Medical School presents a significant set of stressors for students. At matriculation, students demonstrate similar rates of depression as those entering graduate school, but fare much worse as the training years continue. In a study of 4287 medical students, results show 49.6% had experienced burn out and 11.2% of students had struggled with suicidal ideation in the past year. It is important to note that male physicians are twice as likely and female physicians are three times as likely to commit suicide than the general public.

Additionally, if physicians practiced self-care during their early training, they are more likely to advise their patients to practice self-care. Wellness programs can be effective. One study demonstrates that a course on mindfulness meditation, communication and self-awareness resulted in significant decreases in burn out in primary care physicians, resulting in improvements in wellbeing and patient centered care. Medical trainees undergoing stress management demonstrated increased immune function, decreased depression and anxiety, increased empathy and increased ability to resolve role conflicts.

This is a curriculum that is both experientially and evidence based. This curriculum would also be finalized with collaboration of a committee of medical students, as the evidence suggests that wellness programs have been most successful when students are involved in developing the programs. Assessment tools will be conducted at matriculation and at the end of each year of study. Assessment of stress, quality of life as well as depression, anxiety and emotional intelligence will be given. (for research purposes, these indicators can be compared with national standards.) The students will develop self care plans each year which will include nutrition, exercise and some cognitive behavioral techniques, such as mindfulness meditation. At the same time, students will study these processes from a scientific approach, such as practicing yoga in connection with anatomy and physiology or understanding the use of yoga as an adjunctive treatment for chronic pain.

An evidenced based approach to complementary and alternative (CAM) therapies will be part of the curriculum. This can include the use of herbal and nutritional supplements as researched in the 5 national CAM academic centers. (such as the treatment of depression). Analysis of available research will be significant.

A curriculum which emphasizes prevention practices, not just for patients, but which also includes medical students, can aid in developing a healthy medical workforce. Combining medical student wellness self-care with evidence based study can arm our students with additional tools to help patients in which drug-based therapy proves less helpful or ineffective. This ability of physicians to be able to counsel behavior change more effectively may also decrease feelings of burn out among physician as they progress through their careers.

Researching the curriculum during the medical school years can provide cutting edge data. Follow up questions can easily be incorporated into our already existing post graduate study (1 year, 5 yr, 10 yr). Incorporating curriculum such as this can ideally also move us from self damaging physician behavior to a more healthy lifestyle, avoiding neglect and negative biopsychosocial consequences so common among practicing doctors currently.

**References**

Drolet, B., Rodgers, S. A Comprehensive Medical Student Wellness Program- Design and Implementation at Vanderbilt School of Medicine. Academic Medicine Vol 85, No. 1, Jan 2010


Further references available upon request.