol and sedatives
- an inability to concentrate

- feeling overwhelmed, irritable, frustrated or indecisive
- a loss of confidence
- physical symptoms including constant tiredness, headaches, muscle pains and sleep problems
- significant weight loss or gain

www.beyondblue.org.au
Information on depression, anxiety and related disorders, available treatments and where to get help.

www.youthbeyondblue.com
beyondblue’s website for young people.

www.mmha.org.au
Mental health information for people from culturally diverse backgrounds.

www.headspace.org.au
Information, support and services for young people aged 12 to 25.

www.reachout.com
Information, help, support, advice and connections for young people.

www.bluepages.anu.edu.au
Information about depression compiled by the Australian National University’s Centre of Mental Health Research.

www.crufad.com
Clinical Research Unit for Anxiety and Depression.
Anxiety
Anxiety disorder involves more than just feeling stressed. People with anxiety disorders find it hard to function every day - it’s a serious illness, experienced by one in four people at some stage of their lives.

How do you know if a person is experiencing anxiety?
A person may be experiencing anxiety if they:
• Feel very worried and anxious most of the time
• Find it difficult to calm down
• Feel overwhelmed or frightened by sudden feelings of intense panic/anxiety
• Experience recurring thoughts which cause them anxiety, but seem silly to them
• Avoid situations or things which cause them anxiety e.g. social events, crowded places, or giving a speech
• Experience ongoing difficulties (e.g. nightmares or flashbacks) after a severely traumatic event

What help is available?
People can often find it difficult to take the first step in seeking help. You can help someone who is experiencing depression or an anxiety disorder by assisting them to get information, encouraging them to get involved in social activities, and suggesting that they see a doctor or health professional.

Treatments
Different types of depression and anxiety disorders require different types of treatments. Depending on the severity of the person’s symptoms, these can include physical exercises through to psychological treatment and the use of antidepressants. Everybody is different, and the most important thing is to find a treatment that works.

Psychological treatments deal with problems that particularly affect people with depression or an anxiety disorder, such as changing negative patterns of thinking or sorting out relationship difficulties. The most common and effective psychological treatments are:

Cognitive Behaviour Therapy (CBT)
A structured program which helps to correct negative thought patterns. CBT recognises that the way people think affects the way they feel.

Interpersonal Therapy (IPT)
A structured program with a specific focus on improving relationships. Antidepressant medication is also prescribed sometimes, alongside psychological treatments, when a person experiences a moderate to severe episode of depression and/or anxiety. It’s important to discuss your treatment options with a doctor. With the right treatment, most people recover from depression. Remember - you are not your own doctor. If you or someone you know needs help, talk to your GP or another health professional about getting appropriate treatment.
let’s avoid this...

Yes, this is all avoidable. Remember, fit your own oxygen mask before helping those around you.
the importance of having your own GP

Dr Roger Sexton

A GP offers many advantages when deciding to seek formal health care. The value of the partnership between yourself and your nonjudgmental and broadly skilled doctor in guiding you through the health system is immeasurable.

Most people undertake informal self-care before they seek the formal intervention and advice of a GP. That may include the recognition of symptoms, discussion of the symptoms' severity with a friend or relative, minor self-medication such as analgesics, awaiting improvement and, finally, the recognition that the severity or persistence warrants professional advice.

This process can be significantly modified when the patient is a doctor or medical student. The symptom recognition can be poor and corrupted by ‘partial’ knowledge and degrees of embarrassment and hypochondriasis. Advice may be bypassed in order to avoid exposure of the illness to a potentially critical peer group or supervisor. Self-administration of minor medication can be followed by stronger prescription medication and the use of drug samples that are easily accessible to medical personnel.

There are certain expectations which go with the decision to seek the professional advice of a GP. They can be summarised as the 4 Ts. The treating doctor will be expected to offer sufficient time, possess the required talent, engender trust and display virtuousness and TLC. Disappointment can follow and taint the clinical experience where one or more of these expectations are not met.

The choice of a GP may therefore take a little time until the one who displays these qualities is found. The result should be someone who is your trusted confidante who can advocate for you in the health system, can create a complete medical record and recall you for health checks, is available for phone advice, can connect you with an independent network of health professionals and above all can give you skilled independent medical advice.

It is worth spending the time to find one.
Any kind of study can be stressful, but the demands of being a medical student may be especially tough, and it’s natural to feel a little overwhelmed at times.

For some people, these feelings of stress, when experienced intensely and for long periods, can result in a range of physical and mental health problems such as headaches, not sleeping, depression or anxiety.

The key is to find a balance between studying hard and living healthily. It’s important to look after your mental health and wellbeing. Simply put, if you are mentally healthy and know how to manage stress, you will study better. And if you aren’t, your studies may suffer.

Luckily there are some simple steps you can take to safeguard and strengthen your mental health and wellbeing.

Stay physically healthy
Often, simple strategies for staying physically healthy will result in good mental health as well. These include:

• Keeping active - Research shows that keeping active can help lift mood; help people get a good night’s sleep; increase energy levels; help block negative thoughts and/or distract people from daily worries; help people feel less lonely if they exercise or socialise with others; and increase general wellbeing.

• Getting a good night’s sleep - Poor-quality sleep can lead to tiredness during the day; poor concentration; irritability; aches and pains; an immune system that doesn’t work well (leading to more frequent illness); and overall poorer mental health.

• Reducing alcohol and other drugs - Drinking, smoking and using illegal drugs may have a brief mood-lifting or relaxation effect, but can later cause feelings of depression, anxiety, panic attacks and paranoia.

• Eating a healthy diet - Food can play a vital role in maintaining mental health as well as physical health. In general, eating a nourishing diet gives people an overall sense of wellbeing.

• Socialising - Keeping connected with people helps increase levels of wellbeing, confidence and opportunities to participate in physical activities.
Managing Stress

Stress is common in daily life, and is experienced by everyone at some point. Students are especially susceptible to stress. The pressures of studying are substantial, and most students will feel stressed at some point during their studies. Quite often stress is a natural, healthy response, which can help keep you motivated and focused. However, if left unmanaged it can lead to poor mental health and put you at risk of developing a range of health problems, such as depression or an anxiety disorder.

Stress may be associated with studying, work, family or personal relationships. Whatever the cause, there are things you can do to manage it.

Postponing major life changes, resolving personal conflicts, making time for pleasurable activities, controlling workload, exercising regularly and seeking help early from a friend, teacher, doctor or counsellor may help to reduce stress.

Controlled breathing and/or alternating muscular tension and relaxation can also help you manage stress. For more information on these exercises visit [www.beyondblue.org.au](http://www.beyondblue.org.au), click on Get Information, and download Factsheet 6 - Reducing Stress.

It’s important to note that stress isn’t depression - but prolonged stress can be a risk factor for anxiety and depression.

Where to get help

The above hints will help you manage stress and lead a healthier life. However, it is important to seek professional help if necessary, especially if you feel that you may be experiencing depression. If you or someone you know needs help, talk to your GP or another health professional about getting appropriate assistance.

To view ‘When the Cowpat Hits the Windmill’ written by the National Rural Health Students’ Network, visit the beyondblue website and click Get Information, then Downloadable Information Materials, or visit [www.nrhsn.org.au](http://www.nrhsn.org.au).

For more information on stress and depression, available treatments, where to get help, and how to lead a healthier life visit [www.beyondblue.org.au](http://www.beyondblue.org.au) or [www.youthbeyondblue.com](http://www.youthbeyondblue.com), call 1300 22 4636 or email infoline@beyondblue.org.au.
effective study and managing exam stress

Dr Kieran Le Plastrier
MDA National

Despite years of exposure to exams and assessments, many medical students and graduates continue to report significantly increased levels of anxiety, distress and psychological ill health in response to them.

From the first few weeks of medical school, through to vocational specialist training and academic advancement, a career in medicine involves regular periods of potentially high stress examination and assessment. But unlike the hundreds of hours devoted to teaching the skills and knowledge required to perform clinical examinations and interpret findings, most students will receive barely a lecture or two, and perhaps some printed material, to assist them with acquiring a mastery of independent learning. And passing exams is no indication that study habits are optimal.

The influences and interactions of personality, environmental supports and constraints, cultural issues, as well as features of the assessment structure and study habits of a student all contribute to the complex process of learning. A relationship exists between effective learning and study habits, and later career performance, reinforcing the importance of a more sophisticated understanding of this multidimensional process.

To study the phenomena of disease without books is to sail an uncharted sea, whilst to study books without patients is not to go to sea at all - William Osler

Figure 1: Combined “Bloom’s Taxonomy” with Competence-Performance continuum

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Over 50% of lawsuits involving junior doctors and adverse outcomes including death in the US in a 22 year period included factors relating to technical competence and knowledge. They are both direct products of the learning environment. But the practice of medicine is greater than knowing a ‘whole lot of stuff’; a non-linear relationship exists between the paradigms of competency (showing skills and knowledge in test conditions), and performance (actually doing it in real life).

Effective learning appears to be the outcome of the interaction between a good approach to learning (strategic or deep); provision of appropriate learning environments and teaching methods; awareness of one’s learning styles and strategies to exploit their strengths and manage their limitations; and a significant contribution from a well designed curriculum and assessment program. Evidence suggests that trying to adopt new strategies for learning is demotivating and associated with negative feelings, making it even more important to foster the most adaptive behaviours as early as possible in training.

