Mindful Healthcare SUMMIT

Ronald Epstein, MD
Where To Get Started With Mindfulness

Rheanna Hoffmann

Hello, and welcome back to the Mindful Healthcare Summit. I'm Rheanna, one of your hosts. In this session we're joined by Dr. Ron Epstein, a family physician, professor, researcher, and writer who has devoted his career to understanding and improving patient physician communication, quality of care, and clinician self-awareness. Dr. Epstein co-directs The Mindful Practice Program at the University of Rochester and has over 250 publications, including his groundbreaking article Mindful Practice. His first book, Attending: Medicine, Mindfulness, and Humanity was released in 2017. Yesterday we talked about mindfulness overall in health care, and we heard from incredible speakers. In this session will be looking at the research behind mindfulness, how it benefits our own health, and our patients. Thank you so much for being here Dr. Epstein.

Ronald Epstein

It's a real pleasure being here.

Rheanna Hoffmann

So as as medical practitioners, we know that attention, memory, and being able to notice and respond to information and data are the basic foundation of being good clinicians. And some in the field might say, just by virtue of practicing medicine, I already know how to pay attention to details. So one question is how would you respond to this notion that since we already know how to pay attention to details, what is the real benefit of now implementing or taking on so to speak, a formal meditation or mindfulness practice? What is the benefit?

Ronald Epstein

Well, go back to a quote from William Osler, who is really one of the founders of modern medicine. And he said that we miss more by not seeing than by not knowing. And so at the end of medical training that the mind is filled with facts but we don't really learn how to direct our gaze and especially towards those things that we find disturbing, unexpected, or that even question our own identity and competence. So it's not that we don't know how to pay attention, but we don't have the optimal capacity to pay attention under circumstances in which our resources are really stressed.

For example, if I'm a primary care doctor, and primary care doctors tend to dislike certain kinds of patients or find them difficult. For example, if I saw in my schedule, or if the average primary care doctor saw on their schedule: Patient's primary complaint is, I hurt all over. That kind of fills fills you with a sense of dread and also a sense of bias and expectation. And so if you're not aware of that bias, then you might actually miss something that's really important. Another example, I've been in the same practice for 35 years and I have some of the same patients for 35 years and some of have had the same problems for 35 years. But I have to be ready for the next time they come in for that abdominal pain to be a little bit different. That it might not just be an irritable bowel but it could be ovarian cancer or it could be something else.

So that capacity to keep your mind open to the unexpected while still retaining an ability to function and function efficiently I think is a cultivated skill. Now whether you need to practice meditation in order to do that is an open question but it certainly helps. That ability to take a moment and lower your reactivity so that you can see things more clearly, I think is an important skill that I never really learned how to develop. Or I was never taught how to develop and was left on my own.

For me having a meditation practice was particularly useful because I actually had that practice and was fairly well established before I started medical school. So I felt like I was going back into something that I already knew. But for a lot of practitioners they need to learn that capacity all over again. And I could give you numerous examples of things that people missed because they weren't expecting to. But I think that's probably enough for now at least for starters.

So how do you do this? One thing that I found personally was that even though I had a sitting practice and was able to stabilize my attention there, if I was in the middle of a cardiopulmonary resuscitation attempt, you know someone's heart stops and we're trying to get it started, it's hard to bring that same sense of calm and presence that you can on a cushion. So how do you actually do that, that translation? How do you move that over? And is that something that naturally happens or something that you have to work on? It's my belief that you actually have to work on that translation. So that, not only having a stable meditation practice but also a practice that you can bring into your everyday work.

For example almost unconsciously, because I never really made a decision to do this, I realized at a certain point that before I enter the room with each patient that I'm about to see, I pause for a moment. I put my hand on the door handle. I take a breath and mentally observe my own state of mind and also mentally take what's just happened with the previous patient or the previous encounter and put it on an imaginary shelf next to me. It's not that I'm discarding it or putting it away but I'm making this intentional decision to enter that next room with a fresh mind.

So I'm not taking the residual from the patient I just saw with uncontrolled diabetes into the room with the healthy newborn that I'm about to see. So it's this, and it's momentary, it's very quick. It's not that I linger at the door for even more than a

second or two, it's really... But if I do this you know, for a full time practitioner they may see 20 patients in a day and that's 100 patients a week and they do it for 40 weeks out of the year. I mean you're practicing something 4,000 times a year. And if you're in practice for 10 years that becomes 40,000 times.

