

## Teaching Mindful Practice®

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**M**indful Practice® courses have been taught at University of Rochester since 2007, and recently, training has been made available for participants to teach this program. The author describes experiences leading up to taking and teaching the Mindful Practice® program that may provide insight and motivation to others wishing to explore that path to address current issues adversely affecting the practice of medicine.<sup>3,4</sup>

### My Years of Living Mindlessly:

After more than 30 years of practice culminating with patients “piled high and stacked deep,” I wondered how much longer I could continue to push through the days and nights of endless transactions and incessant demands. Despite my efforts to “keep up,” patient satisfaction had reached its nadir. Skiing, my favorite sport, over which my wife and I had bonded, was but a distant memory. Something had to change. The word *burnout* was not yet in my lexicon, but it was certainly my lived experience. I was more than tired; I had lost my compass. Seeking meaning and change, I found Mindful Practice® a CME-accredited course.<sup>1</sup>

We arrived in Rochester, New York, a jumbled bunch of docs, nurse practitioners, social workers, among others. Sitting together as a group of 50, with our instructors, Mick Krasner, Ron Epstein, Fred Marshall, and Florence Meleo-Meyer, was like no other CME I’d ever attended. Rather than giving a tightly scripted PowerPoint, leaders encouraged *talking* among ourselves and were actually curious about what we participants had to

say. We would sit silently for a few minutes, and then each leader took turns opening discussions on a topic. Over the 3.5 days, we learned meditation and meditated, were led through discussions, and told our own stories of our most meaningful personal clinical experiences (with a focus on which particular personal strengths made success possible in difficult situations). We learned to listen differently, and communicated with colleagues in ways that I had not experienced since medical school.

We left the center, cohesive and connected with shared purpose and vision of why we chose medicine. I had connected, listened (*really* listened), and been heard. When it was over, I was surprised to be sad to be leaving a CME program.

When I returned to work, staff and coworkers noticed a difference in me. I discovered I could change clinic scheduling (eliminating double and triple booked appointments) and I changed my approach with patients and our clinic staff (more focused on context). Within a short time, my patient satisfaction score rose from 20% to 70% (excellent) and stayed there.

People became curious “What did you do?” My medical director asked “Can you teach this?” I then registered for the “Advanced Mindful Practice®” workshop at the University of Rochester. In preparation, Ron Epstein had suggested readings and that we “work on our own practices,” so, along with my wife I attended a silent retreat.<sup>5,6</sup>

The Advanced workshop was similar to the earlier one, but with

more in-depth focus on process and embodiment of principles of mindfulness.

### Teaching Mindful Practice®:

Upon return from the advanced workshop, I wrote a proposal to teach Mindful Practice at Intermountain, was directed to our Employee Assistance Program (Live Well®) and met with the director, where I was introduced to another individual: “This is Marc, he’ll be your co-teacher for Mindful Practice®.” I requested, and was given a contract amendment that included “Teaching Mindfulness” to cover my activities in this area, and we started teaching (please see text box).

### Mindful Practice® Training at Intermountain Healthcare:

- *Grand Rounds (Multiple)*
- *Invited Presentations (Multiple)*
- *Introduction to Mindfulness (multiple two-hour classes)*
- *Mindful Practice eight-week programs (2.5 hours each week over eight weeks)<sup>2</sup>*

### Experiences of the Teachers: Continuing Medical Education Accreditation (CME):

We elected to apply for CME accreditation for our courses. Because of the robust evidence for efficacy of this program, and the fact that it meets the underlying criteria for CME, it was approved. This gave validity to our approach and allowed the CME department to publicize the program. Mindful Practice® program announcements were sent to every  
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physician and Advanced Practice Clinician in the region, and our program was announced on their website and in newsletters for medical and general staff. We experienced some challenges attracting participants to some of the programs. These were overcome by building in more lead time for the CME accreditation process, addressing the length of the program, carefully targeting marketing material to include more than the formal CME announcement (Who, What, Why, How), and soliciting past participants (and the CME committee) to strategize and help publicize upcoming programs. Thus far, more than 100 physicians and APCs participated in Mindful Practice® programs at Intermountain Health Care.

