

*MINDFUL PRACTICE:  
ENHANCING QUALITY OF CARE, QUALITY OF CARING AND RESILIENCE*

MENNORODE, THE NETHERLANDS

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FACILITATOR MANUAL

Ron Epstein, MD, Course Director  
Professor of Family Medicine, Psychiatry, Oncology and Nursing  
Director, Center for Communication and Disparities Research  
University of Rochester School of Medicine and Dentistry

Michael Krasner, MD, Course Director  
Professor of Clinical Medicine  
University of Rochester School of Medicine and Dentistry

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**LET OP: DATA NASCHOLING ZIJN NIET AANGEPAST. PROGRAMMA-OPBOUW  
OVER DE DAGEN IS HETZELFDE**

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## *MINDFUL PRACTICE:*

### *ENHANCING QUALITY OF CARE, QUALITY OF CARING AND RESILIENCE*

CHAPIN MILL RETREAT CENTER, BATAVIA, NY

OCTOBER 26-29, 2016

DETAILED SCHEDULE FOR COURSE FACULTY (SUBJECT TO CHANGE)

#### **October 26, Evening Session:**

#### **Theme: Introduction to Mindful Practice**

3:00-6:00            Check-in, registration

6:00-7:00            Dinner: Dining Room

7:15-9:15            Introduction

#### Learning Objectives:

- 1) Understand the components of mindfulness – intention, attention and attitude
- 2) Understand the facets of Mindful Practice – attentive observation, critical curiosity, beginners mind, presence
- 3) Explore educational needs of participants in their decision to participate in this course
- 4) Explore the concept of intention with regard to awareness, attention and mindful practice

**Theme:** This session will start with introducing participants to the workshop setting, to each other and to the goals of the workshop. It will also provide a brief introduction to the components of Mindful Practice through didactic, group sharing, and experiential contemplative exercises. The content will be focused on exploring the connections

between attention and awareness skills, quality of care, quality of caring and clinician resilience and well-being. The educational objectives of the participants will be investigated, and group building exercise will help develop rapport, cohesiveness, and consolidate the learning contract for the rest of the meeting.

**Flow of the session:** After a brief meditation and welcome, participants will engage in a “world café” exercise, in which they will reflect on a question of importance to their decision to participate. For this session, we will use the question, “*Why am I here? Why am I really here? Why am I really really really here?*” to frame a series of interactive small group discussions at tables that are set up café-style. Each iteration of the café discussion is punctuated by an invitation to observe one’s own thoughts, feelings and sensations accompanying this exploration and an invitation to listen even more deeply to the other’s experience.

This will be followed by an interactive presentation about how mindfulness is a quality of excellence in clinical practice and teaching. We will define mindfulness and mindful practice and consider a few lessons we have learned about the cultivation of mindfulness in clinicians. We will propose that mindful practice is related to quality of care, quality of caring and clinician resilience and well-being. We present briefly the three components of mindfulness: intention, attention and attitude.

There will be brief discussion of evidence for the effectiveness of mindful practice and mindful communication programs for clinicians. After an orientation to the logistics of the workshop and orientation for the affinity groups, the session will end with sitting meditation practice and reading of “From Here to There” by Naomi Shahib Nye.

**Handouts:** 4 Journal articles

Epstein RM Mindful Practice, JAMA 1999

Beckman HB et al. Impact of a program... Acad Med 2012

Krasner M et al. Association of a program... JAMA 2009

**Details:**

- 7:15-7:30 Brief meditation (5 minutes MK)  
Welcome and acknowledgements (5 minutes RE)  
Introduction of each of us
- 7:30-8:45 World Café/Mindful Salon (MK/PL to facilitate)  
Introduce this as a mindfulness exercise (5 min) – *Why am I here...*  
*Why am I really here...Why am I really really really here...*  
Introduce the theme in a meditative way-then three 15-20 minute  
conversations, with brief “popcorn debriefing between, switch tables,  
then continue for conversations #2, #3. Then larger group debriefing.
- 8:45-8:55 Brief overview of the workshop- basics of Mindful Practice, themes  
covered (RE)  
Discuss the following:
- Components of the workshop – Contemplative practices, Informal practice, Interactive presentations, Narrative medicine, Appreciative Inquiry.
  - Expectations of participants. Introduction of Interns
- 8:55-9:05 Housekeeping, orientation to workshop, Schedule review (FM)  
Explanation of Affinity Groups and hand out reading for AM  
affinity group: ***To Look at Anything- John Moffitt***
- 9:05-9:15 Guided Meditation (RE 10 minutes)  
Poem or Reading
- 9:15-9:45 Faculty meeting

## **Housekeeping stuff**

- Morning meditation – compulsory, but held lightly within your own needs of rest and recovery. This practice sets the tone for the day of showing up, being present to yourself and others, and enquiring into one’s own deeply held habitual patterns and thoughts. Will consist of silent practices with variable guidance, plus some mindful movement
- Fire safety
- Whom to call in emergencies
- Lights out at 10:30. Use dining area if you’d like to do work or be with other participants after 10:30
- No food in rooms. No alcohol or drugs.
- Indoor footwear
- Zendo is for meditation and small group work, not a place to mingle and chat

## **Mindful Practice Facilitator Trainees**

- Introduce
- Teacher training
- Assisting facilitation
- Facilitation

## **Nature of the workshop**

- Refer to the schedule
- We’ve borrowed and adapted formats that might be somewhat familiar, but with a different twist.
- Personal development and professional development are part of the same fabric
- Draw attention to handouts for description of mindfulness meditation, narrative, appreciative inquiry
- We don’t want to be prescriptive but offer a palate of skills, ideas and techniques that you can use in your own context.

## **Affinity Groups-Handout in Packet with Readings**

- Purpose: building community, self-directed, semi-structured
- Structure: regular meetings with unique combination of individuals, reading/poem as focus, but not essential to decipher or understand or interpret, but rather used as a starting point for meaningful dialogue
- Groups can add their own “agendas”
- Purposefully semi-structured, no goal per se other than being and working together
- Can be thought of as informal meditative practice in relationship

## **Helpful attitudes**

- Recognize your own expertise and experience
- Enjoy each other, bask in each others’ company, have fun
- Practice beginner’s mind even if you’ve had lots of prior experience with contemplative practice, narrative, Appreciative Inquiry and/or teaching
- You will learn as much from each other as you will from us
- Importance of community- a central theme of physician participants in mindful communication workshops
- Importance of confidentiality
- Faculty availability for advice, help, rough spots
- Approach the practices themselves with a reverence of sorts, reflecting the power of applying mindful attention and awareness to clinical reflection and conversation.
- Bring insights from the affinity groups into other conversations
- Practice openness to others’ experience
- Recognize and give voice to any ambivalence you have about spending time for self-care for yourself
- Be willing to experiment, be vulnerable, make mistakes, and learn from them

## Thursday, October 27, Morning Session

### Theme: Noticing- Surprise and Perception

6:30-7:30	Morning Meditation Practice	Zendo (MK)
7:30-8:45	Breakfast	Dining Hall
8:45-9:10	Affinity Groups Meet Theme: Read and share responses to: <i>To Look at Any Thing</i>	
8:45-9:10	Faculty Meet/Final Set Up	
9:15 – 12:30	Morning session: Noticing	Yoga Room

**Theme.** This session will introduce mindfulness as a set of practices as well as habits of mind during daily life. We will draw links between internal experiences of mindfulness and how we act within and perceive the world. In particular, we will address effect of one's perception on shaping responses, including perceptions about one's participation in this workshop and how one sees one's work and professional and personal challenges.