And so the accumulation of all those small moments adds up to quite a bit. And also anything that you do 40 thousand times you generally get to be pretty good at. So. For me that's the next step. That's the important... And if you can approach each patient with that kind of freshness, they notice. They may not have the words to say it, but they'll just say well you know he or she was really there for me. You know but what does that "really there" mean? And I think it has to do with the quality of presence and a quality of attention that that can be cultivated.

Rheanna Hoffmann

I really love this piece of what you just said about if you practice something 40,000 times you're going to get good at it. I've practiced... I'm a nurse and practice in the emergency department. I've worked in health care and also on death row, and it occurs to me that I can either practice sense of presence and tuning in, even if it just takes a second as I'm rushing from one thing to the next in the E.R. and I can do that 40,000 times and get good at that, moving quickly, or I can just take one extra second to recenter, ground even if it feels impossible, and good at that. Either way I'm training in something no matter what I think I'm training in.

Ronald Epstein

Yeah. Exactly. You present that idea to the average physician, they'll say, Oh yeah of course. And often people will talk about things that they do, and surgeons talk about what they think about when they're when they're scrubbing or... I think we all have discovered little bits and pieces of this. The question is making it a habit.

Rheanna Hoffmann

Reminds me of something that you've said which is that there are like three components to developing this, which is curiosity, attention and a beginner's mind. And I'm wondering if there's anything more that you want to say about the aspects of those three things.

Ronald Epstein

Well curiosity is... It's not a naive curiosity, is it's kind of almost a cultivated naivete. I feel that each time I see a patient, even if I know them quite well, that there's something more that I can learn. And the moment that I feel that that degree of curiosity is absent, I feel like I'm not doing quite the job that I'm supposed to be doing. So even if they're there for something extremely routine, there's always something different. There's always something to find out about.

And I mean in my work in palliative care, it's especially important because patients know when you're interested in them as a person. And it's their context that matters as much as whatever disease that they have. What gives them a sense of identity? What's important to them? Those are things that a medical textbook can't tell me. It's something that I have to discover. And that discovery can't be mechanical. Because if it is, then I get bored and they get bored and they don't feel understood and I feel like I've had a crappy day.

But I feel that when I'm able to bring that that kind of sense of wonder about humanity, that everyone is so different, everyone's had such a unique experience... I'm not saying I can do this all the time. But the moments that I can do that it's like, well this is great. This is why I'm here, this is why I practice medicine. It's really a human enterprise. Beginner's mind... I was a Zen student at the San Francisco Zen Center a long time ago. This was in the 1970s. And I was really attracted there by the writings of Suzuki Roshi. And his thing was this capacity to, as an expert, as someone who's experienced life, who has a body of knowledge, the ability to set that aside, so you can see the world with new eyes.

The ability to, as William James says, to hold two contradictory perspectives at the same time and still retain the ability to function. It's I think that, you know, I have a patient with diabetes and he doesn't take his medicine. And I could say well this is a noncompliant patient. Noncompliant's a really bad word, medically. Or I could say this is someone who is trying as hard as he can. It's not that one is true and the others is false. They're actually both true. They both contain some truth. And so it's this ability to hold paradox, to hold contradictions, that I think allows for more out of the box thinking and more personalized medicine.

And attention, I think we've all talked about it. It's not only what you're directly looking at, but also what's in your peripheral vision. So one of the most striking experiences I had as a medical student, and you know it's incredible how these memories kind of stick with you more so than the patient last week, because they were the first realization of something important. So I was in the OR with a very experienced and well-known surgeon, doing a retroperitoneal lymph node dissection. It's a surgical procedure in which you remove all of the lymph nodes around the kidneys and the aorta.

This was an 18 year old who had testicular cancer and this was a procedure done in those days to both to multiple biopsies and also prevent metastasis. They don't quite do it this way anymore, but it was a very delicate surgical procedure. And the surgeon technically was doing a really good job, except that he hadn't noticed that the kidney he was just working on was beginning to turn blue. And I had a straight on vision of that kidney, that was kind of in his peripheral vision. And I mentioned something to him, which is like violating the cardinal rule of the operating room. You don't talk unless spoken to if you're a medical student.

