

Mindfulness Program Eases Physician Burnout

BY MARY ANN MOON

An educational program in “mindful” communication produced striking improvements in primary care physicians’ symptoms of burnout, according to a recent report.

By enhancing physicians’ attention to their own feelings and experiences, the 52-hour program not only reduced participants’ distress but also increased their empathy for patients and their ability to deliver patient-centered care, which in turn may improve clinical outcomes, Dr. Tait D. Shanafelt said in an editorial comment accompanying this report.

“Physicians in the United States will

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face a host of new challenges over the next decade as the nation reforms its health care system,” and the restructuring will likely “increase the already epidemic levels of burnout among physicians and overwhelm those currently near their limits.”

In response, some physicians will feel compelled to withdraw from their work. But this study “demonstrates that training physicians in the art of mindful practice has the potential to promote physician health through work,” said Dr. Shanafelt, director of the Program on Physician Well-Being at the Mayo Clinic, Rochester, Minn.

Physicians who participate in a mindful communication program will “continue to control the most sacred and meaningful aspect of medical practice—the encounter with the patient and the reward that comes from restoring health and relieving suffering,” Dr. Shanafelt said in his editorial (*JAMA* 2009;302:1338-40).

In the study, Dr. Michael S. Krasner and his associates at the University of Rochester (N.Y.) evaluated a continuing medical education course that they had designed to improve physician well-being. “The program aims to enhance the physician-patient relationship through reflective practices that help the practitioner explore the domains of control and meaning in the clinical encounter,” the researchers explained.

The program, spread over the course of 1 year, includes an intensive phase with 8 weekly 2.5-hour sessions plus one all-day session toward the end of this phase, followed by a maintenance phase of 10 monthly 2.5-hour sessions.

Each session begins with a brief presentation of that week’s theme and may include guided meditation exercises, yoga-type exercises, large-group discus-

sions, writing brief stories about personal experiences in medical practice, discussing challenges in medical practice, and sharing the written stories in pairs and small groups.

The weekly and monthly topics include understanding self-awareness of thoughts and feelings, examining perceptual biases, dealing with pleasant and unpleasant events, managing conflict, preventing burnout, reflecting on meaningful experiences in practice, setting boundaries, examining attention to patients, exploring self-care, being with suffering, and examining end-of-life care.

Throughout the program, participants are taught mindfulness—“paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.” Mindfulness includes lowering one’s reactivity to challenging experiences; noticing and experiencing one’s thoughts, feelings, and bodily sensations, even when they are unpleasant; acting with awareness and attention instead of “on autopilot”; and trying to disregard the labels or judgments applied to experiences in medical practice.

A total of 871 Rochester-area internal medicine, family medicine, and pediatric physicians were invited to partake in the program through the county medical society, and 70 accepted. These study subjects were assessed at five different times before, during, and after the program, using several instruments such as the Maslach Burnout Inventory, the Jefferson Scale of Physician Empathy, the Physician Belief Scale, the Profile of Mood States, and the Big Five Factor Structure personality scale.

Study subjects showed “striking” improvements in self-awareness and well-being, which included decreases in emotional exhaustion, depersonalization, depression, tension, anger, and fatigue, as well as increases in feelings of personal accomplishment, vigor, empathy, and psychosocial beliefs known to correlate with patient-centered behavior.

In previous studies, such changes have been associated with improved patient satisfaction and trust, more appropriate prescribing, fewer medical errors, reduced disparities in health care, and fewer lawsuits. Thus, a mindfulness-based intervention may improve not only physician well-being but also clinical care, Dr. Krasner and his colleagues said (*JAMA* 2009;302:1284-93).

In his editorial comment, Dr. Shanafelt concurred. Helping physicians “recognize and enhance the meaning they derive from the practice of medicine may help protect against burnout and promote patient-centered care for the benefit of both physicians and their patients,” he noted.