The session then focuses on attention -- how we pay attention, what we notice and what we tend to ignore or avoid – and how the ability to be attentive and present is central to clinical practice and education. In particular, we focus on areas in which physicians notice and are drawn towards some forms of patient suffering, and seemingly exclude from their awareness or avoid other aspects of suffering.

### Learning objectives

- a. Experience how perception is conditioned by our own mental models, assumptions, judgments, interpretations and embellishments and awareness of these allows us to set them aside and be more attentive and present in the face of suffering.
- b. Understand the power of and barriers to attentive observation and critical curiosity in clinical practice



- c. Understand how formal practice, informal practice, narrative, Appreciative Inquiry and other approaches can enrich self-awareness and mindfulness.
- d. Explore meaningful experiences in clinical practice and how our attention, intentions and attitudes affect our experiences at work
- e. Understand how narrative approaches can enrich self-awareness and mindfulness

**Flow of the session.** The class will start with an introduction to sitting practice. We will address three pillars of mindfulness – intention, attention and attitude. The interactive presentation will address how and what we notice during everyday life and how what and how we notice affects our way of being in the world, especially as relates to professional life.

The session turns to a focus on attention. To that end, using visual demonstrations, we describe how ways that we see the world are conditioned by how we pay attention, and in particular our own mental models, assumptions, judgments and interpretations.

The session continues with reading of segments of Fitzgerald’s “Curiosity” which describes how clinicians routinely ignore the obvious and don’t pursue areas of interest because of lack of curiosity. We briefly name some clinical manifestations of this phenomenon and use video “change blindness” demonstrations and the “Seven minutes of red” exercise to illustrate this further. We introduce the idea of delusion or mindlessness as the opposite of mindfulness.

The session continues with a narrative exercise in which the participants are invited to recall a ‘meaningful moment’ in their professional life, whether it be a clinical, educational or administrative setting. The written narrative exercise will address how we make meaning of what we notice – about ourselves and others. These are shared in dyads, and then debriefed in dyads before a short general discussion.

Next we present some results of our year-long mindful communication intervention study with physicians.

The session concludes with sitting meditation focusing on mindfulness of the body, sensations, feelings, emotions, thoughts and mind.

## Materials needed

Change blindness CD

Poems

Fitzgerald FT. Curiosity. *Annals of Internal Medicine* 1999 article for reading selections

## Handouts

Detailed description of the narrative exercise as a handout for participants

## Reading lists

### Core readings

Fitzgerald, F. T. (1999). Curiosity. *Annals of Internal Medicine*, 130(1), 70-72.

Krasner, M. (2007). Through the lens of attention. In M. McLeod (Ed.), *The Best Buddhist Writing 2007* (pp. 200-207). Boston & London: Shambhala.

### Further readings

Dyche, L., & Epstein, R. M. (2011). Curiosity and medical education. *Med.Educ.*, 45(7), 663-668. doi: 10.1111/j.1365-2923.2011.03944.x [doi]

Epstein, R. M., Siegel, D. J., & Silberman, J. (2008). Self-monitoring in clinical practice: a challenge for medical educators. *J Contin.Educ Health Prof.*, 28(1), 5-13.

Borrell-Carrio, F., & Epstein, R. M. (2004). Preventing errors in clinical practice: a call for self-awareness. *Ann Fam Med*, 2(4), 310-316.

Leung, A. S. O., Epstein, R. M., & Moulton, C. A. (2012). The competent mind: beyond cognition. In B. D. Hodges & L. Lingard (Eds.), *The question of competence* (pp. 155-176). Ithaca & London: Cornell University Press.

Sibinga, E. M. S., & Wu, A. W. (2010). Clinician Mindfulness and Patient Safety. *JAMA: The Journal of the American Medical Association*, 304(22), 2532-2533.

Siegel, D. J. (2007). *The mindful brain: Reflection and Attunement in the cultivation of well-being*. New York: W.W. Norton.

**Session at a glance:**

- 9:15-9:20 Introduction (RE)
- 9:20-10:00 Introduction to mindfulness – intention, attention, attitude (RE)  
Intro to Mindfulness Meditation Sitting Practice-15 min  
Practice 15 minutes  
Large Group Discussion, comments, questions 10 minutes
- 10:00 – 10:25 Interactive presentation: Noticing (RE)  
Incorporate brief videos, and 7 minutes of red exercise
- 10:30 –11:45 Narrative exercise and small group discussion – meaningful experiences (MK introduce, break into 4 groups) with debriefing

	Thurs AM	Thurs PM	Fri PM	Saturday AM	
Group 1	RE YOGA	MK PIANO	PL ZENDO	FM YOGA	
Group 2	FM PIANO	RE ZENDO	MK DR	PL YOGA	
Group 3	PL ZENDO	FM DR	RE YOGA	MK YOGA	
Group 4	MK DR	PL YOGA	FM PIANO	RE YOGA	

- 11:50- – 12:15 Debriefing, large group discussion (All facilitators)  
Affinity Group handout for afternoon session: *Hamlet Soliloquy* by Shakespeare
- 12:15- 12:30 Brief meditation (RE)
- 12:30 – 2:30 Lunch, free time

## Thursday, October 27, Afternoon Session

### Theme: Responding to Suffering

- 2:30-3:00 Affinity Groups Meet:  
Theme: Read and share responses to: *Hamlet Soliloquy* by Shakespeare
- 2:30-3:00 Faculty Meet
- 3:00-6:00 Afternoon session: Responding to suffering                      Yoga Room

**Theme:** This module introduces the multi-faceted nature of suffering as a threat to the intactness of a person – including a coherent sense of self. From that understanding we propose ways to be engaged, present and compassionate in the face of suffering – and avoid misguided actions that bolster the physician’s sense of coherence while eroding that of the patient.

The theme of this workshop is suffering in medicine- one’s own and that experienced by patients and families. A personal capacity of particular importance for medical practice is being present – really being there when things are not going well, when patients are suffering, and knowing that your presence really made a difference. So often, time pressures, the desire to fix things, distractions and emotional intensity conspire to make us want to shut down, accept the observations of others, not notice things that later might seem obvious, and not act in a way that maximally enhances well-being (the patient’s and our own).

Our intent in this segment is to learn more about the particular qualities, values, skills and conditions that contribute to our ability to be fully present, aware, attentive and curious about patients and their families, especially at difficult times – such as when a patient is newly diagnosed with an incurable or progressive illness, when a patient is about to undergo disfiguring surgery, or when your efforts to relieve suffering have been insufficient. Being fully present enhances compassion and brings with it the possibility of healing, returning to a sense of intact wholeness, even when effectively treating the underlying condition is not possible.

## Learning Objectives:

1. Describe clinicians' helpful and unhelpful responses to suffering
2. Gain some insight into how one personally recognizes and responds to suffering
3. Adopt a wider palette of responses to suffering
4. Identify and practice strategies for cultivating the mental stability and presence needed to respond effectively to patients' suffering in situations when one might otherwise turn away from it.

**Flow of the session.** This segment begins with a brief 'body scan', with particular attention given not only bodily sensations, but also to the physical capacities needed to allow one to ambulate, move, direct, control, adjust, and respond to one-self and outside conditions. We also focus on how we label sensations as comfortable vs uncomfortable, desirable or undesirable, ones we want to approach vs avoid, etc.