Validated resources and tools are available for students to assist them to better appreciate their individual learning styles and understand the behaviours and strategies for optimal approaches to learning (see useful resources list on page 51). Given a student’s very limited control over important environmental factors (curriculum, exam design), it is even more critical that they pursue best-practice goals in their own study. Fortunately, one’s approach to study and learning are not fixed, and more effective methods can be learned.

Worldwide, the concept of ‘lifelong learner’ is now highly valued and embedded in the framework of what constitutes a ‘Medical Expert’, and is thus considered a critical responsibility of the young professional to develop and foster during their training years.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td><strong>Surface</strong></td>
<td>Memorise facts and follow sequences without attempting to understand limits and boundaries, or to integrate learning with other knowledge. Motivated by passing/fear of failing an exam. Replicate what is taught without creating new meaning.</td>
</tr>
<tr>
<td><strong>Deep</strong></td>
<td>A focus on understanding rather than memorising. Attempts to relate new material to previous learning. Motivated from within by an intellectual curiosity. Attempts to transform what is taught so that their understanding of the subject is changed and a more abstract representation of theory and practice emerges.</td>
</tr>
<tr>
<td><strong>Strategic</strong></td>
<td>Well organised and efficient, adapting the approach to maximize probabilities of getting the best marks. Often a deep learner applying surface approaches where necessary to maximise results.</td>
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Figure 2: Taxonomy of Learning Approaches
Mental resilience is very similar to being physically fit. Being resilient allows us to withstand the stressors, frustrations and annoyances that beset medical doctors. But more than that, when one is resilient, life takes on more meaning. Some researchers call this state of being “flourishing”! This is much more fun than just existing or surviving.

There has been a recent explosion in research on this area. You might want to research it yourself and Google “positive psychology”. The good news is that many of us can change our attitudes and develop skilful means in order to flourish. The following are certain attitudes we can all develop:

1. Mindfulness.
   It is a 2500 year old Eastern approach to daily living. A mindfulness practitioner pays attention to the moment, in a non-judgmental manner. One is not bogged down by all the “what if’s” and instead savours the current experience. The overall effect is an attenuation of the sympathetic overdrive allowing the person to “chill” naturally. It can be an addictive state of mind!

2. Gratitude.
   Learning how to be grateful for many things that we normally do not notice can change our perspective. A daily gratitude log where one lists things s/he can be thankful for at the end of the day has been shown to increase happiness and resilience after two months. This attitude is one of my favourites and one of the easiest to do.

3. Compassion.
   All of us can actually increase our levels of compassion to other people, even the most annoying ones. By seeing that all of us, including those who pester us, are all the same, can make a difference in how we perceive others. Being conscious that all of us are actually very similar can make us feel connected and more forgiving. All of us actually want to be happy. All of us want to live in peace. Focus on how similar we are and not on the differences.

If you are interested in some of these techniques, please visit www.calm.auckland.ac.nz.
preventing burnout: don’t say yes

Maria Gardiner and Hugh Kearns
(ithinkwell.com.au)

A key cause of burnout and poor work morale is just being too busy - being overcommitted. Medical students in particular can be at risk of being overcommitted because not only do you have very demanding work, but you also have study. Before you know it you’ve signed up for a committee, been talked into taking on an extra work shift, committed yourself to chairing the fundraising group and squeezed in yet another last minute work request. Often it feels easier to agree and deal with the consequences later. It’s hard to say no when someone is standing there in front of you asking (often pleading) for something. Often (well, sometimes) what they’re asking for is worthy, fairly reasonable and absolutely plausible. However, as we like to say - even good things can kill you! For most of us it’s very hard to say no.

Emotional reasoning
What happens in these situations is that we feel under pressure to agree. Under this pressure a part of our brain (the rational logical bit) goes absent without leave. The part that’s left (the emotional bit) can tend to respond without thinking through the consequences. We often say that you shouldn’t make decisions unless you have a consenting adult present.

Don’t say yes
A useful skill to learn is to buy yourself some time - time for your rational brain to re-engage - a cooling off period if you like. And to do this you need to get out of the habit of automatically saying yes.

Some responses you can use instead of yes are
• I’ll get back to you about…
• I’ll need to check my diary before I can
• I’ll need to check with my wife/husband/friend/border collie about what we’re doing
• I think I already have something on then, but I’ll check

While you are checking (and cooling off) you can be
• Really checking
• Thinking through if this is such a good idea
• Working out what else you can give up (hint: it’s not family/friends! Or you!)
• Coming up with a diplomatic way of saying no. For example, ‘I appreciate you asking me to… but right now is not a good time. Perhaps next week/month/year/never’
• Thinking of another option for them. For example, ‘I can’t do it, but I know Rodriguez is really good at doing that’.
But if you find the idea of not saying yes difficult, you can always book something into your diary so that you have a cast iron alibi. Just make sure that the thing you book in isn’t worse than the thing you are trying to get out of. One medical student we know joined a knitting circle so that she would not be available on Tuesday nights when the local council wanted her to chair a working party. Fortunately, she enjoyed knitting!

It’s the thought that counts.

Finally, here are some common thoughts people have that allow them to stay overcommitted (and stressed). Next to each thought is a more accurate view.

<table>
<thead>
<tr>
<th>But...</th>
<th>What’s accurate</th>
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</thead>
<tbody>
<tr>
<td>They’ll be upset.</td>
<td>How do I know? Does it matter?</td>
</tr>
<tr>
<td>I should do it.</td>
<td>Why? I have a choice, even though it doesn’t feel like it.</td>
</tr>
<tr>
<td>They won’t like me.</td>
<td>They might not be happy with my decision, but they are unlikely to dislike me personally.</td>
</tr>
<tr>
<td>They won’t ask me in future.</td>
<td>And the problem with this is …?</td>
</tr>
<tr>
<td>The patients/staff/community will suffer if I say no.</td>
<td>Even if I say no just once? Am I responsible for everyone and everything? I have a limit (apparently I am human!)</td>
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</table>
courage, resilience and becoming a doctor

Professor Beverly Raphael
Professor of Population Mental Health and Disasters, University of Western Sydney
Professor of Psychological Medicine, Australian National University

The field of medicine brings special experiences which may be very rewarding, extremely stressful, or both. On top of life and study, such experiences may well be “traumatic” in the psychological sense and lead to stress reactions such as heightened arousal, irritability, intrusive images, or numb feelings. They usually settle in a few days, although if they are severe, even horrific, the reactions may persist, and even develop into a “trauma” syndrome or other problem.

When a stressful or “traumatic” experience occurs, the shock, fear and helplessness experienced shift one’s normal equilibrium. While most people deal with this well, it is important to recognise and validate the nature of the person’s experience, and to acknowledge their courage and strength in dealing with it.

There are many ways of adapting to stressful experiences. There is evidence that the support of others is helpful, and sharing experiences with a study or peer group, colleague or mentor can help. Families are a vital source of ongoing support, however a student may hesitate to discuss such experiences in this setting for fear of disturbing others, or because of confidentiality concerns.

“Debriefing” is a widely used term in referring to a personal support process where one may “unload” feelings and concerns about such experiences. Recent research indicates however this “Critical Incident Stress Debriefing” model does not prevent the negative mental health impacts, and may even lead to some people being more vulnerable.

The current model is now one of Psychological First Aid which provides some general support in the emergency and opportunities to talk through such experiences if one wishes, but only when ready to do so, usually at a later time. The majority of people are resilient and do not go on to develop trauma syndromes, however treatment such as trauma focused CBT is available to assist if impairments persist, functioning is disrupted, or other symptoms such as depression are evident. There may be formal or informal review processes days or weeks after a major incident that are part of organisation requirements. They may be a form of “debriefing” and generally helpful in putting such experiences in context.

The question becomes, however, how to deal with stressful experiences, in the course of medicine and subsequently as a doctor. There are several components to this:
1. **Recognise and build your personal resilience.**
This is a pattern of personal and social strengths that will get you through tough times. It involves an element of courage, as well as being able to recognise and deal with your emotions in adaptive ways. This ability to think things through and problem solve will allow you to learn about challenges and identify your best ways of managing them. This knowledge is a valuable resource you will use for years to come.

2. **Connectedness with others helps.**
Peer support groups and mentor programs are good examples. They can be helpful in dealing with, and learning from stressful situations you may face.

3. **Look after your physical and mental health.**
Nutrition, exercise, and sleep are key aspects of both, as is building and sustaining your relationships. Caution about substance use is also important as drugs and alcohol may seem easy solutions, but damaging consequences are frequent if they are used to deal with problems, and trauma/stress difficulties.

4. **Manage your life stress load.**
For instance, ensure you have periods of relaxation and positive experiences. If you look at your experiences as challenges rather than stresses, whenever appropriate and possible, it can help make experiences less problematic.

Becoming a doctor requires courage, empathy, managing relationships, hope, and belief in people and the future. It involves being part of a team, working together, connecting, respecting and supporting one another.

