

The Importance of Self-Care for Those who Care (about others)

Presentation to Vanderbilt's Core Exchange

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Disclosure

- **I currently serve on the the following Boards:**
 - Board of Directors of the Association of American Medical Colleges.
 - Board of the Accreditation Council for Nutrition Professional Education.
 - Academic Advisory Board of ScholarRX.
- **I am the founder of *Innovative Consultants in Education, LLC*, and have been a visiting professor or consultant at over 100 medical schools worldwide.**
- **I have no financial relationships with commercial interests to disclose and no conflicts of interest to resolve.**

Learning Objectives

At the end of this session, attendees will be able to:

- ▶ **Identify the key drivers of chronic stress and burnout that impact health professionals, staff and students, especially during the COVID-19 pandemic.**
- ▶ **Outline the physiology of the stress response and describe how chronic stressors can lead to impairment.**
- ▶ **Describe a number of strategies to reduce stress and boost resilience and how engaging in self-care, as a team, can change the culture and improve the work environment**

Self-care Needs

(for students, faculty, staff, and even deans)

- **Physiological self-care for the Body**
 - reducing the effects of chronic stress on functions of the body
- **Psychological self-care for the Mind**
 - reducing the impact of chronic stress on our psyche/emotions
- **Spiritual self-care for the Soul**
 - finding meaning in our lives, and in the work that we do

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https://mindbodyspiritbliss.com › guide-self-care-mind-...

✓ **The Ultimate Guide to Self Care for the Mind, Body, and Spirit ...**

Here is the ultimate guide to **self care** activities and ideas for the **mind body** and **spirit**. You will find everything you need to know about **self care**.

People also ask

How do you take care of your mind body and spirit?

How do you self-care your mind?

What are the 5 types of self-care?

Why is it important to take care of your mind body and spirit?

Feedback

https://theblissfulmind.com › Blog

✓ **How To Create a Daily Self-Care Routine For Mind, Body & Soul**

Slide 5 of 75 English (United States) Notes Comments 88%

43 Slide 41 of 72 95%



Question to Vanderbilt's Core Exchange Leaders

How are you doing?

Not Great!!

The COVID-19 Pandemic had a major disruptive impact on the research enterprise

Back before the COVID-19 Pandemic...

1 in every 2 physicians experiences burnout

And not just physicians...



**All healthcare professionals
exhibit high rates of burnout**

Shanafelt et al Arch Intern Med. 172(18):1377-1385, 2012

- Emotional Exhaustion
- Depersonalization
- Negative Self-Evaluation



“Burnout is a response to chronic stressors that wear on a person over time - not acute ones such as a big event or a big change”

Christina Maslach, PhD

Job Related Symptoms of Burnout

- Fatigue, energy depletion
- Difficulty focusing, completing tasks
- Increasingly lack patience with co-workers, clients
- Physical symptoms (headache, stomach ache, nausea)
- Feelings of negativism or cynicism related to one's job
- Disinterest at work spreads to other aspects of life
- Dread going to work

Key Drivers of Burnout in Nurses

- Chronic nursing shortage
- Long shifts
- Putting others first
- Busy, high-stress environments
- Dealing with sickness and death

Dall'Ora C, et BMJ Open 2015;

Raftopoulos et al. BMC Public Health 12:457-470, 2012



Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being

Report Release | October 23, 2019



*The National
Academies of*

SCIENCES
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MEDICINE

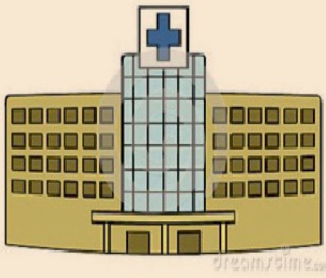




Individual strategies



Work unit strategies



Organization strategies



National strategies



And then the Pandemic hit...

COVID-19 Pandemic Created Enormous Stress on Students, Faculty and Staff

Students

- Move to a virtual educational and clinical environment
- Uncertainty regarding gaining sufficient clinical training
- Safety concerns
- Isolation from family and peers

Faculty and Staff

- Safety issues for clinicians
- Challenges with teaching in a virtual environment
- Disrupted research programs
- Challenges working from home (especially those with children and elderly parents)

What Did We Do?

at Georgetown University Medical Center

- All-Staff Town Hall meetings: offered support and guidance
- Emphasized the importance of self-care (not a luxury, but a necessity to insure faculty, staff and students were healthy)
- Shared a number of strategies to address current challenges in mental health and physical well-being and provided tips to boost resilience

4 Strategies to Manage Stress

Strategies to Manage Stress

- **Getting the right amount and quality of sleep**



Learn more about our COVID-19 response, testing and our commitment to safety. →

FOREFRONT | COVID-19 INFORMATION FROM OUR EXPERTS

Why it's important to get a good night's sleep during the coronavirus outbreak

April 16, 2020



Written By
Lisa Medalle, PsyD, DBSM

Share
f t in



8 Tips

Update: Learn More About Loyola Medicine Care During COVID-19.

Home > Pulmonology > Loyola Medicine Offers Tips to Help You Sleep During COVID-19
Friday, May 15, 2020

Loyola Medicine Offers Tips to Help You Sleep During COVID-19

It's never been harder, or more important, to get a good night's sleep



- **Set a sleep schedule and follow a routine.** "Having a daily, fixed wake up time is the most important part of the schedule," says Dr. Guralnick.
- **Wind down before bed without technology.** In the hours leading up to bedtime, try to avoid viewing any technology with a backlight, "like a phone, a tablet or a computer. Your brain thinks that the light coming from those is daylight and it will suppress the release of a hormone called melatonin which helps put you to sleep."
- **Consider keeping a "worry journal."** "If you suffer from stress or anxiety consider keeping a worry journal where can write down your daily concerns," and then set it aside before bedtime.
- **Keep the bed only for sleep and intimacy.** "The bed is not for eating or working or reading or pretty much anything else," says Dr. Guralnick.
- **If you can't fall asleep within 20 minutes, get up.** "Do something boring, "like a Sudoku, or light reading with a low light. Go back to bed only when you are sleepy, not just bored."
- **Avoid napping.** Napping "eats up your 24-hour sleep requirement. If you have to nap, do it early in the day and for no more than 20 minutes."
- **Exercise.** "Try and stay physically active. It will help your body feel tired and help you fall asleep."
- **Avoid caffeine and alcohol.** Both can make it difficult to fall asleep. "Even chocolate and orange soda have caffeine," says Dr. Guralnick. "And alcohol can also "fragment" sleep, so try to avoid drinking alcohol before bedtime."