As a transition to the interactive presentation, we will invite participants to consider ways in which they have interacted with suffering in themselves and with others.

In the presentation, we define the multifaceted nature of suffering drawing on Eric Cassell's seminal article. We address how physicians notice, recognize, resonate with and respond appropriately and compassionately to patients' suffering, and contrast compassion (the triad of recognition/resonance/action) from empathy (the imaginative reconstruction of another person's experience, whether positive or negative, and reflecting that understanding to the patient).

We introduce a discussion in triads about what prompts health care professionals to feel drawn towards or driven away from engaging with others' suffering, followed by a large group discussion.

Here we introduce the idea that the ability to respond to suffering requires several qualities/habits, all of which can be learned. These include engagement ("turning towards dissonance"), mental stability (hardiness = sense of commitment, control, and challenge), exquisite empathy ("highly present, sensitively attuned, well-boundaried,

heartfelt empathic engagement”), the ability to feel invigorated rather than depleted by work with people experiencing suffering, and self-awareness of one’s inner experience as well as one’s impact on the outside world (including the patient).

Next, we discuss why it can be difficult to respond to suffering, due to over- or under-involvement, avoidance, judgments about the other person, burnout, emphasizing only some aspects of the patient’s suffering, insisting that the patient ‘fight’ when the patient would rather accept their illness, etc. Also, there may be conflict between beliefs/values of the patient and those of the clinical team or the family.

Next, we transition to an appreciative inquiry exercise. First, we demonstrate an appreciative dialogue and a ‘normal social conversation’ to highlight the difference in the two. Then we introduce an AI exercise in which participants are asked to recall a situation in which they were engaged with someone who was suffering, and they were able to engage in recognition, resonance with, engagement with and action in order to address the suffering in some way. They are asked to invoke the thoughts and feelings at the time, and reflections subsequently. Time is allotted for discussion in dyads then in the large group.

The session transitions to a meditation and poem, with time for questions and discussion.

## **Handout**

Detailed description of the narrative exercise

## **Readings**

Epstein RM and Back AL. Responding to Suffering, *JAMA*. 2015;314(24):2623-2624

Meier, D. E., Back, A. L., & Morrison, R. S. (2001). The inner life of physicians and care of the seriously ill. *Jama*, 286(23), 3007-3014.

Cassel EJ. The nature of suffering and the goals of medicine. *New England Journal of Medicine* 1982;306:639-45

Session at a glance:

- 3:00-3:05 Gathering
- 3:05 -3:25 Body scan/Sitting/or Movement with debrief (PL)
- 3:25-3:55 Interactive presentation: Suffering/Resilience/AI (PL)
- 4:00-5:25 Appreciative inquiry Demonstration Video –instructions for break-out interviews, then ask participants to enact the exercise, with debriefing

	Thurs AM	Thurs PM	Fri PM	Saturday AM	
Group 1	RE YOGA	MK PIANO	PL ZENDO	FM YOGA	
Group 2	FM PIANO	RE ZENDO	MK DR	PL YOGA	
Group 3	PL ZENDO	FM DR	RE YOGA	MK YOGA	
Group 4	MK DR	PL YOGA	FM PIANO	RE YOGA	

5:30-5:45 Large group debriefing (All)  
 Hand out for Affinity Group: *Not Knowing is Most Intimate* by John Tarrant

5:45-6:00 Guided movement practice or Sitting (PL)

6:10-6:30 Faculty meet

6:30-7:40 Dinner

## Thursday, October 15, Evening Session

7.45-8:10 Affinity Groups-simply read aloud together-taking turns and brief discussion of there is time

Theme: Read and share responses to: *Ask Me by William Stafford*

7:45-8:10 Faculty meet

8:10-9:20 Contemplative Skills Practice (PL/MK/RE/FM)-entering silence, each facilitator takes 15 minutes to guide a silent practice period.

**Theme:** Stepping into the unknown: This present moment

**Learning Objectives:** Deepening the contemplative practice: entering silence through the morning breakfast until the AM session

### Flow of the session:

#### Details:

8:10 Introduction/Announcements (MK/PL) Yoga Room

8:10-9:20 Guided Practice/Entering Silence (MK/PL/RE/FM) Yoga Room



## Friday October 28, Morning session

### Theme: Interpersonal Mindfulness

6:30-7:30	Morning Meditation Practice	Zendo (RE)
7:30-8:45	Silent Breakfast	Dining Hall
8:30-8:45	Faculty meet	
8:45 – 12:15	Morning session: Interpersonal Mindfulness	Yoga Room

### Theme:

Stressful communications, assertiveness, effects of stress both acute and chronic on communications. Interpersonal mindfulness: bringing mindful awareness to the activities of conversation and dialogue.

### Learning Objectives:

- a) Cultivate mindful attention and awareness in relationship and dialogue
- b) Practice both listening and speaking skills as acts of meditation
- c) Reflect on challenging human themes that are shared by clinicians and patients alike

### Flow of the session:

Class begins with a coming out of silence exercise, then an introduction and practice period of mindful walking. Emphasis as always continues to focus on how these practices can be used in every-day activity, as we move, as we sit, as we enter the exam room or engage in review of the paperwork of medicine. The walking concludes with a body sculpting exercise, a series of standing postures embodying aggressive, passive, and assertive communication styles, with attention to how these postures are experienced in terms of sensation, feeling, thought.

An Aikido-like demonstration introduces discussion of the practice of awareness and attention in communication. Aggressive, passive, passive-aggressive, and assertive communication styles are illustrated through this demonstration, relating them to the experiences of interpersonal relationship and dialogue within interpersonal relationship. The process of bringing mindful attention and awareness right into the midst of interpersonal communication is reviewed.

Drawing on the work of Gregory Kramer and Insight Dialogue, an interpersonal mindfulness practice is introduced as an extension of the formal practices, the informal practices, and how we spend so much of our time in relationship through conversation, exploring the questions about how the same kind of contemplative awareness can be brought into the experience of conversation, whether casual or professional. The basic instructions of this —practice‖ are reviewed.

Dyads are formed and participants engage in three separate dialogues, each preceded by a meditation on three distinct themes: aging, illness, and end of life. After each dialogue, a brief intra-dyad debriefing takes place, and then after the third dialogue, a larger group debriefing follows. During this discussion, the participants are asked to continue the same instructions for this practice while engaged in the larger group debriefing.

### **Handout**

Detailed description of Insight Dialogue and the narrative exercise

Affinity group reading

### **Readings**

Collins B. On turning ten. In: *Sailing Around the Room; New and Selected Poems*. New York, NY: Random House, Inc.: 2001

Cox V. The cookie thief. In Canfield J & Hansen MV: *Chicken Soup for the Soul*. Deerfield Beach, FL: Health Communication Inc.: 1993

Haidet P. Jazz and the 'art' of medicine: improvisation in the medical encounter. *Ann Fam Med.* 2007 Mar-Apr;5(2):164-9

Kramer G. *Insight Dialogue: The Personal Path to Freedom.* Boston & London; Shambhala: 2007.