It also involves getting expert help when help is needed. Opting to value and look after one's own life and wellbeing is an important commitment, which can reflect personal strengths, compassion for self and others, and a focus for positive goals in the future.
quick tips

Dr Fiona Moir
Senior Lecturer in Mental Health and Communication Skills,
Department of General Practice and Primary Healthcare,
University of Auckland

Life Outside Medicine
At medical school (and beyond), the high workload often means that students turn all of their focus to their studies, and in doing so neglect other areas in their lives. Whilst it is important to set aside enough time to get the work done, in a realistic way, it is a good idea to step back and think about the best way to achieve this.

It is not the hours spent studying which are assessed - it is how well you have grasped the knowledge and skills required to be a doctor. Often we sacrifice the things in life we used to enjoy - sport, interests, time with friends and family - in order to free up more time for work. However, in our work time we can procrastinate or use inefficient study techniques.

It is possible to do well in the exams and to keep some of your life outside medicine. Try to be aware of how you are spending your time and make sure you develop and maintain a social support network. From the research that has been done in this area, it is quite clear that paying attention to the non-work areas of your life can have a protective effect against burnout.

You may also work more efficiently if you are having regular exercise. It is important to try to step back from time to time and to look at the bigger picture, rather than to remain focussed on any day-to-day worries and tasks. Reminding yourself of the purpose or the meaning in your life can also boost your mental wellbeing.

Asking for Help
It is a sad fact that medical students do have higher levels of anxiety and depression than other people the same age in the general population. Depression and anxiety are common problems, which will affect many of us at some point in our lives.

The NZ Mental Health Survey states that 46% of the New Zealand population will experience a mental disorder at some point in their lives. However, as well as having a higher chance of becoming unwell, medical students also have a tendency to avoid asking for help when they become unwell. This is thought to be due to a fear about lack of confidential support, and concerns that admitting to ill-health may have an impact on a future career. Although these are common thoughts, there are confidential services that can assist you – so seek help early!

Asking for help and looking for solutions is a way of empowering yourself - it is not a sign of weakness. There are many strategies and skills that you can learn, which will help you to recover, and which can lessen the likelihood of becoming unwell in the future.
maintaining your wellbeing

Therese Forbes: Psychologist
Bush Support Services, CRANApuls

Finding a balance between maintaining your own wellbeing and meeting the demands of studies can be a juggling act. Undoubtedly there will be times when you may need to work harder for a short time to meet deadlines and the stress response provides extra energy to do so. This is a healthy process. However, if your stress response is constantly on overload you will lose the ability to set realistic goals, prioritise and establish essential boundaries.

Avoiding this is about putting boundaries and structures in place that allow you to sustain yourself over time.

Maintaining your wellbeing usually includes elements of the following:

Set realistic goals
There is no surer path to burnout than either unclear goals or those that are too high.

Manage your time
Invest time and energy selectively and strategically in ways that further your goals.

Exercise
Burn off that stress producing ‘physical energy’ pent up in the body. Use exercise to put a buffer between your studies and personal life.

Rest & relaxation
The mind and body are one. If you can calm your body your mind will follow and vice versa, therefore relieving symptoms. Laughter, pleasurable activities or 10 deep breaths are some suggestions.

Meditation or mindfulness
Bringing yourself into the present moment – tuning in to the sounds and the environment around you is a really helpful way to bring yourself to a state of calmness.

Maintain non-work aspects of your life
Work out what the really important aspects to your life are and make time for them.

Establish and maintain friendships
Having a good social network around you is probably the best investment you can make towards your long term wellbeing.

Access professional support if things get a bit too hard
What do you want to be when you grow up? We’ve all been asked this question - and, once you’re in medical school, it usually means what specialty do you want to do down the track. Most will answer with a nonchalant ‘I haven’t decided yet’, some will expand it to ‘I don’t know exactly, but I’ve crossed a few things off the list’, and a few will outline their specialty and possibly even their training hospital of choice.

Medicine is a very longitudinal career. We frequently talk about training pathways, lifetime learning and continuous medical education, but have you ever stopped to link what you are doing now to what you want to be doing in twenty years?

It can be very daunting at medical school to try to learn ‘everything’. It is a new and different learning environment, and the scale of what needs to be done can be overwhelming. Medical school also offers many extracurricular opportunities, there are family and social commitments, and it is important to maintain balance and interests outside the classroom. So how do you fit it all in? The answer is to make sure you use your time effectively, not just efficiently. Being effective means that you are putting the appropriate amount of effort into the tasks that matter the most, prioritising them over the less important tasks.

What is your immediate goal? To pass medical school? To be a good intern? To be awarded Honours? Perhaps it relates to extracurricular activities or social life? Whatever it is, you should decide what you want to get out of medical school, both in the short-term and in the longer-term. Try to keep this goal in mind, and it will help you place the tasks, assessments and activities in perspective.

It is easy to get caught up in deadlines, and spend most time on more urgent or pressing tasks first, even though they may be less important than other tasks that are due later. Equally, more enjoyable activities frequently take precedence over important work. Taking time to plan and rank things by their importance is good motivation, and helps avoid last-minute stress by letting you work smarter. Prioritisation of important tasks, and planning time and effort accordingly will help you to spend your efforts on things you enjoy more. There are a number of styles and strategies, and you should find what works best for you. Setting these skills up now will help you later in your career.

So, next time someone asks you what you want to be, consider telling them who you want to be instead. Do you want to be the youngest consultant neurosurgeon at the biggest teaching hospital in the country, the next Nobel Prize winner for medicine or something less tangible - a good doctor, with a balanced lifestyle.

Remember what you want to be doing – not only will you enjoy what you’re doing more, but it will make it easier to see what is important to get you there.
say NO to bullying!

Prof Bruce Barraclough
Dean of Education,
Royal Australasian College of Surgeons

Bullying and harassment occur too commonly in the health workforce, including to (and also by) medical students. In fact, over 50% of Australian and New Zealand junior doctors have been bullied during clinical placements.

Bullying is unacceptable at all stages of becoming and being a doctor. It may involve threatening, oppressing or teasing someone and can be both physical and/or emotional. It can come from colleagues, more advanced doctors, other members of the health workforce and patients.

If you find yourself being bullied, here are some tips:

• Say STOP! And state that you find such behaviour unacceptable.
• Document threats or actions taken by the bully.
• Discuss your concerns with your tutor, mentor or supervisor.
• If you still have concerns, discuss them with your course coordinator or clinical dean.
• Also consider making a complaint under your university’s harassment and bullying policy.

Sometimes you might find yourself being the bully (and it might be completely unintentional from your perspective). If this is the case, it is appropriate to say “Sorry” and apologise for what has occurred. You can clarify “But, I didn’t mean to...” if it wasn’t deliberate. Making excuses, however, like “I had to let off steam” or “That is just the way I am” show that a problem needs to be addressed.

Bullying and harassment have no role whilst you are a medical student or at a later stage as a doctor.

Ideas in this article were adapted from the Royal Australasian College of Surgeons’ Bullying & Harassment Booklet available at www.surgeons.org.

Some simple tips:

• Set some clear, achievable goals to help you keep things in perspective
• Write a ‘to-do’ list, and rank things in order of importance, not just urgency
• Find the times of day when you are most effective
• Be honest when you’re procrastinating, and why
• Reward yourself for achieving your goals
• Review your goals regularly to make sure they adapt as you do
• Remember, you’re not alone - ask for advice and help when you need it
Compassion fatigue (CF) is a response that those working in caring and helping roles may experience as a result of continued exposure to the traumatic experiences of those they care for. That is, they are ‘secondarily traumatised’ by their experiences. Other terms commonly used to describe this experience are secondary traumatic stress (STS) and vicarious traumatisation (VT). Current thinking is that compassion fatigue has two components: burnout and STS. Although STS is much less common than burnout, it usually has a higher impact upon the person experiencing it, and frequently includes a component of feeling fearful, particularly fear for one’s own safety or the safety of those around them. We have relatively limited information about these constructs and it is only recently that clinicians and researchers have sought to understand them. A link between CF, STS or VT, and Post Traumatic Stress Disorder (PTSD), has been suggested in that one of the DSM criteria for PTSD includes witnessing, or hearing about, the traumatic effects experienced by a family member or a significant person in one’s life - a colleague, patient or friend.

Compassion fatigue has been described as an “occupational hazard” and an “inevitable effect of trauma work.” Whilst for some the effects may be inevitable, much can be done to manage the effects of these experiences. Working as a doctor exposes one to both the joys, and the tragedies, of the human experience - you will hear profoundly sad stories; see horrific injury; and be present when patients die including, tragically, when they are young. We cannot be unaffected by these experiences. However, one of the various ‘duties’ of being a doctor is the duty of care of oneself - that of self care. Bearing witness to this sadness is just that - bearing witness. The sadness is not ours but belongs to patients and their families. We still can experience strong empathic connection, but their sadness is not ours to take away.

Clinicians who experience profound CF may have several of the symptoms associated with PTSD - intrusive imagery, hypervigilence, and avoidance behaviours. More generally, and linking with the experience of feeling burned out, are symptoms of emotional exhaustion, insomnia, somatisation, avoidance of certain patients, problems with personal relationships, impaired ability to make decisions, distancing from patients, family and friends, depression, reduced ability to feel empathic, and difficulties in separating professional and private life.
The key approach to managing the effects of CF is to first recognise and acknowledge that such experiences are possible and that there are preventative strategies that can be adopted. A particularly powerful strategy is to further develop one's resilience, particularly mental resilience. Key attributes of resilience include one's attitudes and perspectives; a balance and prioritisation in life's activities; one's practice management style; and having supportive relationships. Within these four themes are several sub-themes including self-awareness, setting professional limits, spirituality, peer support, and support from partner, family, and friends.

