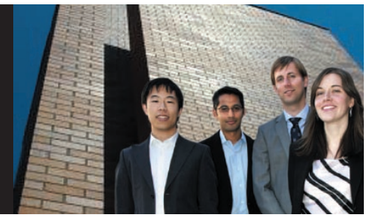
2ND ANNUAL SYMPOSIUM ON

Well-Being in a Competitive World as Students and Beyond



ORGANIZING COMMITTEE
Left to right: Patrick Wong, Jai Shah, Martin Betts and Fiona Menzies

PREAMBLE

Medical students, as physicians-in-training, juggle a variety of professional and personal responsibilities. They must also be prepared for how to balance these duties as they continue with their professional lives in a sustainable manner. More recently, the media has highlighted shifting gender demographics and the preferences for practice patterns in the newer generation of physicians. Claims have been made that the new generation of physicians is unwilling to work the hours its predecessors did.

"Well-Being in a Competitive World as Students and Beyond" is a symposium organized by Massey Grand Rounds at Massey College, at the University of Toronto. This conference will explore issues related to the well-being of medical and health science students at the start and into their professional careers. Topics for discussion include: priority setting among students, the role of mentors, access to mental health resources for medical students, economic and personal stress, and balanced family life.

This Symposium will be of interest to medical students, residents, graduate students in the Health Sciences and to members of Faculty concerned with the well-being of the students they mentor.

MASSEY GRAND ROUNDS (MGR)

Massey Grand Rounds is comprised of members of the Massey College community, and includes physicians, medical students and graduate students in areas related to medicine and the health sciences. It convenes monthly during the school term and serves as a discussion forum for current topics related to medicine, the health sciences, and issues of interest to students. The group is guided by Dr. Aubie Angel, MD, FRCPC, Senior Resident/Fellow, President of Friends of CIHR.

This Symposium is a project of MGR for the benefit of the entire U of T academic community and for all medical and health science students. Student organizers of the Symposium include:

- Martin Betts, Jr. Fellow, 4th yr medicine
- Fiona Menzies, Jr. Fellow, 4th yr medicine
- Jai Shah, Jr. Fellow, 4th yr medicine
- Patrick Wong, Jr. Fellow, 3rd yr medicine

Cristina Castellvi supervised communications.
Website design by Patrick Wong **www.massey.utoronto.ca/symposium**

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PROCEEDINGS OF THE 2008 SYMPOSIUM

Well-Being in a Competitive World as Students and Beyond

MASSEY GRAND ROUNDS

Wednesday, April 16th, 2008
(12:00 – 5:00 pm)
Massey College
University of Toronto
4 Devonshire Place
Upper Library
Toronto, ON M5S 2E1
Canada

Organized by Massey Grand Rounds

www.massey.utoronto.ca/symposium
Telephone: (416) 506-1597
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Proceedings of the 2008 Symposium on

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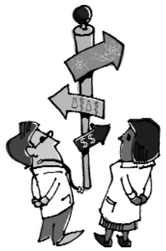

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KEYNOTE ADDRESS

Dr. Lawrence K. Altman, Medical Correspondent, New York Times

"The Stress of Dealing with Cheats and Miscreants"

Journalism can be looked at in two ways – either you have a lead story that can be likened to an onion and it is your job to add layers to help it take shape or what you have is a sense of the bigger picture and it is up to you to find the pieces of the puzzle. This is how Dr. Lawrence K. Altman sees it when he reflects on the time he spent in Sweden researching a case about a convicted felon who made it all the way to medical school.

On a vacation trip to Sweden last December, an alarming incident caught the attention of Dr. Altman. A neo Nazi sympathizer, convicted of a hate crime, qualified for entry into the Medical School of the prestigious Karolinska Institute. In his 40-year run with the New York Times as Medical Correspondent, Dr. Altman had never heard of such a thing. The look on Dr. Altman's face is pensive, not at all amused by what he is about to share with the audience. This case aroused much curiosity on his part and though he attempted to pry out more details from Faculty members at Karolinska, the information at hand was to no avail. It took some help from a local Swedish journalist before the details began to unfurl.