What are you looking for?

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5 tips for getting quality sleep during the COVID-19 pandemic

MONDAY, APRIL 13, 2020

How to Maintain Healthy Sleep Habits During the COVID-19 Pandemic

Nine tips to help achieve better sleep while in quarantine.

↑ **Nine tips**

Strategies to Manage Stress

- Getting the right amount and quality of sleep
- **More opportunities to eat nutritious and balanced meals**





Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Brain, Behavior, and Immunity

journal homepage: www.elsevier.com/locate/ybrbi

The impact of nutrition on COVID-19 susceptibility and long-term consequences

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European Journal of Clinical Nutrition (2020) 74:1117–1121
<https://doi.org/10.1038/s41430-020-0634-3>

PERSPECTIVE

Nutrition amid the COVID-19 pandemic: a multi-level framework for action

Farah Naja¹ · Rena Hamadeh¹

Received: 24 March 2020 / Revised: 1 April 2020 / Accepted: 1 April 2020 / Published online: 20 April 2020
© Springer Nature Limited 2020

COVID-19, a disease caused by a novel coronavirus, became a major global human threat that has turned into a pandemic. Coronavirus is one of the major pathogens that

In order to enhance the physical and mental individuals vis a vis the COVID-19 pandemic, mentary presents a framework for action to mai

CHILDHOOD OBESITY
June 2020 | Volume 16, Number 4
© Mary Ann Liebert, Inc.
DOI: 10.1089/chi.2020.0121

COMMENTARY

COVID-19 and Nutrition: The Need for Initiatives to Promote Healthy Eating and Prevent Obesity in Childhood

Karla Danielly da S. Ribeiro, PhD,^{1,2} Lígia Rejane Siqueira Garcia, PhD,³
Juliana Fernandes dos Santos Dametto, PhD,¹
Débora Gabriela Fernandes Assunção,⁴ and Bruna Leal Lima Maciel, PhD^{1,2}

The COVID-19 pandemic caused by the SARS-CoV-2 virus brought several individual and collective protection measures to contain the expansion of its transmission, such as social distancing and lockdown. Although extremely necessary, these measures restrict the activities in commerce, restaurants, street markets, and even the closing borders.¹ Thus, for many individuals, usual shopping routines and eating have been entirely upended.²

As recently discussed by the European Society for Clinical Nutrition and Metabolism (ESPEN),¹⁰ the obesity condition is dangerous to the severity of COVID-19 and has emerged as one of the most prominent risk factors increasing the disease mortality.^{11,12} In this sense, nutritional status and diets might influence the individual risk for the progression of SARS-CoV-2, but information on the impact of nutrition on COVID-19¹³ is still arising.

Strategies to Manage Stress

- Getting the right amount and quality of sleep
- More opportunities to eat nutritious and balanced meals
- **Physical activity**
(avoiding inactivity)



COMMENT

Check for updates

Combating physical inactivity during the COVID-19 pandemic

Ana Jéssica Pinto¹, David W. Dunstan^{2,3}, Neville Owen^{2,4}, Eloisa Bonfá⁵ and Bruno Gualano^{1,6}

Physical inactivity is common during periods of self-isolation, but for patients with rheumatic diseases, there are crucial benefits to be gained from maintaining an active lifestyle throughout the COVID-19 pandemic. Patients should be provided with support to maintain physical activity and avoid prolonged periods of time spent sitting.

COVID-19, a disease caused by the SARS-CoV-2 virus, has been classified as a pandemic by the World Health Organization (WHO). In an effort to slow infection rates, particularly in groups predisposed to high risks of morbidity and mortality, extensive social distancing and isolation policies have been adopted worldwide.

Patients with rheumatic diseases commonly have a higher risk of serious infections than the general population owing to immunosuppression and disease activity, particularly in those with suboptimal control of disease activity¹. Moreover, some patients are at increased risk of COVID-19 complications as they are older and have concomitant chronic diseases. Therefore, patients are recommended by national health advisory services to

The COVID-19 pandemic has created an environment that promotes reduced amounts of habitual physical activity owing to self-isolation and quarantine requirements, reduced opportunities to remain physically active and fear of being infected. Sustained physical inactivity and sedentary behaviour are typically associated with poor physical and mental health and increased disease-specific and all-cause mortality risk¹. Even brief periods of exposure to these behaviours can be deleterious; for example, a 2-week reduction in daily steps from ~10,000 to ~1,500 steps lead to impaired insulin sensitivity and lipid metabolism, increased visceral fat and decreased fat-free mass and cardiovascular fitness in healthy adults⁵. Interestingly,

Research

JAMA, April 2020

JAMA | Original Investigation

Association of Daily Step Count and Step Intensity With Mortality Among US Adults

Pedro F. Saint-Maurice, PhD; Richard P. Troiano, PhD; David R. Bassett Jr, PhD; Barry I. Graubard, PhD; Susan A. Carlson, PhD; Eric J. Shiroma, ScD; Janet E. Fulton, PhD; Charles E. Matthews, PhD

IMPORTANCE It is unclear whether the number of steps per day and the intensity of steps are associated with lower mortality.

OBJECTIVE Describe the dose-response relationship between step count and mortality.

DESIGN, SETTING, AND PARTICIPANTS Representative sample of US adults 18 years in the National Health and Nutrition Examination Survey who wore accelerometers for up to 7 days (from 2003-2006). Mortality was ascertained through linkage to national death registries.

EXPOSURES Accelerometer-measured number of steps per day and 3 step intensity measures (extended bout cadence, peak 30-minute cadence, and peak 1-minute cadence). Accelerometer data were based on measurements obtained during a 7-day period.

MAIN OUTCOMES AND MEASURES The primary outcome was all-cause mortality. Secondary outcomes were cardiovascular disease (CVD) and cancer mortality. Hazard ratios (HRs) and 95% CIs were estimated using cubic splines and quadratic splines, adjusting for age; sex; race/ethnicity; education; diet; smoking status; body mass index; self-reported health; mobility limitations; and diagnoses of diabetes, stroke, heart failure, cancer, chronic bronchitis, and emphysema.