Krasner MS. The gift of mindfulness. *Families, Systems and Health.* 2004; 22 (2): 213-15

**Session at a glance:**

8:45-9:05      Silent Sitting Practice (MK)

9:05-9:45      Mindfulness Practice- walking then movement then sitting

9:45-10:15    Introduction of Insight Dialogue (MK/FM)-instructions for coming out of silence-include Haidet/Jazz music

10:15-11:30   Insight Dialogues- will do in the Yoga Room in dyads together rather than separate into groups. Focus in *Listen Deeply/Speak the Truth*-Last 10 minutes debriefing with partner

11:30-12:00   Large Group Debriefing (all)

12:00-12:15   Meditation (MK)

12:15-1:45    Break

Hand out Affinity Group reading for Friday Afternoon: *Wild Geese* by Mary Oliver

## Friday, October 28, Afternoon Session

### Theme: When things go wrong: Responding to Errors

1:45-2:15 Affinity Groups Meet: *Wild Geese* by Mary Oliver

1:45-2:15 Faculty meeting

2:15-5:00 Afternoon session: Yoga Room

6:30-7:30 Dinner

**Theme.** Bad outcomes are not uncommon in medicine, and it can be very difficult to determine whether they might have been prevented. Clinicians often vividly remember bad outcomes from their own practice, especially when they may have resulted in part from their own actions. Because of character traits (perfectionism...), deeply painful emotional responses (shame...) and fear of litigation among other things, many times these experiences are psychologically buried and not processed. In this session, we will share some of these experiences, and explore how mindfulness might help integrate them into our lived experience, learning and growing with them rather than fighting them off or burying them.

### Learning Objectives:

- To distinguish between bad outcomes that come from good care and those that stem from errors
- To understand common reactions and responses when confronted with errors and bad outcomes
- To understand the psychological and clinical impact of unexamined (“mindless”) reactions to errors
- To be more mindfully responsive (e.g., attentive, curious, flexible, present) when faced with errors and bad outcomes

**Flow of the session.** The session will begin with a brief body scan, focusing on what happens to one's body as one begins to contemplate things going wrong in clinical practice. This will be followed by a short interactive discussion about the distinction between bad outcomes and mistakes, as well as brief exploration of the emotional context for such experiences.

The session will then shift its focus to reviewing a case using video vignettes where an error in diagnosis led to a very bad outcome. Three video segments will be used to explore: 1) how clinicians react to such information and prepare for their discussions with patients; 2) how clinicians react while disclosing such information to patients and families; and 3) how the threat of potential litigation might color such discussions. The potential role of making an apology will also be considered, as well as common reactions and consequences of such experiences on clinicians. Potential mindful responses will be considered, as will how realistic or possible they might be in such situations. This segment will close with consideration about how one might care for the patient and family in such situations as well as simultaneously caring for oneself.

There will then be a quiet sitting where individuals reflect on how their thoughts, bodily sensations and emotions have stimulated during this exploration.

After a short break, the session then moves to an experience based on stories of things going wrong from participants' own clinical practice. After jotting down some notes refreshing the experience in one's own mind, participants will meet in pairs to take turns sharing their individual stories. One participant will interview the other using reflective questioning to seek depth of exploration about how suffering was and was not addressed, and how the storyteller reacted and responded at the time and subsequently. After about 10 minutes, participants will shift roles with the interviewer becoming the storyteller and vice versa, and the experience will be repeated. Participants will then debrief in pairs, and then join in groups of 6 to briefly summarize each partner's story, and to consider what can be learned by storytelling and listening in this way about difficult experiences.

The final part of this session will begin with a reading of an Autobiography in 5 Short Chapters by Portia Nelson, followed by a brief closing practice entitled *Now I am aware...*

Recommended Readings:

- Lazare, A. Apology in medical practice: an emerging clinical skill. JAMA. 2006;296:1323
- Gallagher T et al. Disclosing harmful medical errors to patients. NEJM 2007

Additional References:

- Blendon RJ et al. Views of the practicing physician and the public on medical errors. NEJM 2002.
- Espin S. Levinson W. Regehr G. Baker GR. Lingard L. Error or "act of God"? A study of patients' and operating room team members' perceptions of error definition, reporting, and disclosure. Surgery. 139(1):6-14, 2006 Jan. Shanafelt TD et al. Burnout and self-reported patient care in an internal medicine residency program. Ann Int Med 2002:
- Peters M and King J. Perfectionism in doctors: Can lead to unhealthy behaviours in stressful work situations BMJ 2012;344:e1674
- Srivastava R. Speaking Up — When Doctors Navigate Medical Hierarchy N Engl J Med 2013; 368:302-305
- West CP et al. Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. JAMA 2006
- Wu A. Medical Error: The second victim BMJ 2000;320:726

And...

Nelson, P. Autobiography in Five Chapters From: Hole In My Sidewalk. Beyond Words Publishing: Hillsboro, OR. 1993.

**Session at a glance**

2:15-2:30      Gathering, Announcements, Brief Sitting (FM)

- 2:30-2:50 Getting centered – Tossing Exercise (MK)
- 2:50-3:10 Brief introduction to terminology and distinctions (FM)
- 3:10-3:50 Responding to a case vignette of an error related bad outcome (FM):  
Initial clinician reaction  
Telling the family what happened  
Exploring the consequences
- 3:50 Narrative exercise instructions (FM)
- 3:50-5:45 Narrative exercise: exploring a time when things went wrong with small group debriefing

	Thurs AM	Thurs PM	Fri PM	Saturday AM	
Group 1	RE YOGA	MK PIANO	PL ZENDO	FM YOGA	
Group 2	FM PIANO	RE ZENDO	MK DR	PL YOGA	
Group 3	PL ZENDO	FM DR	RE YOGA	MK YOGA	
Group 4	MK DR	PL YOGA	FM PIANO	RE YOGA	

- 5:00-5:30 Large Group Debriefing
- 5:30-5:45 Brief sitting (FM)
- 6:30-7:30 Dinner

**Friday, October 28, Evening session**

7:30-9:00

Dr. Deepu Gowda

Yoga Room



## Saturday, October 29, Morning Session

### Theme: Resilience

6:30-7:30	Morning Meditation Practice	Zendo (PL)
7:30-8:15	Breakfast	Dining Hall
8:15-8:30	Affinity Groups: <i>Optimism</i> by Jane Hirshfield	
8:15-8:30	Faculty meet	
8:30-11:00	Resilience module	Yoga Room

### Learning Objectives:

- 1) Understand a definition of resilience that addresses the professional experience of clinicians
- 2) Experience a mindful practice designed to enhance resilience by building awareness linked with self-compassion
- 3) Commit to incorporating one of the mindful practices from the workshop into everyday work and life

**Theme:** The session is two-fold. The first part of the session will explore the relationship of mindful practice to clinician resilience. In particular, we will invite participants to try tapping into difficult experiences at work by trying a mindfulness practice designed for difficult emotions, known by the acronym “RAIN” (adapted from Tara Brach). The second part of the session shifts participants to reflect on which of the mindful practices they have experienced during the workshop resonates most deeply, and asks them to commit to incorporating it into their life.

**Flow of the session:** The opening practice is a lovingkindness practice, followed by an overview talk that distinguishes clinician resilience from other types of resilience in the literature, touches on burnout, and proposes that resilience is a learned capacity, and

one that can be built or enhanced. The RAIN practice will be outlined in the talk (**R**ecognize what is happening/**A**llow thoughts/physical perceptions/emotions to be (i.e. :“let be”) to be just as it is/**I**nvestigate inner experience with kindness/**N**ot identify with sensations, emotions, stories). In the exercise participants will have the opportunity to walk through the sequence and think aloud to a partner. After a break, we will ask participants to think back over the retreat, identify a couple of practices that resonate, and ask them to commit to one or two of their favorite practices for a period of 1 week (small starting commitment). This is a transitional activity pointing towards the end of the workshop.