The accused was born "Karl Hellekant" and in 2000, at the age of 23, he was convicted of having shot and killed a man. Having lost the appeal, he was sentenced to 10 years. Six years were served and in February 2007, Hellekant was released from prison. Records show that he went on to take courses under the name of Hellekant and the pseudonym "Svensson". Then in the summer of 2007, at the age of 31, Hellekant, now recognized under the name Svensson, was admitted to the Karolinska Institute.

Dr. Altman explained that entrance to Swedish Medical Schools differs from the Canadian system in the following respect: first, letters of recommendation are not required and second, applicants are given the option to choose the manner in which they will be evaluated, that is, by grades alone or by grades and an interview. A third of the applicants opt for the first; the remaining 2/3 choose the latter. Hellekant chose the latter. A psychiatrist and a specialist interviewed him separately and deemed him competent. Not surprisingly, Svensson omitted his past history. But in time, the truth came out with 2 anonymous letters declaring that Svensson was a neo-nazi who had been found guilty of a hate crime. This reality scared one group of students, while the others remained neutral and wanted to know more. In his own defence, Svensson stated that he was no longer the person that he had been 6 years prior.

Apart from the November 2007 scant article in the Stockholm news, local press did not pursue this matter aggressively - the question is why? Dr. Altman explained that the prisons in Sweden exist mainly to provide rehabilitation, unlike the North American counterpart that is punitive.

The Karolinkska official handling the case, Dr. Wahlberg-Henricksson, offered consultation services to Svensson, although there are no reports from the Faculty on the type of

consultation that was administered. This did not come as a surprise, as other members of the Karolinska community were not forthcoming, even elusive, in the investigation. Dr. Altman was reassured by Swedish authorities that even if Svensson had graduated from medical school, he would not have been granted a license to be a practicing physician. Concomitant with this is the absence of a national policy that could expel Svensson on the basis of being an ex-convict. If he were perceived as a threat to others or if he were psychologically ill, then something could have been done, but at the time, none of these traits were attributed to his character. Interestingly, another report from the Institute documents that 10 other medical students admitted to previously committing 'a crime'; whether or not their crimes were of similar magnitude to Hellekant's offence, was not disclosed.

Had Svensson not been disciplined on the basis of a falsified high school transcript and had he not been discovered as a convicted murderer, then one might suggest that he could have gone on to become a regular doctor. After all, he did slip through the cracks in the medical school admissions department and he could have done the same in the medical licensing process that would have ensued. What are the implications in having such an individual for a doctor? One must understand that a doctor exists as part of a larger health care team and the knowledge that you are working alongside a known offender could be the source of much stress. Secondly, Dr. Altman noted that personal integrity rests at the core of the profession, given the element of trust involved in interviewing patients under intimate circumstances. And then there is the issue of credibility. If a patient died under this physician's care and he were innocent, would we be inclined to believe him?

These concerns must be weighted against the manner in which Hellekant's case was handled when it comes to selecting not only the brightest and most accomplished candidates for medical school, but also those individuals who possess strength in character by way of honesty and personal integrity.

Comment:
An audience member recalled a case of a medical student who was expelled for plagiarism and decided to pursue the rest of his studies in the West Indies. Now this person wants to take up residency in the U.S.

Altman questioned why this information was not delegated.

Question:
A medical student was found to be a convicted felon of a drug ring and colleagues in this person's division chose to turn a blind eye and even protected this person. Is this what happened in Karolinska?

To some extent, it appears that there were many who distanced themselves from the truth. Dr. Altman noted that Hellekant was protected by a certain percentage of his class-mates, together with the Student Union and it was a challenge getting university officials to be compliant in the investigation. What made matters worse was that Hellekant was quite mobile and keeping track of his whereabouts complicated matters further.