Increasing steps from 4000/d to 8000/d decreased risk of all cause mortality by 50%.

Original Investigation | Nutrition, Obesity, and Exercise

Steps per Day and All-Cause Mortality in Middle-aged Adults in the Coronary Artery Risk Development in Young Adults Study

Amanda E. Paluch, PhD; Kelley Pettee Gabriel, PhD; Janet E. Fulton, PhD; Cora E. Lewis, MD; Pamela J. Schreiner, PhD; Barbara Sternfeld, PhD; Stephen Sidney, MD; Juned Siddique, PhD; Kara M. Whitaker, PhD; Mercedes R. Carnethon, PhD

Abstract

IMPORTANCE Steps per day is a meaningful metric for physical activity promotion in clinical and population settings. To guide promotion strategies of step goals, it is important to understand the association of steps with clinical end points, including mortality.

OBJECTIVE To estimate the association of steps per day with premature (age 41-65 years) all-cause mortality among Black and White men and women.

DESIGN, SETTING, AND PARTICIPANTS This prospective cohort study was part of the Coronary Artery Risk Development in Young Adults (CARDIA) study. Participants were aged 38 to 50 years and wore an accelerometer from 2005 to 2006. Participants were followed for a mean (SD) of 10.8 (0.9) years. Data were analyzed in 2020 and 2021.

EXPOSURE Daily steps volume, classified as low (<7000 steps/d), moderate (7000-9999 steps/d), and high (≥10 000 steps/d) and stepping intensity, classified as peak 30-minute stepping rate and time spent at 100 steps/min or more.

MAIN OUTCOMES AND MEASURES All-cause mortality.

RESULTS A total of 2110 participants from the CARDIA study were included, with a mean (SD) age of

Key Points

Question Are step volume or intensity associated with premature mortality among middle-aged Black and White women and men?

Findings In this cohort study of 2110 adults with a mean follow-up of 10.8 years, participants taking at least 7000 steps/d, compared with those taking fewer than 7000 steps/d, had a 50% to 70% lower risk of mortality. There was no association of step intensity with mortality regardless of adjustment for step volume.

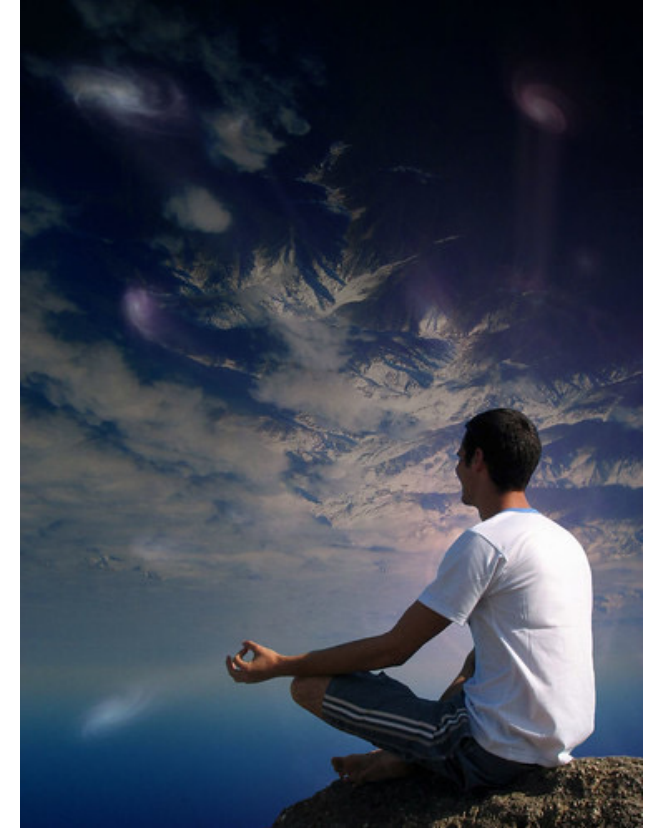
Meaning This cohort study found that higher daily step volume was associated with a lower risk of premature all-cause mortality among Black and White middle-aged women and men.

Among Black and White men and women in middle adulthood, participants who took approximately **7000 steps/d or more, experienced 50%-70% lower mortality rates** compared with participants taking fewer than 7000 steps/d.

There was no association of step intensity with mortality.

Strategies to Manage Stress

- Getting the right amount and quality of sleep
- More opportunities to eat nutritious and balanced meals
- Avoiding physical inactivity
- **Adopting stress reduction techniques**



Strategies to Manage Stress for All Professionals

- **Getting the right amount and quality of sleep**
- **Eating nutritious and balanced meals**
- **Reducing inactivity – increasing physical exercise**
- **Adopting stress reduction techniques**

Resilience

“Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost;

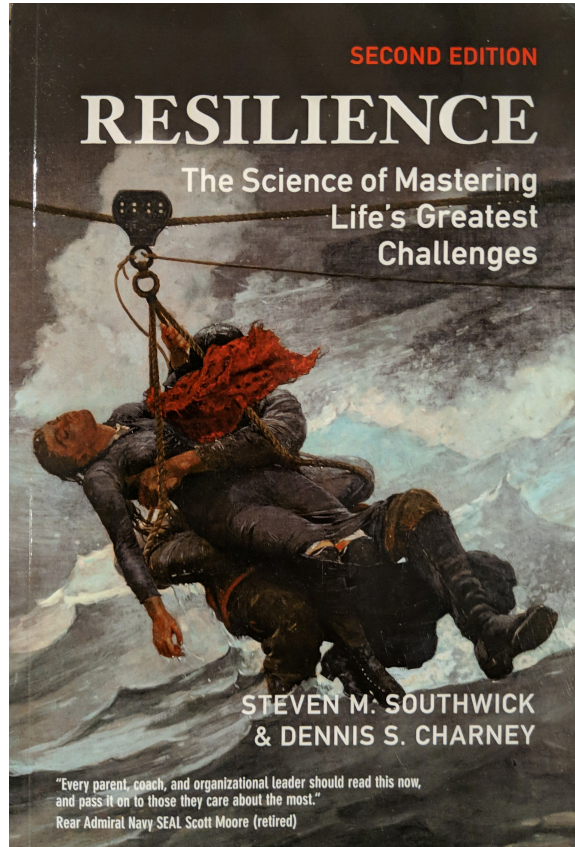


Resilient individuals not only ‘bounce back’ rapidly after challenges but also **grow stronger in the process.”**

