



Mindful Practice: Mindfulness in Medicine Building Resiliency and Preventing Burnout

UCT Department Of Family Medicine
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Mindful Practice Programs

A photograph of a road at sunset. On the left side of the road, there is a signpost. The top sign is a circular sign with a red border and a white background, featuring a simple black smiley face. Below it is a rectangular white sign with the text "DONT WORRY!" in black, all-caps letters. The road is paved and has a dashed white line down the center. The sky is filled with dark, dramatic clouds, with a bright yellow and orange glow from the setting sun breaking through near the horizon. The overall mood is one of hope and reassurance despite a potentially stormy or uncertain future.

Medicine in Crisis

Crisis of meaning

Crisis of identity

Crisis of purpose

Crisis of role



Sir Luke Fildes, *The Doctor* 1867 Oil on canvas, The Tate Britain, London



Hypothesis:

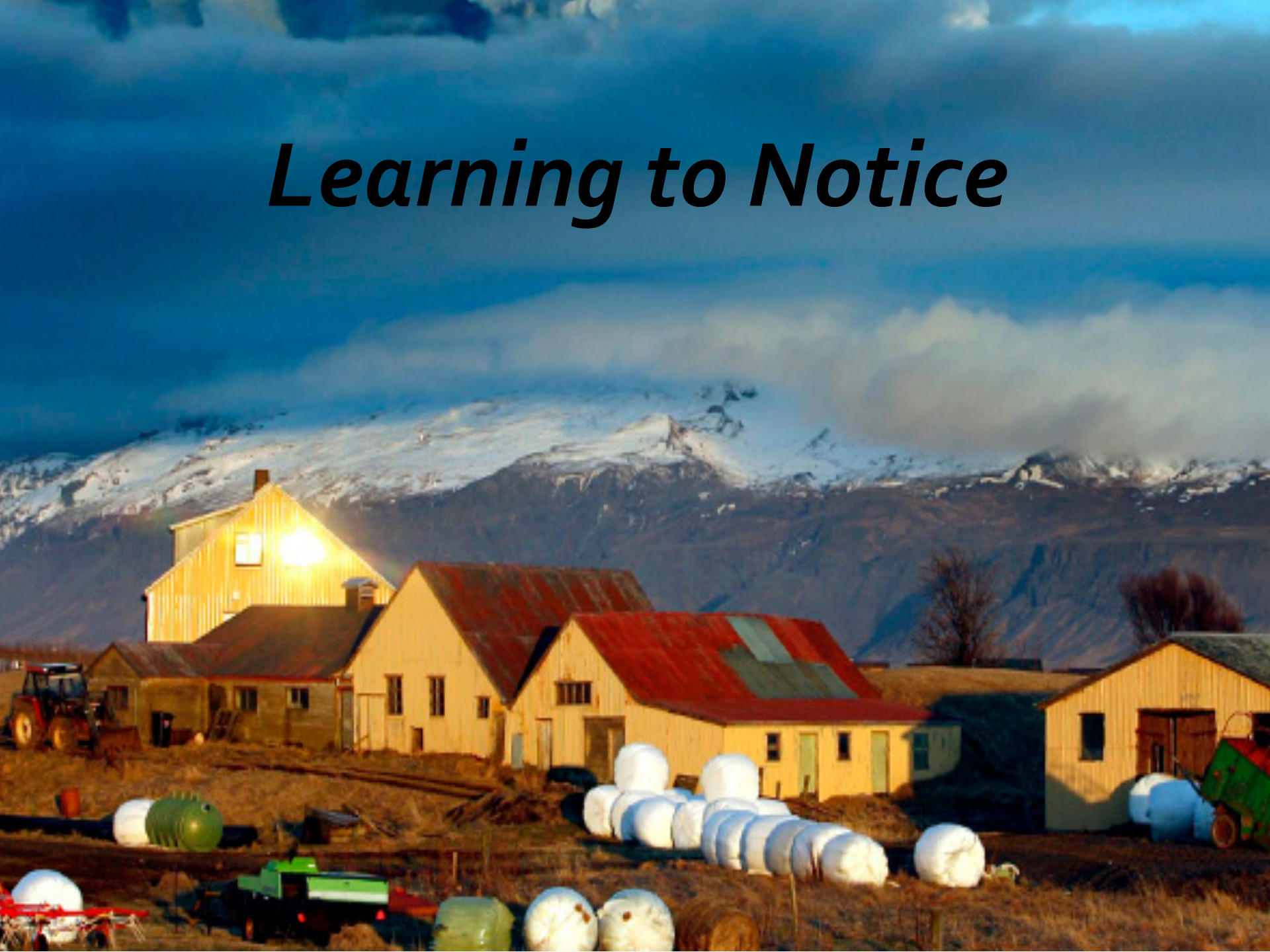
Resilience is a capacity that
can be grown



Resilience

Positive values	The dark side	Resilience
Service, altruism	Over-commitment, self-deprivation, entitlement	Reframing, balance, gratitude
Excellence	Perfectionism, invincibility, hiding errors	Self-compassion, reflective self-questioning
Curative competence	Omnipotence, imposter syndrome, self-deprecation	Knowing one's limitations
Knowledge	Need for certainty	Knowing what's unknown, comfort with uncertainty
Empathy	Personal distress	Compassionate action
Caring	Neglecting oneself and family	Self-care
Equanimity	Distancing, "othering"	Engagement

Learning to Notice





You can observe a lot just by watching.

