“Mindfulness and Other Mind-Body Interventions in Health Professions Education”

Day: Wednesday 11th July 2018  
Time: 3.30–4.45 pm  
Track: Mindfulness in Society

Background: Reports from many countries suggest that chronic stress and burnout among physicians and other health professionals is a pervasive problem and a cause for concern. More than half of all physicians in practice in the US, and students and residents in training in the US and Canada, experience chronic stress and burnout, and this can lead to changes in the patient-practitioner relationship and can adversely impact quality of care. Recent findings suggest that this process begins with the decline in empathy and rise in cynicism seen during medical school and post-graduate training. In response, there is increased interest among faculty, administrators and policy makers to develop individual and organizational interventions with medical students, residents and faculty and provide them with tools to address the rise in chronic stress and burnout and improve well-being. Key aspects are curricular interventions that include mindfulness training which lead to enhanced self-awareness and approaches that explore domains of self-care and help students and faculty find meaning and purpose in their work.

Goal of Symposium: In this proposed symposium speakers from the United States, Canada and Europe, who have implemented mind-body programs at their Universities, will share perspectives on the challenges they faced, the strategies they used to implement the program into the curriculum, the outcomes they obtained, and the lessons learned. The symposium will include short (15) minute presentations, enabling ample room for discussion with audience participants.

Learning Objectives

By the end of the session, participants will be able to:

1. Describe of the challenges and barriers to implementation of a mind-body medicine program into the curriculum
2. Understand the strategies that facilitated the successful curricular implementation of mind body medicine programs
3. Delineate some of the outcomes that programs have reported in students and faculty
Symposium overview

Presenter 1  **Aviad Haramati** - Impact Of A Course In Mind-Body Medicine On Mindfulness, Perceived Stress And Empathy In Medical Students

Presenter 2  **Sian Cotton** - Mindfulness in Medical Student Education and Beyond: Outcomes and Lessons Learned from a University-Wide Expansion of a Mind-Body Program

Presenter 3  **Raphaël Bonvin** - “I don’t have time; I just have to pass my exams... “

Presenter 4  **Andrea Grabovac** - Standardizing Training in Mindfulness-Based Interventions in Canadian Psychiatry Postgraduate Programs: A Competency-Based Framework

Chair:  **Aviad Haramati**
Impact Of A Course In Mind-Body Medicine On Mindfulness, Perceived Stress And Empathy In Medical Students

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Background: Reports from various sources suggest that empathy erodes in medical students during training. The reduction in empathy is associated with a high level of student distress, which in turn is associated with higher level of unprofessional conduct in students and decreased quality of care. Certainly, the program leading to the medical degree has many aspects that contribute to student stress (academic, financial, social, etc.). However, part of the problem may relate to the lack of tools provided students to manage stress and the absence of curricular interventions to address student self-awareness and self-care.

Objectives: This study assessed whether participation in a mind-body medicine (MBM) course would enhance mindfulness and affect medical students’ stress and empathy.

Methods: Georgetown University School of Medicine (GUSOM) offers an 11-week course to expose first-year medical students to mind-body approaches (e.g. mindfulness meditation, guided imagery, biofeedback and movement meditations). The sessions also include sharing openly and listening without judgment. Two groups of first year medical students (n=118) completed the surveys before and after the course. Instruments included: Perceived Stress Scale (PSS), Freiberg Mindfulness Inventory (FMI), Positive and Negative Affect Scale (PANAS), and the Interpersonal Reactivity Index (IRI).

Results: Course participants showed significant increases (P<0.001) in mindfulness (FMI), positive affect (PANAS) and empathic concern (IRI), while declines were seen in perceived stress (PSS) and negative affect (PANAS). Furthermore, the changes in perceived stress and affect were significantly correlated (P<0.001) with increases in mindfulness.

Conclusions/Implications: Participating in a MBM course is effective in enhancing traits such as mindfulness, positive affect and empathic concern, while reducing students’ perceived stress and negative affect. Further, the mindfulness level was an important predictor for the changes in perceived stress. Fostering mindfulness through an experiential MBM course may decrease student stress and enhance emotional intelligence. Such curricular interventions may promote better physician-patient communication and improve the quality of health care.
Mindfulness in Medical Student Education and Beyond: Outcomes and Lessons Learned from a University-Wide Expansion of a Mind-Body Program

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Background and Objectives: The mind-body skills training program at the University of Cincinnati (UC) is an 11-week course designed to promote self-care and resilience in students. Community and University support has enabled substantial and rapid growth of the program. Our primary objectives are a) to describe mixed methods outcomes from inter-professional mind-body student groups over 5 years, and b) to detail horizontal program expansion across 7 Colleges, including challenges faced and lessons learned when working towards long-term sustainability and institutional buy-in.