Epstein and Krasner (Acad Med 2013)

*“Resilience is not limited to an elite few...
anyone can learn to become more resilient” Steven Southwick, MD*

Ten Resilience Factors



1. Optimism
2. Facing Fear
3. Moral Compass
4. Drawing on Faith/Spirituality
5. Social Support
6. Role Models
7. Physical Fitness
8. Brain Fitness
9. Cognitive and Emotional Flexibility
10. Meaning and Purpose

Physician Resilience: What It Means, Why It Matters, and How to Promote It

Acad Med 88: 301-303, 2013

Ronald M. Epstein, MD, and Michael S. Krasner, MD

Abstract

Individual factors of resilience include:

- the capacity for **mindfulness**,
- self-monitoring,
- setting limits
- attitudes that promote constructive and health engagement with (rather than withdrawal from) the often-difficult challenges at work.

Mayo Clinic Uses SMART Approach to Enhance Caregiver Resiliency

By Diana Mahoney

Realizing the toll that stress can take on the emotional and physical health of its workforce, Mayo Clinic has made it a priority to ensure that its care providers are trained with SMART tools for handling it.

SMART is the acronym for the Stress Management and Resiliency Training program developed by Dr. Amit Sood, professor of medicine at the Mayo Clinic College of Medicine, director of research and

Program and chair of the Mayo Mind Body Initiative. The structured program, which teaches self-care practices that build resiliency and reduce participants' emotional and physical vulnerability to daily stress, is mandatory for all Mayo physicians, nurses and medical students enterprise-wide.

AT A GLANCE

- The Stress Management and Resiliency Training (SMART) program developed by Mayo Clinic's Dr. Amit Sood is mandatory for all physicians, nurses and students across the Mayo Clinic enterprise.
- The 90-minute, mindfulness-based intervention has resulted in statistically significant and clinically meaningful improvements in anxiety, stress, quality of

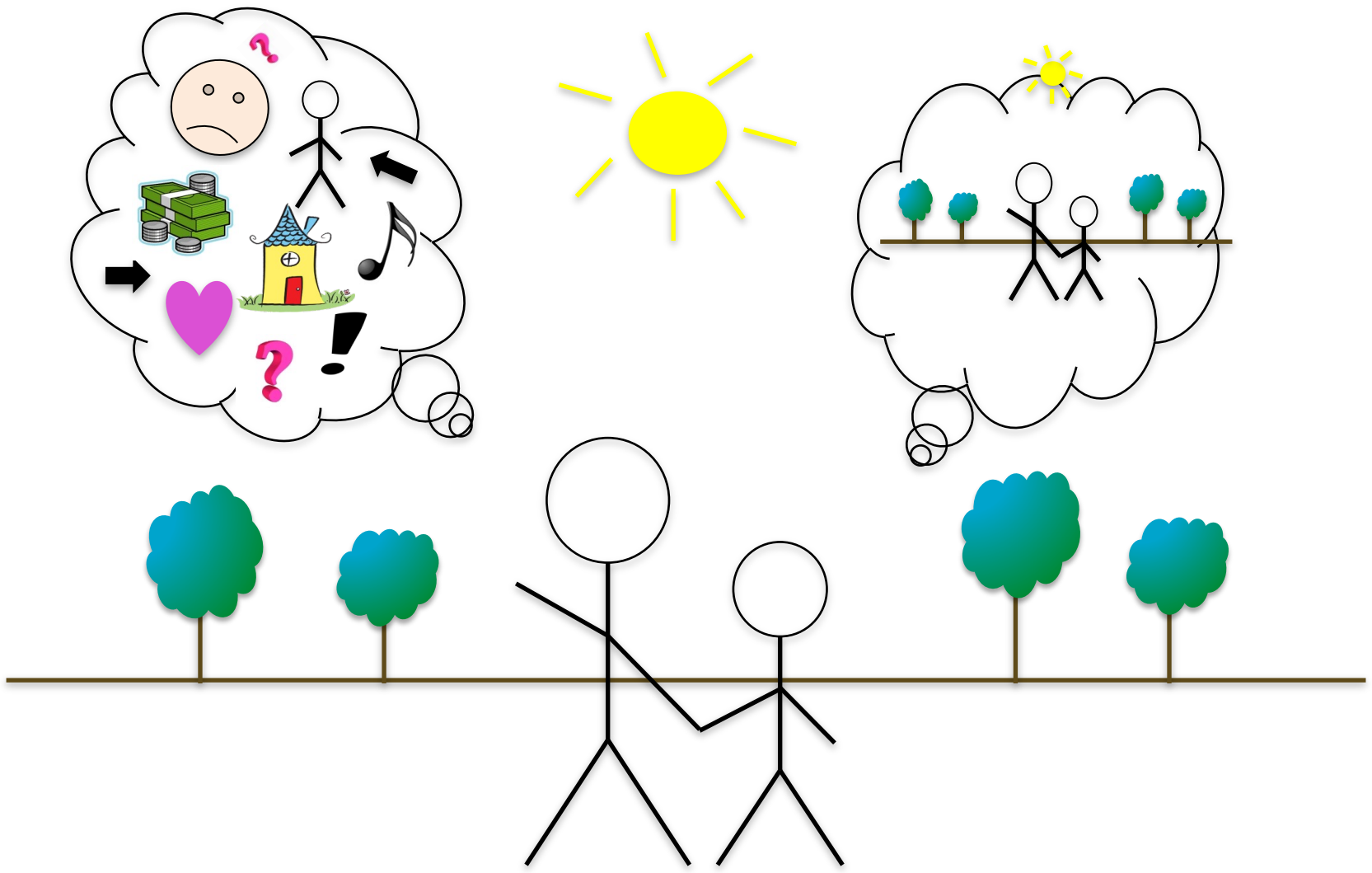


Jon Kabat-Zinn

Kabat-Zinn,
Full Catastrophe Living,
1990/2013

Definition of Mindfulness

“the **awareness** that emerges through **paying attention** in a particular way, **on purpose**, in the **present moment**, and **without judgment**, to the unfolding of experience from moment to moment”



Mind Full or Mindful?