Another important ‘protective mechanism’ in preventing CF is emotional competence, particularly self-awareness and understanding the limits of one's ability. By being aware of one's emotional experiences and knowing when to seek support, CF can be more effectively managed. Such support may come from people who are close such as family and friends, trusted peers or senior colleagues, or from a GP, counsellor or psychologist. More formal support processes may include belonging to peer groups or Balint groups.

Whenever you are emotionally affected by your work experiences as a doctor, think about them as a natural consequence of what you do, and that they can be a gift that patients give to you. There is much that you can do to understand these experiences and to build your own resilience to assist in managing them. Caring for others is an amazing and privileged experience, and one that can lead to immense satisfaction. Seek all opportunities to maximise the pleasure you can receive from your work.

## Basic Facts About Compassion Fatigue

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<thead>
<tr>
<th>Compassion fatigue is a natural consequence of witnessing the distress and suffering of those we care for in our work</th>
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<tr>
<td>At times, symptoms can include those of PTSD – as well as emotional exhaustion, difficulties in relationships, insomnia, feeling isolated, numbing, breaking down of boundaries between your professional and private lives and fear for one's safety</td>
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<tr>
<td>A key to managing compassion fatigue is recognising when feeling overwhelmed and distressed by the suffering of those you care for and finding someone you trust to talk to about these feelings</td>
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<tr>
<td>Developing your resilience will assist you to minimise and manage the effects of compassion fatigue</td>
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<td>Resilience-building strategies include:</td>
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<td>• paying attention to your attitudes and perspectives on your work</td>
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<td>• maintaining a balance between your professional and private lives</td>
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<td>• prioritising your work and reflecting on your practice management style - the ways you manage your workload, the balance in your life, delegation of work, ways you work within your team</td>
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<tr>
<td>• having supportive relationships</td>
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<td>• developing trust in your ability</td>
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<td>• looking for the humour in life</td>
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<td>Find ways to maximise the joy and pleasure you receive from work</td>
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Looking at where your money goes and setting up a budget can be daunting. But spending a bit of time on it now can prevent financial worries later – leaving you free to concentrate on the more interesting things in life.

No matter where you lie on the income and expenditure continuum, taking the time to manage your money has considerable upsides. There’s the satisfaction of making real use of your cash and working towards medium or long-term goals, such as saving for a new car, going on an overseas trip or reducing your student loan.

For some people, getting their finances on track might be as simple as thinking before they spend. For others it might require a full-scale turnaround. A useful and comprehensive starting point is the New Zealand Retirement Commission’s website, www.sorted.org.nz, which suggests:

- Setting short, medium and long-term goals.
- Making a realistic budget.
- Managing your cash flow. A budget helps you plan where your money should be going - cash flow shows you where the money goes in reality.
- Controlling your debt. Not all debt is bad, but it’s easy for it to go the wrong way.
- Saving. It doesn’t matter what your income, everyone can save, even if it’s just enough to see you through a tight spot.

Budgeting doesn’t have to mean cutting out fun. Look into the options for low cost fun, such as having friends over instead of going out, going hiking, visiting local beaches or the many free museums and art galleries. Other ways to cut costs include bargain hunting, shopping at markets, planting a vegetable garden and reducing electricity consumption.

Need help?
For New Zealand medical students, Medical Assurance Society can help with checking your financial health. For advice, call us on 0800 800 MAS (627), visit www.medicals.co.nz or email society@medicals.co.nz.

This article is of a general nature and is not a substitute for professional and individually tailored advice. The views expressed are not necessarily those of MAS.
One of the biggest sources of medical knowledge comes from wisdom of our elders. It is no surprise then that many clinicians have someone (or multiple people) they consider a mentor.

Mentors can provide general guidance and advice that can relate to many aspects of one's life including career development, emotional support, research and any other issue you consider important. A mentoring relationship can originate from a structured mentoring program or informally via workplace experiences or colleagues identified by the mentee. Often such mentors relate to you best, because there is common ground that led you to meet one another in the first place.

In establishing a mentoring relationship, you should consider what you aim to gain from it. If you are after career advice, for example, you can contact a clinician to ask questions about their specialty. You can then ask them if you can sit in on their clinic or attend theatre with them. Within a short period of time, you may find yourself with someone who can provide advice about your career.

And you don’t have to limit yourself to clinicians. If you admire someone for professional or personal characteristics, and want to learn from that person, then don’t hesitate to approach them and ask for a mentor relationship. The worst thing that can happen is they may say no. As a medical student, you may initially feel shy or out of place asking a senior clinician for their assistance. Most clinicians are extremely keen to engage with the next generation of doctors, especially when those students have an interest in their field.

Ultimately there is plenty to do, learn and also choose in medicine. It can be made a lot easier with the advice of those who have walked the path before you. We all stand on the shoulders of giants, and having the opportunity to be guided by these giants can be enormously rewarding and enriching.
see someone experiencing mental distress?

Dr Eleanor Flynn
Academic Mentor, University of Melbourne

Once you become a medical student your non-medical family and friends often ask you about health problems but your medical student friends rarely ask for help, partly because medical students think they should be able to cope without help.

Evidence shows medical students are more likely to suffer from stress and mental health problems, particularly at transition, for example, into the course and from campus teaching to clinical experiences. Students from other countries are also vulnerable when they first arrive at medical school. You can help friends or classmates with psychological problems if you know the signs that suggest there is a problem, and if you know what services are available in your medical school, medical board, university and general community, and how to access these services.

The common signs that a student needs help are:

- Poor attendance and lack of involvement in university studies
- Lack of interest or involvement in other activities
- Increased irritability
- Increased alcohol intake
- Major weight change
- Believing that everyone is against them

How to help

- Make sure you are in a private place
- Ask gently if the friend is OK, perhaps saying you are a bit worried about them
- Suggest they might get help from their GP or the medical school or campus health services and give them the web link, phone number or address
- Do not gossip about another student’s health problems; provide practical support

If you are really worried and the person seems unwilling to accept that there is a problem then you should discuss the issue with a trusted member of the medical school or campus health service. This is extremely important if the person is suggesting that they might commit suicide or is behaving in a very unusual manner.
Mental Health First Aid - www.mhfa.com.au

Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis until appropriate professional help is received or the crisis resolves. Do not ignore the symptoms you have noticed or assume that they will go away. It is also important that you do not lie or make excuses for the person's behaviour as this may delay them getting appropriate assistance.

It is important to care for yourself. After providing mental health first aid to a person who is in distress, you may feel worn out, frustrated, or even angry. You may also need to deal with the feelings and reactions you set aside during the encounter. It can be helpful to find someone to talk to about what has happened. If you do this, though, you need to remember to respect the person's right to privacy; if you talk to someone, don't share the name of the person you helped, or any personal details which might make them identifiable to the person you choose to share with.

mental health first aid action plan

1. Approach the person, assess and assist with any crisis
   Approach the person if you think there may be a problem, look out for any crises and assist the person to deal with them.

2. Listen non-judgmentally
   Set aside judgments about the person or their situation. Most people who are experiencing distressing emotions and thoughts want to be listened to empathetically before being offered options and resources that may help them.

3. Give support and information
   Once a person with a mental health problem has felt listened to, it can be easier to offer support and information. This may be:
   • emotional support
   • practical help
   • asking if they would like some information about mental health problems

4. Encourage the person to get appropriate professional help
   A person with mental health problems will have a better recovery if they receive appropriate professional help. Treatment options available include medication, counselling and assistance with educational goals, income and accommodation. (Refer to page 8 of this book).

5. Encourage other supports
   Encourage the person to use self-help strategies or seek the support of family and friends. Other people who have experienced mental health problems can also provide valuable help in the person's recovery.

This information is taken from the Action Plan in the Mental Health First Aid Training and Research (MHFA) program. More information about MHFA can be obtained from: www.mhfa.com.au
stories now told

There are so many stories of people becoming completely overwhelmed by our profession. Later on you will probably have your own. Medical students and doctors provided us with anecdotes they wanted to share, to help create awareness about the stressors we face day-in day-out. Here are their stories.

Halfway through my shift and I was overwhelmed to the point of tears.

It was my third year out of medical school and was working as the trauma registrar on a busy Friday night at a major tertiary emergency department. My responsibility was to see all trauma patients that came through the door. As the night wore on, the ambulances kept arriving to unload their severely injured patients. I had seen some terrible injuries but that wasn’t what I was struggling with - rather it was trying to give each patient the care they deserved but finding I was too overwhelmed with the sheer workload to do so.

Two incidences on that night are ingrained in my memory because they brought home the difference that colleagues can make to dealing with stressful situations.

The first was when I admitted to the senior emergency registrar that I was not coping. It was with some embarrassment that I asked him for help. “Not my problem” was his response and instead he advised that I should wake up the trauma consultant on call to ask for support. It had been bad enough that I had to go up to the registrar who was already there in the department to ask for help - and at that point I felt my perceived inability to cope would be compounded if I actually woke up the consultant on call.

