Winter 2017 IAMSE Web Seminar Series:
Creating a Culture of Well-being at an Academic Health Center





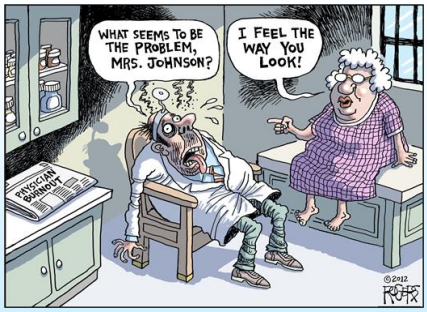
January 5	January 12	January 19	January 26	February 2
Colin West, MD, PhD	Stuart Slavin, MD, MEd	Catherine Pipas, MD, MPH	Aviad Haramati, PhD	Michael Krasner MD
Physician burnout and distress – causes, consequences, and a structure for solutions	Improving Medical Student Mental Health: A Multifaceted Approach	Strategies for promoting personal health & wellness and leading change at the individual level.	The Imperative for Incorporating Mind-Body Medicine in Health Professions Education	Cultivating Resilience and Reducing Burnout for Health Professionals: The Power of Presence, Reflective Practice and Appreciative Dialogue

IAMSE

The Imperative for Incorporating Mind-Body Medicine in Health Professions Education

Aviad Haramati, PhD
Professor of Physiology and Medicine
Director, Center for Innovation and Leadership in Education (CENTILE)
Co-Director, CAM Graduate Program
Georgetown University School of Medicine
Washington, DC USA

Visiting Professor, Faculty of Health Sciences
Ben Gurion University of the Negev, Beer Sheva, ISRAEL



Outline

- Stress and burnout in medical trainees: *Today's reality*
- Physiology of stress response: *Scientific insights*
- Mind-body Medicine at GU: *Ancient tools for modern issues*
- Lessons Learned: *Time for Courage and Leadership*

Take Home Messages

- **Physician stress and burnout are serious issues that are widely prevalent and preceded by *declines in empathy and well-being* during medical school.**

Take Home Messages

- **Physician stress and burnout are serious issues that are widely prevalent and preceded by *declines in empathy and well-being* during medical school.**
- **Medical schools have a responsibility to prepare their graduates for the rigors of the profession by developing *curricular interventions* that help students and faculty manage stress, foster empathy and build resilience, and incorporating those interventions into the *culture* of the institution.**

Distress Among Matriculating Medical Students Relative to the General Population

Chantal M.L.R. Brazeau, MD, Tait Shanafelt, MD, Steven J. Durning, MD, PhD, F. Stanford Massie, MD, Anne Eacker, MD, Christine Moutier, MD, Daniel V. Satele, Jeff A. Sloan, PhD, and Liselotte N. Dyrbye, MD

Abstract

Purpose
Many medical students experience distress during medical school. If matriculating medical students (MMSs) begin training with similar or better mental health than age-similar controls, this would support existing concerns about the negative impact of training on student well-being. The authors compared mental health indicators of MMSs versus those of a probability-based sample of the general U.S. population.

Method
In 2012 all MMSs at six U.S. medical schools were invited to participate in a survey during orientation. The research team surveyed a probability-based sample of U.S. individuals using the same questions in 2011. Individuals from the population sample who completed a four-year college degree and matched within the appropriate age strata (< 30, 31–35, 36–40, > 40) were compared with MMSs. Surveys included demographics and validated instruments to measure burnout; depression symptoms; and mental, emotional, physical, and overall of quality of life (QOL).

Results
Demographic characteristics of the 582/938 (62%) responding MMSs were similar to U.S. MMSs. Relative to 546 age-similar college graduates, MMSs had lower rates of burnout (27.3% versus 37.3%, $P < .001$) and depression symptoms (26.2% versus 42.4%, $P < .0001$) and higher scores across the four QOL domains assessed relative to controls (all $P < .0001$). These findings persisted on multivariate analysis after adjusting for age, sex, relationship status, and race/ethnicity.

Conclusions
These findings, along with high rates of distress reported in medical students and residents, support concerns that the training process and environment contribute to the deterioration of mental health in developing physicians.

Acad Med 89:1520-1525, 2014

Distress Among Matriculating Medical Students Relative to the General Population

Chantal M.L.R. Brazeau, MD, Tait Shanafelt, MD, Steven J. Durning, MD, PhD, F. Stanford Massie, MD, Anne Eacker, MD, Christine Moutier, MD, Daniel V. Satele, Jeff A. Sloan, PhD, and Liselotte N. Dyrbye, MD

Abstract

Medical students begin medical school with better mental health indicators than age-similar college graduates in the general population.

Acad Med 89:1520-1525, 2014

Distress Among Matriculating Medical Students Relative to the General Population

Chantal M.L.R. Brazeau, MD, Tait Shanafelt, MD, Steven J. Durning, MD, PhD, F. Stanford Massie, MD, Anne Eacker, MD, Christine Moutier, MD, Daniel V. Satele, Jeff A. Sloan, PhD, and Liselotte N. Dyrbye, MD

Abstract

Medical students begin medical school with better mental health indicators than age-similar college graduates in the general population.

These findings, coupled with other studies that demonstrate high rates of distress among medical students, support existing concerns that the learning environment and training process contribute to the deterioration of mental health in medical students.