Question:
Hypothetically speaking, if the medical school applicant had not been a murderer, but instead was a non-convicted neo nazi who held on strong to his beliefs, is it within our mandate to impinge on this person's privacy and argue that he lacks good character?

Dr. Altman commented that the exact qualifications of doctors are not explicitly spelled out in literature, although there are recommendations here and there on what doctors should and should not do.

Comment:
A psychometric test carried out by one Medical School Admissions Department reported 6 candidates as manifesting signs of borderline psychopathic disorders. Of these 6, 3 of them were reported to have crossed the line with patients. The other 3 went on to become Chairs of their departments!

Another case involves an interview between a selection committee member and a medical school candidate. If the interviewer had no prior knowledge of the student's fraudulent application form, it would have been hard to detect this person on the basis of their demeanour alone.

In response to these shared experiences, Dr. Altman pointed out that prior agreement to the rules should be taken into consideration when assessing applicants, but in the Swedish case, there were none in place to begin with. Secondly, it would be helpful to implement long-term follow-up studies of medical students to track their performance record. As it stands, there do not appear to be any studies available from the AAMC.

ENVIRONMENTAL STRESSORS AND PROFESSIONAL DEVELOPMENT

Dr. Wendy Levinson, Chair of Medicine, University of Toronto

"Providing Excellent Care: Are we? Can we?"

"How often do we provide excellent care in a clinical setting?" - a simple enough question to grasp the attention of any young trainee/senior clinician scientist. The answer is 50% of the time. This is how Dr. Wendy Levinson opened her talk.

Dr. Levinson offered examples of potential gaps between best practice and what we actually do. When asked if they know what percentage of their diabetic patients had their HbA1c measured or an eye exam in the last year, a cohort of doctors gave an answer of 'I don't know'. When audited to see how often they or their colleagues use hand hygiene, the answer is 30-35% of the time. If physicians are not keeping in step with simple preventative measures, then how can one ensure that the standards of the profession are maintained when it comes to keeping tabs on more serious cases? Are we efficiently reconciling hospital records with outpatient summary reports? Where is the follow-up? Dr. Levinson points out that it is this lack of coordination between hospital departments that inevitably leads to error – error that could have been avoided had someone taken the initiative to challenge any standard relevant to a particular ward. It is simple, explains Dr. Levinson. Just check for the frequency of patients receiving care by way of aspirin, deep vein thrombosis prophylaxis, counselling etc. It does not take much.

One way of looking at this would be to examine the American recertification system. Once training is completed and a license has been secured, the physician is still placed under the magnifying glass of the hospital and medical societies with self-assessment tests and various other exams in an effort to promote practical improvement. On the other hand, in Canada, certification is for life. Log into the web site and automatically, you have earned your 1 hour credit without having to actually attend the lecture in person. Of course, knowing the material is essential to good practice, but the underlying concern here is whether or not doctors are applying their knowledge in a safe and effective manner.

Going back to the American system, re-certification takes precedence every 10 years; for some specialties like emergency medicine annual participation in performance assessment is required. Dr. Levinson outlined a potential mode of practice for Canada, beginning with a survey given to the patient, who in turn reports to the Board on the doctor's performance and a cycling of this review back to the doctor so that he or she can receive appropriate guidance. This tabled protocol will no doubt command greater accountability among health care professionals in our country.

Dr. Levinson ended her talk with the assertion that younger trainees play a critical role in helping veteran physicians incorporate new habits, like hand hygiene, into their practice. Together, we can work towards providing excellent care more than 50% of the time.

Comment:
One audience member shared a situation in which his supervisor did not sanitize his hands before attending to an isolated patient. To serve as an example, the trainee used the pump for all to see.

Dr. Levinson agreed that this is an example where the younger generation seems to comply more with regulations.

Question:
Are check-lists a must on the units?

Dr. Levinson noted that they are a helpful tool. If it is going to take 'cookbook medicine' to adopt new habits, then this is a consideration.

Question:
With respect to hand-washing, are gel and alcohol derivatives regarded as equivalent?