I said you know, gee I think there's you know, I don't remember exactly the words I said. And he said something like you know, shut up kid. And then a few minutes later

the kidney was turning a dusky purple, and I mentioned it to the scrub nurse who was next to me and she mentioned it to the intern. The intern mentioned it to the surgeon, the surgeon panicked. And it wasn't that this was invisible to him, but it was an impossibility in a way. Because this probably had never happened. The kidney probably got twisted or forced or pulled in the wrong direction and caused a tear in the inner lining of the artery that goes to the kidney, blocking the blood flow.

And obviously if this goes on for a long time, the kidney won't do very well. And so he had to call in a vascular surgeon to repair the blood vessel. The surgery went an hour longer than expected. And on rounds the next morning, this was really stunning. He said that there was an unavoidable complication in the OR. Well I mean the kidney getting twisted might have been unavoidable, but his lack of ability to see what was right in front of him was really stunning to me. And I didn't see that as unavoidable.

Actually, I felt terrible at the time because I felt that I hadn't yelled loud enough. You know I hadn't done my job and fortunately one of the senior surgeons reassured me that this was not my responsibility. But nonetheless it was really stunning. This was not an incompetent surgeon. But the thing that he was lacking is this quality of attention that has an ability to assimilate the unexpected. This is what some neurobiologists call bottom up attention. It's the things you don't expect.

Rheanna Hoffmann

Shifting gears just a little bit, in the work that you've done around that with clinicians, you have led groups of hundreds of doctors in mindfulness trainings over the years. You've said that habits of mind such as attentiveness, curiosity, and presence are fundamental to effective medical practice, which is what you've just beautifully illustrated. And you've also said that those qualities are essential to our own well-being. I'm wondering what in what ways are they essential to our own well-being as physicians? And how specifically is it that mindfulness can actually help cultivate these qualities?

Ronald Epstein

First of all I just want to give credit where it's due. The workshops that I do are really the work of more than just me, especially Mick Krasner, my colleague here in Rochester. We've developed much of this work together in collaboration over the past well, 14 years. So it's been quite a while. When I talk about attention, it's not just seeing the world outside, but also seeing the world inside. And the ability to maintain an awareness of one's inner state while also interacting with the world outside.

And clearly if you know that you're experiencing some low level stress, you're in a better position to deal with that stress than if you wait till it gets to a point where it becomes unmanageable. And so not that this is the answer, I mean the issue of physician distress and physician well-being is really complicated and has a lot to do with the toxic environments a lot of us working in. Just a story... A few years ago there was a, someone brought to, it became aware that among the obstetrics residents in

our hospital, there was an extremely high rate of urinary tract infections, including some who had to take time off from work.

I mean I can see what you're thinking, you're kind of nodding there, and I mean it basically is because they weren't going to the bathroom. They weren't peeing. And they probably weren't drinking enough either because they were running around. And if you think about Maslow's Hierarchy of Needs, you know, where self actualization is at the top and you know bare survival is the bottom. I mean like going to the bathroom is pretty basic. And if you don't have the awareness that you're thirsty and need to empty your bladder, I mean that's... I don't mean to be you know, but it's really, that's a starting point. You know it's awareness of the body.

And I think that curiosity also applies to oneself. It's very easy to be judgmental. Especially physicians are extremely hard on themselves. The standard is one of perfection. Mistakes are punished, sometimes brutally. And a lot of that's internalized. And so the trick I think is transforming despair and self-criticism and self judgment and self blame into curiosity about oneself. Gee I'm wondering why I missed that. Or the patient said that to me and yet I didn't respond, that I didn't... So trying to understand the internal landscape that may be conditioning one's actions I think is important.

Now, mindfulness is not the first way that people have brought those two things together. There was a psychiatrist named Michael Balint in the 1950s, who ran groups for general practitioners in which they would examine the emotional reactions they had to patients and how that affected their clinical practice. And he had more of a psychoanalytic bent, but nonetheless it was probably the first organized attempt to understand the inner landscape of physicians and do something about it. And the outcome of those groups is that people felt it was really valuable. Just by talking about events that had happened to themselves they were better able to observe themselves in practice.