**Handouts:**

**RAIN handout**

**Commitment handout**

**Reading list:**

Epstein R, Krasner, M. Physician Resilience. Acad Med 2013

**Details:**

<b>8:30-8:50</b>	<b>Introduction and opening practice (RE)</b> Lovingkindness for self, or walking meditation if good weather	<b>Yoga Room</b>
<b>8:50–9:15</b>	<b>Talk: What is resilience? (RE)</b>	<b>Yoga Room</b>
<b>9:15-10:00</b>	<b>Practice: RAIN for difficult emotions (RE)</b> RAIN: 5 min overview, 25 min practice in pairs, 15 min large group debrief	<b>Breakout</b>
<b>10:00-10:30</b>	<b>Commitment practice (RE)</b> 5 min overview re educational value of commitment and new habits, 10 min discuss in pairs: what 2 or 3 practices have resonated with you? 10 min large group (one thing and why?), write a note to your future self.	<b>Breakout</b>

	Thurs AM	Thurs PM	Fri PM	Saturday AM	
Group 1	RE YOGA	MK PIANO	PL ZENDO	FM YOGA	
Group 2	FM PIANO	RE ZENDO	MK DR	PL YOGA	
Group 3	PL ZENDO	FM DR	RE YOGA	MK YOGA	
Group 4	MK DR	PL YOGA	FM PIANO	RE YOGA	

**10:30-10:50 Debriefing**

**10:50-11:00 Ending practice (PL)**

**Yoga Room**

Lovingkindness for self and group

Distribute reading for Affinity Group: *Blessing the Boats* by Lucille Clifton

**11:00-11:45 Lunch**

**Dining Room**

**Saturday Afternoon, October 29**

11:45-12:00 Affinity Groups Final Meeting (join your group for the final 15` minutes of lunch)  
Theme: Read together and share responses to: *Blessing the Boats* by Lucille Clifton

12:00-1:15 **Final Session: Bringing it home** **Yoga Room**

**Learning Objectives:**

- 1) Discuss ways in which mindful practice work can be incorporated in participants' teaching and practice.**
- 2) Prepare for transition to non-retreat mode, family, work**

**Flow of the session:** Class begins with a period of guided sitting practice. This is followed by a large-group debriefing of the workshop to date, reviewing any concerns, sharing any insights, and discussing reactions to the experiences. The facilitators approach this period as an inquiry, questioning participants about what strategies they have used that have made it the way it has been, where they find themselves using these strategies in other areas of their lives, expanding this further to creative approaches to the routines of day-to-day patient care. The discussion may include questions such as:

*What is the connection between an experience like the workshop and our medical practices?*

*Can our medical practices be approached in the same way as we ask ourselves to approach the cultivation of a mindfulness practice?*

*What are those ways explicitly, and how might it look in medical practice?*

*How will I bring mindful practice into my own work situation?*

**Details:**

**12:00 – 12:15 Sitting practice (MK)**

**Reading or Poem**

**12:15 – 1:10 Bringing it home: Guided discussion moderated by all  
facilitators- no power point slides please)**

**1:10-1:15 Counting to 81(RE)**

***Handouts:***

**Promoting mindful practice in clinical teaching**

## PROMOTING MINDFUL PRACTICE IN CLINICAL TEACHING

Ron Epstein MD

### A few principles

- ❖ Priming
  - Setting the expectation for mindfulness
  - Start with a suggestion – “Before you see this patient, stop and wonder for a moment about what kinds of pre-conceptions you are going in with...”
  - Ask students to notice how they mentally prepare for the encounter.
  - Ask student to report not only on the clinical findings, but also on their own thought processes, feelings and other things that they might notice.
- ❖ Being available
  - Settings that promote reflection
  - Space and time
  - Media – video
- ❖ Ask reflective questions
  - “What are you assuming about this patient that might not be true?”
  - “What surprised you? Why were you surprised?”
  - “What interfered with your ability to observe? Listen? Be present?”
- ❖ Being there
  - Observe, don’t just rely on reports
- ❖ Modeling
  - Demonstrate how you promote mindfulness in your own practice.
  - Talk about dead-ends, fuzzy impressions, biases, and other experiences that affect your clinical practice that may go unexamined.
- ❖ Practice
  - Practice attentiveness – look for what you ordinarily don’t see
  - Practice curiosity – instruct students to find something interesting about the patient or the setting – “Why did you change the topic?” “How did you know to slow down just then?”
  - Practice beginner’s mind – consider an expanded set of possibilities, consider 2 possibilities simultaneously.
  - Practice presence

- ❖ Praxis
  - Knowledge is action. Explore disconnects between what they say they do and what you observe them doing.
- ❖ Confirmation
  - Catch students being mindful and indicate that you've noticed.

## HOME PRACTICE

While at work, each day, at a given time, perhaps noon, perhaps 8am or 4pm, take notice of your state of well-being and burnout. Close your eyes and briefly check in with you mind, your feelings and your body. Perhaps use a 1-10 burnout scale (1 = well-being → 10 = burnout) each day and use that to frame your experience. You can write this down in your notebook, blog, or elsewhere – whatever works for you.

While you are taking notice of the stresses around you and the environment, be curious about how each of those factors is affecting you in a particular way. While there is often a way you can reduce the impact of stress and there are frequently things about the environment that can, in theory, be changed, for the moment, simply observe how the stress affects you -- how it does its work, without trying to push it away, make it disappear or change it in any way. Just notice. Paradoxically, by trying to push back or push away, sometimes the stress seems more unmanageable.

Next, note your own reactions to these stresses. List which are a) survival tactics (of which you might not necessarily be proud), b) healthy coping and adaptation, and/or c) those occasional creative responses that change not only your own experience but also that of others or the larger context. Take a few notes in a diary, or blog.



## **MINDFULNESS AND MASTERY IN THE WORKPLACE: 21 WAYS TO REDUCE STRESS DURING THE WORKDAY**

The following *21 Ways* are simply a road map. Allow your curiosity and the sense of possibility to unfold as you explore the territory, discovering your own “ways.”

1. Take 5-30 minutes in the morning to be quiet and meditate – sit or lie down and be with yourself ... gaze out the window, listen to the sounds of nature or take a slow quiet walk.
2. While your car is warming up — try taking a minute to quietly pay attention to your breathing.
3. While driving, become aware of body tension, e.g. hands wrapped tightly around the steering wheel, shoulders raised, stomach tight, etc. consciously working at releasing, dissolving that tension ... Does being tense help you to drive better? What does it feel like to relax and drive?
4. Decide not to play the radio and be with yourself.
5. On the interstate, experiment with riding in the right lane, going 5 miles below the speed limit.
6. Pay attention to your breathing and to the sky... trees, or quality of your mind when stopped at a red light or toll plaza.
7. Take a moment to orient yourself to your workday once you park your car at the work place. Use the walk across the parking lot to step into your life. To know where you are and where you are going.
8. While sitting at your desk, keyboard, etc., pay attention to bodily sensations, again consciously attempting to relax and rid yourself of excess tension.