Mindfulness Meditation

- Continually bringing your attention back to whatever is happening in the present moment
- Noticing present moment events with openness and acceptance – without judging or trying to change them
- No right or wrong way to do this





Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Summary

Lancet 2016; 388: 2272-81

Published Online

September 28, 2016

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(16)31279-X)

[S0140-6736\(16\)31279-X](http://dx.doi.org/10.1016/S0140-6736(16)31279-X)

See Comment page 2216

Division of General Internal

Medicine and Division of

Biomedical Statistics and

Informatics (Prof C P West MD),

Division of Primary Care

Internal Medicine

(Prof L N Dyrbye MD), Medical

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes

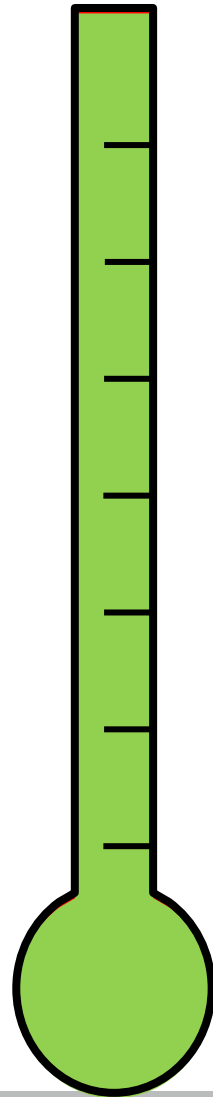
The most commonly studied interventions have involved **mindfulness, stress management, and small group discussions**, and the results suggest that these strategies can be effective approaches to reduce burnout domain scores.

Interpretation The literature indicates that both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to establish which interventions are most effective in specific populations, as well as how individual and organisational solutions might be combined to deliver even greater improvements in physician wellbeing than those achieved with individual solutions.

Conclusion 1

Although the rates of chronic stress and burnout among health care professionals are rising, practicing *mindfulness* can reduce burnout and increase empathy

Why and how would mindfulness do that?



