

# Response to: “Why mindfulness matters in medical education”

## CORRESPONDENCE

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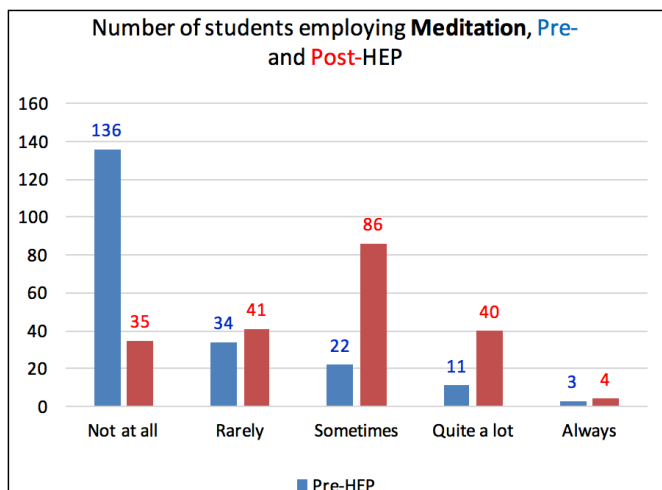
*Conflicts of Interest: Dr Craig Hased  
has worked with us closely to deliver the  
Health Enhancement Programme at the  
University of Leicester. He also gave us  
a great deal of personal advice for the best  
delivery of the programme.*

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Dr Craig Hased's paper (1) makes a compelling case for the introduction of mindfulness to medical curricula and proposes that the question, “Why not teach mindfulness?” has more rational support than its counterpart, “Why teach it?”. The evidence continues to mount; Galante et al. (2) studied 616 Cambridge University students demonstrating significantly reduced, self-reported psychological stress during the exam period in the group receiving a mindfulness skills course plus normal support, compared with those receiving normal support alone. Several UK medical schools offer mindfulness training on an elective basis whilst Leicester and Warwick have introduced it as core curriculum. Leicester has just completed its second delivery of Dr Hased's mindfulness-based, Health Enhancement Programme (HEP) which his team has been teaching for 16 years. We contacted Dr Hased in light of papers showing positive impact of the HEP. He has advised at universities in Australasia as well as at Harvard, McGill and Toronto and visited us at Leicester, delivering masterclasses to staff and generously giving us his HEP manuals and lectures. We were suddenly in possession of a tried and tested mindfulness course and of ongoing expert advice. With an enviable decisiveness, Leicester's Head of School, Prof London, instructed that the HEP be delivered to our first semester medical students. Nearly thirty staff, some already mindfulness practitioners, volunteered to train in HEP delivery. In house mindfulness teaching was arranged for staff, some choosing to supplement this with external courses, and with the excellent, free Monash mindfulness MOOC. (3) Quantitative, post-HEP, Leicester student feedback has demonstrated a statistically significant, positive correlation between self-perceived employment of mindfulness and eight, self-perceived indicators of wellbeing (improved mood, level of

anxiety and general level of energy, as well as the abilities to manage stress, to relax, to keep stress in perspective, and to communicate and problem solve).

Figure 1. Number of students employing meditation, pre and post-HEP.



It is hard to overestimate what the staff at the University of Leicester have learned about mindfulness delivery through Dr Craig Hased's brief pivotal visits. His own engagement with mindfulness began intuitively as a first year Melbourne medical student and was later enriched by awareness of what science and the wisdom traditions have to say about it. His masterclasses and personal example helped us to teach it by being present, letting go, respectfully accepting whatever genuine response our students brought to the group, and by welcoming resistance. We learnt to value our students' informal mindfulness practices, however brief, and that we need not labour the formal sitting meditation, despite its value. We learnt the importance of providing the scientific evidence base for mindfulness but also the value of understatement and how giving our students the space to learn from each other's experience can be much more effective than our own 'answers'. We learnt that being flexible with the form, but faithful to the philosophy of mindfulness, is an important underpinning and that having a personal mindful practice is essential. In a gentle way, Dr Hased knows that what he promotes is good for medical students, doctors and their patients; he may endeavour to come to your medical school should you ask him to do so.

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