Acad Med 89:1520-1525, 2014

DE GRUYTER Int J Adolesc Med Health 2015; aop

Lennard T. van Venrooij, Pieter C. Barnhoorn*, Erik J. Giltay and Martijn S. van Noorden

Burnout, depression and anxiety in preclinical medical students: a cross-sectional survey

DOI 10.1515/ijamh-2015-0077
Received August 2, 2015; accepted September 20, 2015

Abstract

Objective: The purpose of this study was to assess the prevalences and correlates of adverse affective states (burnout-, depression- and anxiety-related symptoms) among preclinical medical students.
Methods: Self-report questionnaires were sent to all preclinical medical students of Leiden University Medical Center (n=1311). Burnout-related symptoms were measured using the Maslach Burnout Inventory-General Survey (MBI-GS), depression and anxiety-related symptoms and vitality using the Symptom Questionnaire-48 (SQ-48). Furthermore, duration of sleep, quality of life (SF-36), need for recovery, happiness and dispositional optimism were assessed and analysed in relation to affective symptoms using regression analysis.

Keywords: medical students; mental distress; preclinical.

Introduction

Previous studies showed that adverse affective states among non-university students, university students and medical students in particular are a relatively common phenomenon (1, 2). In the last decade, several studies have been conducted on adverse affective states among medical students and the coverage in popular media has grown. The most prevalent categories of symptoms indicating adverse affective states among medical students are burnout-, depression- and anxiety-related symptoms. Prevalences of burnout-, depression- and anxiety-related symptoms among medical students are unknown.

DE GRUYTER Int J Adolesc Med Health 2015; aop

Lennard T. van Venrooij, Pieter C. Barnhoorn*, Erik J. Giltay and Martijn S. van Noorden

Burnout, depression and anxiety in preclinical medical students: a cross-sectional survey

DOI 10.1515/ijamh-2015-0077
Received August 2, 2015; accepted September 20, 2015

Abstract

Among the 433 responders (33%), prevalences of self-reported symptoms were: **burnout (46%), depression (27%) and anxiety-related (29%)**

risk to adverse affective states, and should inspire preventative initiatives.

Keywords: medical students; mental distress; preclinical.

Introduction

Previous studies showed that adverse affective states among non-university students, university students and medical students in particular are a relatively common phenomenon (1, 2). In the last decade, several studies have been conducted on adverse affective states among medical students and the coverage in popular media has grown. The most prevalent categories of symptoms indicating adverse affective states among medical students are burnout-, depression- and anxiety-related symptoms. Prevalences of burnout-, depression- and anxiety-related symptoms among medical students are unknown.

Relationship Between Burnout and Professional Conduct and Attitudes Among US Medical Students

Liselotte N. Dyrbye, MD, MHPE
F. Stanford Massie Jr, MD
Anne Eacker, MD
William Harper, MD
David Power, MD, MPH
Steven J. Durning, MD
Matthew R. Thomas, MD
Christine Moutier, MD
Daniel Satele, BA
Jeff Sloan, PhD
Tait D. Shanafelt, MD

Context The relationship between professionalism and distress among medical students is unknown.

Objective To determine the relationship between measures of professionalism and burnout among US medical students.

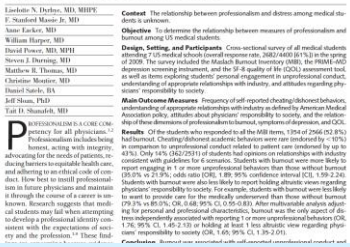
Design, Setting, and Participants Cross-sectional survey of all medical students attending 7 US medical schools (overall response rate, 2682/4400 [61%]) in the spring of 2009. The survey included the Maslach Burnout Inventory (MBI), the PRIME-MD depression screening instrument, and the SF-8 quality of life (QOL) assessment tool, as well as items exploring students' personal engagement in unprofessional conduct, understanding of appropriate relationships with industry, and attitudes regarding physicians' responsibility to society.

Main Outcome Measures Frequency of self-reported cheating/dishonest behaviors, understanding of appropriate relationships with industry as defined by American Medical Association policy, attitudes about physicians' responsibility to society, and the relationship of these dimensions of professionalism to burnout, symptoms of depression, and QOL.

Results Of the students who responded to all the MBI items, 1354 of 2566 (52.8%) had burnout. Cheating/dishonest academic behaviors were rare (endorsed by < 10%) in comparison to unprofessional conduct related to patient care (endorsed by up to 43%). Only 14% (362/2591) of students had opinions on relationships with industry consistent with guidelines for 6 scenarios. Students with burnout were more likely to report engaging in 1 or more unprofessional behaviors than those without burnout (35.0% vs 21.9%; odds ratio [OR], 1.89; 95% confidence interval [CI], 1.59-2.24). Students with burnout were also less likely to report holding altruistic views regarding physicians' responsibility to society. For example, students with burnout were less likely to want to provide care for the medically underserved than those without burnout (79.3% vs 85.0%; OR, 0.68; 95% CI, 0.55-0.83). After multivariate analysis adjusting for personal and professional characteristics, burnout was the only aspect of distress independently associated with reporting 1 or more unprofessional behaviors (OR, 1.76; 95% CI, 1.45-2.13) or holding at least 1 less altruistic view regarding physicians' responsibility to society (OR, 1.65; 95% CI, 1.39-2.01).

JAMA 304: 1174-1180, 2010

Relationship Between Burnout and Professional Conduct and Attitudes Among US Medical Students



52.8% of medical students who responded had elements of burnout

Students with burnout were more likely to report engaging in 1 or more unprofessional behaviors than those without burnout.
(35.0% vs 21.9%; odds ratio [OR], 1.89; 95% confidence interval [CI], 1.59-2.24).