Dr. Levinson answered in the affirmative, adding that these are all important for hand hygiene.

Question:
Are we 30% better or worse now than we were before?

It's hard to say because for many conditions we have not audited our practices in the past. Assessment of performance is relatively recent.

Comment:
Nurses seem to fare better than doctors when it comes to hand hygiene. The outbreak of SARS was an awakening, definitely, but that was only temporary. It is hard to overpass that rate of providing excellent care 50% of the time.

Dr. David Lowe, Staff Physician, Health Service, University of Toronto

"Health Factors Affecting Success: Report on the U of T Experience"

Listening to Dr. David Lowe's talk on the state of University students at the downtown U of T campus is like watching a health report on the nightly news – daunting, but sobering. In a survey conducted over the Spring of 2006, 36.5% of respondents ranked 'stress' as the #1 factor affecting academic performance. With respect to school work load, 68.7% felt overwhelmed at least 1 – 10 times during the year. 65.6% felt depressed at least 1 – 10 times during the year and the study projects that there are at least 500 people on campus who have attempted suicide. 38% are not getting enough sleep, 29.5% no physical activity, 27.8% are consuming 5 or more drinks regularly and 47% do not have balanced diets. Factor in a cut-off GPA of 3.9 to get into medical school and 700 plus hours of 'carpenter work' required to meet tuition demands (i.e. a carpenter would have to work 700 hours today to pay for 1 year of a dependant's medical school compared to around 80 hours 20 years ago) and what you have is a very good reason to visit Dr. Lowe and his associates at the U of T Health Service.

Health resources at the U of T St. George Campus are comprised of family doctors, psychiatrists, nurses, psychologists, counsellors, sports medicine specialists, accessibility services for special needs people and the international students' centre. The Health Centre oversees 30,000-35,000 visits per year from 13,000-14,000 different students. There are 1,500 notes written per year for missed exams or deferred papers. A doctor's note may seem to be a valid enough reason to visit the Centre if it means performing better on a term paper and raising your chances of getting into med school even if it is by 1%, but the Institution aims to reach out to those who feel that they are in far worse circumstances. The first step is recognition of the problem, explains Dr. Lowe.

In the same U of T study, participants were asked to rate their general health. 54% slotted themselves in the very good/excellent category. When it came to specific complaints, 52% reported back pain, 16.3% depression. Now when it all boiled down to the number of people who came to address their problems at the Centre, only 1% noted back pain as their chief complaint and 1% admitted depression openly. Clearly, there is a difference between what people feel and what they choose to report or to see a health care professional about.

To offset this, Dr. Lowe and the people on his team counsel students who come to them with family issues, relationship problems, cultural views that go against the dictates of their North American education and the pressure to succeed in what has become an overly competitive world. Students need strong support systems and Dr. Lowe even commended Massey College for the collegial atmosphere that it provides to its residents. But in light of the 3,165 applicants all vying for the 224 spots available in med school, together with the creeping reality that an undergrad must work 30 plus hours per week for more than 15 weeks at minimum wage in order to pay tuition, something needs to be done to reach out to troubled students. Even Dr. Lowe admits that times have changed. Gone are the days in the 80s when all he had to pay for medical school tuition were a couple of thousand dollars.

To promote well-being in a competitive world as students and beyond, consultants like Dr. Lowe have much to offer by way of compassion and understanding.

Question:
Do you know of any studies that are narrowed down to that transition period between high school and undergraduate life?

Dr. Lowe was unaware of any specific study but remarked on his experience at Ryerson, where many freshmen were coming from small towns and felt the difference both culturally and environmentally. He also noted that the university is now taking in younger students who could benefit from more support.

Question:
Have you come across any comparative figures that pit medical students against law students?

Dr. Lowe noted that in terms of financial concerns, there is not much that separates a medical student from a law student.

Question:
Did students feel that they were being given enough support at the St. George Campus or was there an overriding feeling that they were just another number among many?