Burnout

Stressor
Cognitive Reappraisal

Stressor
Positive Psychology

Stressor
Reflection

Stressor
Appreciative Inquiry

Stressor
Finding Meaning in Work

Stressor
Mindfulness

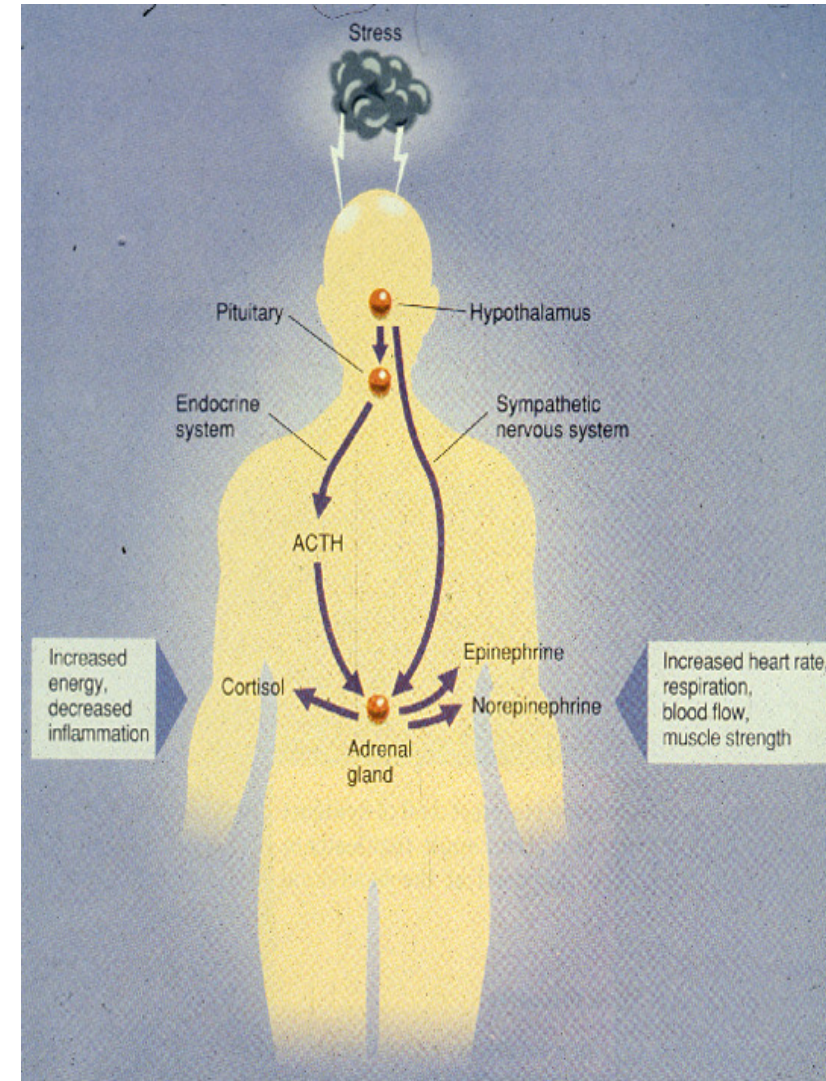
Stressor
Meditation

Resilience

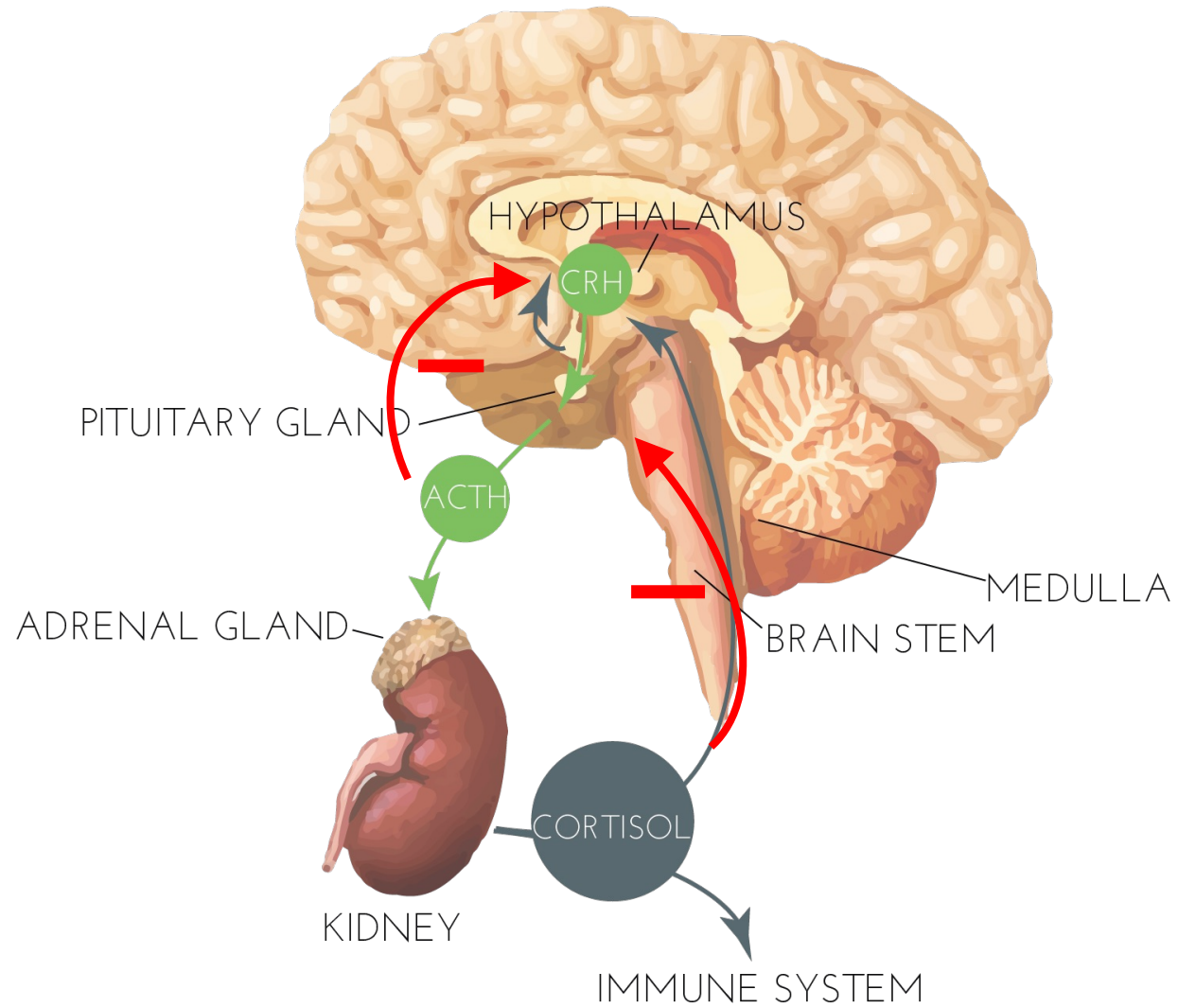
Stress Response

Effect on the Hypothalamic-Pituitary-Adrenal Axis

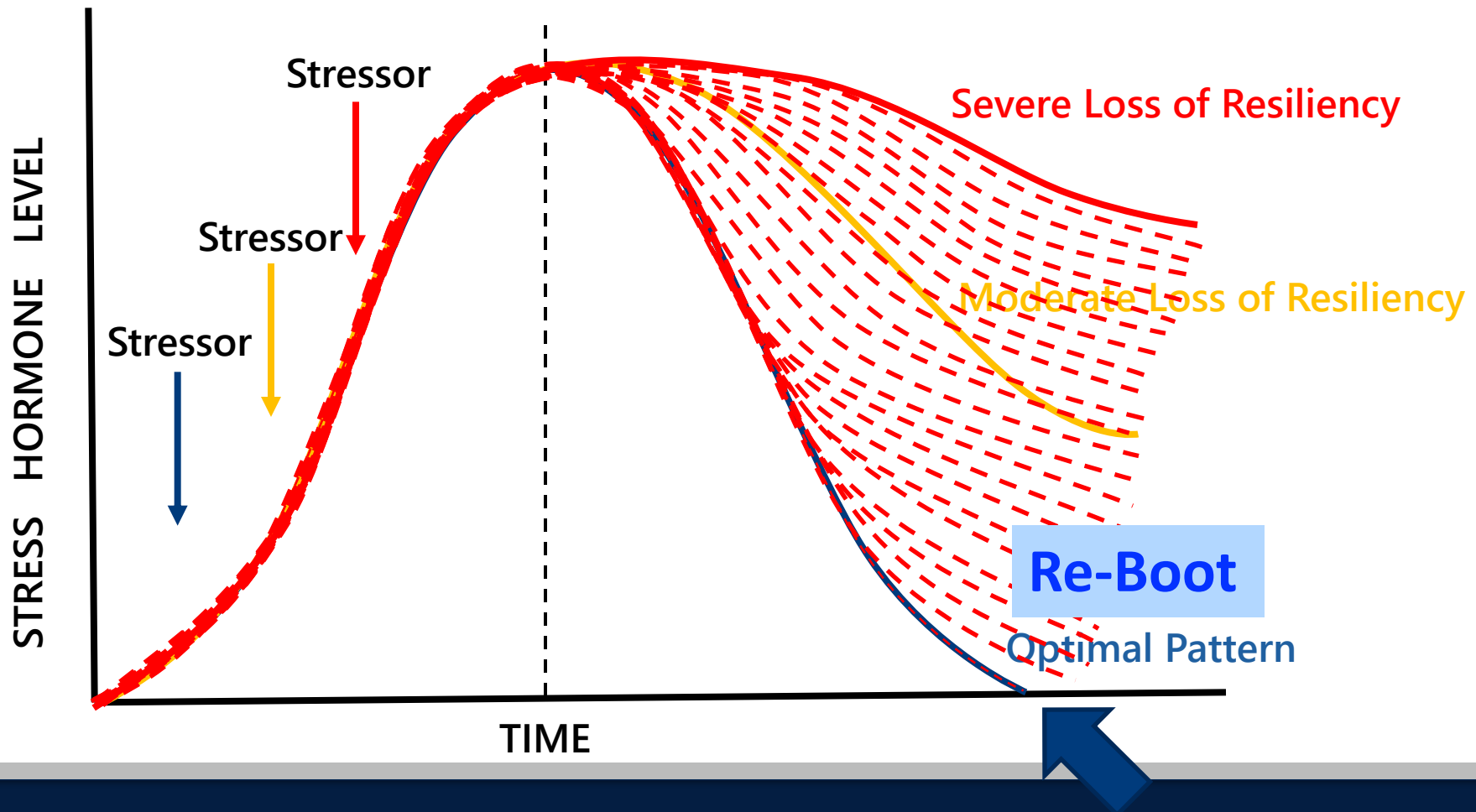
*“Fight-or-Flight”
Response*



STRESS RESPONSE SYSTEM



Physiology of the Stress Response



Importance of the return to baseline

- ▶ Sustained cortisol impairs feedback regulation:
Implications for coping with novel stressors
- ▶ **Chronic** stress impairs memory, learning
- ▶ Differentiate **chronic** stress from **acute** stress

What can help us get to back to baseline?

Mind-body Medicine: Practices

- Meditation
- Imagery
- Biofeedback
- Autogenic Training (self-hypnosis)
- Breathing Techniques
- Exercise
- Yoga, Tai Chi
- Group Support



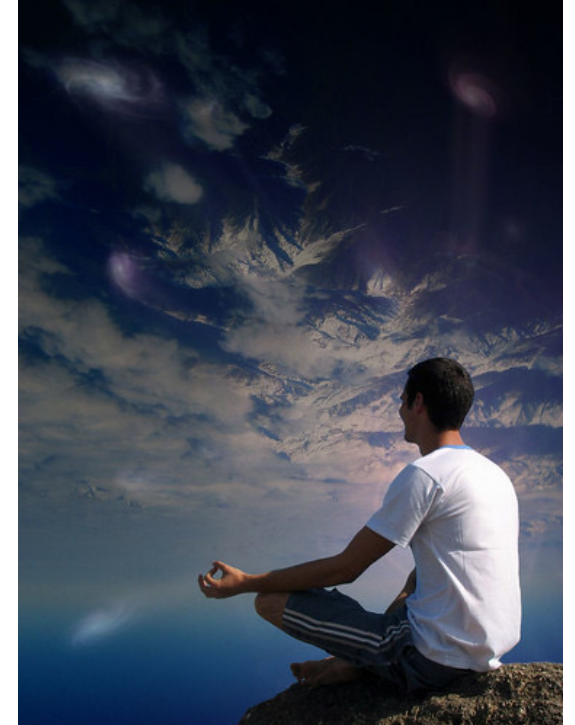
Why is Mindfulness Meditation Effective in Reducing Stress?

- ▶ Intentional self-regulation of attention conducted without judgment and focused on observation of the present moment.
- ▶ When we are able to focus on just what is happening in the present moment, our minds cannot be anxious, worried or distressed about other issues

Benefits of Mindfulness Meditation

Physiological Benefits

- Decrease in hypertension
- Decrease in heart rate
- Decreased levels of cortisol
- Reduced sympathetic arousal
- Strengthened immune system
- Reduced levels of pain

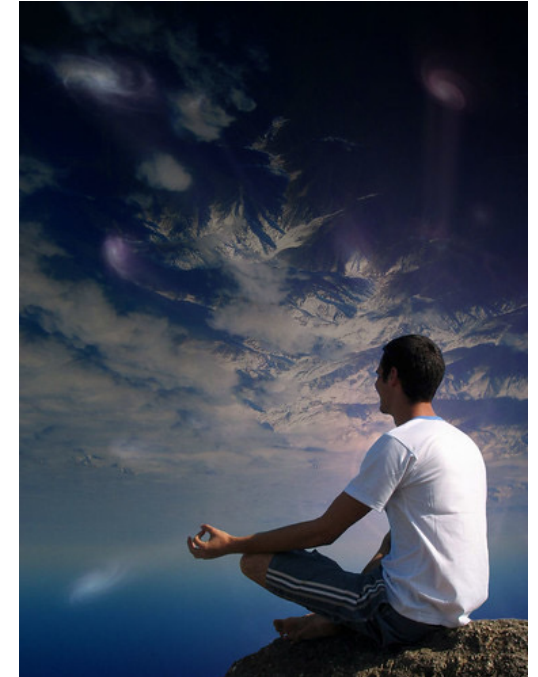


Physiology of “de-stress”

Benefits of Mindfulness Meditation

Psychological Benefits

- Reduced stress level
- Decreased anxiety
- Decreased depression