JAMA 304: 1174-1180, 2010

Resilience

"The American Psychological Association defines **resilience** as "*the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat*"

Resilience

"The American Psychological Association defines **resilience** as "*the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat*"

"Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost; ***resilient individuals*** *not only 'bounce back' rapidly after challenges but also* ***grow stronger in the process***.

Epstein & Krasner 2013

Resilience

"The American Psychological Association defines **resilience** as "*the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat*"

"Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost; ***resilient individuals*** *not only 'bounce back' rapidly after challenges but also* ***grow stronger in the process***.

Epstein & Krasner 2013

"Resilience is not limited to an elite few… ***anyone can learn to become more resilient***"

Steven Southwick, MD 2015

Commentary

Physician Resilience: What It Means, Why It Matters, and How to Promote It

Ronald M. Epstein, MD, and Michael S. Krasner, MD

Abstract

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals "bounce back" after challenges while also growing stronger. Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce. Yet, ways of identifying and promoting resilience have been elusive. Resilience depends on individual, community, and institutional factors. The study by Zwack and Schweitzer in this issue of *Academic Medicine* illustrates that individual factors of resilience include the capacity for mindfulness, self-monitoring, limit setting, and attitudes that promote constructive and healthy engagement with (rather than withdrawal from) the often-difficult challenges at work. Cultivating these specific skills, habits, and attitudes that promote resilience is possible for medical students and practicing clinicians alike. Resilience-promoting programs should also strive to build community among clinicians and other members of the health care workforce. Just as patient safety is the responsibility of communities of practice, so is clinician well-being and support. Finally, it is in the self-interest of health care institutions to support the efforts of all members of the health care workforce to enhance their capacity for resilience; it will increase quality of care while reducing errors, burnout, and attrition. Successful organizations outside of medicine offer insight about institutional structures and values that promote individual and collective resilience. This commentary proposes methods for enhancing individuals' resilience while building community, as well as directions for future interventions, research, and institutional involvement.

Acad Med 88: 301-303, 2013

Commentary

Physician Resilience: What It Means, Why It Matters, and How to Promote It

Ronald M. Epstein, MD, and Michael S. Krasner, MD

Abstract

Individual factors of resilience include:

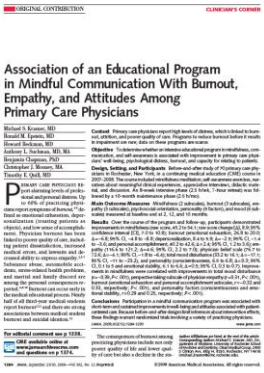
- **the capacity for mindfulness,**
- **self-monitoring,**
- **setting limits**
- **attitudes that promote constructive and health engagement with (rather than withdrawal from) the often-difficult challenges at work.**

Acad Med 88: 301-303, 2013

Jon Kabat-Zinn

Mindfulness refers to:

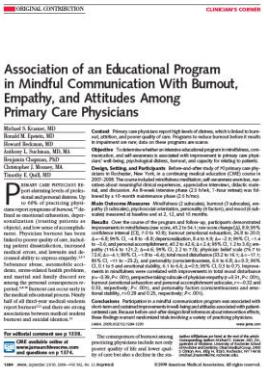
"*the **awareness** that emerges through **paying attention** in a particular way, **on purpose**, in the **present moment**, and **without judgment**, to the unfolding of experience from moment to moment*"



ORIGINAL CONTRIBUTION CLINICIAN'S CORNER

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

JAMA 302:1284-1293, 2009



ORIGINAL CONTRIBUTION CLINICIAN'S CORNER

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

JAMA 302:1284-1293, 2009

Intervention

An intensive phase (2.5 hr/8 wk)

All day (7 hr) session (week 6-7)

A maintenance phase (10 monthly)

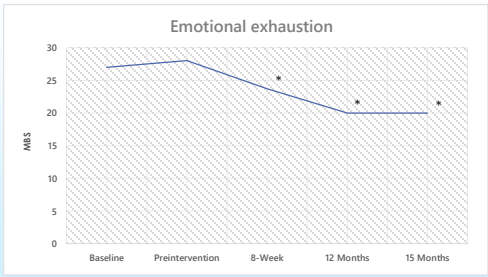
Each Session

15 min didactic material (weekly)
(awareness, burnout, self-care)

Formal mindfulness meditation
- Body scan
- Sitting meditation
- Walking meditation
- Mindful movement

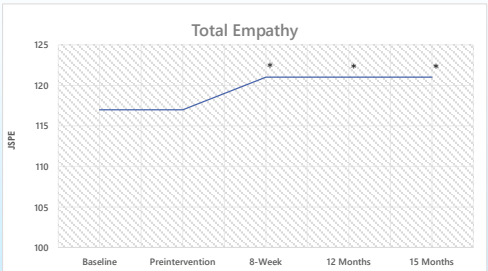
Narrative Exercises:
- Appreciative Inquiry