Yogi Berra



Intention

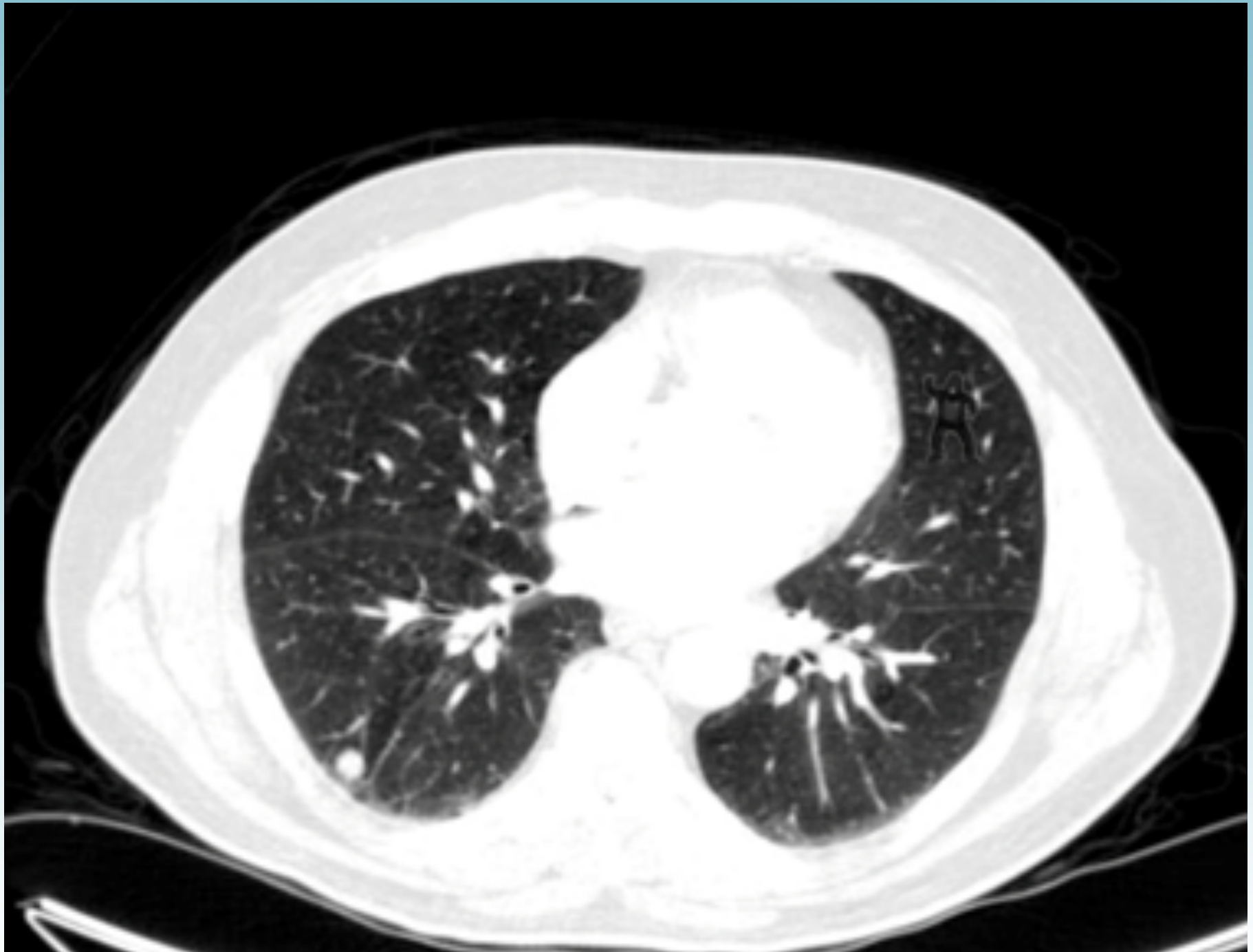
Attention

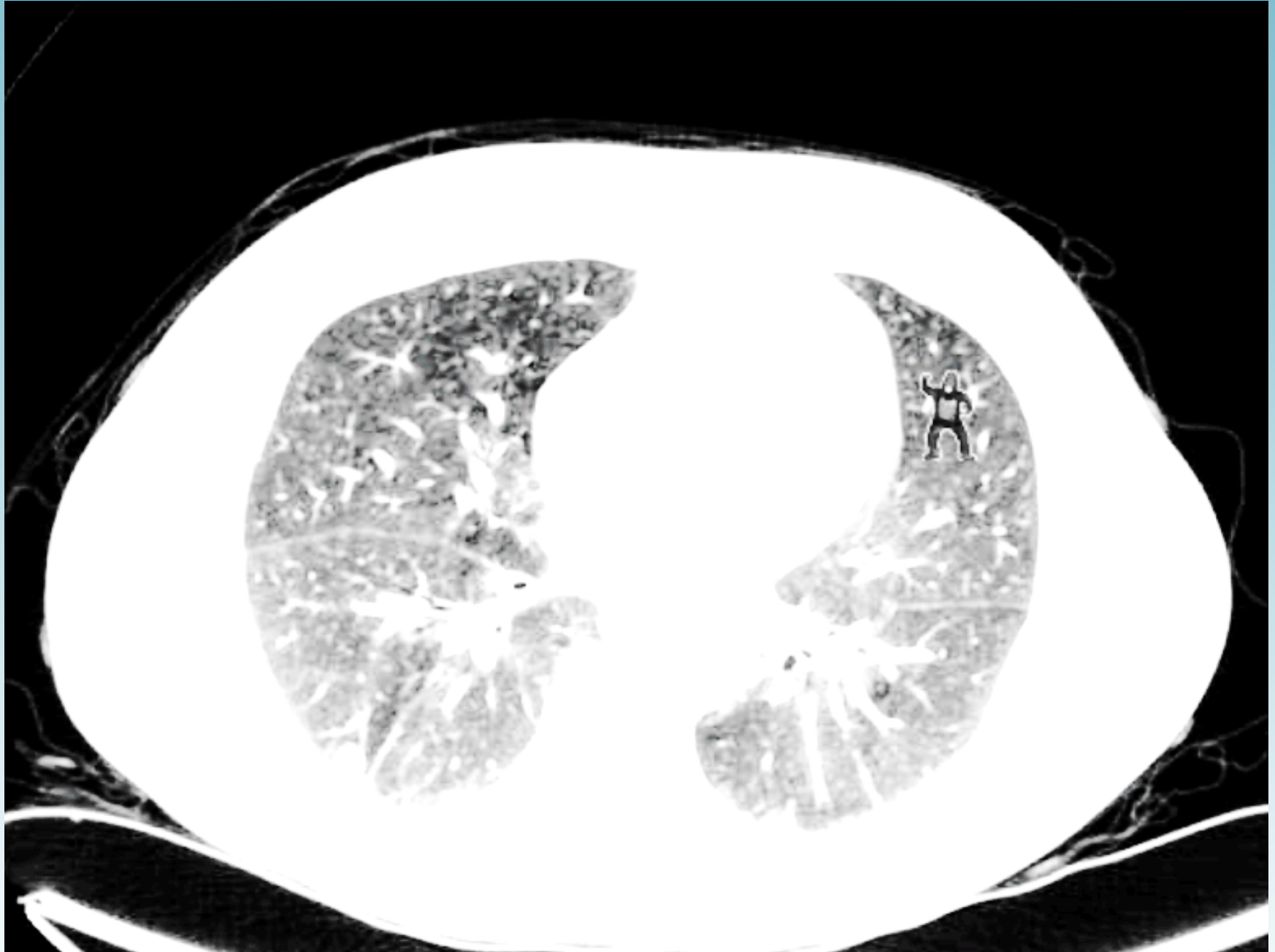
Attitude





Curiosity





Four minutes of red

For the next 4 minutes, record in writing the name of everything red that you see.
Feel free to roam around, but do not talk.

Source: Maue K. Three days of red. In, Water in the Lake: Real Events for the Imagination, 1979, New York: Harper and Row

Four minutes of red: key points

- Individuals' perceptions depend on context and frame of reference.
- There are different ways of paying attention - looking for the expected, filtering among multiple sensory inputs and vigilance for the unexpected.
- When you perceive, you are also involved in categorizing, judging (quantity, quality) and discerning (how red does something have to be to be called "red")
- You can activate perception (of things outside of oneself) and interoception (of things inside) simultaneously.
- Different people see different things even when framed similarly

*Between stimulus and response there is a space.
In that space is our power to choose our
response. In our response lies our growth and
our freedom.*

