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MINDFULNESS

A BETTER YOU A BETTER PHYSICIAN

DISCOVER MINDFUL CONGRUENCE

Where did most of us start and where have we arrived in our exploration of specialist medical practice?

Drs Balfour Mount and Michael Kearney led a group of medical specialists at McGill in a two-year exploration of medicine and its deep meaning as much for physicians as for their patients.² They arrived, where most of us start in medicine, with the certainty that ultimately what we are (still!) seeking is to make a real (and if possible) profound difference in the lives of our patients, not just a technical or procedural success by fixing a disease or treating a complication, but one that is in synergy with a deeper change in the patient's well-being – something Mount and Kearney called «healing».^{3,4} For the past 15 years, McGill Programs in Whole Person Care have been attempting to find practical ways to promote healing in both patients and medical professionals.

MINDFULNESS IS MOMENT-TO-MOMENT NON-JUDGEMENTAL AWARENESS.

What we have found is that this is a single goal, not two. Whatever helps create a healing interaction for patients has the same effect on the professionals involved.⁵ And what creates this healing experience is encompassed by two words: mindfulness and congruence. Mindfulness is moment-to-moment non-judgemental awareness.⁶ Congruence is full presence to oneself, to the other person (also called compassion), and to the context.⁷ These are simple ideas that change the nature of the medical interaction itself.

They do not downplay the importance of specialist knowledge and expertise in providing care to the patient, and curing or controlling the disease, but they do place the interaction in a larger context. We believe that this is the context (well-being of patient and practitioner) that most of us envisaged when we first embarked on a medical career.

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We have taught mindful clinical congruence in various forms: 8-week courses, weekend intensive courses and one-day workshops. Over the past 9 years, 300 healthcare professionals (50% physicians) have taken these courses. We have also taught a 4-week course to 100 medical students over the same period and, since January 2015, are about to teach a 7-week course to all 180 second-year McGill medical students (in groups of 20). The courses we teach owe a lot to the work of John Kabat-Zinn⁶ and Virginia Satir.⁸ However, our teaching is oriented to the clinical context and the specific problems that healthcare practitioners face.^{9,10} We have also been guided in this clinical focus by Dr Ron Epstein of the Rochester Group¹¹ and by Dr Craig Hassed from Melbourne, Australia.¹² For us, the promotion of healing in clinical interactions is the overarching objective, and we know that this is probably the most effective way to reduce stress in clinical work.

“We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time”¹

- Thomas Stearns Eliot, Nobel Prize of Literature (1948)

One of the unique features of our courses and workshops is that we have participants act out real clinical scenarios, in order to become aware of mindful congruence (or lack of it) in their interaction with another person. Here are some examples:

- A psychiatrist becomes aware that he is so focused on getting a young psychotic patient to learn from a conflictual situation that he has completely stopped listening to the patient. This, naturally, makes the situation worse. As soon as he becomes self-aware enough to start genuinely listening to his patient, the role-play de-escalates and resolution of the problem becomes possible.
- A doctor keeps trying to please a patient who complains incessantly. With her whole focus on the patient, she loses touch with her own limits and needs. When she becomes aware of this automatic response, she stops trying so hard. She feels more balanced and, interestingly, the patient (role-player) reports that she also feels calmer and more satisfied.
- In a role-play involving a patient with severe peripheral ischemia and gangrene in one leg which needs amputation, we have 4 physicians interview the patient in turn using deliberately non-congruent approaches. These interactions contrast strikingly with an interview in which a fifth physician adopts a mindfully congruent approach.

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This teaching of mindful congruence through clinical scenarios is combined with formal and informal meditation practice, narrative exercises, insight dialogue, face-to-face and large group discussions, as well as homework to allow healthcare professionals to identify what works for them. We conduct individual interviews before and after our 8-week courses to clarify suitability and objectives beforehand and to consolidate learning and plans for application to their lives after the course.

MITIGATING NEGATIVE EFFECTS

We have studied the effect of our courses in both quantitative and qualitative ways. We have found that they seem to reduce aspects of burnout (for example, emotional exhaustion), decrease symptoms of depression and relieve stress in our participants.¹³ Based on discussion group data, we have found that clinicians became more aware of their own perfectionism, as well as their tendency to focus on others to the exclusion of themselves and adopt an automatic "helping or fixing mode".¹⁴ One of our former

students, Kevin Garneau, found that medical students who took our Mindful Medical Practice elective course reported less depression, more mindfulness, and more self-compassion following the course. Moreover, increases in mindfulness were significantly correlated with decreases in stress and increases in self-compassion.¹⁵

Others have studied effects in more prolonged courses and found similar, beneficial, and apparently long-term effects for physicians.¹⁶ There is also evidence that mindfulness has beneficial effects on physicians' interactions with patients.¹⁷ In a multisite study of 45 clinicians (34 physicians, 8 nurse practitioners, and 3 physician assistants) treating 437 HIV-positive patients, the Beach et al. team used the Roter Interactional Analysis System (RIAS) to assess the clinician-patient encounter. At baseline, the clinicians completed the Mindful Attention Awareness Scale. The clinicians who scored highest on this scale were more likely to engage in patient-centered communications in which both clinicians and patients

increasingly discussed psychosocial issues and rapport building was enhanced. Likewise, according to the patients, the emotional tone of more mindful clinicians was more positive. Consequently, patients gave higher ratings to clinician communications skills and were more satisfied with the encounter when being treated by the more mindful clinicians.

BECOMING BETTER PHYSICIANS

We believe that an essential element of our work and of medical expertise is to teach physicians, not just medical knowledge, but what they need to know about themselves and their patients as persons, and how they need to be¹⁸ to function effectively in a clinical environment that is often rushed and unforgiving. We owe it to ourselves and our patients to learn these skills and ways of being. We hope to continue, to enlarge and to study rigorously our teaching of these important qualities of an effective medical practitioner so that more of us can reap the human benefits of our hard-won medical expertise.

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