The study was funded by the Physicians’ Foundation for Health Systems Excellence and sponsored by the New York chapter of the American College of Physicians. Dr. Krasner and Dr. Shanafelt reported no conflicts of interest. ■

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HHS Awards \$40M to States

The Department of Health and Human Services has awarded \$40 million in grants to help states find and enroll children who are uninsured but eligible for either Medicaid or the Children’s Health Insurance Program (CHIP). The grants were paid to 69 applicants in 41 states and the District of Columbia whose outreach, enrollment, and retention efforts will target areas where many such children are believed to live, particularly in underserved populations. For example, HHS said, one-fifth of the projects will target Hispanic children, with an emphasis on teenagers, and more than 10% of the projects will focus on homeless children. Most grantees work through community groups, HHS said. For instance, church volunteers in Missouri will go door to door to locate potentially eligible children and then help their families apply for the health coverage.

CMS Clarifies CHIP Dental Coverage

States may provide dental services for children covered by CHIP either by creating their own benefits package or by selecting one of three standard coverage plans, the Centers for Medicare and Medicaid Services said in a memo. The document was intended to guide states implementing the new requirement to provide dental coverage to all CHIP-enrolled children, which was included in the CHIP reauthorization approved by Congress and signed by the president earlier this year. CMS told the states that they must cover medically necessary orthodontia services and that they may provide supplemental dental-only coverage to low-income children who have private health insurance but inadequate or no dental coverage.

NIH Awards \$65M in Autism Grants

The National Institutes of Health has chosen 50 autism research projects to share \$65 million in grants from the stimulus act passed last spring. The grants are part of the largest funding opportunity for research on autism spectrum disorders ever, according to NIH, and will address short-term research objectives detailed in the Interagency Autism Coordinating Committee’s strategic plan for such research. “These studies currently hold the best promise of revealing what causes autism, how it might be prevented, what treatments are effective, and how service needs change across the lifespan—questions noted in the IACC strategic plan as critically important to improving the lives of people with [autism spectrum disorder] and their families,” Dr. Thomas Insel, director of the National Institute of Mental Health and IACC chair, said in a statement.

IOM Pushes School Lunch Changes

School lunches and breakfasts need a nutritional makeover to increase fruits and vegetables, set caloric levels, and reduce saturated fat and salt, according to the Institute of Medicine. The IOM made the recommendations in a new report for the Department of Agriculture. That agency is expected to use the findings to write new regulations on school meals. Specifically, the IOM said, school meals should include two servings per day of fruits and vegetables, with a wide variety provided each week. Half of all grains and breads should be “whole grain rich,” the report said, and all milk should be fat free or low fat. In fact, students should be required to choose a fruit at breakfast and either a fruit or a vegetable at lunch if their meals are to be paid for by the program, the IOM said. However, the nutrition-advocacy group Center for Science in the Public Interest said that the IOM did not go far enough. It also should have recommended limits on sugars in school meals, the group said.

Site Details Newborn Screening

The National Library of Medicine has launched a Web site intended to promote standards in electronically recording and transmitting the results of newborn screening tests. The objectives, said the NLM, are to speed the delivery of newborn screening reports, improve care for infants with positive test results, enable the use and comparison of data from different laboratories, and support the development of strategies for improving the newborn screening process. The Web site includes standardized codes and terminology for newborn tests and the conditions they target. These include all the core and secondary conditions that the Advisory Committee on Heritable Disorders in Newborns and Children recommends for screening plus other conditions and markers that one or more states recommend. The Web site is <http://newbornscreeningcodes.nlm.nih.gov>.

Practice Revenues Decline

Medical practice revenues fell in 2008, possibly because of declining patient volumes and payments from people in financial hardship, according to the Medical Group Management Association. Medical practices responded by trimming overhead costs more than 1%, but that wasn’t enough to offset shrinking revenues, the MGMA found in its 2009 practice cost survey. Multispecialty group practices saw a 1.9% decline in total medical revenue last year from 2008, with substantial drops in both the number of procedures and the number of patients.

—Jane Anderson