Shortly afterwards, I raced over to review one of my many patients and found the surgical registrar with him suturing up his many lacerations. I was overwhelmed with gratitude as it was not actually his responsibility to do that task. When I asked him why he had helped me without me even asking, he said “We’re a team - we’ve got to look after one another.”

The surgical registrar’s words have remained with me ever since and are a reminder to me of how important it is for doctors to support one another. I have often wondered how I would have coped on that night if he had not come to my aid.

Junior doctors work in demanding and stressful situations. We are constantly juggling the demands placed on us from patients, our supervisors and our training program. We sometimes have a lack of senior support when confronting challenging clinical situations and often

When I was first diagnosed with a mental illness, I felt a bit lost. I didn’t know what was going to happen. I didn’t really know a great deal about depression management and psychosis management; it was a real feeling of uncertainty.

These days, I’ve worked out my early warning signs. I see a psychologist and visit my GP regularly. I’ve got some really good friends and when I’m having a rough time, they’re there for me.

My advice to someone struggling would be: have a GP that you can trust. Jot
struggle to get the necessary administrative support we need to do our job properly. Enduring long hours and a stressful work environment is unfortunately still a rite of passage for many junior doctors as they start their careers.

What I have noticed changing is the willingness of medical students and doctors to discuss stress and its opposite, wellbeing, and to acknowledge its importance to our profession. I’m sure that I would not have written publicly about my own personal experience with stress 20 years ago.

Further evidence of this greater willingness to discuss these issues is the biennial Doctors Health Conference, which was last held in September of 2009. The conference reinforced to me the importance of peer support as a mechanism to manage stress in medical students and junior doctors, whether it be by sharing the workload, or indirectly through informal debriefing and sharing of common experiences.

The AMA in March of 2009 passed a number of resolutions recognising the importance of doctors’ health and wellbeing. It also conducted the AMA Junior Doctor Health and Wellbeing Survey the year before, which helped put the issue of medical student and doctors’ health on the radar of many mainstream medico-political organisations.

The AMA will continue to use our influence and resources to further heighten the awareness of doctors’ health issues. We will aim to do this in collaboration with key groups like AMSA, and as part of this we are very pleased to be able to support this Wellbeing Guide.

I am sure that many medical students and even junior doctors will find this guide useful at some stage. It is likely we will all have a similar experience to my trauma registrar episode regardless of where we are training. When it happens remember to not be afraid to ask for help - and in the meantime offer your assistance to colleagues if you see them struggling.

Dr Andrew Perry
Immediate Past Chair, AMA Council of Doctors in Training
Emergency Medicine Registrar

things down before you go so you can let them know what’s been happening. Don’t be afraid to go in and say “I think I might have depression and anxiety”; they’re there to explore that with you.

If you don’t feel confident about going to the doctor, use resources available in your community. It’s crucial to remember that you’re not your own doctor. When I’m unwell, I’m the patient. Don’t try to treat yourself.

Dr Naomi Harris,
FRACGP, FARGP/Grad Dip
Rural beyondblue ambassador
I felt like throwing it all in. I had just started clinical school and found the process completely overwhelming. There was so much to learn and the hospital was a foreign environment for me. I was trying to keep up with my life outside of med school but found myself trapped in my room at the flat feeling I needed to study but not really achieve anything. I didn’t get out and socialise and stopped doing heaps of things I liked.

The straw that broke this camel’s back was when my consultant humiliated me in front of a patient for getting an answer wrong. Sure I probably should have known the answer but it was not ok. They made me feel small and I wanted to leave. I didn’t turn up for the next week of school.

Then I finally grew up courage to talk to someone at med school about it. They got me back on track and have been a mentor since. I am now doing everything I used to, loving med school, and about to sit final exams and am not even stressed! Turns out a lot of people experienced similar things to me in those first few months. I wish I had known that then so we could all deal with it together and so that I didn’t feel like a failure having to seek help.

5th Year Medical Student,
New Zealand
My wake up call as a doctor came, fortunately, as an intern, when I became septic with appendicitis. It was a wake up call because it was the first time I realised that I couldn’t do everything, at least not without consequences.

It had been a very busy run of night shifts in the Emergency Department and I had then tried to get plenty of things done during my days off. After a morning of study and grocery shopping (I’d been existing on take away meals and petrol station chocolate for a while), I started to feel off but thought going for a run might help.

It should have been obvious by the time I got home that things weren’t right. Even running for a short distance had left me exhausted with intense cramping abdominal pain. To top it off, I vomited on the front steps.

We are taught during our training to look at evidence and by this point there was a mountain of it that said go and see a GP or head up to the hospital. But still I didn’t go for more than 12 hours. I was consciously talking myself out of the need to seek treatment. I thought I knew what was wrong and that it would go away.

My eventual hospital stay after surgery was a week, almost certainly due to my very late presentation.

It took weeks to feel normal again. For me this anecdote is an ever-present reminder that my health is so valuable for doing the job I love and when I compromise it, even in relatively minor ways, I can’t perform at my best.

Dr Michael Bonning
Chair, AMA Council of Doctors in Training

No one thought of me as having a mental illness, I was a young man running around. At medical school I was getting excellent marks; people assume that if you’re smart, you can’t be having problems. I was just one of the crowd.

When I had my first manic episode, I had all the classic symptoms: I was highly anxious and sleeping only an hour or two per night. It was like being a cat on a hot tin roof; I was chasing my tail.

Eventually I found a great psychiatrist and we’ve built a strong relationship. I’ve learned things that help me cope, like Cognitive Behavioural Therapy, exercise, meditation, resilience and sleep management strategies.

I’d advise medical students to get a good GP early on in their careers. Go and see them every 3 or 6 months even if you feel alright, just to have a quick chat. Don’t wait til you get sick to decide who is going to look after you. Talk to them, even about uncomfortable stuff. They can help.

Dr John,
GP and consumer advocate beyondblue ambassador

My experience was a rather general and common one as a junior doctor of being overworked and under-supported by the system. For me, it led me to look outside the general hospital system and into GP-land. That in itself gave me a break, allowed me to learn new things, and to come to the realisation that I didn’t need to leave what I was doing in the first place.

Doctor
Medicine can be very confronting. No matter how much you think you have prepared yourself, something one day will rock your foundations. It might be your first patient who dies, working on a mangled trauma patient, or telling the parents of a three year old that their child has cancer.

Whatever the trigger is, it is normal to experience some sort of emotional response. Failure to acknowledge your distress is unhealthy and can lead to other issues down the track, including burn-out, compassion fatigue and even wanting to leave the profession. Unfortunately, many of us have been taught that it is “unprofessional” to show emotion or admit that something has upset us.

One of the best things my mentor (also an Emergency Physician) taught me, was that it is ok to feel and show emotion. This was after she found me in tears after a particularly distressing resus. I was horrified to have been caught out, and apologised for being so unprofessional. She reassured me that a patient and their family would much rather know that their doctor was upset that their loved-one had died than to think they hadn't cared at all. I have reflected on this many times, and I now allow my sorrow to show when I have to break terrible news to families.

We all have different ways of dealing with stress, but the important thing is not to keep this sort of stuff bottled up. Figure out early on what works for you, because you will need to be able to use your coping strategies often. Avoid “quick fixes” such as alcohol or smoking, and focus on other options such as sport, yoga or meditation. And remember, we all go through this, so no matter how alone and isolated you feel, there is always someone who has gone through something similar.

Dr Alex Markwell,
Emergency Physician

So, I was biting off a bit more than I could chew. With exams looming (clouds on a not-so-distant horizon), I was putting in twelve hour days on my rotation (with little benefit I might add), working part-time, sitting on a few committees and trying to plan the coming holidays, in addition to assembling my first work in research. And when I wasn’t doing all this, I was out ‘socialising’ (read: drinking excessively). Thus, the few spare moments I had, were either spent feeling hungover, or wasted and exasperating. What dawned on me, too late, was that I hadn’t made any time for myself. I had so little time that even family became supernumerary. The defining moment was when I found myself becoming really annoyed when my dad asked how my day was after not having spoken to me for three weeks. He’s wasting my time, I thought. And that thought said something deep to me.

It’s as simple as taking a ten minute breather, sitting down with friends or family over a meal, or going for a good run. Finding time for yourself is one of the most important parts of not only being a doctor, but also being human.

Medical Student
what’s next?

enhancing the health of medical students

Dr Craig Hassed
Senior Lecturer and Deputy Head of Department,
Monash University Department of General Practice

Despite the many hundreds of studies identifying the major health issues confronting medical students and doctors - such as high stress, poor mental health, unhealthy lifestyle and substance abuse - self-care remains an almost universally ignored part of medical education. At Monash University we have tried to go some way to redressing this problem with a Health Enhancement Program. It is based upon the ‘Essence of Health,’40 Essence being an acronym which stands for Education, Stress management (mindfulness-based), Spirituality (meaning and purpose), Exercise, Nutrition, Connectedness (social support) and Environment. Evaluation indicates that student wellbeing can be significantly enhanced even during high stress periods like exams. Many frustrated enthusiasts for promoting wellbeing among medical students ask, “How did you get the curriculum time? How did you manage to make a case for having it included?” I would rather challenge anyone to make a sound rationale for omitting such content. The aims and rationale are briefly outlined below.