Maslach Burnout Scale



Krasner et al, JAMA. 302: 1284-1293, 2009

Jefferson Scale of Physician Empathy



Krasner et al, JAMA. 302: 1284-1293, 2009

Baer Mindfulness Scale

Krasner et al, JAMA. 302: 1284-1293, 2009

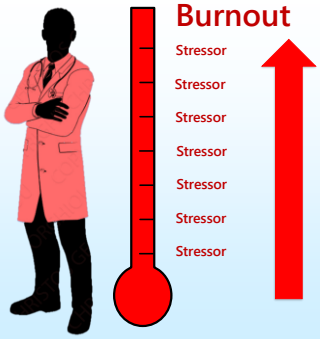
Conclusion 1

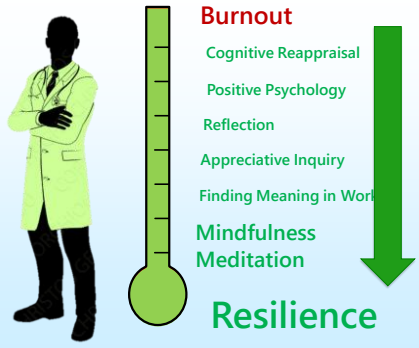
Practicing mindfulness can reduce burnout and increase empathy

Conclusion 1

Practicing mindfulness can reduce burnout and increase empathy

Why and how would mindfulness do that?

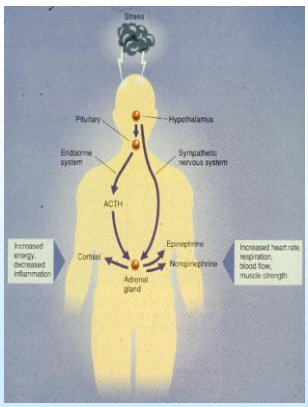


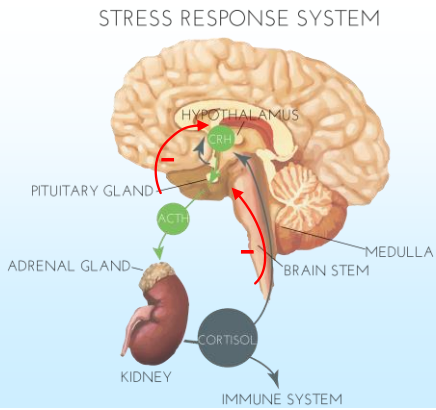


Stress Response

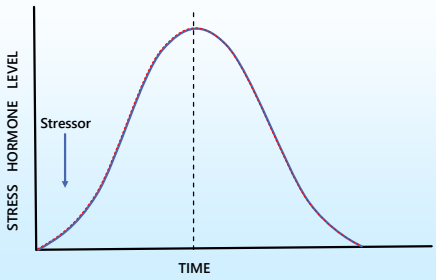
Effect on the Hypothalamic-Pituitary-Adrenal Axis

"Fight-or-Flight" Response

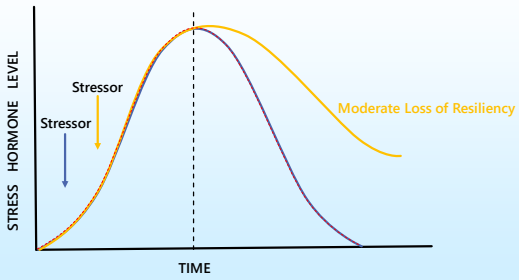




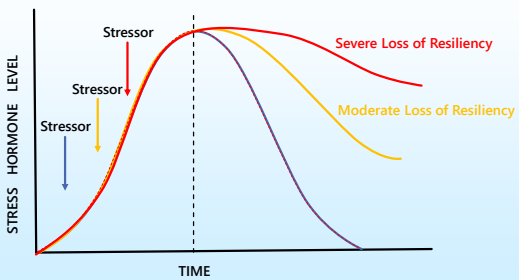
Physiology of the Stress Response



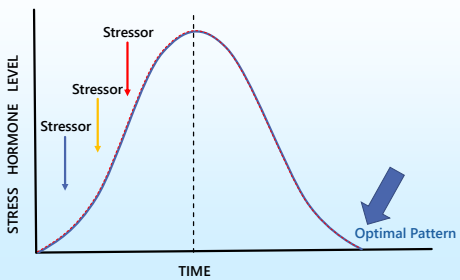
Physiology of the Stress Response



Physiology of the Stress Response



Physiology of the Stress Response



Importance of the return to baseline

- Sustained cortisol impairs feedback regulation: Implications for coping with novel stressors
- Chronic stress impairs memory, learning
- Differentiate chronic stress from acute stress

Importance of the return to baseline

- Sustained cortisol impairs feedback regulation: Implications for coping with novel stressors
- Chronic stress impairs memory, learning
- Differentiate chronic stress from acute stress

What can help us get to back to baseline?

Mind-Body Medicine

Mind-body Medicine: Therapies

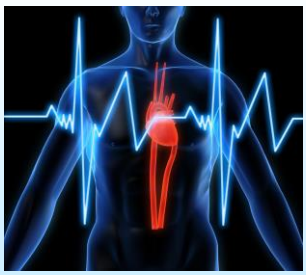
- **Meditation**
- Imagery
- Biofeedback
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- Exercise
- Yoga, Tai Chi
- Group Support

Mind-body Medicine: Therapies

- Meditation
- **Imagery**
- Biofeedback
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- Exercise
- Yoga, Tai Chi
- Group Support

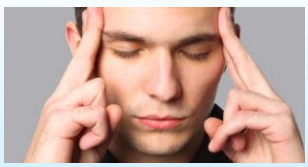
Mind-body Medicine: Therapies

- Meditation
- Imagery
- **Biofeedback**
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- Exercise
- Yoga, Tai Chi
- Group Support