Dr. Lowe felt that the services rendered did meet the student demand. 40% of the students were reported to have benefited from support provided at the Centre. He did however sympathize with the effects of large class sizes and their impact on the student experience.

Dr. Michael Hutcheon, Senior Fellow, Professor of Medicine, University of Toronto

"Gauging the Strain in Medical Training and Practice: Notes from the Front"

"Eustress" – it's when your function is enhanced under challenging circumstances. To Dr. Michael Hutcheon, this is one positive response to stressful circumstances to counteract the 'distress' that predominates most discussions. In more precise terms, distress arises out of a persistent discrepancy perceived between the demands of a situation and an individual's personal resources. When not resolved through adaptation or coping strategies, it unarguably leads one to physical and psychological disrepair.

The subject of in-depth analysis by Johns Hopkins University, the well-being of medical residents encompasses multiple domains, touching on family obligations, social factors, mental state, spirituality and financial concerns. At the forefront, not surprisingly, are their professional goals. But first, one must understand the framework of this career path to gain some insight into the demands of the job, as outlined by Dr. Hutcheon.

The challenges of the Internal Medicine structure can be characterized as follows: PGY1 – learning to be a doctor, PGY2 – team leader, PGY3 – career decisions, PGY4 – being a subspecialist and last but not least, Staff – the point where the buck stops and decisions count. Each stage comes with its own set of problems – long hours, heavy work loads, emotional intensity and lack of time for your own personal life. And not to mention, there is that learning curve of being a doctor in itself.

If being a doctor is such a stressful occupation, then why do people knowingly continue to pursue it? Dr. Hutcheon brought out the positive aspects of life as a physician. First, there is that sense of professional development and a certain pride that accompanies recognized aptitude. With this comes feelings of satisfaction and a sense of accomplishment that physicians in training accept that temporary imbalance in their life if it can offer them opportunities for development in the field. In time, they develop coping strategies that involve welcoming camaraderie and sharing with colleagues their experiences. As Dr. Hutcheon puts it, not all periods of training are 'monolithic'. Other resources available to health care practitioners include programs for dealing with work hours, Faculty support, Wellness days and the PAIRO help line.

In closing, Dr. Hutcheon states that stress is inevitable, but it is not always bad. The institutions of medical training are increasingly aware of the need to create a productive environment – but individuals also need to develop coping strategies and control their environments where possible to manage the presence and persistence of stressors.

Question:
Do those who interpret stress as part of life perform better, like for example the elite athlete or the Department Chair?

Dr. Hutcheon explained that different tools for coping accompany the maturation of your professional life. Just look at the way opera singers are able to perform before a live audience and belt out all of those high notes!

Comment:
The movie *"Wit"* was screened for trainees in the palliative care unit and afterwards, the students felt ashamed that an emotional response was triggered from their end.

Dr. Hutcheon agreed that it takes a long time before physicians realize that even though there is nothing tangible for them to offer, their interactions with patients could still take on a therapeutic nature. It takes a certain kind of maturity to reach that level. There is a book called *"The Nature of Suffering and the Goals of Medicine"* that questions what makes people people.

ADAPTING TO A COMPETITIVE ENVIRONMENT: PANEL DISCUSSION

Mr. Ryan Grant, Financial Consultant, MD Management

"Financial Pitfalls and Dealing with Debt"

If you are going to learn to manage the health of a patient, you are going to need to learn to manage a few other things – your wealth, being one (or lack thereof). This is where Mr. Ryan Grant comes into the picture.

At the core of MD Management is an understanding of 6 common financial pitfalls: assuming a lifestyle that one cannot afford, accumulating interest on credit, using too much credit for purchases, experiencing some kind of life change that affects your habits, not having insurance and not planning carefully for a protracted academic career. Indiscretion towards these matters could create negative consequences.

Case #1: you are a first year medical student who has a room mate who likes to go out for a good time. To him it is just another drop in the bucket, but before long you are the one pushing a $150,000 line of credit.