**Co-facilitation:** We found that it was critical to have a partnership of two facilitators. While I had no experience teaching mindfulness, and Marc, my training partner, was not a physician; both of us had extensive practice and teaching experience. Our partnership helped ensure that at least one of us would be present and emotionally available for the participants for the entire session. In addition, many of our classes experienced situations where one of the facilitators would have to separate from the group to address logistical and other issues while the other kept the program on track. Fortunately, I was assigned to Marc, a very experienced and deeply embodied mindfulness teacher (LCSW, EAP counselor) who added richness and depth to the program that would not have been otherwise possible. That said,

we had constant discussion to balance meditation, discussion, and didactic program content.

**Our Experiences Teaching:** Despite extensive teaching experience, preparing for teaching Mindful Practice® was different. Although the curriculum and teaching manual was kindly made available to Mindful Practice® participants by the authors at University of Rochester, the nature of this education is “guided discovery” and requires teaching from “lived experience” rather than from a script. The curriculum was necessary but only a starting point for teaching. We anticipated and were quick to notice that “participants have miraculous bullshit detectors.” To fully understand the curriculum, it was crucial that we not only read all the references (in the slides and manual) but also reflect deeply on our connection to them. Only then could I begin to feel prepared to go into a room full of tired, sometimes skeptical physicians.

**Teaching Outcomes/Learning Outcomes:** Participant engagement and growth (as measured by follow up surveys) was substantial. Our outcomes were similar to those of Krasner and Beckman.<sup>1,2</sup> Burnout and mindfulness improved, as measured by Maslach Burnout Inventory and Mindful Attention Awareness Scale. Participant comments indicated other growth areas (please see text box).

Reflecting on factors contributing to our success from participant reviews and discussions, we credit the authors of Mindful Practice® (Krasner, Epstein, et al.) for training us and permitting use, our own in-

### Participant Reviews of Intermountain Mindful Practice Eight-week Course 2016.

“It opened up my mind in staggering ways—unbelievably valuable.”

“The didactic and practice are both relevant. . . .an important-life changing content.”

“Less rushed, more present, hopefully more thoughtful.”

“I am much happier and enjoy people more.”

“Mindfulness is already helping me in my daily practice—less distracted, increased focus, more effective.”

stitutional support for the program, and our own prior experiences in teaching and clinical practice. Our own experiences suffering from and recovering from burnout, and the embodiment of the principles of Mindful Practice® allowed us to create a safe and relaxed environment permitting participants to open up to deeply personal experiences and viewing them (and themselves) from another perspective.

**Questions:** The results of our work in Mindful Practice® caught the attention of our organization and we were called to attend meetings with senior executives to discuss further training at Intermountain. Notable questions “Does it have to be *that long*?” (What is the minimum dose?), “What is the R.O.I. (return on investment) of this program?” (“Is it worth the cost?”),

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“Will this work for docs with bad patient satisfaction?”

### References

1. Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. 2009; 302(12): 1284-93. PMID: 19773563.
2. Beckman HB, Wendland M, Mooney C, et al. The impact of a program in mindful communication on primary care physicians. *Acad Med*. 2012; 87(6): 1-5. PMID: 22534599.
3. Shanafelt T, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Int Med*. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199.
4. Shanafelt T, Hasan O, Dyrbye L, et al. Changes in burnout and satisfaction with work-life balance in physician and the general US population between 2011 and 2014. *Mayo Clin Proc*. 2015; (90)12:1600. DOI: <http://dx.doi.org/10.1016/j.mayocp.2015.08.023>.
5. McCown D, Reibel D, Mircozzi M. *Teaching Mindfulness, a Practical Guide for Clinicians and Educators*. New York: Springer; 2011.
6. Leaman D. “The mindful vacation.” *Catalyst Magazine*. 2015;8. <http://www.catalystmagazine.net/the-mindful-vacation/>. Accessed February 24, 2017.

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