9. Use your-breaks to truly relax rather than simply “pausing.” For instance, instead of having coffee, a cigarette or reading, try taking a short walk - or sitting at your desk and renewing yourself.
10. At lunch, changing your environment can be helpful.
11. Try closing your door (if you have one) and take some time to consciously relax.
12. Decide to “STOP” for 1-3 minutes every hour during the workday. Become aware of your breathing and bodily sensations, allowing the mind to settle in as a time to regroup and recoup.
13. Use the everyday cues in your environment as reminders to “center” yourself, e.g. the telephone ringing, sitting at the computer terminal, etc.
14. Take some time at lunch or other moments in the day to speak with close associates. Try choosing topics that are not necessarily work related.
15. Choose to eat one or two lunches per week in silence. Use this as a time to eat slowly and be with yourself.
16. At the end of the workday, try retracing today’s activities acknowledging and congratulating yourself for what you've accomplished and then make a list for tomorrow. You've done enough for today!
17. Pay attention to the short walk to your car - breathing the crisp or warm air. Feel the cold or warmth of your body. What might happen if you opened to and accepted these environmental conditions and bodily sensations rather than resisting them? Listen to the sounds outside your work place. Can you walk without feeling rushed? What happens when you slow down?
18. At the end of the workday, while your car is warming-up, sit quietly and consciously make the transition from work to home - take a moment to simply be — enjoy it for a moment. Like most of us, you're heading into your next full-time job — home!

19. While driving, notice if you are rushing. What does this feel like? What could you do about it? Remember, you've got more control than you might imagine.
20. When you pull into the driveway or park on the street, take a minute to orient yourself to being with your family members or to entering your home.
21. Try changing out of work clothes when you get home. This simple act might help you to make a smoother transition into your next "role" — much of the time you can probably "spare" 5 minutes to do this. Say hello to each of your family members or to the people you live with. Take a moment to look in their eyes. If possible, make the time to take 5-10 minutes to be quiet and still. If you live alone, feel what it is like to enter the quietness of your home, the feeling of entering your own environment.

Mindfulness and Mastery in the Workplace: 21 Ways to Reduce Stress during the Workday

Saki F. Santorelli, *Engaged Buddhist Reader*, 1996 Parallax Press

## NARRATIVE EXERCISE INSTRUCTIONS

### **For the storyteller:**

What did you notice?

What surprised you?

What did you find particularly meaningful?

What thoughts and feelings did you have?

Were there others present and what was their role?

What did you learn?

### **For the interviewer/listener**

#### *Focus on your partner's experience*

- **Set your intention to:**
  - Spend most of the time listening
  - Be curious about your partner's experience
  - Ask questions that aim to deepen understanding.
- **Don't:**
  - Interrupt or tell your own story... even if it may seem uncomfortable to wait until your partner is finished

#### *..and be aware of your own responses*

- **Set your intention to:**
  - Note what is attracting your attention about the story
  - Observe – but not act on – your urge to comment, interpret, give advice or talk about your own experiences
- **Don't:**
  - Make interpretations
  - Give advice
  - Talk about yourself

## *Insight Dialogue*

(Adapted from the work of Greg Kramer, [www.metta.org](http://www.metta.org))

### *What is Insight Dialogue*

Insight Dialogue is an interpersonal meditation practice. It is based upon the fundamental fact that we humans are relational beings, and the lucidity of meditation can illuminate suffering and freedom as it arises in contact with others. Just as traditional silent meditation practice has different forms of practice, each benefiting from different instructions, Insight Dialogue also has meditation instructions, or guidelines. These have evolved to support meditators as they migrate from habitual ways of interacting with others to ways that are in alignment with the path of virtue, tranquility, wisdom, and mutuality. Each meditation instruction can be recalled as a simple reminder to calm down, become aware, and notice and release old habits. Interpersonal practices are likely to involve speaking and interacting with others, apparently leaving behind the most obvious feature of traditional meditation, the bastion of silence.

While the practice involves discussion and contemplation about profound subject matter, the content of any Insight Dialogue discussion is not the sole focus of practice. At the heart of this meditation is the intention to settle in and become aware of just how our heart-mind functions. The focus is calming down and paying attention to whatever we find in the emerging moment. The content of the dialogue is simply a part of what is emerging in the moment.

### *Instructions:*

**1) Pause-Relax-Open**

**2) Trust Emergence**

**3) Listen Deeply/Speak the Truth**

*Pause-Relax-Open*

To pause is to release. The body-mind is astonishingly sensitive and grasps at whatever touches it: sights, sounds, touches, smells, tastes, and thoughts. The first instruction in Insight Dialogue is Pause. Step off the rushing train. Dwell a moment with immediate experience before speaking or while listening. Let the thinking mind take a break. The pause can take place before we speak, while we are speaking, or after we are done speaking. One could become aware of the breath, but often the more effective practice is to become aware of the body as a whole. How is the body now? When we get lost in the fabrications of the mind, carried away by emotions, we can pause, become mindful of the body, and the body will reveal where the moment is. Here is that elusive —now. || We may attend to the pleasant and unpleasant qualities of experience, observe the rising and passing of the thoughts and moods—just passing phenomena. Without the pause, without mindfulness, there is no choice, only habit. The Pause temporarily arrests the torrent of habit.

The second part of the core interpersonal meditation instruction is *relax*. We pause into awareness and relax the body and mind. We bring awareness to those parts of the body where we tend to accumulate tension, and allow the tension to relax. In the Pause, we step out of reaction and into the moment and we meet ongoing thoughts and feelings with acceptance. Accept is to the mind as Relax is to the body. We don't run away from what is uncomfortable, from confusion, fear, unhappiness, or ugliness (even what we perceive to be our own ugliness). When, for example, we notice tightness in the belly or the sinking feeling of sadness, awareness can remain soft and present as the feeling unfolds. The tendency to fly backwards in aversion to the unpleasant sensation is replaced with the conscious note to —relax, || to —accept. || In this change, the old habit of continuing or amplifying tension is being supplanted with the new habit of ease and acceptance. In this way, Relax heals what the Pause reveals.

Now we come to the third part of the core interpersonal meditation instruction: *Open*. With Open awareness extends to everything around us. While Pause and Relax could be instructions for internal individual meditation, Open invites us to extend this accepting mindfulness to that which is beyond the boundaries of our skin. This extension to encompass the external world opens the door to mutuality and is the basis for interpersonal meditation. If we are meditating in dialogue with one other person,

we meet this person with wakeful acceptance. If we are meditating with an entire circle or room full of people, the awareness opens wide to receive the whole. With mindfulness of both the internal and external, we are cognizant of the relational moment, of the whole flux of self and other. Even though some traditional meditation practices encourage a wide open awareness, most do not include awareness of the specific humans we are with and do not open the door to encounter in co-meditation. In Insight Dialogue, we open this door.

### *Trust Emergence*

Trust Emergence is rooted in the wisdom aspect of Insight Dialogue. That is, it supports our seeing things as they are—unstable and far more complex and fluid than the mundane glance can ever know. The very dynamic quality of experience creates the demand for a robust practice and provides the object of that practice: change itself. For example, we see emergence in the way conscious thought arises from a cauldron of sensation, memory and emotions. So to Trust Emergence is to let go into the changing process that we call —now, || replete with its uncontrolled sensations, thoughts, emotions, interactions, words, topics, energies, and insights. To Trust Emergence is to enter practice without the bias of a goal. It often happens that as we speak with others, much of our mental activity is taken up with planning what we will say next and, especially in larger groups, where we can find space to insert our contribution. In the Pause of Insight Dialogue we become aware of this micro-planning, relax the tension behind it, open to our partner or the group, and, right in that very moment, let go of even these little plans, and Trust Emergence.