1. Student and doctor wellbeing is important in its own right.
2. Health affects performance - performing at a high level sustained for a long career is not possible without attention to wellbeing.
3. Doctors who are burned out and depressed make many more clinical errors - self-care is therefore an investment in patient wellbeing and has medico-legal implications.
4. Doctors are role models for patients - ‘if we can’t be an example then we can always be a warning.’
5. Through an experiential teaching model, students can learn important clinical skills such as in stress and lifestyle management, and integrate the clinical science much more fully.
6. Appreciation of the importance of the wellness approach to healthcare is vital as increasingly dysfunctional healthcare systems based upon the illness model struggle to survive.

Medical students can be powerful advocates for change. The question that faces the current generation is whether to be part of a constructive change to the future of medical education and practice, or whether to allow history to keep repeating itself through a medical culture of denial and self-neglect. For many reasons I would argue that the first alternative is the better.
After years of study, the transition from medical student to doctor is a significant milestone. You will be eager to put your training into practice and embark on your medical career and the promising future that awaits you. During this time many young doctors must adapt to working long hours and assessing a diverse array of health problems while also maintaining a balance between training and looking after their patients. It can be an overwhelming and stressful time.

To provide optimal care to your patients you need to make your own wellbeing a priority - which means being aware that you must make a personal commitment to manage your mental health. It is crucial to pursue a balanced lifestyle so that you avoid burnout, stress and other mental health issues. Finding the balance that enables your wellbeing, while also juggling the intensity of your workload can at times be challenging. In this booklet you will find practical advice on how to achieve this.

As stated elsewhere in this booklet, many medical students believe there is a stigma associated with experiencing stress and distress. A recent study showed that this stigma is so negative that almost a third of depressed medical students cited it as a barrier to accessing treatment. Stress or mental illness was often associated with feelings of weakness, shame and embarrassment. A key strategy for redressing stigmatising attitudes is education, which can challenge stereotypes.

The other strategy is being aware that confidential help is available and accessing professional support. As a doctor, your wellbeing is crucial because it has a direct influence on your ability to care for your patients.

Medicine is a very rewarding profession but there are many triggers for stress. Seeking the support of others or approaching a colleague or mentor for help can make a difference.

The New Zealand Medical Association strongly supports AMSA and NZMSA’s work to raise awareness of mental health issues for students, especially through university discussion and changes to medical curricula. The NZMA has recently developed a members’ resource for doctors’ health. It includes advice about the importance of doctors having their own GP, accessing the array of health services that are available, and being prepared to share their problems with trusted others. The NZMA will also continue to advocate for measures that optimise doctors’ wellbeing.

We wholeheartedly support this booklet which provides practical advice for surviving and thriving at medical school and beyond. I urge you to arm yourself with the knowledge you need to ensure your own wellbeing is protected, which in turn will enable you to provide the best possible care for your patients.
NZMSA and AMSA are doing what?

Oliver Hansby and Robert Marshall
New Zealand and Australian Medical Students’ Associations Presidents

The AMSA - NZMSA collaboration on medical student wellbeing started with the Medical Student Wellbeing Survey by Dr James Hillis and Dr William Perry. Since then our two organisations have collaborated very closely on our wellbeing policy and various other initiatives. We are delighted to now be able to present this booklet to you.

In New Zealand, the NZMSA Action Plan on Wellbeing has given us a good set of goals to improve wellbeing amongst our colleagues. Our first two goals are to raise awareness of wellbeing and reduce the stigma associated with mental illness. Since increasing our focus on wellbeing, there has been more discussion amongst students and faculty about these issues. NZMSA has instituted a wellbeing fortnight in July to bring wellbeing to the forefront. We hope to improve the resources available to students and significant progress is being made in this area. There is still heaps of room for improvement but the initial response to talking about wellbeing has been positive.

Across the ditch in Australia, AMSA has a number of initiatives to help improve the wellbeing of students. The Get-A-GP Campaign has helped encourage students to have their own regular GP. This initiative offers a list of GPs willing to bulk-bill medical students in their local area. AMSA also has the Healthy Body Healthy Mind Campaign with MDA National which has been running for a number of years now and equips students with resources to manage stress. At our National Convention, we run wellbeing workshops as well as promote student wellbeing through AMSAtv. AMSA partners with a number of organisations on student and doctor health including the AMA and beyondblue. At a local level, AMSA advocates for universities to provide sufficient pastoral care and support services for students.

AMSA and NZMSA have now started work on a second wellbeing survey looking specifically at what the resilience factors and triggers are for medical students undergoing stress.

Further information on all of these initiatives, and more, can be found at www.amsa.org.au and www.nzmsa.org.nz.

All the best for your studies!
Doctors and health professionals are not immune to the stresses and strains of life - work-related complaints, the general stress of the job, personal problems and issues around home life add substantial pressure to an already demanding profession.

In 2005, MPS and the Medical Assurance Society (MAS) set up a free and confidential counselling service for any doctor in New Zealand and, in 2009, it was expanded to include not only doctors but any healthcare professional who is a member of MPS.

Occasionally, the service has uncovered serious mental health problems in doctors. It has found that the impact of a patient complaint can consist of anger, shame, and reduced enjoyment of work, while blighting a doctor’s trust of and goodwill towards patients. A complaint also brings with it the threat of adverse publicity, restrictions on practice and negative effects on a doctor’s family.

For a number of doctors, a complaint may be the trigger that leads them to leave their place of work or leave medicine altogether.

In addition, the effect on patients cannot be disregarded. Stress can reduce work performance and impair patient care, and providing counselling for stressed doctors and health professionals can potentially improve the delivery of health services in New Zealand.

how to use the counselling service

• Call MPS on 0800 225 5677.
• Press 1 for medicolegal adviser.
• Your call will be answered by the duty medicolegal consultant.
• Calls to this number can be made in the strictest confidence.
• The medicolegal consultant who answers the phone will ask to whom they are speaking. However, there’s no need to divulge the details of your situation; just that you would like to access the counselling service. Your name will not be recorded by MPS.
• Preferably, you will know of a particular psychiatrist or clinical psychologist you would like to see. If you do not have a specific person in mind, you will be provided with names of therapists in your area.
• If you require more than four to six sessions, your therapist will be asked to contact MPS to arrange for more sessions.
• The counselling service is free of charge.
**Australia Nationwide**

**Beyond Blue**  
T: 1300 22 4636 or infoline@beyondblue.org.au  
http://www.beyondblue.org.au or http://www.youthbeyondblue.com  
Information on depression, anxiety and how to help yourself or a friend.

**Lifeline**  
Key focus suicide prevention in Australia  
T: 13 11 14 (available 24/7)

**Suicide Helpline**  
T: 1300 651 251  
http://www.suicidehelpline.org.au

**Headspace**  
Australia’s National Youth Mental Health Foundation  

**Sexual Assault Line**  
T: 1800 010 120

**MoodGYM**  
This is a free online cognitive behaviour therapy program for preventing depression provided by the Centre for Mental Health Research.  
http://www.moodgym.anu.edu.au

**Blue Pages**  
BluePages has good resources relating to recognising the warning signs of depression, seeking treatment, preventing reoccurrence and finding the relevant resources.  
http://bluepages.anu.edu.au/home/

**Black Dog Institute**  
The Black Dog Institute is an educational, research, clinical and community-oriented facility offering specialist expertise in mood disorders.  

**Direct Line**  
Drugs & Alcohol Counseling  
T: 1800 136 385

**G-Line**  
Problem Gambling  
T: 1800 622 112

**SANE Australia**  
The SANE Helpline provides information about symptoms, treatments, medications, where to go for support and help for carers of people with schizophrenia.  
T: 1800 18 SANE (7263)  
or email helpline@sane.org  
http://www.sane.org/

**Mensline Australia**  
A dedicated service for men with relationship and family concerns  
T: 1300 789 978

**Women’s Line**  
T: 1800 811 811

**Family Relationships Centre**  
T: 1300 364 277

**Relationships Australia**  
T: 1800 817 569 (Free call)  
Office Administration: 1300 364 277  
Your call will automatically be directed to the nearest Relationships Australia office.
new south wales

Doctors’ Health Advisory Service
The Doctors’ Health Advisory Service (NSW) is an independent, confidential, collegiate service which offers professional medical help to doctors, dentists, veterinary surgeons and students.
For more information call 02 9902 813 To contact service call 02 9437 6552

Medical Benevolent Association of NSW
The MBA was founded in 1896 to assist medical practitioners, their spouses and children during times of need. It is a completely independent organisation, funded solely through donations from the medical profession. Assistance is available to every registered medical practitioner in NSW and the ACT who is in need.
T: (02) 9987 0504

anu

Student Year Coordinators
There is a Student Year Coordinator for each Year cohort: two are based on University campus for Years 1 and 2; and two are based at the School of Clinical Medicine at Canberra Hospital for Years 3 and 4. They act as student support and first point of contact for students in distress.