- Improved confidence and concentration
- Undercuts processes such as worry and rumination
- Increased peace of mind, optimism and self-worth



Psychology of “de-stress”

Conclusion 2

Mindful practice utilizes our mind-body connection to de-stress ourselves and can bring our stress hormones back to baseline.

But how can we bring these tools to our workplace and our schools?

Mind-Body Medicine Program

at Georgetown U School of Medicine

Objectives

- To increase one's **self-awareness** of emotional, physical, mental, social and spiritual aspects of their life
- To increase personal **self-care** through guided experiences and daily mindful practice.
- To foster non-judgmental, **supportive collegial relationships**

Mind-Body Medicine Program **at Georgetown U School of Medicine**

- **Format of groups:**

- 10 participants and 2 faculty facilitators per group
- Medical Students (voluntarily sign up for the course) meet once a week for 2 hours for 11 weeks for this *“journey of self-discovery”*

- **Structure of Each Session**

1st
hour

- A safe environment must be created that adheres to certain guidelines
 - confidentiality, respect, compassionate listening, non-judgment
- Check-in (sharing of new reflections and insights)

Mind-Body Medicine Program **at Georgetown U School of Medicine**

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- **Structure of Each Session**

- 1st hour
 - A safe environment must be created that adheres to certain guidelines
 - confidentiality, respect, compassionate listening, non-judgment
 - Check-in (sharing of new reflections and insights)
- 2nd hour
 - Introduction of a new mind-body medicine experience/skill
 - Process the experiential exercise (sharing insights)