### *Listen Deeply/Speak the Truth*

To listen deeply is to listen with mindfulness, surrendering fully to the unfolding words and presence of our co-meditators. We are a receptive field touched by the words, emotions and energies of our fellow human beings, grounded in clear awareness and sensitive to the speaker's offering. We listen with the generosity of patience, unhurried by a personal agenda. We aspire to the type of generosity Thoreau suggested when he said: —The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer. || There are active and receptive qualities to Listen

Deeply. In active listening, we apply the energy of attention to the many qualities of experience. We seek understanding, absorb detail, and navigate the inlets and bays of the ever-shifting coastline of verbal relating. The receptive quality of Listen Deeply emphasizes the stability and sensitivity of awareness. There is no reaching out, no going anywhere. We are calm and vigilant. Listening deeply includes a delicate inward listening that enables receptive listening to the other.

The simple guideline Speak the Truth invites us to re-examine the process and function of verbal communication. To speak the truth we must know the truth. Because we are referring to the subjective truth, the truth of our experience, we must listen internally in order to discern this truth. Thus, speaking enters meditation practice through the door of mindfulness. Such mindfulness is possible based upon the other Insight Dialogue guidelines. Speak the Truth calls us to live with the paradox set up by the superposition of emergence and mindfulness. We come to recognize meditative speaking as something that has less to do with words than the source from which the words emerge. Delicately present with the moment of experience, we watch speech emerge from the body, thoughts, or the unknowable unconscious.



## Affinity Group Instructions

The affinity groups are self-facilitated groups in which participants meet to discuss brief readings, usually in the form of a poem or short essay with three ideas in mind.

- 1) The first is for a small number of participants to be able to simply spend some time regularly over the course of the workshop, with the purpose of getting to know each other outside of the larger group setting, or the narrative break-out settings.
- 2) Second, it provides opportunity for participants to be together without the facilitator guiding or intervening in that process. The assumption here is that the participants can work independently, self-organize, and self-create without interpretation or guidance from the workshop faculty.
- 3) Finally, the readings are chosen to help focus in a cognitive, emotional, somatic, and aesthetic way the themes of the upcoming sessions. Each reading has been chosen specifically for its relevance to the next session, and therefore moves the participant into an integrated preparation for the groups' work.

A few suggestions for the sessions:

- 1) Choose a place to gather, make sure everyone is aware of that place, and try to begin and end together and on-time
- 2) Consider reading out loud the readings, preferably more than once. One suggestion is first for everyone to read a single line as you go through the first reading. Then re-read, with each participant perhaps reading 2 or more lines, depending on how long the reading is.
- 3) Consider the following questions in your group:
  - a. How does this make me feel?
  - b. What does this make me think?
  - c. What is the author saying?
  - d. What images, thoughts, sensations, emotions arise?
  - e. What is the theme(s) and how does it relate to Mindful Practice?
  - f. Consider homing in on a particular line or words that grab your attention and speak to the themes emerging
- 4) Spend more time listening than talking
- 5) Be respectful, supportive, collaborative, and creative

## Be the thing you see

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John Moffitt

To look at any thing,  
If you would know that thing,  
You must look at it long. . . .

Be the thing you see:  
You must be the dark snakes of  
Stems and ferny plumes of leaves,  
You must enter in  
To the small silences between  
The leaves,  
You must take your time  
And touch the very peace  
They issue from.  
~ *John Moffitt*

## *Soliloquy from Hamlet*

*by William Shakespeare*

To be, or not to be, that is the question:  
 Whether 'tis nobler in the mind to suffer  
 The slings and arrows of outrageous fortune,  
 Or to take Arms against a Sea of troubles,  
 And by opposing end them: to die, to sleep  
 No more; and by a sleep, to say we end  
 the heart-ache, and the thousand natural shocks  
 that Flesh is heir to? 'Tis a consummation  
 devoutly to be wished. To die, to sleep,  
 To sleep, perchance to Dream; aye, there's the rub,  
 for in that sleep of death, what dreams may come,  
 when we have shuffled off this mortal coil,  
 must give us pause. There's the respect  
 that makes Calamity of so long life:  
 For who would bear the Whips and Scorns of time,  
 the Oppressor's wrong, the *proud* man's Contumely,  
 the pangs of *despised* Love, the Law's delay,  
 the insolence of Office, and the spurns  
 that patient merit of the unworthy takes,  
 when he himself might his Quietus make  
 with a bare Bodkin? Who would Fardels bear,  
 to grunt and sweat under a weary life  
 but that the dread of something after death,  
 the undiscovered country, from whose bourn  
 no traveller returns, puzzles the will,  
 and makes us rather bear those ills we have,  
 than fly to others that we know not of.  
 Thus conscience does make cowards of us all,  
 and thus the native hue of Resolution  
 Is sicklied o'er, with the pale cast of Thought,  
 And enterprises of great *pitch* and moment,  
 with this regard their Currents turn *awry*,  
 And lose the name of Action.

(Affinity Group 2)

## *Ask Me*

By William Stafford

Some time when the river is ice ask me  
mistakes I have made.

Ask me whether  
what I have done is my life.

Others  
have come in their slow way into  
my thought, and some have tried to help  
or to hurt: ask me what difference  
their strongest love or hate has made.

I will listen to what you say.

You and I can turn and look  
at the silent river and wait.

We know  
the current is there, hidden; and there  
are comings and goings from miles away  
that hold the stillness exactly before us.

What the river says, that is what I say.

*(Affinity Group 3)*

*Wild Geese*  
By Mary Oliver

You do not have to be good.  
You do not have to walk on your knees  
for a hundred miles through the desert repenting.  
You only have to let the soft animal of your body  
love what it loves.  
Tell me about despair, yours, and I will tell you mine.  
Meanwhile the world goes on.  
Meanwhile the sun and the clear pebbles of the rain  
are moving across the landscapes,  
over the prairies and the deep trees,  
the mountains and the rivers.  
Meanwhile the wild geese, high in the clean blue air,  
are heading home again.  
Whoever you are, no matter how lonely,  
the world offers itself to your imagination,  
calls to you like the wild geese, harsh and exciting -  
over and over announcing your place  
in the family of things.

## *Optimism*

by Jane Hirshfield, from *Given Sugar, Given Salt*. © Harper Collins, 2002.

More and more I have come to admire resilience.

Not the simple resistance of a pillow, whose foam returns over and  
over to the same shape, but the sinuous tenacity of a tree: finding the  
light newly blocked on one side,  
it turns in another.

A blind intelligence, true.

But out of such persistence arose turtles, rivers, mitochondria, figs—  
all this resinous, unretractable earth.

*(Affinity Group 5)*

## ***Blessing the Boats***

*Lucille Clifton from Blessing the Boats: New and Selected Poems 1988-2000, BOA, 2000*

*(at St. Mary's)*

*may the tide*

*that is entering even now*

*the lip of our understanding*

*carry you out*

*beyond the face of fear*

*may you kiss*

*the wind then turn from it*

*certain that it will*

*love your back    may you*

*open your eyes to water*

*water waving forever*

*and may you in your innocence*

*sail through this to that*

*(Affinity Group 6)*

*NARRATIVE EXERCISE: MEANINGFUL EXPERIENCES*

Focus on a time during your work as a clinician or educator that was particularly meaningful for you. Perhaps it was a time when you were moved in some way. Perhaps it was a time associated with great joy or great sorrow. Pay attention to what you noticed about the situation, the context, who else was present, what surprised you and what you may have tried to avoid or ignore.