UNSW

Dr Suzie Allman
Student Affairs Coordinator, Faculty of Medicine. (Support for academic, study, personal or health concerns)
http://www.med.unsw.edu.au/medweb.nsf/page/student+affairs+coordinator

Key Contacts
Each campus and hospital has a contact for students. On campus contact:
Dr Liz Tancred (e.tancred@unsw.edu.au)
Dr Ute Vollmer-Conna (ute@unsw.edu.au)

UNSW Counselling Service
http://www.counselling.unsw.edu.au/index.html

UNSW Uni Life Directory
https://my.unsw.edu.au/student/sitelists-sydstudents.html

Peer Mentoring Program
http://www.counselling.unsw.edu.au/for-students/peer-mentoring/

Academic Skills Support
http://www.lc.unsw.edu.au/

australian capital territory

University Counseling Centre
http://counselling.anu.edu.au/
This site also contains numbers for Mental Health Crisis Assessment and Treatment Service (in case of emergencies)

University Health Services
http://health.anu.edu.au/

University Disability Services Centre
http://disability.anu.edu.au/

University Fitness Centre
http://www.anu.edu.au/sport/

Headspace ACT
T: (02) 6201 5343

Doctors’ Health Advisory Service
For more information call 02 6270 5410
To contact service call 0407 265 414

University Counseling Centre
http://counselling.anu.edu.au/
This site also contains numbers for Mental Health Crisis Assessment and Treatment Service (in case of emergencies)

University Health Services
http://health.anu.edu.au/

University Disability Services Centre
http://disability.anu.edu.au/

University Fitness Centre
http://www.anu.edu.au/sport/
northern territory

Headspace Top End
T: 1800 659 388

Headspace Central Australia
T: (08) 8958 4544

Doctors’ Health Advisory Service
T: (08) 8927 7004

University of New England
Student Assist
(Support Services)

Academic Skills Office
http://www.une.edu.au/tlc/aso/

University of Notre Dame, Sydney
Counselling Service
To make an appointment
T: (02) 8204 4429
E: sydneystudentlife@nd.edu.au
or drop by the Sydney Student Life Offices.
http://www.nd.edu.au/sydney/current%20students/Counselling.shtml

University of Sydney
Sydney Medical School
Student Support, Health and Wellbeing

University of Newcastle
Student Support Services
http://www.newcastle.edu.au/service/student-support/

University of Western Sydney
Student Services
http://www.uws.edu.au/currentstudents/current_students/getting_help

Medical Student Society Peer Mentoring

New Students’ Guide

University of Wollongong
Academic Services Division
T: (02) 4221 3445
E: StudentServices@uow.edu.au

Student Support Advisor
T: (02) 4221 5332
E: StudentServices@uow.edu.au

University Counselling Services
T: (02) 4221 3445
E: StudentServices@uow.edu.au

Campus Medical Centre
T: (02) 4229 9298

GSM Sub Dean
T: (02) 4221 4317

Headspace Top End
T: 1800 659 388

Headspace Central Australia
T: (08) 8958 4544

Doctors’ Health Advisory Service
T: (08) 8927 7004
Doctors’ Health Advisory Service
For more information: (07) 3872 2222
To contact the service: (07) 3833 4352

Doctors’ Health Working Party
The working party is not a clinical service organisation, but strongly supports the work of the local Doctors’ Health Advisory Service.
T: (07) 3872 2222

Headspace Townsville, Southern Downs, Gold Coast and Fraser Coast

Griffith University
Student Services and Support
http://www.griffith.edu.au/futurestudents/services-support

GUMURRII Support Unit for Indigenous Australians
http://www.griffith.edu.au/gumurriistudent-support-unit

James Cook University
Counseling Service
Townsville T: (07) 4781 4711
Student Services Building
Cairns T: (07) 4042 1150
Building A1.013

Student Support Services

Cairns Adult Mental Health
T: (07) 4050 3100 or (07) 4050 6333

Townsville Adult Mental Health
T: (07) 4796 3000

Townsville General Practice Network
Doctors for Doctors

University of Queensland
UQ Student Services
Student, person, worker... it’s a juggling act. Sometimes you need some help to sort things out.
T: (07) 3365 1704
E: ss@uq.edu.au

UQ Counselling
http://www.uq.edu.au/studentservices/UQ+counselling

UQ Counselling Online Service
http://www.uq.edu.au/studentservices/UQ+online+counselling

UQ Lifeline
Emergency 24 hour support available 24 hours a day on 13 11 14

UQ Health Service
http://www.uq.edu.au/healthservice/
T: (07) 3365 6210

UQ International Student Support
http://www.uq.edu.au/studentservices/International+student+support

New Student MBBS Information
http://www2.som.uq.edu.au/som/FutureStudents/Pages/default.aspx

UQ MBBS Student Support
Year 1 somyr1.enquiries@uq.edu.au
Year 2 somyr2.enquiries@uq.edu.au
Years 3 & 4 som3&4enquiries@uq.edu.au

University of Queensland Medical Society
MBBS Student Society
http://www.uqms.org

Bond University
Student Support Services
south australia

Doctors’ Health Advisory Service
The service aims to provide confidential support, information and appropriate advice for distressed medical practitioners. For more information: (08) 8303 5050
To contact the service: (08) 8273 4111

Medical Benevolent Association of South Australia
The association provides assistance to South Australian medical practitioners and their families in need of assistance due to financial hardship.
T: (08) 8267 4355

Rural Doctors Workforce Agency: Dr Doc Program
Dr DOC aims to support the health and wellbeing of South Australia’s rural general practitioners and their families. The project broadly addresses two areas - crisis intervention and crisis prevention. Crisis intervention provides emergency support and networks to assist rural GPs and their families. Crisis prevention promotes the concept of Duty of Care and good health for GPs and their families through a broad range of activities.
T: (08) 8234 8277

Flinders University
University Support Services Guide

Flinders One
Student Support and Advocacy

Counselling Service
Level 3, Student Centre
T: (08) 8201 2118
Sue O’Brien (Counsellor) makes Graduate Entry Medical Program (GEMP) students a special priority. Year 3 and 4 Students Contact GEMP Coordinators, Year Level Coordinators, or Departmental Head of Psychiatry.

University of Adelaide
University Student Support Services
http://www.adelaide.edu.au/student/support

Adelaide Medical Student Society (AMSS)
Health and Wellbeing activities

tasmania

University of Tasmania
UTAS Support and Equity Unit
http://www.support-equity.utas.edu.au/counselling/services-for-students

AMA Tasmania Peer Support Service
T: 1300 853 338   Every day, 8am-11pm
(Anonymous and confidential - this service is provided by AMA Victoria on behalf of AMA Tasmania).
victoria

Victorian Doctors Health Program
T: (03) 9495 6011
http://www.vdhp.org.au

AMA Victoria Peer Support Service
T: 1300 853 338
Every day from 8am-11pm
(Anonymous and confidential)

Better Health Channel

Mental Illness Fellowship
Helpline for people with a mental illness, their families and friends, professionals, students and the general public.
T: (03) 8486 4222
Factsheets: http://www.mifellowship.org/understanding_facts.htm

Turning Point
Drug and Alcohol Service
T: 1800 888 236 (24 hours, 7 days)
www.turningpoint.org.au

National Association for Loss and Grief (NALAG)
Statewide not-for-profit association that works towards facilitating and improving the community’s awareness of loss and grief issues.
For telephone counselling services, call Griefline on (03) 9596 7799 (12 noon-3am)
For statewide telephone and referral service, call (03) 9650 3000 or 1800 100 023 (9am-5pm Monday-Friday)

Medical Benevolent Association
This association provides assistance to medical practitioners and their families in need of assistance due to circumstances of hardship etc.
T: (03) 9857 5482

Deakin University
For student support contact: Sharyn Milnes or Karen D’Souza
Academic issues: Alister Ward
Current contact: http://www.deakin.edu.au/hmnbs/medicine/staff.php

Full List of Student Services
Faculty of Health, Medicine, Nursing and Behavioural Sciences Student Manual
Available at: http://www.deakin.edu.au/hmnbs or on DSO

General Practitioners’ Association Geelong
Can provide details of local GPs who will see medical students.
T: (03) 5229 1922

Division of Student Life (DSL)
http://www.deakin.edu.au/studentlife/contact-us.php

Monash University
HUB
The HUB is responsible for all support services available to Monash students in general. The HUB links to services including counselling, childcare services, financial aid, health and medical (University Health Service), housing assistance, international support, spirituality and OH&S.
Clayton T: (03) 9905 3156
E: hub.clayton@adm.monash.edu.au
Gippsland T: (03) 9902 6425
E: hub.gippsland@adm.monash.edu.au

MBBS Student Services Support Unit
Assists students with formal university requirements and acts as a point of referral for student assistance (personal/academic) within the faculty
Clayton T: (03) 9905 2048
E: mbbsstudentservices@med.monash.edu.au
Gippsland T: (03) 9902 6445
E: gippslandmed@med.monash.edu.au
www.med.monash.edu.au/medical/
University Health Service
Clinical site administrators and academics. Various emails - refer to MBBS Student Services Support Unit webpage

Student Academic Support (Clayton only)

Learning Advisor Groups (Gippsland only)
Students can elect to have a learning advisor who provides academic support
E: William.Hart@med.monash.edu.au

Student Support Committees
Committees are made up of staff and students from all year levels of MBBS programs. Meetings are held regularly to discuss any issues arising around students’ wellbeing.
Clayton E: Gill.Read@med.monash.edu.au
Gippsland E: Judith.Embleton@med.monash.edu.au