Mind-Body Skills Course at Georgetown University SOM

11-week course teaches students adaptive stress management skills using mind-body techniques to foster **self-awareness** and **self-care**

	Week 1 Introduction & Drawings I	Week 2 Autogenic Training/ Biofeedback	Week 3 Meditation: Eating Sitting	Week 4 Walking Meditation	Week 5 Guided Imagery I
Week 6 Guided Imagery II	Week 7 Movement Meditation	Week 8 Journaling: Dialogue with a Symptom	Week 9 Forgiveness Meditation	Week 10 Drawings II	Week 11 Positive Quality Cards and Closing Ritual

Mind-Body Medicine Program at Georgetown U School of Medicine

Outcomes



Perceived Stress (*Perceived Stress Scale*)



Mindfulness (*Freiburg Mindfulness Inventory*)



Empathy (*Interpersonal Reactivity Index*)

November/December 2008
www.acphysci.com

ACADS

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THE SOURCE FOR RECRUITMENT AND PROFESSIONAL DEVELOPMENT



Students in Georgetown University School of Medicine's Mind-Body Skills course begin a session with a period of meditation.

● **Spotlight on Mind-Body Skills:** A unique program blends science and humanism by fostering student self-awareness and self-care. See page 2

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UC CENTER FOR INTEGRATIVE HEALTH AND WELLNESS

FACULTY TRAINING IN MIND-BODY MEDICINE

Educating for Enhanced Self-Awareness and Self-Care

Creating a Culture of Mindfulness

This experiential program provides participants with the training, tools, and strategic thinking necessary to implement Mind-Body Skills groups in their home institutions. During a three-day weekend retreat to Murphin Ridge Inn, participants will be introduced to meditation, guided imagery, biofeedback, breathing techniques, and other mind-body medicine approaches that can alleviate stress and foster self-awareness and self-care. Participants will experience the power of these approaches first-hand while learning how to lead Mind-Body Skills groups for others.

The program includes seven group sessions, several individual activities, and short didactic presentations. Participants are provided with all course materials, enabling them to launch similar programs in their institutions after the retreat.

All health and safety precautions will be followed.

Registration and Application:

<http://bit.ly/mbtrainingnov2021>

INFORMATION

WHEN: NOVEMBER 11-14, 2021

WHERE: MURPHIN RIDGE INN IN WEST UNION, OHIO

WHO SHOULD APPLY:
INDIVIDUALS INTERESTED IN INITIATING MIND-BODY SKILLS GROUPS IN THEIR INSTITUTIONS

TUITION: \$3,500* INCLUDES ALL COURSE MATERIALS, THREE NIGHTS' LODGING, THREE HEALTH-CONSCIOUS GOURMET MEALS DAILY, AND MORE THAN 140 ACRES OF GARDENS AND TRAILS

CONTACT: SUSIE McDONALD
SUSAN.MCDONALD@UC.EDU

*Discount available for UCCOM faculty/staff, contact susan.mcdonald@uc.edu for info.

More Medical & Health Professions Schools are Teaching Students Mind-Body Medicine Skills



Georgetown University School of Medicine (**medical** students, **residents**, Faculty, **Law School**)

University of Cincinnati (**medicine**, **allied health**, **nursing**, **pharmacy**, **CCM**, **DAAP**, **Law**, **Arts & Sciences**, students, **residents**, faculty, staff)

University of Alabama at Birmingham (**medical** students)

University of Louisville School of Medicine (**medical** students)

University of Florida (**medical** students, **pharmacy**, faculty)

Indiana University School of Medicine (**medical** students)

University of Vermont (**medical** students)

University of North Dakota Medical School (**medical** students)

Charite University Medical School, Germany (**medical** students)

University of Essen-Duisenberg Medical School, Germany (**medical** students)

University of Friburg, Switzerland (**medical** students)

University of Lausanne, Switzerland (**medical** students)

University of Utrecht, Netherlands (**medical** students)

Texas College of Osteopathic Medicine (**medical** students)

Stanford University, Anesthesia **Residency** Program

University of Western States (**chiropractic** and other **CAM** professions)

Oregon College of Oriental Medicine (**acupuncture** and **DAOM**)

Mid-Sweden Mittuniversitet, Sweden (**nursing** students)



The Impact of Mind–Body Medicine Facilitation on Affirming and Enhancing Professional Identity in Health Care Professions Faculty

Acad Med 90:780-784, June 2015

Nicholas Talisman, Nancy Harazduk, MEd, MSW, Christina Rush, MA, Kristi Graves, PhD, and Aviad Haramati, PhD

Facilitators' scores were significantly lower on perceived stress and higher on mindfulness, and were positively correlated.

Qualitative analysis revealed...improvements in communication between colleagues, increased sense of connection with students and colleagues, increased empathy, and heightened self-confidence.

Approach

lower on PSS and higher on FMI compared with normative controls

connection, and self-confidence outcomes in MBM facilitators, and

New Insight

When faculty and senior staff serve as facilitators of mind-body groups, they **help learners** (students and residents) and also ***help themselves***.

Summary of Key Points

- **Chronic stress and burnout are serious issues for health professionals, staff and students** and are linked to adverse elements in the learning and work environments
- **Mind-Body Medicine** reflects the physiologic interface between mind and body and can reverse the stress response
- **Incorporating mindfulness in a group setting** can modulate stress, boost resilience and improve the learning/work environments.
- These elements must be actively fostered in our **culture** and in our **learning/work environments**

Take Home Message

Engaging senior staff and faculty to lead curricular innovations (**model self-care practices**) that improve student/resident and staff well-being helps both participants and facilitators and contributes to a better learning/work environments.


Try a 5 minute Mindfulness Meditation

Resources for Self Care

- [Tips for Boosting Your Resilience in this Time of Crisis](#) (pdf)
- [5-Minute Meditation Led by Adi Haramati, PhD](#) (mp4)

<https://gumc.georgetown.edu/general-information-and-gumc-updates-related-to-covid-19/#>

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6 Goals to Reduce Burnout and Foster Professional Well-Being

Goal 1 Create Positive Work Environments

Goal 2 Create Positive Learning Environments

Goal 3 Reduce Administrative Burden

Goal 4 Enable Technology Solutions

Goal 5 Provide support to Clinicians & Learners

Goal 6 Invest in Research



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