Mind-body Medicine: Therapies

- Meditation
- Imagery
- Biofeedback
- **Autogenic Training (self-hypnosis)**
- Breathing Techniques
- Exercise
- Yoga, Tai Chi
- Group Support



Mind-body Medicine: Therapies

- Meditation
- Imagery
- Biofeedback
- Autogenic Training (self-hypnosis)
- **Breathing Techniques**
- Exercise
- Yoga, Tai Chi
- Group Support

Mind-body Medicine: Therapies

- Meditation
- Imagery
- Biofeedback
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- **Exercise**
- Yoga, Tai Chi
- Group Support

Mind-body Medicine: Therapies

- Meditation
- Imagery
- Biofeedback
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- Exercise
- **Yoga, Tai Chi**
- Group Support

Mind-body Medicine: Therapies

- Meditation
- Imagery
- Biofeedback
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- Exercise
- Yoga, Tai Chi
- **Group Support**

Why is Mindfulness Meditation Effective in Reducing Stress?

- Intentional self-regulation of attention conducted without judgment and focused on observation of the present moment.

What is Mindfulness Meditation Effective in Reducing Stress?

- Intentional self-regulation of attention conducted without judgment and focused on observation of the present moment.
- When we are able to focus on just what is happening in the present moment, our minds cannot be anxious, worried or distressed about other issues

Benefits of Mindfulness Meditation

Physiological Benefits

- Decrease in hypertension
- Decrease in heart rate
- Decreased levels of cortisol
- Reduced sympathetic arousal
- Strengthened immune system
- Reduced levels of pain

Benefits of Mindfulness Meditation

Physiological Benefits

- Decrease in hypertension
- Decrease in heart rate
- Decreased levels of cortisol
- Reduced sympathetic arousal
- Strengthened immune system
- Reduced levels of pain

Physiology of "de-stress"

Benefits of Mindfulness Meditation

Psychological Benefits

- Reduced stress level
- Decreased anxiety
- Decreased depression
- Improved confidence and concentration
- Undercuts processes such a worry and rumination
- Increased peace of mind, optimism and self-worth

Benefits of Mindfulness Meditation

Psychological Benefits

- Reduced stress level
- Decreased anxiety
- Decreased depression
- Improved confidence and concentration
- Undercuts processes such a worry and rumination
- Increased peace of mind, optimism and self-worth

Physiology of "de-stress"

Conclusion 2

Mindful practice utilizes our mind-body connection to de-stress ourselves and bring our stress hormones back to baseline

Conclusion 2

Mindful practice utilizes our mind-body connection to de-stress ourselves and bring our stress hormones back to baseline

An effective "re-boot"

Competency-Based Medical Education

1. Effective Communication
2. Basic Clinical Skills
3. Using Basic Science in the Practice of Medicine
4. Diagnosis, Management and Prevention
5. Life-long Learning
6. Self-Awareness, Self-Care, and Personal Growth
7. Social/Community Contexts of Healthcare
8. Moral Reasoning and Clinical Ethics
9. Problem-solving

Competency-Based Medical Education

1. Effective Communication
2. Basic Clinical Skills
3. Using Basic Science in the Practice of Medicine
4. Diagnosis, Management and Prevention
5. Life-long Learning
6. Self-Awareness, Self-Care, and Personal Growth
7. Social/Community Contexts of Healthcare
8. Moral Reasoning and Clinical Ethics
9. Problem-solving

Mind-Body Medicine Program at Georgetown U School of Medicine

Nancy Harazduk, MEd, MSW

Director, Mind-Body Medicine

Goal

To increase student understanding of self-awareness and self-care by providing a unique experiential and didactic introduction to *Mind-Body Medicine*

Mind-Body Medicine Program at Georgetown U School of Medicine

Objectives

- To increase self-awareness of emotional, physical, mental, social and spiritual aspects of one's life
- To increase personal self-care through guided experiences and daily practice.
- To foster non-judgmental, supportive collegial relationships

Mind-Body Medicine Program at Georgetown U School of Medicine

- Format of groups:
  - 10 students and 2 faculty facilitators per group
  - Participants (voluntarily sign up for the course) meet once a week for 2 hours for 11 weeks per semester for this *"journey of self-discovery"*
- Structure of Each Session
  - A safe environment must be created that adheres to certain guidelines
    - confidentiality, respect, compassionate listening, non-judgment
  - Check-in (sharing of new reflections and insights)
  - Introduction of a new mind-body medicine skill
  - Process the experiential exercise (sharing insights)

Mind-Body Medicine Program at Georgetown U School of Medicine

Skills and Experiences

- Meditation (mindfulness/awareness, concentrative)
- Guided Imagery (several types)
- Autogenic training/biofeedback
- Art (emphasis on non-cognitive approaches)
- Music (used in meditation and imagery sessions)
- Movement (shaking, free movement, exercise)
- Writing (journals, dialogues, service commitment)
- Group support

Mind-Body Medicine Program
at Georgetown U School of Medicine

Outcomes

- ↓ **Perceived Stress** (*Perceived Stress Scale*)
- ↑ **Mindfulness** (*Freiburg Mindfulness Inventory*)
- ↑ **Empathy** (*Interpersonal Reactivity Index*)

Perceived Stress Scale (PSS)

n = 118	Mean	P-value	Effect size (d)
Pre-MBM	18.2 ± 6.0		
Post-MBM	13.7 ± 5.3		
Difference	-4.5 ± 5.7	< 0.001	0.76

