In 1979 Jon Kabat-Zinn Ph.D., the founding director of the Stress Reduction Center at the University of Massachusetts Medical School, had an innovative offering for refractory pain patients. He proposed that an 8 week course, formally titled Mindfulness Based Stress Reduction (MBSR), would provide additional coping strategies for patients with refractory pain, anxiety and chronic illness. Since then more than 250 hospitals and clinics, including many in California, have incorporated the package of mindfulness and mind-body exercises as a comprehensive mind-body approach. The interest in this program has been fueled by patient outcomes as well as research demonstrating positive functional brain changes related to stress adaptation as well as clinical trials demonstrating benefit. A 2012 MBSR review by Marchand et al concluded:

“MBSR is beneficial for general psychological health and stress management in those with medical and psychiatric illness as well as in healthy individuals.”

As the evidence for mindfulness was building another important observation was equally apparent - Some of the most stressed members of the healthcare equation were not the patients but their doctors. This has been confirmed repeatedly including by the recent article by Dr. Shanafelt and colleagues at the Mayo Clinic. The survey of over 7,000 physicians found that burnout was highly prevalent (>45% of physicians surveyed), especially among front-line physicians (>60% burnout rate) and that the rate was significantly higher than other US workers. In their conclusion they noted:

“Given the evidence that burnout may adversely affect quality of care and negatively affect physician health, additional research is needed to identify personal, organizational, and societal interventions to address this problem.”

The intervention that comes to mind for many clinicians who have recommended or taught MBSR to their patients is mindfulness training. However, turning the mirror unto the clinician brings up several important questions:

1. If mindfulness can help patients with stress and associated issues, how would these techniques work for physicians and other clinicians?

2. Can these offerings be adapted for the hectic schedule of clinicians, including physicians in training? And most intriguing,

3. Can mindfulness in some way not only help the clinicians, but also improve the care provided?

As you’d expect, many healthcare organization have been pursuing the answer to these questions to help prevent burnout at their institutions. Michael S. Krasner, M.D. and Ron Epstein, M.D., leaders in the field of clinician mindfulness, along with colleagues at the University of Rochester Medical Center, took 70 primary care physicians through an 8 week mindfulness training and followed them for an additional 10 months. Their study which was published in JAMA in 2009 found after the intervention notable decreases in the hallmarks of clinician burnout. Of significance, the clinicians noted 55% less anger, 45% less fatigue, 41% less depression, 25% less emotional exhaustion and 18% less tension. They also noted improvement in several key areas including empathy, vigor and levels of personal accomplishment.

Along with this well publicized study, other researchers have helped to answer the second question of whether these techniques are adaptable to different healthcare practitioners and settings. Studies thus far have found that mindfulness training can be adapted to residents, nurses as well as medical and nursing students.
Several adaptations have included Dr. Levy, who has created a condensed four-hour course at Brown for medical students and hospitalists, as well as nursing and social work staff. In addition, internal medicine residents will be required to take the course.

The last question of whether mindfulness training can affect patient care is beginning to be answered. Several trials have made the connection between mindfulness and similar trainings with improved physician empathy and meaning in work as well as associated decreases in medical errors and malpractice claims. This has lead Physicians’ Reciprocal Insurer to enlist Dr. Krasner to prepare a three-hour mindfulness CME activity for doctors which provides a 5% reduction on premium. Thus far over 8,000 physicians have completed the course.

On May 11, 2013 California physicians will have the opportunity to learn from Dr. Krasner, one of the leaders in the field of physician mindfulness, at a daylong CME event brought together by the UCSD Center for Mindfulness and supported by a consortium of San Diego institutions.

This program will provide introduction and experiential learning in the area of mindfulness and its incorporation into clinical care. The program will also have a presentation on the Neuroscience of Mindfulness by Thomas J. Chippendale, M.D., Ph.D., Director of Neuroscience, Scripps Health and Assistant Adjunct Professor of Neurology, UC San Diego. For more information and registration for this CME event: http://cme.ucsd.edu/mindfulness/mcp_workshop_home.html

Mindfulness Resources and References:

- UCSD Center for Mindfulness: http://cme.ucsd.edu/mindfulness/index.html
- Searchable Directory of MBSR Programs (University of Massachusetts): http://w3.umassmed.edu/MBSR/public/searchmember.aspx
- Research and additional resources related to MBSR: http://www.umassmed.edu/cfm/research/index.aspx
- Physician Well-Being Program at Mayo Clinic – Home: http://mayoresearch.mayo.edu/mayo/research/physicianwellbeing