Author's response to reviews

Title: Burnout and psychiatric morbidity among medical students entering clinical training: a three year prospective questionnaire and interview-based study

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Author's response to reviews: see over
Dear Dr da Silva,

We want to thank the reviewers for valuable comments on our manuscript. Below we respond to the suggestions and comment on our revisions.

Following Dr Aasland’s suggestion to clarify the conclusions from unadjusted and adjusted regressions, we have chosen to redo the adjusted models for burnout as well as psychiatric morbidity, including only those dependent variables that were univariately significant (p 11 Prediction and explanation of burnout, p 12 Prediction of psychiatric morbidity). Results did not change substantially (tables 2, 4), except that depressive symptom load is now significant also in the adjusted model for psychiatric morbidity, but we found it made the point clearer. In the discussion (p 13 Burnout, p 15 Psychiatric morbidity, help-seeking and determinants) comments on the reasons for some variables not being significant in the adjusted models are added and how to interpret this.

As called for by both reviewers, we have elaborated the discussion regarding levels of psychiatric morbidity and given more reference information (page 4, 14-15).

At page five, notes on the possible effects of a “traditional” curriculum are added, as requested by Dr Paice.

We have added information on the variance explained by Impulsivity, with some comments on the relative explanatory effect of personality (p13-14, 16) and regarding the individual – context discussion.

We have, as suggested by Dr Paice, added the reference to the study of Mc Manus, Keeling and Paice, in a few appropriate places.

In a new section on page 16 we discuss possible ways of addressing psychiatric morbidity and vulnerability in response to Dr Aasland’s final comment.

To minor corrections have been made; on page 9, it said that the M.I.N.I yields also ICD-diagnoses, which is wrong. In the title page, the “§” sign, had been placed by Dr Runeson’s name instead of by Dr Dahlin’s.

Finally, considering that the majority of the reviewers comments were regarding discretionary revisions, we have chosen not to add information on medical school demands (Dr Aasland) or address Dr Paice’s comment on our conclusion that interventions should be directed to first year students with depressive symptoms. Regarding the latter, we think our formulation is posed as a suggestion and we state that further research is needed.

Yours sincerely,

Dr Marie Dahlin