Mindfulness (FMI)

n = 118	Mean	P-value	Effect size (d)
Pre-MBM	36.4 ± 6.4		
Post-MBM	42.5 ± 5.5		
Difference	6.1 ± 5.8	< 0.001	0.96

PANAS

Positive Affect

n = 117	Mean	P-value	Effect size (d)
Pre-MBM	34.2 ± 5.8		
Post-MBM	38.1 ± 5.9		
Difference	3.9 ± 5.2	< 0.001	0.67

Negative Affect

n = 117	Mean	P-value	Effect size (d)
Pre-MBM	21.7 ± 6.7		
Post-MBM	18.7 ± 5.5		
Difference	-3.0 ± 5.2	< 0.001	0.45

Bivariate Analysis with the Change in Mindfulness (FMI)

	r	P-value	n
ΔPSS	-0.627	< 0.001	117
ΔPANAS **Positive**	0.443	< 0.001	116
ΔPANAS **Negative**	-0.474	< 0.001	116

Multivariate Analysis with Mindfulness (FMI)

Post-Course (T2)	Model	Overall Model Variance	Stand. β	Unique Variance
PSS	Baseline PSS Mindfulness T2	$R^2 = 0.46$*	0.40 -0.46	$R^2 = 0.21$*
PANAS **Positive**	Baseline Pos. Mindfulness T2	$R^2 = 0.48$*	0.43 0.39	$R^2 = 0.12$*
PANAS **Negative**	Baseline Neg. Mindfulness T2	$R^2 = 0.50$*	0.61 -0.29	$R^2 = 0.08$*

***$p < 0.001$**

2007; 29: 778–784 MEDICAL TEACHER

Promoting self-awareness and reflection through an experiential Mind-Body Skills course for first year medical students

PAMELA A. SAUNDERS[1], ROCHELLE E. TRACTENBERG[1], RANJANA CHATERJI[2], HAKIMA AMRI[3], NANCY HARAZDUK[3], JAMES S. GORDON[3,4], MICHAEL LUMPKIN[3] & AVIAD HARAMATI[3]
[1]Department of Neurology, Georgetown University, [2]Philadelphia College of Osteopathic Medicine, Philadelphia, PA, [3]Department of Physiology, Georgetown University, Washington, DC, [4]The Center for Mind Body Medicine, Washington, DC

Abstract

Background: This research examines student evaluations of their experience and attitudes in an 11 week mind-body skills course for first year medical students.

Aims: The aim is to understand the impact of this course on students' self-awareness, self-reflection, and self-care as part of their medical education experience.

Methods: This study uses a qualitative content analysis approach to data analysis. The data are 492 verbatim responses from 82 students to six open-ended questions about the students' experiences and attitudes after a mind-body skills course. These questions queried students' attitudes about mind-body medicine, complementary medicine, and their future as physicians using these approaches.

Results: The data revealed five central themes in students' responses: connections, self discovery, stress relief, learning, and medical education.

Conclusions: Mind-body skills groups represent an experiential approach to teaching mind-body techniques that can enable

2007; 29: 778–784 MEDICAL TEACHER

Promoting self-awareness and reflection through an experiential Mind-Body Skills course for first year medical students

PAMELA A. SAUNDERS[1], ROCHELLE E. TRACTENBERG[1], RANJANA CHATERJI[2], HAKIMA AMRI[3], NANCY HARAZDUK[3], JAMES S. GORDON[3,4], MICHAEL LUMPKIN[3] & AVIAD HARAMATI[3]
[1]Department of Neurology, Georgetown University, [2]Philadelphia College of Osteopathic Medicine, Philadelphia, PA, [3]Department of Physiology, Georgetown University, Washington, DC, [4]The Center for Mind Body Medicine, Washington, DC

Themes:

- Connections
- Self-discovery
- Stress Relief
- Learning: New Skills and Academic Achievement
- Insights into Medical Education

Innovation Report

The Impact of Mind–Body Medicine Facilitation on Affirming and Enhancing Professional Identity in Health Care Professions Faculty

Nicholas Talisman, Nancy Harazduk, MEd, MSW, Christina Rush, MA, Kristi Graves, PhD, and Aviad Haramati, PhD

Abstract

Problem
Georgetown University School of Medicine (GUSOM) offers medical students a course in mind–body medicine (MBM) that introduces them to tools that reduce stress and foster self-awareness. Previous studies reported decreases in students' perceived stress and increases in mindfulness—changes that were associated with increased empathic concern and other elements of professional identity formation. However, no reports have described the impact of an MBM course on the facilitators themselves.

Approach
identity, self-awareness, and/or perceived stress, 62 facilitators, trained by the GUSOM MBM program, were invited to complete two validated surveys: the Freiburg Mindfulness Inventory (FMI) and the Perceived Stress Scale (PSS). Forty-two participants also completed a six-item open-ended questionnaire addressing their experience in the context of their professional identity.

Outcomes
Facilitators' scores were significantly lower on PSS and higher on FMI compared with normative controls ($P < .01$). Qualitative analysis revealed three main themes: (1) aspects of professional identity (with subthemes of communication; connections and community; empathy and active listening; and self-confidence); (2) self-care; and (3) mindful awareness.