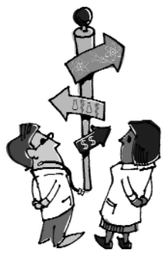
Case #2: a trainee is involved in a relationship with someone who is already a practicing physician. The physician can afford to have a certain lifestyle and to keep up with this person, the trainee resorts to spending $900 /month on clothing, bearing in mind that rent is $1,600 /month.

Case #3: a 1st year resident gets sick and goes on disability income. Because this person did not pay the interest on their OSAP loan, they were forced to move back in with their parents and file for bankruptcy.

All troubling stories, but all potentially avoidable, as highlighted by Mr. Grant.

To begin with, there is a difference between a discretionary expense and a necessary expense. The main idea is to keep debt at a minimum. Should you feel the need to buy now and pay later, try and consolidate your purchases into lower interest rates. Avoid credit. Mr. Grant recommends that the public should check their credit record every 3 to 5 years to have an idea of what the bank has on file. This can be done online and this $20 to $30 service can guarantee you some piece of mind.

Not all cases end on an unhappy note. An unexpected life change befell a resident who had to take 4 months off of work to care for an ill mother. Advanced planning allowed this person to use up their 4 weeks of vacation during this time and they did not run into serious financial problems.



Therefore, it is by careful planning, diligence and sound decision-making that students can get the most out of their medical school education. It is imperative that financial planning be at the forefront of any career and not just medicine.

Dr. Guy Faulkner, Assistant Professor, Phys. Ed & Health, University of Toronto

"Role of Physical Activity in Promoting Mental Health"

"Is sweat the best antidepressant?" Dr. Guy Faulkner seems to think so. This question posed by Zach Wamp, a Tennessee congressman, was taken a step further with a comment about how a most physically fit President of the United States never pushed physical education onto the national agenda. And therein lies the groundwork for what Dr. Faulkner has chosen to discuss for today.

Illustrations of Neolithic man show him as having a muscular, lean frame, quick on his feet and always moving in search of food. Today, he is pitted against the robust, sedentary 21st century office worker who lives in an auto-centric culture and has an abundance of food available to him at the corner store. How did we get to be this way? From a physiological standpoint, the signal to eat is strong; the signal for satiation is weak. The signal to be active is weak; the signal to stop is strong, painful even. Food can be socially rewarding, especially if it entails going out with friends to a fancy restaurant. Likewise, inactivity can also be rewarding, in light of comparing office desk work to manual labour. Suffice it to say, fat is now being looked upon as the 'new tobacco' and something needs to be done about it.

In a ground-breaking study in London in the 1950s, Jeremy Morris and colleagues demonstrated an apparent protection against coronary heart disease enjoyed by active conductors compared with sedentary drivers of London double-decker buses. Physically active smokers fare better than physically inactive smokers on fitness tests. An exercise bout does wonders to a person's mood, thereby lowering their overall anxiety. Time and again, we have been told that exercise is good for you and there is much evidence to support this. In fact, Dr. Faulkner even quotes Robert Butler in saying that if physical activity could be packaged into a pill, it would be the most prescribed of all medication!

But it goes without saying that those who promote this treatment methodology must practice what they preach. As part of student well-being in a competitive world, young MDs should definitely take this to heart as part of their practice.

Question:
What is the quality and quantity of the hard evidence given in this discipline that being fit can have a beneficial effect on a despondent person?

Dr. Faulkner explains that the exact physiological mechanisms are still under investigation. It could be multi-factorial in the sense that you are interacting with others and building on your competence. It may be the process of being physically active that enables one to reap much benefit. In terms of depression, research suggests that exercise participation can be of equal benefit as therapy or medication.

Question:
Do athletes appear to perform better in the academics because of their physical activity?

Dr. Faulkner reasons that elite athletes are elite for a reason. They are commonly highly motivated and have excellent time management skills which allows them to juggle the demands of athletics and academia. The skills they learn being elite athletes can help them excel at academics.