Victor Frankl

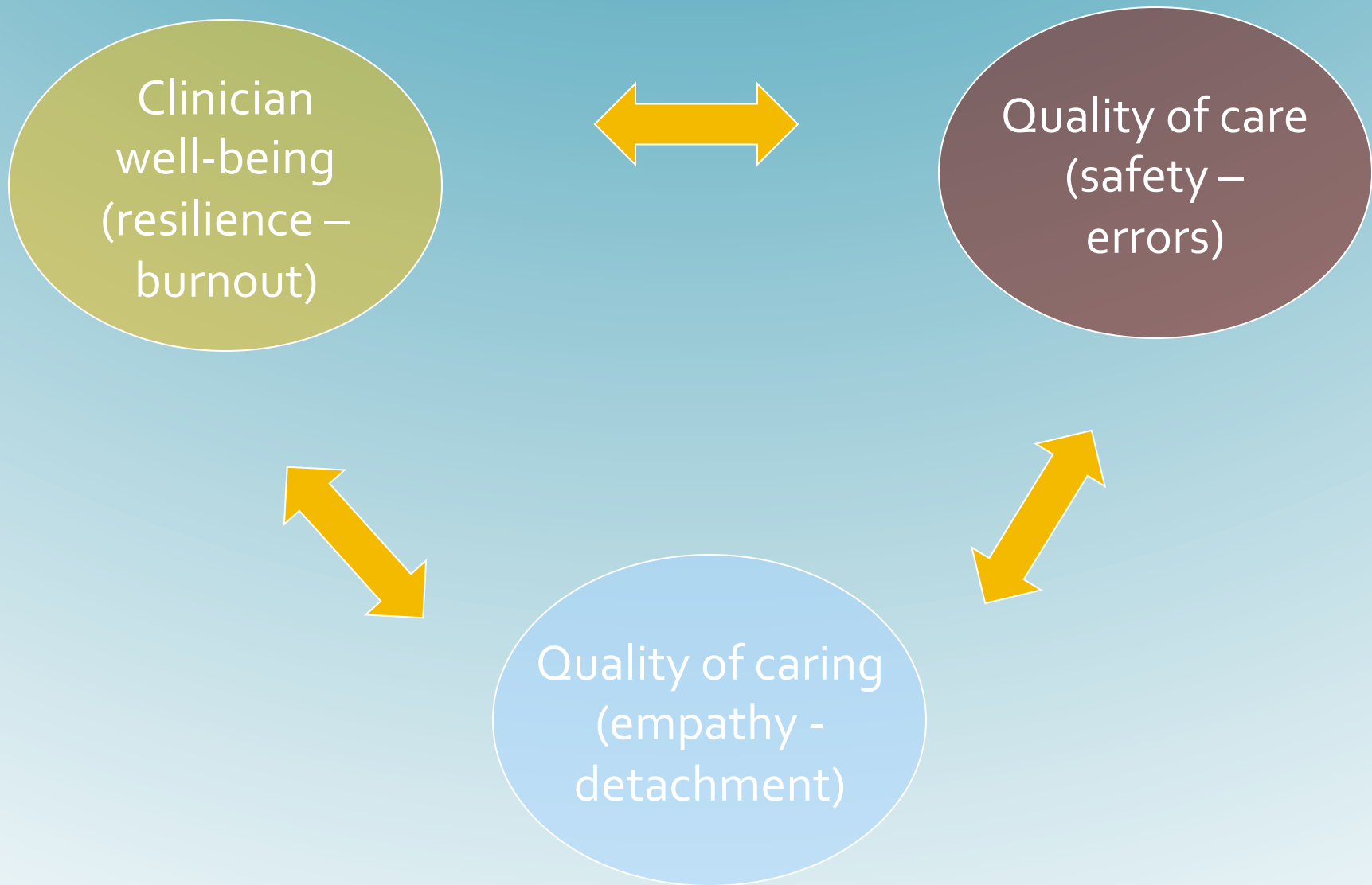


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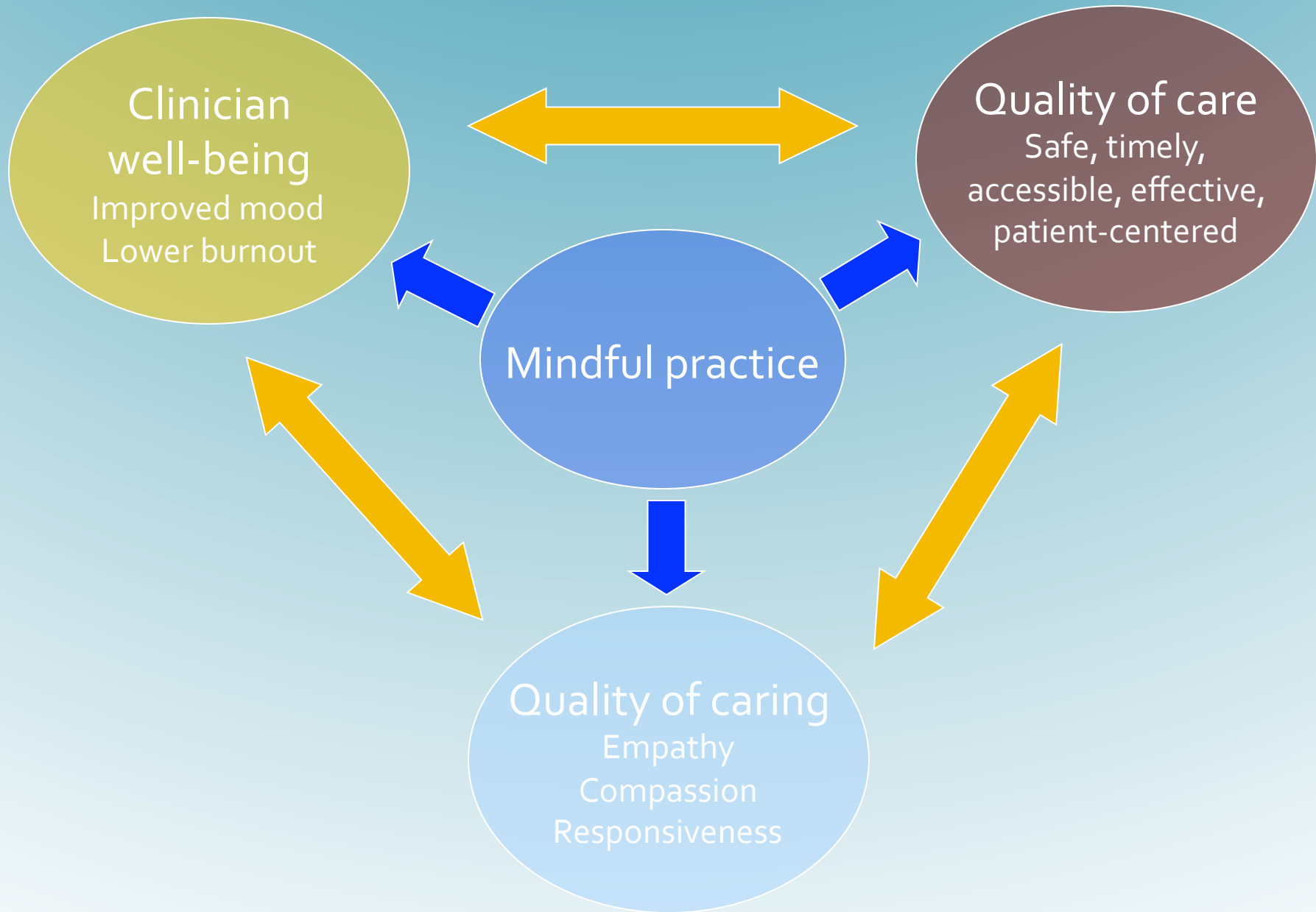