Methods: Mixed method data was gathered from mind-body students pre- and post- the 11-week course via Survey Monkey and compared to controls. Quantitative valid measures included the PSS, PANAS, FFMQ, IRI, and BRI to assess stress, positive/negative affect, mindfulness, empathy, and resilience. Qualitative items assessed the impact of the course on the student as a person, as a professional, and suggestions for Deans/Colleges for additional wellness resources.

Results: Participants in the Mind-body Program reported significantly less stress, greater positive affect, higher mindfulness, greater empathy and more resilience compared to controls. Qualitative data highlighted students strong support for growing this program to reach additional students, the positive impact it had on them regarding healthy habits and the ability to translate these lessons into better patient care. The program grew from having 2 faculty facilitators from Medicine in 2013 to 37 trained facilitators in 2017 from across 7 University Colleges. Key lessons for successful expansion include 1) financial support for programmatic staffing infrastructure; 2) adaptations of core curriculum and marketing based on cultural nuances of each College; 3) institutional buy-in at the level of Provost’s Office with support from College Deans; 4) rigorous data collection; and 5) continued/expanded mind-body program opportunities for students.

Discussion and Conclusion: The mind-body program at UC continues to have positive short-term effects on students’ well-being, even after expanded into 7 Colleges with different sub-cultures. Financial and operational support combined with strategic program implementation contributed to the success of the program in improving student wellness. Future work will address the long-term effects of the program and its enduring impact on institutional culture and the learning environment.
“I don't have time; I just have to pass my exams... “

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Background and objectives: The Medical School of the University of Lausanne has an open admission policy. Everyone interested in studying medicine has to be accepted given they fulfil the general admission criteria. There are about 600 students starting the first year with approx. 240 seats available for the second year. This creates a highly competitive environment resulting in stress and anxiety. With no hope to change the admission procedure anytime soon, an optional 11 weeks Mind-Body-Medicine (MBM) Course was successfully implemented. Based on a prior pilot, we expected about 40 participants but participation was surprisingly low: fifteen for the summer semester 2017. We performed an exploratory inquiry to better understand the situation.

Method: An online survey of the first year student was performed with questions about the MBM-course and four scales evaluating anxiety and stress (Spielberg anxiety, stressors, stress evaluation, coping strategies). Individual and group discussions with students participating in the MBM course helped deepened the understanding.

Results: There was a high interest in participating to the MBM-course among the students that didn’t participate to the MBM-course. Main reasons cited for not attending: lack of time, problematic schedule, inconvenient location, already practice a technique.

Stress and anxiety levels were higher than in 2014 when a similar survey was performed. Discussion with students helped to highlight essentially two aspects. ‘No time’ means the competition level is so high that students are not willing to ‘lose’ 2h a week of study time. And there is a misunderstanding of the true benefits of the MBM-course (leisure time vs. transformation of self).

Discussion: The increased level of anxiety and stress in the last three years seemed to refrain some students that could have benefited from participating to a MBM-course.
Standardizing Training in Mindfulness-Based Interventions in Canadian Psychiatry Postgraduate Programs: A Competency-Based Framework

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Background and Objectives: The Association of Medical Faculties of Canada has set a strategic direction to transform medical education through the implementation of competency-based training. The Royal College of Physicians and Surgeons of Canada Specialty Committee in Psychiatry mandates that graduates have “introductory knowledge in assessing suitability for, prescribing, and delivering … mindfulness training“. It is therefore incumbent on psychiatry residency programs to ensure that all residents are competent to prescribe mindfulness-based interventions (MBIs). Additionally, as psychiatrists in Canada often deliver therapies directly, specific training is required for trainees to acquire the requisite competencies for MBI delivery.

Methods: Based on an understanding of the unique training requirements of MBIs, we applied the Competence by Design framework to training in MBIs, assigning 3 levels of competency - Core, Therapist and Leader. Appropriately prescribing MBIs was identified as a Core of Discipline competency. Advanced Expertise (AE)-Therapist competency describes delivery of MBIs with fidelity, attending to the development of a skillset that has personal meditation practice as its core. AE-Leader competency delineates providing MBI training, supervision, and mentorship.

Results: We detail specific competencies for each level, organized by domains of professional activity. For example, within the AE-therapist competency, we describe the milestones necessary for fidelius delivery of MBIs, considering medical expert, collaborator, health advocate, and scholar roles. Some milestones include applying theorized MBI mechanisms of action to a patient’s symptoms, embodying attitudinal underpinnings of mindfulness, facilitating with an experiential focus, and inquiring on the direct experience of practice. For the AE-Leader stage, we outline the more sophisticated competencies associated with each of these practice domains, including providing mentorship grounded in personal mindfulness practice.

Discussion and Conclusion: Ethical considerations, such as informed consent, potential side effects of meditation practice and availability of clinical follow-up for monitoring of ongoing meditation practice after therapy completion, are addressed at all three levels of competency. Innovative online training formats are encouraged, allowing clinicians in under-resourced areas access to MBI Leaders. As learning methods evolve, national MBI training competencies have the potential to standardize training and ensure a baseline of MBI knowledge within the Canadian psychiatric community.