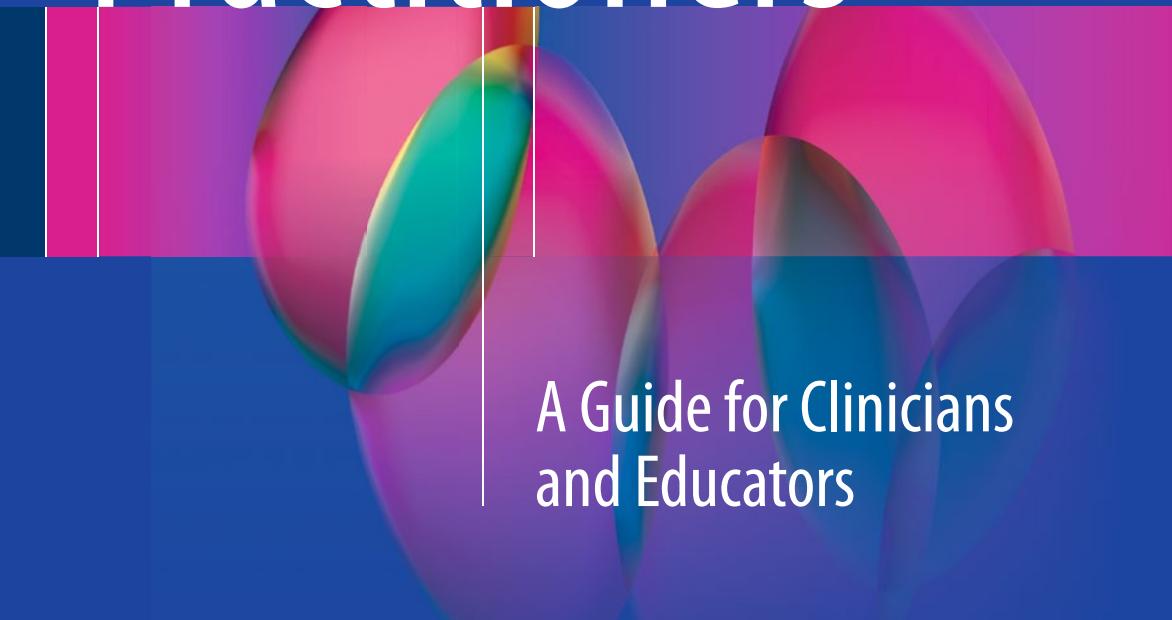


Mindful Medical Practitioners

A graphic design element consisting of several overlapping, semi-transparent spheres in shades of pink, red, and blue, centered on the page.

A Guide for Clinicians
and Educators

Patricia Lynn Dobkin
Craig Stephen Hassed

The Springer logo, which is a stylized chess knight piece.

Springer

Mindful Medical Practitioners

Patricia Lynn Dobkin • Craig Stephen Hassed

Mindful Medical Practitioners

A Guide for Clinicians and Educators



Springer

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For Mark Smith, Gail Gauthier, Nancy Dobkin and my siblings: Sharon, Dennis, Sarah and Joseph – all who have encouraged me to live my Truth.

Dr. Patricia Lynn Dobkin
I dedicate this book to my wonderfully supportive colleagues at Monash University who have provided the space, encouragement and curriculum time to introduce mindfulness into the medical curriculum here. Just as a seed without fertile ground will not grow, without their open-mindedness and support this innovation would never have come to fruition.

Dr. Craig Stephen Hassed

Foreword

To do nothing is sometimes a good remedy.

Hippocrates

If you were living on the Peloponnesian peninsula in the fifth century B.C.E. and were in need of healing, and after having consulted local healers without improvement, you might make the arduous journey to one of the healing centres of the ancient world, such as the one in Epidaurus. There you would participate in community activities such as the gymnasium or theatre and eventually enter the Asclepeion temple for consultation with the priests and physicians. During this time period, as the Hippocratic approaches were demonstrating superior outcomes to other rational and non-rational healing modalities of the day, an integration of physical, psychological and spiritual information was used to effect healings that have been documented, much like the case records found in the *New England Journal of Medicine*, inscribed in stone for future generations to ponder the nature of illness, suffering and healing.

