Abstract

- Title: Imagining mindful healthcare: patients, practitioners and systems
- Description:
  - It is clear that mindfulness-based interventions improve wellbeing. Yet, the possibility that mindful practice can influence the entire healthcare enterprise are only now being explored rigorously. Preliminary evidence shows improvements in empathy, patient-centered attitudes and communication, and there are now compelling arguments for effects on patient safety, implicit bias, team functioning, medical errors, and clinical decision-making. I will discuss what it means to be mindful at work, propose a broad array of practices—individual and organizational—that can promote mindfulness, and address what contributes to community, institutional and systemic mindfulness.
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Mindfulness and the health care professional

AN EVOLUTION

Medical students – workshops and courses
Residents – retreats and workshops
Teaching faculty - workshops
Physicians and medical educators – residential and longitudinal workshops

OUR PROGRAMS
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.

—Viktor Frankl

Mindful Practice

Ronald M. Epstein, MD

Reflection and self-awareness help physicians to examine belief systems and values, deal with strong feelings, make difficult decisions, and resolve interpersonal conflict. Organized activities to foster self-awareness are part of many family programs and specialty medical schools. A strong scientific body of evidence for critical thinking, problem solving, and clinical reasoning forms the foundation of a deliberately taught decision-making process. This process is an integral part of development and education. Mindfulness training is not a panacea, but it has been shown to foster a balanced perspective and resilience.

Mindful practitioners attend in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks. This critical self-reflection enables physicians to listen attentively to patients’ distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence, and insight. Mindfulness informs all types of professionally relevant knowledge, including propositional facts, personal experiences, processes, and know-how, each of which may be tacit or explicit. Explicit knowledge is readily taught, accessible to awareness, quantifiable, and transferable; tacit knowledge is instead embodied in experience and difficult to capture or articulate. Mindfulness is an important component of good clinical practice.

Epstein RM. JAMA 1999

Moment-to-moment purposeful attentiveness to one’s own physical and mental processes during every day work with the goal of practicing with clarity and compassion...
Clarifying intention

A personal and collective vision

Individual flourishing, clinical excellence, clarity in decisions and personal relationships, compassion for self and others

Mindful teamwork

Mindful leadership

Mindful organization

Intention

A personal vision (vs. “a disconnected life”)

Long-term thriving (vs. short term surviving)

Clinical excellence

Clarity in decisions and personal relationships

Compassion for myself and others
Attention

We miss more by not seeing than by not knowing.

William Osler

An “empty cup of attention” (H James)
In the beginner’s mind the possibilities are many, in the expert’s mind they are few.

Shunryu Suzuki

Mental stability
Turning towards dissonance
Slowing down when you should

PRESENCE
HYPOTHESES:

Awareness, attention, and presence are capacities that can be grown.
OPTIMUM WORK ZONE

After Apter M 1989

After Apter M 1989
Wellbeing is about engagement, not withdrawal

What’s the opposite of burnout?

Burned out  Resilience  Work Engagement  Well-being  Flourishing
Mindfulness is a community activity

I. Your inner operating system

II. Mindfulness in dialogue with patients and colleagues

III. Mindful teams: clinical jazz

IV. Towards a mindful health care system

EXPLORING
I. YOUR INNER OPERATING SYSTEM

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

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?”
Becoming aware

- What are some early warning signs of stress?
- What are some of the late warning signs?
- What thoughts and feelings accompany these signs of stress?
- Discuss with a partner

How am I responding?

Unhealthy reactions
  Including unhelpful behaviors that “you can’t keep yourself” from doing

“Survival skills”
  These may help you get through a difficult time, but may be destructive if habitual (avoid being proud of these)

Mindful responsiveness, resilience and growth
  Important to your long term development as a professional and as a person
### Look inside yourself

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### Building your resilience

- Your psychological skills
- Your relationships
- Stress inoculation
- Your hormones
- Your brain
- Your social environment and your genes

Southwick & Charney 2012
Why aren’t health professionals mindful all the time?

- Isolation
  - <20% Career Fit
- Dysregulated emotions
- Disconnection from calling, meaning, identity, and role
- High cognitive load
- Productivity pressure
- Meaningless work
- Unmanageable administrative burdens

- Poor quality of work
  - Satisficing, going through the motions, not connecting w/people
- Cognitive rigidity
  - Inability to tolerate ambiguity, uncertainty, and change
- Emotional rigidity
  - Anger, frustration
  - Projection, defensiveness
- Feeling helpless
  - Passivity

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ORIGINAL ARTICLE

Sharing pain and relief: neural correlates of physicians during treatment of patients

KJ Jensen, P Petrovic, CE Kerr, J Kirsch, RA Racek, L Cheetham, R Spaeth, A Cook, RL Gollub, J Kong, and TJ Kapchuk

Patient-physician interactions significantly contribute to placebo effects and clinical outcomes. While the neural correlates of placebo responses have been studied in patients, the neurobiology of the clinician during treatment is unknown. This study investigated physicians’ brain activations during patient-physician interaction while the patient was experiencing pain, including a ‘treatment’, ‘no-treatment’ and ‘control’ condition. Here, we demonstrate that physicians activated brain regions previously implicated in expectancy for pain-relief and increased attention during treatment of patients, including the right ventrolateral and dorsolateral prefrontal cortices. The physician’s ability to take the patients’ perspective correlated with increased brain activations in the rostral anterior cingulate cortex, a region that has been associated with processing of reward and subjective value. We suggest that physician treatment involves neural representations of treatment expectation, reward processing and empathy, paired with increased activation in attention-related structures. Our findings further the understanding of the neural representations associated with reciprocal interactions between clinicians and patients; a hallmark for successful treatment outcomes.