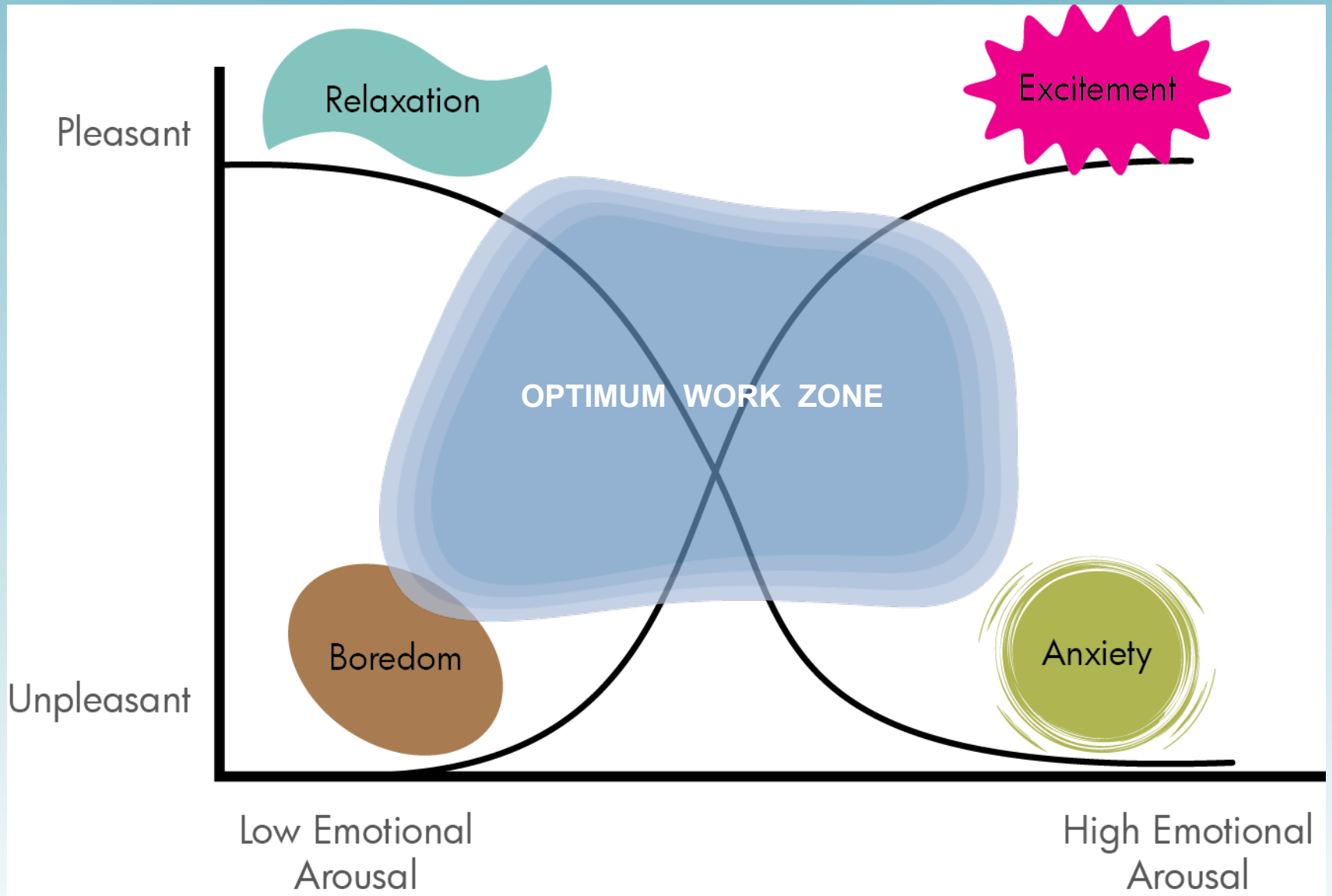
Mindful practice

Moment-to-moment purposeful attentiveness to one's own mental processes during every day work with the goal of practicing with clarity and compassion