One really basic thing that we do during our workshops is an exercise called Ten Minutes of Red. Again really simple, we ask people to go in the environment and look for red things. So they're wandering around, silent. We ask them not to talk. We look for red things. And then we ask them like what is going on in your mind while you're making this list of red things? And people describe like feeling excited because they're finding something, or feeling competitive because they found the most unusual red thing, wondering how red something has to be to be called red, and not orange, not purple. And some people got bored, like you know this is just 10 minutes. That's not very long. And just noticed that they got bored or sleepy or disconnected. So it's just a very simple way to get people to realize that you can actually attend to the outer world and the inner world at the same time.

Rheanna Hoffmann

Thank you. That's very helpful. You mentioned toxic environments where we work as medical practitioners, whether we're nurses or doctors or EMTs or pharmacists. And you know one of the things that, although we're at the beginning of this summit and

looking at how exactly we can go about steadying the mind as individuals, we're also taking this sort of innovative approach to working with individuals.

And looking at how even while we're taking these or training in how to focus our mind, we're still existing in these toxic environments, as you said, for many of us. In your experience what do you think that those environments, organizations, departments, systems, what can they do to foster environments where clinicians are better able or there's more of an opportunity for them to notice the red, to notice what's happening outside as well as inside of them?

Ronald Epstein

Just as you were talking I was remembering a Zen blessing: May you exist in muddy waters with purity like a lotus. But it kind of acknowledges that the lotus roots are always in the mud, right. And so when I'm at work in the hospital you know, slogging through mud metaphorically or sometimes kind of literally. And healthcare has never been easy. I mean there are the intrinsic stresses and that's not what I talk about it by meaning toxic. But I think the stresses on us include having people that we care about not do very well or die. Recognizing our own imperfections dealing with conflict, those kinds of things are difficult but that's not what I mean by toxic.

Toxic is when the response to those intrinsic stresses of medicine don't match up with what our sense of calling, our sense of meaning, and our sense of purpose in choosing the profession that we engage in. So it's this disconnect. I mean there are these things that I hold sacred, these values, and then seeing ways in which the environment doesn't support them or actively undermines them. There are some new toxicities that people are quite fixated on. I don't think they're all of them.

The electronic health record, it makes it so the computer screen is a magnet. It's very very difficult to avert your gaze from the screen to anything else. The electronic health records are complex. They're incredibly useful because you can retrieve enormous amounts of information, but they have a kind of magnetism about them that draws your attention away from those things that you find the most meaningful. A recent survey said that residents in the hospital, trainees, spend about 20 percent of their time physically in the presence of patients and the rest of the time, and they spend probably about 50 percent of their time in front of the screen.

And there's something wrong with this. There's something very wrong with this. And and we can go into all the reasons for it. All the administrative and bureaucratic reasons why that's the case. But there's something wrong with it. The fact that we're even talking about resilience of health professionals as opposed to a revolution in the way that health care is organized, I think is also problematic. Because resilience, for many people, implies that if you're suffering it's your fault and it's because you're not resilient enough.

I mean, anyone who survived organic chemistry and the medical school admissions process is intrinsically incredibly resilient. You know the resilience may be misdirected,

but they do have this quality of resilience. They're not fundamentally fragile. They're not fundamentally flawed. And so I think that message in and of itself is toxic. And then there are the unfortunate things that the interpersonal dynamics of healthcare institutions, for example the way that blame happens. If something goes wrong and then who gets blamed and how? How do people communicate about that?

I just think about my... I don't mean to extol the corporate world, but my son started a job at Google a couple of years ago and he spent the first week or so in an orientation where they actually learned how to talk to one another and work in teams and give each other feedback. This is like really basic. You know it's a group of engineers you know they might have been... But this is something that they... And this is expensive time. And the organization are paying these people a lot of money and they see it in their interest to help people be better communicators and more sensitive to other people's feelings and more sensitive to their own feelings. And if only we did something like that every time there was a new hire in a medical institution. We don't. You know, little bits and pieces. It's better now than it was 20 or 30 years ago, but it's a long way to go.

So there's the interpersonal toxicity, there there's the informatics toxicity, and then also just the noise levels. I mean you mentioned that you've worked in emergency rooms. It is you know 80 decibels in there. And there are people talking in both ears and there are sirens and things flashing. And if you try to take in all of that sensory stimulus you would get exhausted within minutes. So you have to block some of it out. And if people don't pay attention to one alarm, they just make it louder, rather than trying to try to make everything else a bit more quiet. So there is the noise toxicity.