Molecular Psychiatry advance online publication, 29 January 2013; doi:10.1038/mp.2012.195

Keywords: patient-provider; doctor-patient; placebo; pain; analgesia
Jericho to Jerusalem

HASTE
Where are you right now?

Present  Distracted  Overloaded

II. IN DIALOGUE
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
**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.

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**Appreciative inquiry interviews**

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
Insight dialogues

- An important theme
- Pause / relax / open
- Trust emergence
- Listen deeply / speak the truth

After Gregory Kramer, 2008
Think of a time when you experienced profound gratitude (*in* the work setting)

- **Listener:** Ask the speaker the following questions: "*What do you experience when you are grateful about something?*” Listen intently without interrupting.

- **Speaker:** Share your *sensations (what you feel in your body, emotions and thoughts)*. Take 60 seconds to respond.

- Now repeat this **without switching**

- Now repeat this a third time **without switching**

- **Now switch roles** and repeat the whole process.
Depending upon our timing, I think it would be nice to let these be a bit more spacious than it was yesterday. I wonder how you feel about doing it the way we did last year, and inviting people first to think about their experience of profound gratitude in a context other than work. Then repeat in a work context after both have shared. My idea there is that a common story we tell ourselves is that work and life are separate -- this practice helps people see that they are actually the same.

With regard to the second bullet: would switch the order: Share your sensations, emotions, thoughts. (Perhaps we could even be explicit with verbal instructions asking them to focus their first on sensations, their second on emotions, and their third on thoughts...). But I'm certainly not wedded to this.

Marshall, Frederick, 2/18/2017
Gather Up

Practicing mindful communication

• Narrative medicine
• Appreciative interviews
• Insight dialogues
• Cyclical questioning
• Practicing gratitude
III. MINDFULNESS IN TEAMS: CLINICAL JAZZ
Social networks of people with serious and chronic illnesses

Situations in which new ideas and perspectives emerge through the sharing of thoughts, feelings, perceptions, meanings and intentions among 2 or more people.

**SHARED MIND**

Shared mind

- Collaborative cognition
- Attunement
- Shared mental models
- Cohesion
- Synchrony of cerebral activation

Shared information
Shared mental models
Shared deliberation – muddling through together
Shared decisions
Shared presence

MINDFUL COMMUNICATION THAT PROMOTES SHARED MIND

Epstein RM & Street Jr RL. 2011
What would a mindful team look like?

- Deep listening
- Leadership and collegiality
- Open, creative, blame-free communication
- Plays to peoples’ strengths
- Offers flexibility and control
- Optimizes workload
- Members working at their very best, flourishing, at the top of their skills
- Contagious positive emotion

IV. MINDFUL ORGANIZATIONS
An organization is a collection of conversations...

Tony Suchman

Organizational mindfulness = collective mind

- Preoccupation with failure = collective attentive vigilance
- Sensitivity to operations = situation awareness = collective curiosity
- Reluctance to simplify = quick answers are not always the best = beginner’s mind
- Commitment to resilience = presence, non-abandonment
- Fluidity and healthy anarchy = distributed decision-making

After Weick K and Sutcliffe K 2001, 2006
Mindful organizations in health care

- Value the formation of people, not just the production of “products”
- Increase clinicians’ sense of autonomy and control
- Promote a culture of respect
- Reduce real and perceived sense of isolation
- Articulate a (caring) mission and keep to it
- Develop and reward deep and appreciative listening
- Focus on enhancing the positive, not just solving problems
- Share stories, not just strategies

Institutional strategies: what works in health care

- Clinician well-being as a quality metric
- Cognitive ergonomics and human factors design
- Work hours
- Lower regulatory burden
- Centers for professional well-being
- Discussion groups
- Skills training -- mindful practice, communication, stress management, conflict management
- Team training
- Values-driven leadership
- Identify those at highest risk → peer coaching, behavioral and disciplinary interventions

West CP 2016 Lancet; Epstein RM 2016 Lancet
Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

The most common interventions were mindfulness and stress management-focused efforts, communication training, small group discussions, local practice modifications, and duty hour changes.

...both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to determine which interventions may be most effective in specific populations, as well as how individual and organisational solutions might be combined...

The most common interventions were mindfulness and stress management-focused efforts, communication training, small group discussions, local practice modifications, and duty hour changes.

Overcoming Tribalism

Implicit bias
Emerging evidence suggests that mindfulness practice can reduce the provider contribution to healthcare disparities through several mechanisms including:

- reducing the likelihood that implicit biases will be activated in the mind,
- increasing providers' awareness of and ability to control responses to implicit biases
- increasing self-compassion and compassion toward patients, and
- reducing internal sources of cognitive load -- stress, burnout, compassion fatigue.

Just Like Me:
Being present with others

This person has a body and a mind, just like me.
This person has feelings, emotions, and thoughts, just like me.
This person has, at some point in his or her life, been sad, disappointed, angry, hurt, or confused, just like me.
This person has, in his or her life, experienced physical and emotional pain and suffering, just like me.
This person wishes to be free from pain and suffering, just like me.
This person wishes to be happy, just like me.

FLOURISHING = INTENTION + SKILLS + COMMUNITY + INSTITUTIONAL SUPPORT

TO LEARN MORE:

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