

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 91011

**Title:** Mindfulness training in medical education as a means to improve resilience, empathy, and mental health in the medical profession

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00784262

**Position:** Editorial Board

**Academic degree:** DSc, MDCM, OC

**Professional title:** Emeritus Professor, Professor Emerita

**Reviewer's Country/Territory:** Canada

**Author's Country/Territory:** Brazil

**Manuscript submission date:** 2023-12-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-12-20 18:46

**Reviewer performed review:** 2023-12-20 19:17

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This paper promoting mindfulness training for medical students makes the case that: - there is more depression and suicide in the medical profession compared to other professions - medical students are taught a lot of facts but do not know how to relate to their patients - mindfulness training is part of the solution The paper is not convincing, in large part because of English difficulties. What is meant by disruptive behaviour in the context of medical errors? What is meant by vehement lessons? What is the hidden curriculum? What is meant by gather momentum and spread? Beyond language, the paper needs to make a stronger case for the three points stated earlier. What are the effects of mindfulness training being compared to when judging outcomes such as resilience, empathy, mental health, compassion, self-awareness, conflict resolution and relatedness? It might be wiser to select only one or two of these outcomes and to provide compelling evidence that mindfulness training is indeed more powerful than a comparative intervention (modeling interview techniques for instance) for these outcomes. Otherwise, the argument for mindfulness training seems too all-encompassing and difficult to take seriously.

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**Peer-review model:** Single blind

**Reviewer's code:** 05176598

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Brazil

**Manuscript submission date:** 2023-12-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-12-20 02:52

**Reviewer performed review:** 2023-12-26 11:51

**Review time:** 6 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
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<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This manuscript titled with "Mindfulness training in medical education as a means to improve resilience, empathy, and mental health in the medical profession" mainly introduces the positive application of mindfulness training in medical student education. The authors propose that there is a mental health crisis in the medical profession, and argue that this mental health crisis is related to the inappropriate way of acquiring interpersonal relationships in the process of medical education. Based on literatures, the authors state that mindfulness training can exert a positive effect to improve student self-awareness, ability to attend to patients, peer cohesion and group support, and student insights into the culture of health and social education. This issue of mental health in medical students is of course important for the development of their professional career and for a better treatment on patients. However, some concerns need to be addressed in the manuscript. 1. The authors have cited some literatures to support their viewpoint that mindfulness training plays positive roles in medical education. However, these literatures are not analyzed in details, and there is no novel data (either in the form of Figure or Table) produced by the authors, to provide a strong support for



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Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** office@baishideng.com  
**https://**www.wjgnet.com

their viewpoint. For example, how to perform mindfulness training? Are there different ways for mindfulness training practice? If yes, is it possible that different ways of mindfulness training could exert positive effects at different extents? Is there any weakness or shortcoming for mindfulness training? Furthermore, what are the roles for the other factors, such as the gender, age, occupation, persistence time etc., played in the positive effects of mindfulness training on medical education? Totally speaking, this manuscript is written in common because there is no novel thinking or speculation provided by the authors for a better understanding about the role of mindfulness training in medical education and its underlying psychological and pathophysiological mechanism. 2. The argument that the mental health crisis and the inappropriate acquisition of interpersonal skills during medical education is the byproduct of a challenging environment and the mental capital of individuals needs more discussions. The authors go through this argument too quickly and there is no supportive data provided. Especially, how a stressful environment influences the development of empathy and interpersonal skills in medical students needs to be addressed with supportive data or literatures. 3. It is advised that the authors need to add appropriate subheadings to different content parts of the manuscript according to the review paper guidelines to increase the readability.

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**Peer-review model:** Single blind

**Reviewer's code:** 05461375

**Position:** Peer Reviewer

**Academic degree:** FRCP, FRCPE, MBChB, MSc

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Thank you authors for writing an editorial on these important issues in medical education. Professionalism, relational skills, resilience, empathy, and mental wellbeing, are all the crucial components for the success of a clinician. This brief manuscript offers an overview of what mindfulness-based training in medical education is. Although it may not be a silver bullet, it may still provide a possible solution to the long-lasting problems in healthcare education. However, there are some minor spelling, language style issues which require special attention.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Professional title:** Emeritus Professor, Professor Emerita

**Reviewer's Country/Territory:** Canada

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**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous





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Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** office@baishideng.com  
**https://**www.wjgnet.com

statements

Conflicts-of-Interest: [ ] Yes [ **Y** ] No

## SPECIFIC COMMENTS TO AUTHORS

This paper acknowledges the stresses borne by both medical students and practising physicians but fails to differentiate these two groups and the different stressors they are exposed to. Medical students undergo the same stressors as other students in high-powered training environments and physicians' stressors have more to do with government regulations and the need to make the kind of living they had grown to expect. Stress leads to psychological and cognitive problems which, as the authors state, is likely to respond to mindfulness techniques and related stress-reduction interventions. Are the authors suggesting this to physicians in practice as well as to students? This is presently unclear. The authors also state repeatedly that empathy is lost as students progress through their training. They offer one supportive reference. Are there more? This is an important point and I am not sure it can be supported. It is true that students lose what might be called naivete about their own ability to comfort their patients but I am not sure that this means a loss of empathy. This needs more discussion. I am also not convinced about the ability of mindfulness to promote empathy. Why would it. It is essentially a technique that focuses on the self and not on others. This needs to be defended. There are interventions such as modeling interviews by experienced staff or asking patients to speak about their experiences with doctors that do a better job at increasing empathy. Mindfulness is useful but it is one of a number of useful potential changes to the medical curriculum (which is, of course, already over charged). I would also ask the authors to carefully go over their text with a native English speaker to avoid grammatical and other errors.