This was an exciting new era, ushering in the modern age of medicine, and with its successes was a developing pedagogy for passing along not just information but an approach and a world view to future generations. For Hippocrates, the physician and teacher role blended well when he started a school for medicine in Cos around 400 B.C. One of the main things that he taught was awareness and observation skills, and the importance of keeping a record through the observations of the patient's condition and symptoms. This honing of observation skills (which is not exactly to do nothing) through attention and awareness of the senses remains even today the primary means of data gathering for the health-care professional. In fact, every instrument in medicine that measures any parameter is literally an extension of the senses.

The modern era is an equally exciting and dynamic time for medicine, especially for health professional education. Advances in searching and retrieving clinically relevant information has extended beyond our imagination the capacity for an individual health-care professional to apply current evidence-based information to diagnose and heal. It is no longer necessary to master, through memorisation, reams of

information much of which becomes obsolete over time. Rather, the emphasis of health professionals – physicians, nurses, therapists and others – can once again return to its patient-centred focus: to listen, to touch, to see and to use all the primary senses with the objective of developing a specific intimacy with the present health concerns, and through that relationship effect healing.

However, the inertia of over a hundred years of the current model of medical education makes it difficult to imbed, in a serious and meaningful way, educational approaches and objectives that promote self-care, self-awareness, empathy, compassion, contemplative practice, reflective practice and narrative analysis into curricula in the health-care professions. Dobkin and Hassed, in this highly readable and practical book, provide not only examples of where this is taking place in three different medical schools worldwide, but they provide a roadmap for a mindful approach to anyone interested in advancing mindfulness-based approaches in health-care professional education anywhere – mindful, because the discussion is based in reality, with an insightful and realistic assessment of the landscape in medical education; mindful, because the conversation invites an opening to the potentialities one can discover, wherever one finds oneself; and mindful, because the dialogue occurs right here, in the present moment, without judgment.

In a very clear, logical and methodical manner, the book opens with a discussion of the benefits that teaching Mindful Medical Practice have not only for students, patients and practising clinicians, but for the health-care system as a whole in terms of the quality of care and quality of caring it imparts. Building on this potential, it stresses the interdependent nature of self-care and the care of others and the role of mindfulness in further strengthening the argument for prominently featuring Mindful Medical Practice in medical education. Before describing three different examples of mindfulness in medical education, a thorough review of the evidence base for mindfulness in general, and more specifically, what is understood about its applications in medicine reveal its multi-faceted impact on of stress management, prevention of burnout, the cultivation of resilience and workplace engagement and meaning.

Rather than speak only about ideals, the discussion then proceeds with concrete examples of not only what is in place in specific medical educational institutions, but how these programs came into existence. This gives the reader an inside view of the cultural nuances, the creativity, the resistance and the acceptance met by innovators who worked skilfully at grass-roots and leadership levels to bring aspects of Mindful Medical Practice to students. While making a strong case for understanding on a deep personal level the qualities of mindfulness and how to most skilfully cultivate them, the reader is shown many different forms of expression, always remaining close to the qualities of beginner's mind, curiosity, acceptance, non-judgment and a trust in one's capacity to discover how best to deliver programs given many different local, cultural and historical topographies. Among the assets of this book, for the reader who is contemplating, introducing Mindful Medical Practice curricula into health-care professional education are the many examples of programs from far-flung places that demonstrate how committed health professionals

and educators work together through the tasks of program delivery teacher training, individual and institutional resistance and prevailing cultural challenges.

The authors of *Mindful Medical Practitioners: A Guide for Clinicians and Educators* point out that Mindful Medical Practice is not a panacea for all that ails medical education. Yet, they create a cogent argument for how it can promote the kinds of leadership and cultural changes necessary to address many challenges facing health professionals. These include the well-being and longevity of physicians, nurses, therapists and others engaged in the care, ultimately, of all of us.