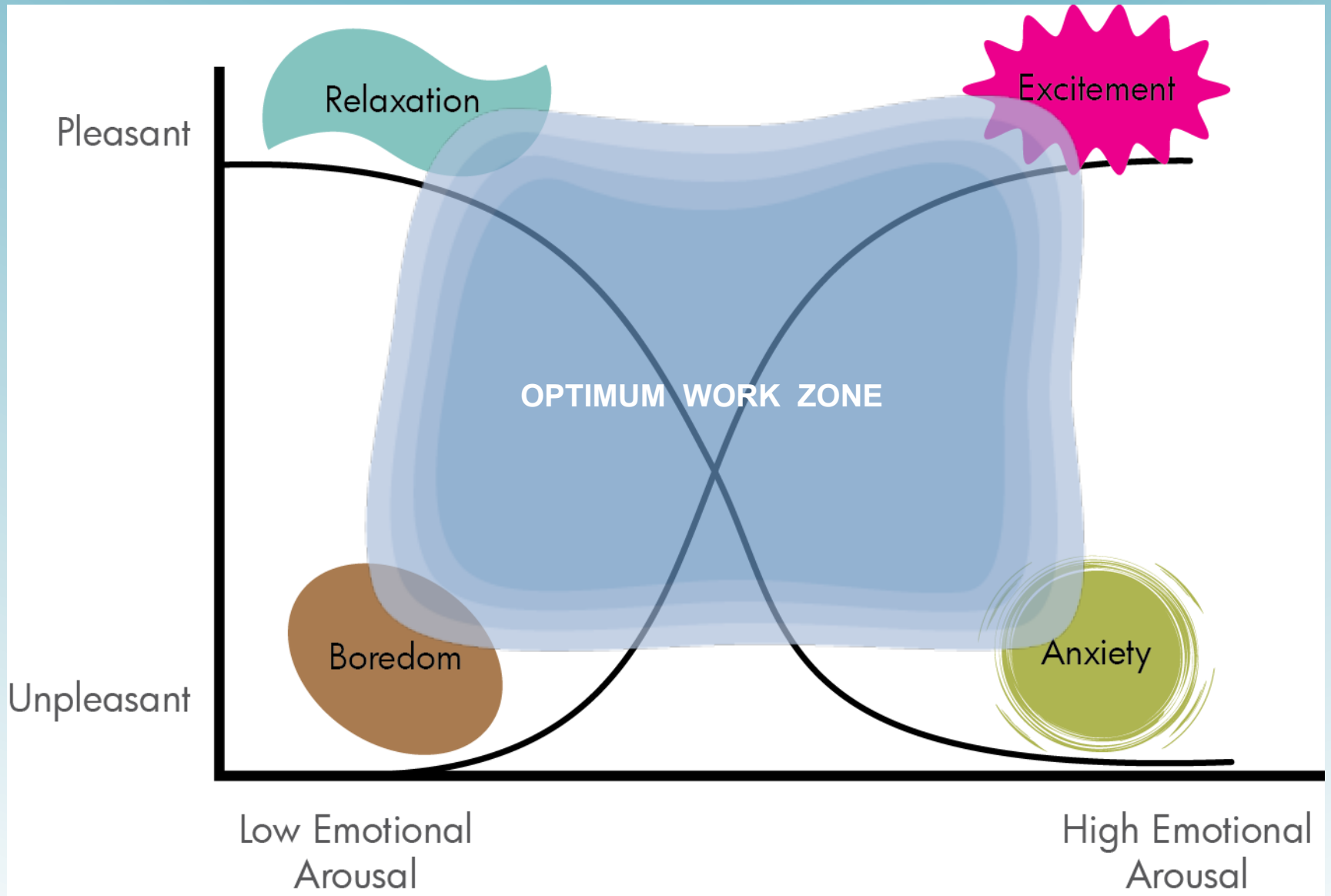


Shanafelt, T. D., et al. (2002). Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med*, 136, 358-367; Shanafelt, T. D., et al. (2005). Relationship between increased personal well-being and enhanced empathy among