



“Common Suffering - Addressing the Hearts, Minds, and Bodies of Health Professionals”

Day: Thursday 12th July 2018 Time: 10:45 – 12:00 Track: Mindfulness in Society

Background: Introducing Buddhist fundamentals for relieving suffering into western society 40 years ago required a non-sectarian language and also a goal or an achievable benefit. Mindfulness (one tenet of the eight-fold path) was offered within a course ‘promising’ to reduce stress. Forty years later, the value of learning to be with our lives exactly as they are has earned great credibility and mindfulness practices can be found in all corners of our goal-driven society. Mindfulness practices are meeting the demands of our evidence-based approach to living in the chaotic culture we have created. Unintended consequences are also coming to people’s attention, particularly a fostering of compassion in the face of suffering.

Methods/Results: The authors will present the growth of this unintended consequence at their institution. Dr. Sternburgh will present the rapid growth of MBSR across a healthcare enterprise packaged as an approach to enhance resilience and mitigate burnout in healthcare employees. An approach that allows compassionate care to continue despite current demands on our healthcare system. Dr. Lerman will present the impact of having physicians, oncology patients and families participate together in MBSR and the sense of common humanity that develops due to this experience. Ms. McDonald will describe the impact of bringing mindfulness practices into the Catholic diocese within Manitoba Canada; an amazing unintended consequence from the introduction of mindfulness practices forty years ago. Dr. Geary will present data of over 200 medical students committing to six months of training as ‘physician healers’ within their four years of school. Students are volunteering for this mindfulness-based training because they want to learn how to maintain the heart of compassion and their common humanity in the midst of the rigors of training.

Conclusion: Suffering exists. Freedom from suffering is possible. Providing a path towards appreciating of our common humanity seems to allow the natural emergence of compassion. After decades of packaging mindfulness directed towards a culturally-accepted goal, the authors inquire whether embodying a life of compassion might become the ‘goal’ of this international mindfulness revolution.



Symposium overview

- Presenter 1** **Lucy Sternburgh** - Mindfulness within the Framework of an Employee Wellness Program: Supporting the Wellbeing of Health Care Professionals and their Family Members
- Presenter 2** **Ruth Lerman** - Physician, Let Thy Patients Heal Thee: MBSR for a Mixed Class of Physicians, Patients and Family Members
- Presenter 3** **Dawn MacDonald** - C.A.R.ing for our most important resource: Compassion, Attention, and Resiliency in Health and Human Service Organizations
- Presenter 4** **Cara Geary** - Teaching the art of being a Healing Presence to medical students: A 6-month integrated curriculum focusing on mindfulness.
- Chair:** ***Cara Geary***



Mindfulness within the Framework of an Employee Wellness Program: Supporting the Wellbeing of Health Care Professionals and their Family Members

Lucy Sternburgh

Beaumont Health, Royal Oak, Michigan, United States

Oakland University, Rochester, Michigan, United States

Background and Objectives: Persistent high stress has been shown to be related to negative outcomes including burnout, absenteeism, lower productivity, lower job satisfaction, and turnover. High employee stress in health care organizations has also demonstrated to be detrimental to patient care. Focus groups conducted in 2013 revealed that stress was unanimously the number one wellness-related concern in all divisions at a large academic U.S. health care institution, thus a proposal was approved to offer MBSR and other Mindfulness Based Initiatives (MBIs) to employees and their adult family members starting gradually in 2014. The program has two primary aims: to reduce stress and support the health and wellbeing of the participants.

Methods: Complimentary programs offered in 2016 included quarterly offerings of the standard MBSR course, one session of the Mindful Self-Compassion course, plus monthly half-day retreats and a variety of other MBIs. The programs were available to any employee and their adult family members. Participants were recruited via various internal communication channels. Participants of all programs were asked if the mindfulness program supported their health and wellbeing. Approximately 500 participants completed post-program assessments. Additional evaluation was completed for MBSR using the Perceived Stress Scale (PSS10) and MSC using the Self-Compassion Scale (SCS-SF). Average pre and post PSS10 and SCS-SF scores were compared. Participants were also asked open-ended questions about their experience.

Results: PSS10 results showed a decrease from pre-to post-test. 72% of participants found MBSR to be extremely helpful to their overall health and wellbeing. The results from the SCS-SF showed an increase from 2.86-3.63 from pre-to post-test. 89% of MSC participants found MSC to be extremely helpful in supporting their overall health and wellbeing. Overall, all mindfulness offerings showed a high level of support for health and wellbeing.

Discussion and Conclusions: This intention of implementing a mindfulness program was to reduce participant's stress and help support their health and wellbeing. Despite some challenges with attrition, the program appeared to be effective. As one participant said "Excellent program that enhances wellbeing which in turn enhances our interactions with others personally and professionally. This is a great investment and opportunity for employees."



Physician, Let Thy Patients Heal Thee: MBSR for a Mixed Class of Physicians, Patients and Family Members

Ruth Lerman

Beaumont Health

Beaumont Center for Mindfulness, Royal Oak, Michigan, United States

Oakland University William Beaumont School of Medicine, Rochester, Michigan, United States

Background/Objectives: US physicians suffer with burnout rates of greater than 50%.

The feasibility of using the standard MBSR course with physicians has been questioned because of the required time commitment and physician resistance to experiencing vulnerability amongst their peers. This novel, pilot study explored the feasibility and outcomes of teaching MBSR to a mixed population of physicians, oncology patients and family members using quantitative, qualitative and mixed-methods analyses.

