Teaching Learners to Practice Mindfully in a Turbulent Healthcare Environment

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Introduction

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• Author of *Attending: Medicine, Mindfulness, and Humanity* (Scribner, 2017)
Today: just a taste!
(and where to go to for more)

What is mindful practice?

Why it matters

Cultivating mindful practitioners

Being a mindful teacher
Moment-to-moment purposeful attentiveness to one’s own mental and physical processes during every day work with the goal of practicing with clarity and compassion

MINDFUL PRACTICE
The Inner Life

• Attentive observation
• Critical curiosity
• Beginner’s mind
• Presence
You can observe a lot just by watching.

Yogi Berra
WE MISS MORE BY NOT SEEING THAN BY NOT KNOWING.”

WILLIAM OSLER
Attention

• What do we tend to notice? About ourselves, about things and about others?

• How do we notice?

• What do we exclude from our field of vision?

• How do we choose among competing sources?
Paying Attention

- Top-down = effortful vigilance for the expected
- Bottom-up = alerting to the unexpected
- Executive = choosing among competing demands on attention
In the beginner’s mind the possibilities are many, in the expert’s mind they are few.

Shunryu Suzuki
Beginner’s Mind (初心)

Holding contradictory truths simultaneously

Seeing information as novel

Seeing “facts” as conditional

Emptiness

Not-knowing
Two monks were watching a flag flapping in the wind. One said to the other, "The flag is moving."

The other replied, "The wind is moving."

Huineng, their teacher, overheard this. He said, "Not the flag, not the wind; mind is moving."
Qualities:

Personal knowledge

Mental stability

Emotional engagement

Turning towards dissonance

Compassion

PRESENCE
**Skills:**

Knowing when you’re “out of the box”

Slowing down when you should

Self-regulation of reactivity

PRESENCE
WHY MINDFUL PRACTICE?

QUALITY OF CARE
QUALITY OF CARING
CLINICIAN RESILIENCE
Clinician well-being
mood, burnout, resilience, flourishing

Mindful practice

Quality of care
attentiveness, safety, timeliness, effectiveness

Quality of caring
empathy, compassion responsiveness, patient-centeredness
OPTIMUM WORK ZONE

Pleasant

Relaxation

Unpleasant

Boredom

Optimum Work Zone

Excitement

Anxiety

Low Emotional Arousal

High Emotional Arousal
Why Clinician Distress Matters

• Quality of care
  – Lower quality of technical care
  – Riskier prescribing practices
  – More medication errors
  ▪ Lower adherence

• Patient-physician relationship
  – Poor relationships
  – Lower patient satisfaction
  – Erosion of altruism and empathy

• Safety
  – More unsafe behaviors (e.g. needlestick injuries)
  – Not following protocols

• Professionalism
  – Unprofessional conduct
  – Poor relationships with staff
  – Substance abuse

• Costs
  – Higher attrition and job turnover
  – Higher recruitment costs
From burnout and disengagement ... to resilience to flourishing
From fragmented self to whole self
PROMOTING MINDFUL PRACTICE
Formal Practice

Two minutes twice daily

Increase as tolerated
Informal Practices

Doorknobs

– Stop momentarily, take a breath, be still for a moment, and then continue on

Just like me
Becoming Aware

• What are some early warning signs of stress?

• What bodily sensations, emotions and thoughts accompany these signs of stress?

• Discuss with a partner
Reflective Questions: Cultivating the Observing Self

“What ideas and feelings are affecting my ability to observe?”

“What is new or unique about this situation?”

“What am I assuming that might not be true?”

“How are prior experiences and expectations affecting how I view the situation?”

“Are there things that I present as fact that are not quite so clear?”

“What would a trusted peer say?”
Narrative Exercise

Take a few minutes to write about a time when you had a particularly meaningful experience with a patient or colleague...

Consider how you approached that situation, and the thoughts, feelings and bodily sensations you had at the time.

Take a few minutes to write about that experience. Pay attention to your own thoughts, feelings, and bodily sensations as you recall that experience.
Deep Listening

*Focus on your partner’s experience*

- **Set your intention to:**
  - Spend most of the time listening
  - Be curious about your partner’s experience
  - Ask questions that aim to deepen understanding.

- **Don’t:**
  - Interrupt or tell your own story... even if it may seem uncomfortable to wait until your partner is finished

*...and be aware of your own responses*

- **Set your intention to:**
  - Note what is attracting your attention about the story
  - Observe – but not act on – your urge to comment, interpret, give advice or talk about your own experiences

- **Don’t:**
  - Make interpretations
  - Give advice
  - Talk about yourself
Appreciative Inquiry

The art of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential. (David Cooperider)
Focus on a difficult moment in which you were at your best...

Describe the event in detail, including personal attributes and contextual factors

Reflect on how those attributes will be applied in future situations
Themes

Pleasant / unpleasant experiences
Perceptual biases
Meaningful experiences
Surprises and unexpected events
Errors and bad outcomes
Burnout / well-being
Professionalism

Attraction to patients
Dismissing patients
Self-care
End-of-life care
Witnessing suffering
Conflict
Teamwork
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

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Primary care physicians report alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been

Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.0;
Availability = being there
Intention – to learn from within and outside
Paying attention to the right things
Deep listening
Skills practice and then practice some more – like learning to play the piano
Praxis – the difference between practice and performance
Building community – no one can do it alone
Permission-giving – to develop yourself in the service of being there for others

MOST IMPORTANT

Beckman HB et al. Acad Med 2012
Krasner MS et al. JAMA 2009
Epstein RM JAMA 1999
More refs in doc.com module, mindfulpractice.urmc.edu and Attending
DocCom Module 2: *Mindfulness and Reflection in Clinical Training and Practice*

Workshops, trainings and resources at [www.mindfulpractice.urmc.edu](http://www.mindfulpractice.urmc.edu)

*Attending* (available as hardcover or e-book)

[www.ronaldepstein.com](http://www.ronaldepstein.com)
Sign Up for Next Webinar

Improving Interns' Communication Skills Before Orientation

*Tuesday, March 22\textsuperscript{nd} at 1 PM PT/4 PM ET*

We’ll examine a case study of a residency program that assigns specific DocCom modules after the Match in March and before orientation. In testing interns before and after DocCom review, interns scored higher after using DocCom.

DocCom.org
For More Information:

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DocCom Module 2

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