internal medicine residents. *J Gen Intern Med*, 20, 559-564.





After Apter M 1989



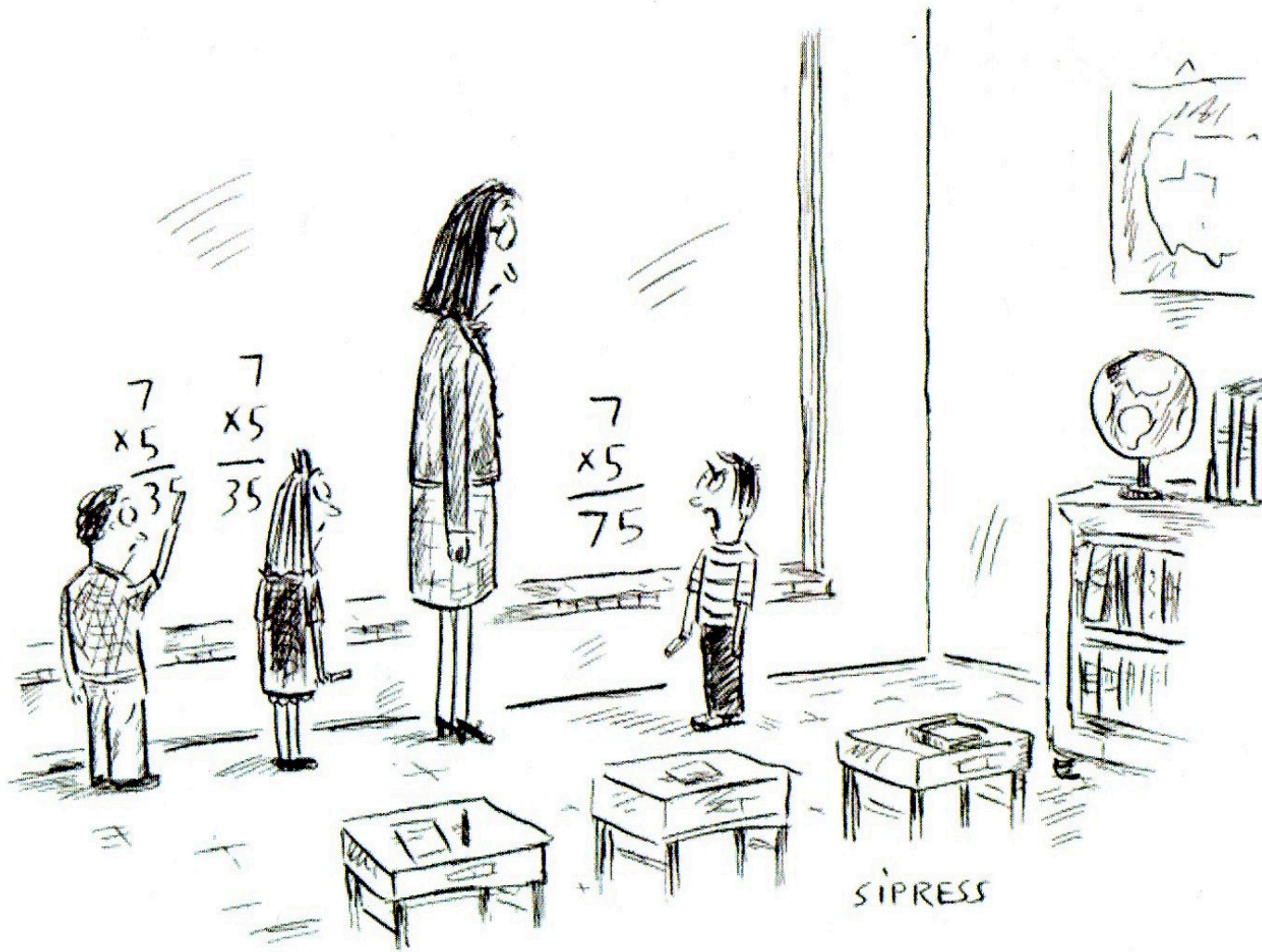
Narrative Medicine

Narrative Competence: set of skills required to recognize, absorb, interpret and be moved by the stories one hears.