Question:
What about those patients that are depressed after something like a heart attack?

Dr. Faulkner noted that cardiac rehabilitation programs exist to help the person. Research supports the valuable role exercise may play for many people in alleviating depression after a heart attack.

Dr. David Goldbloom, Senior Fellow, Prof. of Psychiatry and Senior Medical Advisor, Centre for Addiction & Mental Health

"A Balanced Life: Can it be defined?" and "Summary Remarks"

The day's remarks could be summed up in a list that reflects marked polarities: stress vs. boredom, gratification delay vs. fulfillment and ambition vs. equanimity. The key is to find pockets of amateurism in a field where professionals are inundated with pressure to be professionals.

As an aside, Dr. Goldbloom mentioned a Canadian Community Health Survey and among the 30,000 participants, 9% rated their job as "not at all stressful". This goes against the grain of the day's discussions.

A quick summary was provided for each speaker's talk.

Dr. Altman's speech was truly a depiction of investigative journalism conducted by a curious diagnostician. The Karolinska incident reminded Dr. Goldbloom of a case at the University of Western Ontario where a 3rd year cardiovascular surgery resident was discovered to have never attended medical school. In truth, we are never going to catch the psychopaths until after the fact. What criminal in his right mind would openly check off the box on the College of Physicians and Surgeons of Ontario License Renewal form and admit to having committed an offence?

Dr. Levinson drew attention to the gap that exists between what we say and what we actually do. She said that in appropriate settings, counsel must be provided to the patient before being discharged. Dr. Goldbloom is inclined to ask what exactly defines an "inappropriate" setting. Measuring quality is perceived as a laudable undertaking, but it can only take root if leaders make an example of themselves. The first step comes as easily as washing your hands before treating patients.

Dr. Lowe reported that 28% feel overwhelmed on a monthly basis. It would be remarkable to see how many feel overwhelmed on a daily basis! But this cannot be the end point. What it really boils down to in the end is what gets done. Dr. Goldbloom notes that back

in the late 1970s, all it took to pursue medicine in McGill University was $750 in tuition fees, in stark contrast to today's figures. Suicide is the second cause of death among young people (accidents, #1). Of course, there are medical risk factors that make some people more susceptible to falling into this pattern than others, but we cannot exclude the stressors that accompany the university experience. Sadly, in some cases, when these individuals are identified, university officials – especially in the United States - try to get them off campus to avoid liability instead of supporting them on campus.

Dr. Hutcheon had a way of parsing the word 'stress' with bivalent characteristics. Seasoned doctors are guilty of bemoaning the next generation for not being as dedicated and learned as they were at their age. Indeed, there are aspects of today's medical internship that differ from programs that were in place decades ago, but from an objective point of view, a 36 hour shift can still render a health care professional into a semi-vegetative state. There used to be a strong culture of camaraderie evident with the existence of doctor lounges in the hospital. Collegial interactions have been diluted greatly; people merely pass each other in the cafeteria and in elevators. Communication between staff members has been reduced to e-mails.

Dr. Tepper indicated that we are still waiting for a big change. Dr. Goldbloom urged audience members to take a closer look at McMaster University and the direction it is taking with regard to interprofessional education.

Mr. Grant brought to the forefront the embarrassing reality that even though doctors are slotted into the top 2 percent income earners in Canada and in spite of their intellectual prowess, they often lack financial acumen. Jokingly, this would explain why MDs are often approached by art galleries to invest in thousand dollar paintings! Trainees must come to an understanding that the day their residency ends marks an exponential spike in their annual income and they must learn to manage their finances accordingly.

Dr. Faulkner emphasized the need for physical education in our society. Unfortunately, vertically constructed hospitals do not provide enough incentive to a physician to get him or her to start climbing stairs. For Dr. Goldbloom, what it took in the end was a hospital-sponsored competition involving pedometers that got him running circles in his own livingroom.

In the end, it is the simple, practical lifestyle adjustments that could make a real difference in achieving true well-being as a student in a competitive world.