And I think especially in the US, perhaps more than other places I've been, there is the toxicity of expectations, the public expectations of physicians. You know the average workweek of doctors is long. You know it's 55, 60 hours or more. This is after training. And we know that people become less effective after about 45 or 50 hours of work. So we're trying to push this envelope in a way that just doesn't make any biological sense. Some health care leaders get it. And some don't. But I think that this idea that the environment itself might be toxic and might be actually at cross purposes with the thriving of the institution itself, I think it's just beginning to dawn on some people.

Rheanna Hoffmann

Thank you.

Ronald Epstein

So now you want to know the solution.

Rheanna Hoffmann

Well there's like, there's so many layers to this, obviously. There's one track where us as practitioners who do have to get up tomorrow morning or this evening and go to work and the systems haven't changed. And so there's this training that you mentioned at the beginning that has real value and it has immediate applicability and relevancy for us as individuals. That there are certain things that we can do in the moment even while working in these systems that are painful not just for us, but also for patients. So yes one question is what is the solution?

Ronald Epstein

I think that you know right mindfulness needs to be coupled with right action. And that so, I spend a fair bit of my time talking to leaders in medicine and also anticipating that people who attend workshops of ours do have some leadership responsibilities. And so an important part of the work that we do has to do with well recognize not only what you can do to deal with the stresses that you experience, but think about the people who are in your team. Think about the people who you supervise and what can you do even in a very small way in the environment that you work with to make that environment or that micro environment somehow just a little bit less toxic?

Not to fix everything. I mean that would be nice. But what can you do tomorrow to make the lives of the team that you work with just 10 percent better? Or 5 percent better or 2 percent better? I think everyone can come up with something. I mean it might be just as simple as making sure that you smile and make eye contact with every person in your team before you get to work. I mean that counts for a lot. Just little gestures. And again you know, talking about habits, if that becomes your habit, then it begins to have a positive effect.

The other thing that we found in the first workshop that we studied, this was now 12 years ago, and we published in JAMA, was we asked people a year after completing this yearlong mindful practice workshop, What were the things that mattered most to them that they learned that were the most important? And the thing that rose the top was community. So more than learning any particular technique or more than any particular skill or whatever was the sense that there were people who had similar aspirations, who could hear their stories without feeling judged or evaluated, and with whom they might feel a sense of ongoing affiliation.

And so even 12 years later when people, you know Rochester is a relatively small town, when people who were in the workshop together see each other, there's this nod. There's this particular kind of eye contact knowing that even within an institution that's far from perfect, that there are these affiliations, that it is a social network. And having seen that I said, Well of course. You know I mean just again thinking about monastic life you know, monks don't usually live by themselves. They usually live in groups. And maybe the more advanced monks go off on a retreat or become hermits or whatever, but they have the grounding to know that there are other people who are doing the same thing, that they're part of a collective. And I think one of the really

toxic things that's happened in medicine is that physicians really feel alone. They feel lonely. And they don't feel that sense of affiliation and connection.

And that's one thing that we just try to create. And it doesn't necessarily take long but it just takes a certain awareness that that's important. I think at its core, institutions, healthcare institutions, have adopted a factory model. And often they use the same techniques that production oriented industries use and think that that's going to work with a fundamentally human enterprise. And at its base I think remembering that both our "products" if you will, in quotes, are human beings who are agents. They're not just subjects. So your patients have agency, physicians have agency. Whereas if you're assembling a car on assembly line, well the workers might have agency, but certainly the you know, the muffler doesn't have agency. Okay. I think we're kind of bringing this muffler mentality into how health care is organized.

Rheanna Hoffmann

In the workshops that you and your colleagues have led, and also just in your experience and the research that you've done and also read over the years, how for our audience, who tomorrow or the next day are getting up and going to work... Two part question is there anything else that you would mention that they as individuals can do either on their off days or at work to begin to cultivate this curiosity, attention, and tuning in? Anything else in addition to what you've mentioned? We could start there.

Ronald Epstein

I think it all starts with intention. And so I don't see mindfulness, at least in a work setting, as a thing. I see it as as actually a vector. It's something that has directionality, it has vibrancy, it has dynamism. And so we start out every workshop, or the longer workshops, by asking people questions like you know, What in your life has brought you here right now? And then that the tagline to that question would be, What are the important questions about your work life that you're carrying with you right now? And then other questions I ask are, What do you aspire to? What's important?