Next Steps
Preliminary findings will be extended with larger studies that examine longitudinal quantitative assessment of communication, connection, and self-confidence outcomes in MBM facilitators, and

Acad Med 90:780-784, June 2015

Innovation Report

The Impact of Mind–Body Medicine Facilitation on Affirming and Enhancing Professional Identity in Health Care Professions Faculty

Nicholas Talisman, Nancy Harazduk, MEd, MSW, Christina Rush, MA, Kristi Graves, PhD, and Aviad Haramati, PhD

Abstract

…higher mindfulness scores were positively correlated with lower perceived stress scores.

…improvements in communication between colleagues, increased sense of connection with students and colleagues, increased empathy, and heightened self-confidence.

Acad Med 90:780-784, June 2015

Implementation and Scope of the Mind-Body Medicine Skills Program

Over 14 years

- **>120 trained faculty facilitators** (clinicians, scientists, educators)
- **>1,400 medical students participated**
- **>360 graduate students** (MS and PhD)
- **>120 nursing students**
- **>800 students** (Law, Business, Foreign Services Schools at GU)
- **>70 faculty participants** (including from curriculum committee)

Over 300 groups and over 3000 participants

Embraced by the School of Medicine as essential for a core competency (self-awareness and self-care)

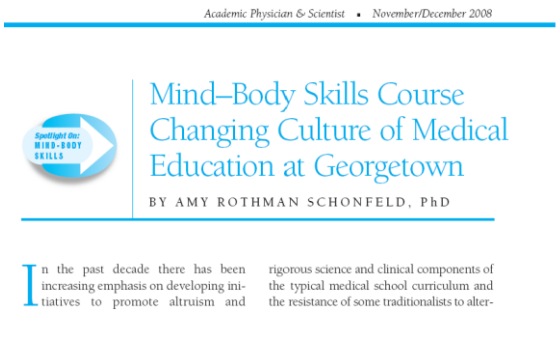

November/December 2008
www.acphysci.com

APS ACADEMIC PHYSICIAN & SCIENTIST

THE SOURCE FOR RECRUITMENT AND PROFESSIONAL DEVELOPMENT

Students in Georgetown University School of Medicine's Mind-Body Skills course begin a session with a period of meditation.

Spotlight on Mind-Body Skills: A unique program blends science and humanism by fostering student self-awareness and self-care. See page 2

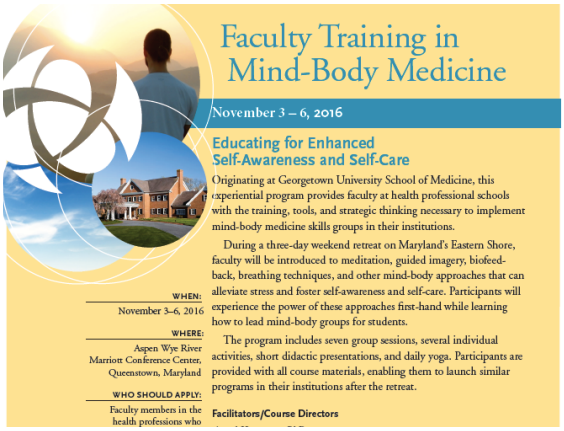

Academic Physician & Scientist • November/December 2008

Spotlight On: MIND-BODY SKILLS

Mind–Body Skills Course Changing Culture of Medical Education at Georgetown

BY AMY ROTHMAN SCHONFELD, PhD

In the past decade there has been increasing emphasis on developing initiatives to promote altruism and rigorous science and clinical components of the typical medical school curriculum and the resistance of some traditionalists to alter-


Faculty Training in Mind-Body Medicine

November 3 – 6, 2016

Educating for Enhanced Self-Awareness and Self-Care

Originating at Georgetown University School of Medicine, this experiential program provides faculty at health professional schools with the training, tools, and strategic thinking necessary to implement mind-body medicine skills groups in their institutions.

During a three-day weekend retreat on Maryland's Eastern Shore, faculty will be introduced to meditation, guided imagery, biofeedback, breathing techniques, and other mind-body approaches that can alleviate stress and foster self-awareness and self-care. Participants will experience the power of these approaches first-hand while learning how to lead mind-body groups for students.

The program includes seven group sessions, several individual activities, short didactic presentations, and daily yoga. Participants are provided with all course materials, enabling them to launch similar programs in their institutions after the retreat.

WHEN:
November 3–6, 2016

WHERE:
Aspen Wye River Marriott Conference Center, Queenstown, Maryland

WHO SHOULD APPLY:
Faculty members in the health professions who

Facilitators/Course Directors

Institutions Implementing Programs in Mind-Body Medicine

- ***Georgetown University School of Medicine (medical students, residents)***
- ***University of Cincinnati College of Medicine (medical/allied health/5 colleges)***
- ***University of Alabama at Birmingham School of Medicine (medical students)***
- ***Oregon Health and Sciences University (medical students)***
- ***University of Washington (medical students)***
- ***University of Vermont (medical students)***
- ***University of North Dakota Medical School (medical students)***
- ***Charite University Medical School, Germany (medical students)***
- ***University of Essen-Duisenberg Medical School, Germany (medical)***
- ***University of Liverpool, UK (medical students)***
- ***Texas College of Osteopathic Medicine (medical students)***
- ***Stanford University, Anesthesia Residency Program***
- ***University of Western States (chiropractic and other CAM professions)***
- ***Oregon College of Oriental Medicine (acupuncture and DAOM)***
- ***Mid-Sweden University, Sweden (nursing students)***
- ***Ben Gurion University School of Nursing, Israel (faculty retreat)***