Not only will the medical educator from a variety of disciplines who is interested in mindfulness in health-care professional curricula find this book compelling, but so too will the student from many health professions discover the possibilities of including self-care and self-awareness as core competencies to develop through the educational continuum. Additionally, medical educational leadership at the undergraduate, graduate and professional/clinical levels will find in these pages insights about how to create a healthier and more resilient institutional culture.

Hippocrates was quoted as saying, 'It is more important to know what sort of person has a disease than to know what sort of disease has a person'. It may equally be more important to know what sort of health-care professional attends to the disease, than to know what sort of disease attends to the health professional. Thus it may be possible, through the development of a more self-aware, self-reflective and mindful medical practitioner, for healing to occur with the patient and the practitioner united in an exchange of caring that flows bidirectionally and includes attending to the self and to others. *Mindful Medical Practitioners: A Guide for Clinicians and Educators* points the way.

Michael Krasner, MD

Preface

Since the publication of Epstein's seminal paper in the *Journal of the American Medical Association* on Mindful Practice in 1999 [1], there has been a steady rise in the interest in mindfulness in general, and its application in clinical practice, in particular. Dobkin and Hutchinson summarised where and by whom mindfulness was being taught in medical schools in a review article published in *Medical Education* in 2013 [2]. This was followed by a series of related papers [3–8]. Model programs embedded in core curriculum have been offered at the University of Rochester School of Medicine and Dentistry by Epstein and his colleagues, as well as Hassed and his colleagues at Monash University Medical School in Australia [9]. Among other things, these undergraduate and postgraduate programs have demonstrated significant improvements in clinical and communication skills, empathy and various markers of well-being and study engagement [10, 11]. As a result of these publications, requests for conducting workshops, presentations at conferences, in hospital and academic settings and help setting up programs have increased from around the world. Mindful Medical Practice is becoming mainstream. For example, the Royal College of Physicians in Canada requires that psychiatry residents have some training (e.g. seminars) in mindfulness.

The programs offered and their formats, while often based on Mindfulness-Based Stress Reduction, vary considerably. This book is a logical follow-up on the *Medical Education* paper [2] and the authors' recent books, *Mindful Medical Practice: Clinical Narratives and Therapeutic Insights and Mindful Learning* [12, 13]. In particular, it aims not only to describe in more detail the ways mindfulness is being taught to medical students, residents, practising physicians and allied health-care professionals (e.g. psychologists, nurses), it also presents how programs are set up and integrated into curriculums. Our intention is to raise interest, inform, provide a rationale and address questions with regard to how to integrate mindfulness into clinical work, as well as be a guide and resource for those qualified to teach it.

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Acknowledgments

A finished book stems from a series of events and exchanges that result in words strung together in sentences, which arrange themselves in paragraphs on pages, subdivide into chapters that aim to transmit what is in one mind (or two minds, in this case) to another. What inspires us to write a book is a different matter, for example, receiving requests and feedback such as these:

Hi Dr. Dobkin,

My name is Kareem and I'm a medical student at Vanderbilt University. I hope this message finds you well.

A few friends and I are planning to create a mindfulness elective for medical students here, and I saw online that you teach an elective called Mindful Medical Practice at McGill. I was wondering if you would be open to sharing your syllabus for the class and/or any other helpful resources or advice.

Take care,

Kareem

Hello Craig,

I had the great fortune to take your “Stress Management” elective in the First Year of my MBBS at Monash in 1994. It was extremely valuable and I find it still enables me to focus on the important things in life and at work (anaesthesia).

Kind regards,

Ian

The response to this and similar queries is this book. So first of all, we would like to acknowledge all of the people over the years who have asked, ‘How can we start a program to teach mindfulness in our medical setting?’

Second, we would like to acknowledge the medical students, residents, physicians and allied health-care professionals who took our courses and participated in our workshops over the years; there are thousands of them. We have learned as much from them as they may have from us.

Third, we would like to acknowledge colleagues who have provided support and made this possible, first at McGill University, Dr. David Eidelman, the Dean of Medicine, and Dr. James Martin, the Physician-in-Chief who endorse our endeavours