And so starting with that. So that whatever awareness, whatever attentiveness, whatever presence that you're able to cultivate is directed towards those things that matter the most. So it's not just you know, this is not a lab experiment. This isn't an experiment just showing if we can you know, attend to little dots on a screen better. I think that's all great. And we learn a lot from those scientific experiments. But bringing it into the workplace means making a difference in the life of a being that has agency, and that's a moral action. I mean paying attention to what's most important is, I see part of the moral core of medicine. It's so easy.

I mean I get evaluated as a primary care physician according to how many hemoglobin A1c tests I order on my patients with diabetes. Okay, we're supposed to order one every three months for people whose diabetes isn't perfectly controlled. And we know from research that it doesn't matter how often you order the test, it matters what you do with the result. But of course we're not measured according to

what we do with the result. And so that sets up a dynamic in which it's really easy to forget why you're doing this test and what you're going to do with it. Because this extrinsic reward comes for just having done it. So creates a kind of mindlessness.

And maybe you'll decide that for this person, exquisite control of their diabetes is not the most important thing in their life. You know maybe they have trouble affording food. Maybe they have people with other special diets to take care of at home. There may be a million reasons why this might not be the center of their life. And so that maybe we want to say, well good enough diabetes control is is fine, but perfect is not really what we're aspiring to. So that that in my view is is a mindful vector. It's saying, Okay, these rules, these guidelines exist. These social pressures exist, these incentives, and often they're tied to salaries, so these monetary incentives exist. But the intention is to improve health.

I mean, it's not complicated. Live with this paradox that this desire to improve health and this desire to meet external demands exists. And navigate your way through this rather muddy area to decide where the course of right action would be. It's not that you abandon one, because you know, your office your clinic has to stay in business. And staying in business means getting enough income and not spending too much and those are realities that we live in. So you could say, Oh, okay well you just do this. You know it's really simple. No it's not that simple. It's this process of navigation.

Rheanna Hoffmann

As we're sort of rounding our time out together, Ron, I'm curious about this last piece. Just everything that you have mentioned has been very meaningful and it's very much part of the secrets that each of us as practitioners know are there. And it's hard to find places and spaces and people that we can connect with to talk about our very real experiences that we encounter all day long in our cities. What can you offer to those of our audience members who feel alone?

I'm letting that ambulance... Who feel alone and long for a community? And would actually like to move beyond the shame and competition that it often feels like exists working in healthcare, between each other as colleagues, and create a community together? Even if we haven't taken a workshop, how would you recommend that people start that?

Ronald Epstein

Invite someone to lunch. I mean that's kind of simple. I can describe a little bit about what we do in our workshops and perhaps some people will find elements of that that they could begin to take into their everyday life. So one thing we do is we teach doctors... And I say doctors because most of the participants in our workshops are physicians. But we do have a whole bunch of other health professionals and medical educators come as well. We teach people to meditate. But with the instructions of, try it for two minutes twice a day.

And then if there's something about it that you find compelling or something that you find useful, well then increase as tolerated. You know we kind of make a little joke out of it, you know. And I think people get the message that even just a momentary awareness is valuable. You don't have to be a monk. You don't have to be the Dalai Lama. You just need to have the intention to be more aware. So that's at home. And then we give them a whole array of exercises that they can do in the workshops. I talked about the doorknob exercise.

And one thing that I will leave people with is to make a commitment every day to have one moment of exquisite beauty. Okay, so it could be a patient's face, it could be a tree that you see outside, it could be anything. And of course, you never know when that moment is going to happen. So it sets up a kind of expectation that not only are you living in the swamp, but also there might be an orchid there, and you never know when it's going to appear. And it's not being Pollyanna-ish. It's just saying Okay, we live in this environment in which we are trying to do good and sometimes something beautiful emerges from it.

So those are things that you can do by yourself. You can observe you know, find ways of interacting with your environment, different ways. One meditation that I like to use was borrowed from the Search Inside Yourself program. It's called Just Like Me, in which you go through a series of things. You know you think about someone or a situation that was difficult and you say well this person has a body and a mind just like me. This person experiences suffering just like me, this person sometimes gets angry, sad, frustrated just like me. This person wants to be happy as much as I do.

In a way it's an exercise of building this beginner's mind capacity. Because it might be someone who beats their spouse and drinks too much and doesn't take care of themselves and smells bad and and keeps coming to your emergency room. But if you're able to maintain a dual awareness about this person, it makes your job easier. Not only makes you more able to take care of them. So we give people a bunch of these informal practices that you can bring to the workday.