Forschende Komplementärmedizin
Wissenschaft · Praxis · Perspektiven

Editorial

Forsch Komplementmed 2012;19:4–6
DOI: 10.1159/000335834
Published online: January 5, 2012

Making Better Doctors – Using Mind-Body Medicine Skills as a Self-Care Element in Medical Education at the Charité University Medical School

Benno Brinkhaus[a] Claudia Witt[a,b]

[a] Institute for Social Medicine, Epidemiology and Health Economics, Charité University Medical Center Berlin, Germany
[b] Center for Integrative Medicine, University of Maryland School of Medicine, Baltimore, MD, USA

Stress and Its Consequences at Medical School

The education at a medical school is a time of significant psychological distress for physicians in training [1]. High workloads associated with stress are common to the medical pro-

Mind-Body Medicine as a Self-Care Element in Medical Schools

The preventive aspect of MBM characterizes the earlier the better approach for implementing it as self-care element into

Adv in Health Sci Educ (2009) 14:387–398
DOI 10.1007/s10459-008-9125-3

ORIGINAL PAPER

Enhancing the health of medical students: outcomes of an integrated mindfulness and lifestyle program

Craig Hassed · Steven de Lisle · Gavin Sullivan · Ciaran Pier

"Our data and experience suggest that self-care in the form of mindfulness-based stress management and lifestyle programs can improve student wellbeing, even during high stress periods."

Lessons Learned

- Faculty stress and burnout is a serious issue and is preceded with cynicism and the decline of empathy in medical students

Lessons Learned

- Faculty stress and burnout is a serious issue and is preceded with cynicism and the decline of empathy in medical students
- Mind-Body Medicine reflects the physiologic interface between mind and body and represents the *"physiology of de-stress"*

Lessons Learned

- Faculty stress and burnout is a serious issue and is preceded with cynicism and the decline of empathy in medical students
- Mind-Body Medicine reflects the physiologic interface between mind and body and represents the *"physiology of de-stress"*
- Approaches that can modulate stress and reverse these trends include:
  - Mindful practice
  - Enhancing self-awareness and self-care
  - Finding meaning in work

Lessons Learned

- Faculty stress and burnout is a serious issue and is preceded with cynicism and the decline of empathy in medical students
- Mind-Body Medicine reflects the physiologic interface between mind and body and represents the *"physiology of de-stress"*
- Approaches that can modulate stress and reverse these trends include:
  - Mindful practice
  - Enhancing self-awareness and self-care
  - Finding meaning in work
- These elements must be actively fostered at our academic health centers both in the curriculum and in the culture

Next Steps

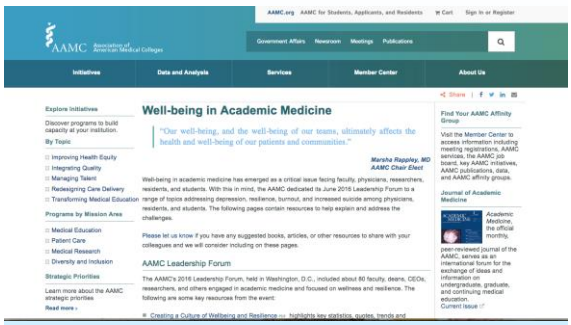
- Establish a faculty/student task force to ascertain the degree of faculty and student stress and burnout at your institution
- If there is consensus that a problem exists, then there should be a collaborative effort to implement suitable interventions
- Recognize that the status quo is unacceptable
- There are many effective approaches to creating wellness groups, mind-body medicine is just one of several
- Important that the participants not feel marginalized
- Develop innovative programs, assess, report and disseminate

Next Steps

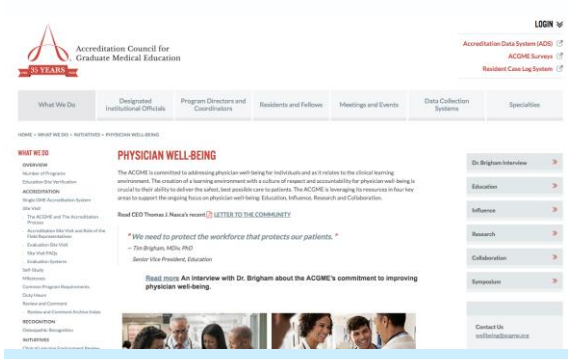
- Establish a faculty/student task force to ascertain the degree of faculty and student stress and burnout at your institution
- If there is consensus that a problem exists, then there should be a collaborative effort to implement suitable interventions
- Recognize that the status quo is unacceptable
- There are many effective approaches to creating wellness groups, mind-body medicine is just one of several
- Important that the participants not feel marginalized
- Develop innovative programs, assess, report and disseminate

COURAGE

www.aamc.org/wellbeing



http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being



Special Thank You

Nancy Harazduk, MSW, MEd,

Kristi Graves, PhD
Pamela Saunders, PhD
Mary Ann Dutton, PhD
Michael Lumpkin, PhD
Hakima Amri, PhD
Neha Rajpal, NHS '15
Claire Gross, M'13
Neha Harwani, MS '12
Kevin Motz, M'13
Meredith Riddle, MS '09
Peg Weissinger, EdD, MBA
Sian Cotton, PhD
Eve Ekman, PhD
Maryanna Klatt, PhD
Michael Krasner, MD
Mary Jo Kreitzer, PhD, RN
Hedy Wald, PhD

Supported by grants from **NCCAM** and the **Institute for Integrative Health**