Methods: 17 doctors and 23 oncology patients/family members (OP/FM) participated in two MBSR courses in 2017. Physicians took pre- and post- Perceived Stress Scale (PSS) and Maslach Burnout Inventory (MBI) and completed a narrative evaluation. PSS and MBI scores were analyzed using Paired T-Test, box plot analysis. The mixed methods analysis reviewed narrative responses regarding how the inclusion of P/FM affected their experience. Themes identified were that inclusion of OP/FM increased: effectiveness of the course, awareness of differing perspectives, self-awareness, engagement with the course or did not make a difference in their experience. Three raters categorized the answers into these themes with good inter-rater reliability.

Results: Of the physicians, 79% were female, median age was 50 (range: 32-66), attendance averaged 86%, 76% completed all pre/post assessments, all physicians recommended the class to other physicians and patients and expressed intentions for subsequent mindfulness practice, 77% felt their communication skills improved. There was significant improvement in PSS and MBI ratings. Mixed methods analysis showed physicians who felt that including OP/FM increased awareness of differing perspectives and opinions had the greatest improvements in PSS and MBI than those expressing other themes. Physicians who didn't feel that including P/FM in the course had negligible improvement in scores.

Discussion/Conclusions: Physician attendance was excellent and enthusiastic, improvement occurred in all measures, mixed methods analysis showed awareness and appreciation of non-physician presence was associated with improvement. Physicians wrote, "walls would have stayed up amongst an all doc group", "I have to remember that I am as human as my patients" and "After 'getting to know' patients ...I realized that we all struggle with the same stuff" Perhaps awareness of common suffering lights the pathway to healing the healer.



C.A.R.ing for our most important resource: Compassion, Attention, and Resiliency in Health and Human Service Organizations

Dawn MacDonald

Catholic Health Corporation of Manitoba Compassion Project, Saint-Boniface, Manitoba,, Canada

Background and Objectives: Compassion was the founding value on which several health and human service organizations were begun by faith based religious women. Entrusted with this legacy, and left with the challenge to inspire people of all faith and no faith traditions within our 16 organizations to co-create the conditions for compassion to flourish within us, between us, and in the fabric of all the work that is done, an innovative organizational change and development strategic initiative The Compassion Project was developed. Since 2010, leaders, physicians, employees, and volunteers have been offered opportunities to partake in non-sectarian evidence based mindfulness trainings known to influence our ability to meet our own suffering and the suffering of others.

Methods: Mindfulness Based Stress Reduction, Mindful Self Compassion, Mindful Leadership and Compassion Cultivation Training classes have been attended by more than 400 participants over the last eight years, program evaluation data as well as REB approved studies using Pre and post measures including PPS-10, FFMS, the Copenhagen Burnout Inventory and Compassion Scale have been collected and evaluated.

Results: In one MBSR cohort, n= 55 significant increases in participants perception of their meaning and peace, faith and assurance, and total spiritual well-being were observed as measured by the FACIT-SP-EX. Following MBSR training compassion, mindfulness and kindness for others increased and indifference decreased.

Discussion and Conclusions: Eight years later we see demonstrated improvements at all levels of organizational life, personally for participants, interpersonally, and organizationally. Healthcare providers are becoming more resilient and engaged, executive leaders are experiencing less stress and organizations are seeing significant financial savings. In addition, employees who participated in early trainings are now several years later becoming teachers and beginning to offer these interventions to patient populations. These shifts are moving organizations to expand their repertoire of services increasing health outcomes for those we serve and saving thousands of dollars.



Teaching the art of being a Healing Presence to medical students: A 6-month integrated curriculum focusing on mindfulness.

Cara Geary

University of Texas, Medical Branch

Department of Pediatrics

Division of Neonatology, Galveston, Texas, United States

Background: Medical students often have their inner calling to become a physician dampened by a rigorous focus on intellectual accumulation and technical expertise throughout training. The current training model emphasizes obtaining approval from others rather than an innate call towards service. This report describes a multifaceted, longitudinal program that shifts the emphasis in learning to an inner focus on developing and encouraging the inner healer to manifest. The curriculum focuses on learning to be: 'with self', 'with others', and 'with suffering'. The ultimate interest is learning the art of simply being and being of service.

Methodology: The Physician Healer Track (PHT) is a 500 contact-hour curricula integrated over four years focusing on self-awareness, reflection, interpersonal communication, community building and resilience training. The voluntary program comprises four years of monthly dinner meetings with faculty mentors, a two-month preceptorship in the first year, a one-month immersion course in MS4 and one elective. Training in mindfulness, cognitive behavioral therapy, nonviolent communication, motivational interviewing, spirituality in healthcare, wellness, equanimity, and 'being with suffering' is reinforced across all four years. Community building and reflection are integral to the training both in the monthly sessions and the immersion courses.

Results: Currently beginning the fifth year, student interest required expanded capacity. We graduated our first class of 23 (11% of the class) students in 2017. Despite the significant time commitment, our 4 subsequent years have had 32-58 (14-25%) student enrollments. To date, only 1 student has left the track due to scheduling issues. More than 90% of the students report a positive impact on their personal development, level of empathy, professional development, and satisfaction in becoming a physician, self-care, self-compassion, stress-management, and self-confidence.

Conclusions: Student interest in maintaining their humanity and of learning to be of service within medical training is exceptionally high despite the rigors of the PHT. The campus interest in these topics has spawned a series of innovative offerings. Identifying metrics and methods for rigorous program evaluation (beyond self-report) is a priority.