But the bulk of the time we spend is in dialogue and teaching people using quite structured exercises how to engage in deep listening. Listening without giving advice, without judging, without talking about your own story, without having to be clever. Just listening so that you can assimilate that other person's experience as deeply as possible. And of course we should be doing this all the time, right. We're clinicians we should... We're in the business of human understanding. But it's important to have, to just... And so we have people write narratives about a meaningful experience or a difficult experience or conflict or something, when they're attracted to someone, when they found someone repulsive.

Just any story about an incident in clinical practice. And then you have your eight minutes to talk about that story to someone who has basically made a commitment that they're going to be a deep listener. They'll ask questions, it'll be a dialogue, but those questions are designed to deepen understanding. And it's incredibly powerful. A lot of the stories that emerge are things that people have never talked about. And

participants will say no one has ever listened to me in that way, at least in a professional context. That kind of deep listening to one another is exquisite. And so we use narratives as triggers. We use interviews as triggers.

We use a technique called Appreciative Interviewing. We borrow some from Gregory Kramer's work on Insight Dialogues. I mean all all of these are different ways of getting to the same goal of being an appreciative, receptive, responsive, deep listener who can really assimilate the suffering of another person. And then we do a number of other exercises. I think that's really the core of what we do. It's mindfulness exercises, narrative and story sharing exercises, and then appreciative interviews are the core of what we do.

There's some didactic stuff that goes along with that. So I'm saying that to say, well is there an opportunity in which you can have structured dialogues with colleagues? So the Mayo Clinic has a program where every two weeks, again groups of physicians meet to talk about a particular topic that has affected their clinical practice. And just by virtue of having done that, it's created a sense of community, a sense of greater potential. They're feeding back what they learn to the leadership of the organization. And this changed what had been actually a deteriorating climate in the organization, to one that's moving in the right direction. Just by virtue of having shared stories.

Now their program doesn't include any formal mindfulness activities. But I think that just the ability to be a better listener, in my worldview, is an act of mindfulness. So find one other person that you can have a meaningful conversation with, maybe find a collective, find a group. If you can, come to a workshop. And I have to say that writing and making one's writings available to others is also powerful. I've gotten hundreds of letters and emails and correspondence from the book that I wrote a couple of years ago. Things like, Gee I thought I was the only one. And writing blogs.

You know if you like to write, you know, put out a blog for your local physicians group about what's meaningful about medicine, how you get through your day, what allows you to work at your best. So communicate that. And I enjoy my share of complaining about the system and its intransigence. But if you can somehow steer some of that energy to your... And you know many of us who like to write also find it clarifying and therapeutic. So it's not only for the reader, but for the writer him or herself. And if you don't want to share what you're writing, write a journal. So there are lots of ways of getting started.

In medical schools around the US, about three quarters of them have some mindfulness content. So most of it's elective, but least medical students are increasingly able to... The word mindfulness in the medical community, now everyone kind of knows what it means and they more or less get it right. The response I tend to get too often is, Well oh I know it's a really good thing but I can't do mindfulness. It's like well because they you know, they equate mindfulness with certain practices and activities and sitting still for long periods of time.

My response is, Well if you couldn't be mindful, then you couldn't be a physician. Right. Because if you didn't have that intrinsic quality of mind, you'd be hurting a lot of people. And so the question is not that you can't do it, but try to figure out in what ways you can leverage the ways that you've learned to be mindful already. And build upon that as a foundation. And if meditation is part of that, great. You know for me, that's been incredibly important. I've been doing some kind of meditation for now 48 years. That's a long time. So for me it's really, it's the bedrock of what I do. But I also know that there are people who need to do other things to find their bedrock.

Rheanna Hoffmann

Ron thank you so much for the specific, practical things that we can do today, tomorrow, that take just a moment of our time. That as you've said, they add up and they matter and they make a difference not only for us and our health and our overall well-being as practitioners, but they make a tangible difference for our patients, and they can actually touch entire healthcare systems that we work in that feel intractable. And what I really got from speaking with you today is just these two seconds can actually touch a whole situation. Thank you so much.

Ronald Epstein

Well thank you for having me. And I'm so glad that you're doing this series. It's really important.