MUMUS (Monash University Medical Undergraduate Society)
www.mumus.org

University of Melbourne
Medical school course coordinators provide the first port-of-call for support services. In clinical years the Sub-Deans provide support and advice to students in each school. For contact details:
http://www.medicine.unimelb.edu.au/current/support.html

Academic Mentor
Dr Eleanor Flynn: for appointments with Dr Flynn please text her on 0450 307 734 or email her on academic-mentor@unimelb.edu.au or call Celia Ayers on (03) 8344 9794

Student Health Service
A bulk-billing medical clinic for any student of the university.
Ground Floor, 138 Cardigan Street, Carlton 3053
T: (03) 8344 6904

Counselling Services
A free service for all students.
Level 2, 138 Cardigan Street, Carlton, 3053
T: (03) 8344 6927/6928
T: 1800 671 559 (free call for rural students)

International Student Support Services
http://www.services.unimelb.edu.au/international/Melbourne/health.html

western australia

Colleague of First Contact
24 hour service
T: (08) 9321 3098

University of Western Australia
UWA has a formal Sub-Dean structure which reports to the Associate Dean (Student Affairs). There are four Sub-Deans in the medical school who provide advice to students and monitor academic progress. Students are encouraged to liaise with their Sub-Dean if they have any concerns or need assistance during their course. These are: Sub-Dean Years 1 to 3; Clinical Sub-Dean Year 4; Clinical Sub-Dean Year 5; and Clinical Sub-Dean Year 6

Student Support Manager (Student Affairs)
Dr Jan Dunphy
jan.dunphy@uwa.edu.au
T: (08) 6488 6000

Associate Dean (Student Affairs)
Associate Professor Roland Kaiser
roland.kaiser@uwa.edu.au
T: (08) 6488 6000

University Counselling Service
http://www.studentservices.uwa.edu.au/ss/counselling

UWA Student Services
http://www.studentservices.uwa.edu.au
new zealand

New Zealand Medical Association
http://www.nzma.org.nz/

Lifeline
T: +64 9 522 2999
Mon-Fri 10am-2pm, Mon-Thurs 7-10pm
http://www.lifeline.org.nz

Mensline
T: +64 9 522 2500
Daily 6:30-10:30pm
http://www.mensline.org.nz

Youthline
T: 0800 376 633
Daily 11am-11pm
http://www.youthline.co.nz

OUTLine
T: +64 9 303 3584
Weekdays 10am-10pm, weekends 5-10pm
http://www.gayline.org.nz

University of Auckland

In all situations involving illness, accidents or family circumstances where your work may be affected, you should check with staff responsible for a particular course. You are also encouraged to talk with Prof Tim Cundy who is the Assistant Dean (Student Affairs). The Assistant Dean (Student Affairs) is available to students for confidential counselling and support of personal issues impacting on academic progress. The Student Services Manager (FMHS Student Centre) may also be able to assist with other aspects of student support.

Professional Relationships

From time to time, situations may arise where staff behaviour may adversely affect you. This could be due to sexist or other discriminatory comments. While the FMHS makes every effort to ensure this will not be the case, it has responded to the student request to have a procedure established which enables you to discuss any concerns about such incidents in confidence. In the first instance, you should contact the Assistant Dean (Student Affairs).

University Health Services

Make an appointment by calling during office hours or visiting reception at the health centre: Level 3, Kate Edger Information Commons, 2 Alfred Street, City Campus
T: +64 9 373 7599 ext 87681
Maori Counsellor: Rodney Greaves
Asian Counsellor: Candy Vong
Emergency Counselling Services:
A Duty Counsellor is available daily between 10am-12pm and 2-4pm for emergency situations. Please contact the University Health Reception to make an appointment with the Duty Counsellor.
Contact Counselling Services
City Campus: The main counselling service is located in University Health Services on the City Campus, see above.
Grafton Campus: University Health Services, 89 Grafton Rd, Grafton
T: +64 9 373 7599 ext 86962 on Tuesdays and Thursdays (restricted hours)

University Support Services Directory

Support for Specific Groups:
Maori students, international students, Pacific students, students with disabilities, parenting support.

Health and Counselling Services
Available through the Tamaki, Grafton and City Campuses:
http://www.fmhs.auckland.ac.nz/faculty/studentcentre/health.aspx

Auckland Women’s Refuge Crisis Service
T: +64 9 360 7635
http://www.womensrefuge.org.nz

Auckland Sexual Abuse HELP
Sexual abuse/assault services
T: +64 9 623 1700, 24 hours a day
www.asah.org.nz

University of Otago
Medical School Contacts:
Dunedin: Jillian Tourelle (Manager, Student Affairs/Medical Education Group)
T: 03 470 3886
E: dsm.student-affairs@otago.ac.nz
Christchurch: Carol Milnes (Secretary/Administrator, Undergraduate Education)
T: 03 364 1547
E: carol.milnes@otago.ac.nz
Wellington: Alice Jay (Student Affairs Administrator)
T: 04 385 5465
E: alice.jay@otago.ac.nz

University Student Health & Student Counselling Services
http://www.otago.ac.nz/studenthealth

Otago University Medical Students’ Association
http://oumsa.otago.ac.nz/

Maori Student Support Services
http://www.otago.ac.nz/services/maori.html

International Student Support
http://www.otago.ac.nz/international/studentsupport.html

Otago University Support Services Directory
http://www.otago.ac.nz/services/

Unipol Recreation Limited (Dunedin only)
http://www.unipol.co.nz/
Dunedin School of Medicine Buddy/Mentoring Programme for Advanced Learning in Medicine (ALM - Years 4 - 6).

Useful Resources from “Effective Study and Managing Exam Stress” - pages 14-15
Felder-Silverman Model of Learning Styles. Assess your own learning style and discover how to make it work better for you.
http://www.engr.ncsu.edu/learningstyles/ilsweb.html


Publications

When The Cowpat Hits The Windmill
Fantastic resource created by the National Rural Health Student Network in conjunction with beyondblue. A guide for staying mentally fit.

Red Cross Australia
Resources to assist recovery after an emergency crisis.

Avoiding Burnout in Remote Areas.
Surviving Day to Day Hassles: A Guide for Remote Health Practitioners
Publication of the Council of Remote Area Nurses of Australia Inc.

Multimedia Tools

CALM (Computer Assisted Learning for the Mind)
Audiofiles available for download giving specific techniques to manage three sources of long lasting happiness - mental resilience, healthy relationships and finding meaning in life.
www.calm.auckland.ac.nz

The MoodGYM
Learn cognitive behavioural therapy skills for preventing and coping with depression.
http://moodgym.anu.edu.au/welcome

e-couch
Online program for preventing and coping with depression, generalised anxiety disorder, and social anxiety disorder.
http://ecouch.anu.edu.au/welcome

Keeping the Doctor Alive Booklet
This guidebook provides medical practitioners with information and resources on strategies for self care as an essential element of their professional life. It aims to encourage medical practitioners to recognise and discuss the challenges facing them, promote self care as an integral and accepted part of the professional life of medical practitioners, and assists medical practitioners to develop useful strategies for self care.
Available to order at: http://www.racgp.org.au/publications/tools
Each year I have the opportunity to welcome new medical students to the University of Melbourne. I use this time to remind them of their responsibilities to their course, family, community and recreation. In writing this concluding statement on behalf of all medical schools, I encourage you to do the same: remember your responsibility to recreation and, more broadly, to yourself.

Your journey through medical school will provide plenty of fun and excitement. It will also present many challenges that exceed those you have experienced in the past.

When the going gets tough, please do not be afraid to ask for help. The biggest barrier to a medical student seeking help is often his or her lack of willingness to do so. Getting back on track is frequently easy once this barrier is broken.

All medical schools offer counselling and support services that remain independent of academic progress. There are also support services available outside of universities as detailed in this booklet.

Ultimately it is up to you as an individual to be aware of your own wellbeing. You can only help others from a position of strength. Please look after yourself and take care during your medical school days.
AMSA and NZMSA first published “Keeping Your Grass Greener” in 2011.

Thank you to the team behind the booklet:

Editors: William Perry, James Hillis and Michael Shun


Authors: Prof James Angus, Prof Bruce Barraclough, beyondblue, Dr Sally Cockburn, Dr Antonio Fernando, Dr Eleanor Flynn, Dr Peter Foley, Therese Forbes, Dr Tiffany Fulde, Maria Gardiner, Gareth Gillespie, Oliver Hansby, Dr Craig Hassed, Dr Naomi Harris, Dr Peter Huggard, Hugh Kearns, Dr Alex Markwell, Robert Marshall, Medical Assurance Society, Mental Health First Aid, Dr Fiona Moir, Dr Andrew Perry, Dr Kieran Le Plastrier, Prof Beverley Raphael, Dr Roger Sexton, Dr Zoe Wainer.

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Our Partners: Australian Medical Association, New Zealand Medical Association, beyondblue, Medical Assurance Society, Medical Deans, MDA National and Medical Protection Society.

references

Articles within this booklet intend to provide general advice about good health and wellbeing. They are not a substitute for seeking medical advice. Opinions and advice contained within this booklet do not necessarily reflect official policy of AMSA, NZMSA or other organisations and individuals involved in the booklet’s development. Content, however, remains the property of the respective authors, NZMSA and AMSA, and may not be reproduced without written permission.