Take a few minutes to write a brief narrative about the experience. When finished, you will be instructed to work in pairs or triads to share the stories.

*(Exercise 1)*



### *APPRECIATIVE INQUIRY EXERCISE: SUFFERING*

In your work in medicine, you are continually facing suffering and deep sadness in the patients and families you care for and sometimes with the colleagues and students with whom you work. This constantly confronts you with novel challenges; no doubt some of these situations have gone better than others. That's the nature of challenges. Today, in the spirit of skill-building, we want to explore and learn from the best of these experiences.

Think of a time in your professional life when you faced a patient, family, colleague or student who was experiencing suffering and you responded with particular skill and resourcefulness. Perhaps it was a situation that moved or affected you in some way, or a situation that involved a difficult choice.

- Tell the story of that time
- What knowledge, past experiences, and/or personal qualities were you able to bring to that moment that contributed to the success?
- What observations did you make that helped you? What key decisions did you make and why?
- What was the key turning point and how did that come about?
- What lessons do you take from that experience

Now, imagine that it's five years from now. As you are watching a video of an encounter in which you addressed a patient's or colleague's suffering, you feel a sense of gratitude and pride as you recognize the growth in your skills over the past 5 years. What is it that you are seeing in that video that's prompting this feeling?

Use this time to prepare yourself for an interview in which your partner will take a few minutes to explore your experience in depth using some of the questions listed above and additional questions to deepen your understanding. Jot down some notes if you wish, but that is not required.

*(Exercise 2)*

## *NARRATIVE EXERCISE: ERRORS*

Errors and bad outcomes are inevitable in medicine, even for the most skilled and attentive clinicians. Similarly, for those involved in medical education, missteps do occur, often with difficult consequences. Here, we will take a deep look at errors, bad outcomes, omissions, and unforeseen consequences of our well-intentioned actions – unpleasant events that occur more frequently than we would wish.

Now, focus on such a moment, a time when you dealt with or were involved in a situation involving a bad outcome, an error or an unavoidable tragedy. It might have been a time when you felt or were thought to be culpable, or might have been a time when you witnessed an error of a colleague. It might have been a small mishap with few consequences or it might have been something with grave consequences.

As non-judgmentally as you can, recall your bodily reactions, your thoughts, your feelings, and your responses to the situation. While it is easy to look at the dark side – the sense of failure, the shame, the fear – also look at ways in which you were helpful, perceptive, thoughtful, or reparative. Try to think of an example in your work environment, but if nothing quite fits, you could address an event in your personal life.

*(Exercise 3)*

## MINDFUL PRACTICE EXERCISE: RAIN

Each person will have about 15 minutes for the RAIN practice. We will ask you to discuss aspects of the experience with a partner – in essence, going in and out of meditation. Your partner will help you crystallize your experience.

Importantly, the emphasis is not to formulate, interpret or analyze your experience in great detail in this exercise. Rather, as you go through the exercise, express to your partner the thoughts and feelings that first come to mind (“top-level thoughts/feelings”).

### **Four steps:**

There are four steps to the RAIN exercise, all of which relate to considering a difficult issue that a participant (“Person B”) is being asked to bring to mind in the presence of a facilitating companion (“Person A”):

- Recognize the thoughts, feelings and sensations that are happening inside yourself
- Allow your thoughts, feelings and sensations to be just as they are, without trying to change them
- Investigate your inner experience more deeply, with curiosity and kindness
- Not identify *who you are* with the sensations, emotions, stories that you happen to be experiencing

These four steps are described in detail below.

### **Person A (companion):**

You will be a companion for your partner. For each step of RAIN, your partner will debrief with you about her experience.

Your job as companion is to provide a safe and reflective space for your partner. Pay attention to your physical distance, expressions (not too much), how much you move, and your own impulses (Sit still? Move? Fidget? Smile? Frown?)

### **Person B:**

You will sit, or stand, or walk quietly with your partner while you do each step of RAIN, then you will narrate your experience of doing each step with your partner. Your partner will simply listen, may not make any comments, or may acknowledge your experience in some way. Do not feel you need to respond directly to your partner.

In preparation, first quiet your body and mind. Then, let a difficult issue come to mind. It should be an issue that you are currently facing in your workplace now, one that affects you—

the issue might relate to a particular patient, colleague, leader – and let the issue be something that is still in progress, an issue that you’ll be going back to when you return home.

Sit for 2 minutes or so with the first step: **Recognize what is happening**

Ask yourself: “What is happening in me right now, as I remember this?”

Observe without evaluating yourself or judging yourself.

Now tell your partner what happened, just ‘top level’ (what first comes to mind), for about 30 seconds. Most probably, you won’t feel ‘done’ – that’s ok.

Sit 2 more minutes with the second step: **Allow thoughts/physical sensations/emotions to be just as they are**

Notice the sensations, emotions, thoughts, stories

Don’t try to change or reduce them nor distract yourself

Take an accepting stance (even if part of you does not accept): you can say ‘yes’ or ‘ok’ or ‘I accept’ to yourself

Now tell your partner what happened, just what comes to mind(30 sec)

Sit 2 more minutes with the third step: **Investigate inner experience with kindness**

Try feeling into the sensations and emotions a bit more deeply

Respect your own reactions, don’t nag or berate yourself

It might be helpful to ask yourself, with an attitude of open curiosity, “what is this?” without looking to find an answer at first (or even at all)

Ask if what you are seeing is one of your patterns

Now tell your partner what happened, just what comes to mind (30 sec)

Sit 2 more minutes with the fourth step: **Not identify with sensations, emotions, stories**

Try saying: “I’m experiencing this emotion now, but it doesn’t define who I am as a person”

Or: “I’m noticing this sensation now, and I’ll have other sensations later”

Or: “I am now **feeling** angry/sad etc” but “**I** am not angry/sad/etc”

Or: “This story plays a lot, but it’s not my only story”

Now tell your partner what happened, just what comes to mind (30 sec)

*For further information about the RAIN approach:*

*Brach, Tara. True Refuge: Finding Peace and Freedom in Your Own Awakened Heart, Bantam Books, New York 2013*

*(Exercise 4)*

## COMMITMENT EXERCISE

### **Writing a note to your future self**

Meet in groups of four.

Think back through the workshop -- look through the program to remind yourself if that triggers your memories. What were the practices or activities that resonated with you? What seemed to hold potential for you? Or perhaps, what practices made you feel more alive? Talk within the group about your experience, without censoring—think of your dialogue as just a first draft.

Once you've identified a couple of practices that want to stick, ask yourself how you will remind yourself. What would trigger you to do the practice —that you could use at work? A timed buzz on your phone? A sticky note on your computer? Figure out the trigger.

Then, commit to doing something small, something that you could do pretty easily. Remember the value comes from the repetition of practice. Don't expect yourself to be in the same frame of mind as you are here at the workshop, but remember that you can touch into that frame of mind when needed.

Now write yourself a note. Encourage yourself. Open your kindness. What's the positive feedback that brings out your best?

If you wish, and if you feel comfortable doing so, share that note with your small group.

Please give the note, with your name on it, to a colleague in the workshop. Or send it as an email, and ask your colleague to remind you after a month, or two or three, as you wish.

*(Exercise 5)*