R Charon. *NEJM* 2004; 350: 862-4

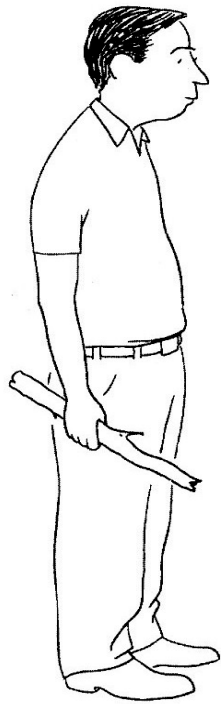
To restore the human subject at the center-the suffering, afflicted, fighting, human subject-we must deepen a case history to a narrative or tale.

Oliver Sacks, *The Man Who Mistook His Wife for a Hat*

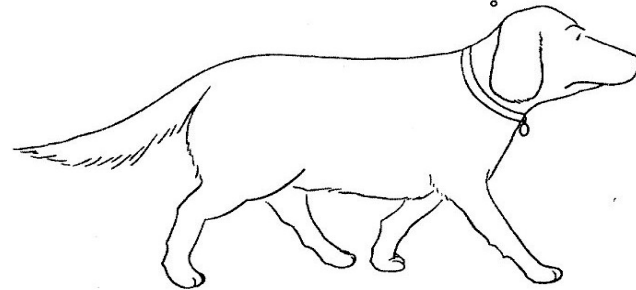


"It may be wrong, but it's how I feel."

Appreciative Inquiry



IT'S ALWAYS 'GOOD DOG'—
NEVER 'GREAT DOG.'



GREGORY

Appreciative Inquiry

The art of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential

David Cooperrider

Themes

Pleasant / unpleasant experiences

Perceptual biases

Meaningful experiences

Surprises

Burnout

Attraction

Dismissing patients

Self-care

End-of-life care

Conflict



Meaningful experiences

Focus on a time during your work as a clinician or educator that was particularly meaningful for you.

Perhaps it was a time when you were moved in some way, or may have been a time associated with great joy or great sorrow.

Try to recall aspects of the situation that caught your attention, and perhaps other aspects of the situation that only became obvious to you later.

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

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P RIMARY CARE PHYSICIANS REPORT alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of *burnout*,¹⁻⁴ defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy.^{2,5-7} Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported.^{4,8-10} Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout^{2,11} and there are strong associations between medical student burnout and suicidal ideation.¹²

For editorial comment see p 1338.



CME available online at
www.jamaarchivescme.com
and questions on p 1374.

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; Δ = -6.8; 95% CI, -4.8 to -8.8; depersonalization, 8.4 to 5.9; Δ = -2.5; 95% CI, -1.4 to -3.6; and personal accomplishment, 40.2 to 42.6; Δ = 2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ = 4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ = -4.1; 95% CI, -1.8 to -6.4); total mood disturbance (33.2 to 16.1; Δ = -17.1; 95% CI, -11 to -23.2), and personality (conscientiousness, 6.5 to 6.8; Δ = 0.3; 95% CI, 0.1 to 0.5 and emotional stability, 6.1 to 6.6; Δ = 0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance (r = -0.39, P < .001), perspective taking subscale of physician empathy (r = 0.31, P < .001), burnout (emotional exhaustion and personal accomplishment subscales, r = -0.32 and 0.33, respectively; P < .001), and personality factors (conscientiousness and emotional stability, r = 0.29 and 0.25, respectively; P < .001).

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.

JAMA. 2009;302(12):1284-1293

www.jama.com

The consequences of burnout among practicing physicians include not only poorer quality of life and lower quality of care but also a decline in the sta-

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The bottom line

Participation in a mindful communication program was associated with sustained improvements ($<.001$) in:

- Patient-centered attitudes (empathy, psychosocial orientation)

- Physician well-being (burnout, mood)

- Personality (increased emotional stability)

Associations were mediated by changes in mindfulness

Participants identified three themes: community, skills development, and giving oneself permission to take time for self-development



Self care tips

- STOP
- Mindful meditation
- Hardiness factors - 3+1 C's
- Reflective writing
- Supervision & mentoring
- Communication skills, CMEs
- Sustainable workload
- Rest, eat good food, exercise, fun!

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