Professional Meaning Conversations

Mindful Practice
What we are trying to learn, in the professional meaning conversations, is what Ronald Epstein introduced to the medical method, and called “Mindful Practice.”² He describes the “mindful practitioner” as one who is present in every-day experience, in all of its manifestations, including actions, thoughts, sensations, images, interpretations and emotions. Mindfulness is attending to the ordinary, the obvious and the present.

Mindfulness “leads the mind back from theories, attitudes and abstractions...to the situation of experience itself,” which prevents us from “falling prey to our own prejudices, opinions, projections, expectations: and enables us to free ourselves from the “straightjacket of unconsciousness.”³

The concept of mindfulness comes from the meditative practices of mainly Eastern religious traditions; however, the practice for a health care professional is fundamentally pragmatic and is confirmed in the neuroscience understanding of the interdependence of action cognition, memory, and emotion.⁴

Epstein describes the goals of mindful practice as, “to become more aware of one’s own mental processes, listen more attentively, become flexible and recognize bias and judgments, and thereby act with principles and compassion.” Therefore, we can see that mindful practice is the core skill that generates the professional attitudes of respect, integrity and compassion.

He goes on to state that “Mindful practice involves a sense of unfinished-ness, curiosity about the unknown and humility in having an imperfect understanding of another’s suffering. Mindfulness is the opposite of multitasking. Mindfulness is a quality of the physician as a person, without boundaries between technical, cognitive, emotional and spiritual aspects of practice.”


In a more recent review of this practice, Epstein calls upon medical educators to incorporate education in mindful practice into the curriculum, to provide new professionals with the self-regulating competence in self-assessment and reflective learning necessary for life based on the values of professionalism.\footnote{Epstein RM, Siegel DJ, Silberman J. Self-monitoring in clinical practice: a challenge for medical educators. J Contin Educ Health Prof. 2008 Winter;28(1):5-13.}

**Reflective Practice**

Mindfulness is an extension of reflective practice. By reflection, we mean the purposeful critical analysis of knowledge and experience, in order to achieve deeper meaning and understanding. We will learn the formal process of reflection during the “Professional Meaning Groups” and in the “Reflective Journal” records kept during the Summer Institute.

The capacity for reflective and mindful practice is an essential component of health professional competence. Reflective practice means thinking professionally, integrating theory and practice, and changing practice through experience.\footnote{Karen Mann, Jill Gordon, Anna MacLeod. Reflection and reflective practice in health professions education: a systematic review. Adv in Health Sci Educ 2007} Preparing health care professionals to function in complex and changing health care systems, to continually refresh and update their knowledge and skills, and frame and solve complex patient and healthcare problems is one of the most important and difficult tasks in medical education.

Reflective practice is the essential mental process behind practice-based learning and improvement. Reflective practice permits us to assess our learning needs, integrate new knowledge and experience into our practice and life, self-regulate our decisions and behavior, develop the personal awareness of our internal cognitive and emotional processes, and derive meaning and joy from our professional lives.

**Assessment of Learning Needs**
As professionals, we expect ourselves to continually learn new information, change our habits, and modify our practices based upon experience and continually evolving progress in medicine. We keep up to maintain competence throughout the lifetime of our practice. Identifying learning needs, and areas for improvement and change, relies on reflection on experience and practice.  

**Integrating New Knowledge**  
Building an integrated knowledge base requires active learning to connect new information and experiences to existing mental models. Reflection, or thinking about a subject, is this learning strategy. It helps us to connect and integrate new learning to existing knowledge and skills. Adding the principles of mindful practice helps us to integrate the affective aspects of our experience. Reflective learning may be the only way to learn professional attitudes and their expression in diagnosis, therapy and building therapeutic relationships.

**Self-Monitoring and Self-Regulating**  
As professionals, we monitor and subsequently adjust our behavior in accordance with the results of our monitoring. The capability of reflection underlies this practice. "Reflection-in-action" describes the act self-monitoring, self-assessment and adjustment of action during our work. "Reflection-on-action" describes the act of thinking about what we have done, and is a cornerstone behavior in the structure of continuing professional development. In day-to-day practice, reflection-in-practice assures safe and effective performance; it causes us to pause, to experience surprise and to feel professional concern about the consequences of decisions we make on behalf of our patients. In the course of making diagnoses, designing treatment plans and follow-up of progress, reflection answers the questions: “Is this what I expected?” or “Am I missing anything?” This thinking characterizes the reflection-in-action of careful clinicians.

As important as this competence is to medical practice, questions of whether or not individuals accurately reflect-in-practice are largely ignored in the current self-assessment literature. It is likely that reflective practice, like self-assessment, is not a stable skill, but a situational cognitive process that is context-specific and dependent upon expertise.

There appears to be a dynamic relationship between reflective practice and explicit and implicit self-assessment. The ability to self-assess depends upon the ability to reflect effectively on one’s own practice, while the ability to reflect effectively requires accurate self-assessment. However, professional self-evaluation cannot be done in isolation. It

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has been demonstrated that those who are least competent overestimate their competence, while those who are most competent underestimate. Reliable performance of self-monitoring and self-regulating requires guidance, direction and external validation.

For these reasons, the faculty of the School of Community Medicine is committed to incorporating reflective practice training into the curriculum, and has devoted substantial time during the Summer Institute to explicitly developing the habit of this practice.

**Personal Awareness (Mindful Practice)**
Developing the attitudes that define an altruistic health professional requires exploration of one’s emotional reactions to patients and clinical situations. When we combine reflection of our emotional reactions with a cognitive understanding of our personal beliefs, attitudes and values, we clarify our professional attitudes. Reflection-on-action and the associated emotional ruotion to that action in a safe environment with other professionals is the explicit approach we use to teach and learn the mindful practice so necessary for professional competence.

One approach to the reflective process for developing the habit of mindful practice is this: When we look back at experiences, particularly those that produced surprise or other strong emotions, we 1) attend to our feelings; 2) recognize our values and beliefs underlying the feelings, actions and decisions; 3) consider the consequences and implications of our actions, both verbal and non-verbal, to the well-being of our patients and ourselves; and 4) explore alternative actions while reconsidering our former beliefs, attitudes, and habits.

Guided reflection helps shape our professional attitudes. Personal awareness, or mindful practice learning activities, provides a safe educational environment to validate and encourage the active examination of our emotional reactions and the underlying attitudes. Teaching professional attitudes through reflection requires faculty skilled in creating an environment where the student feels safe in undertaking this unfamiliar activity. Senior professionals who legitimate affect, and help learners find professionally acceptable avenues for their expression, help student professionals and seasoned clinicians develop the emotional intelligence that comprises mindful practice.

On an even more pragmatic level, personal awareness education demonstrates how emotional reaction structures thinking. As revealed by the recent neuroscience literature cited above, our emotional reactions based on life experiences, beliefs and values

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10 Davis, DA JAMA 2007  
11 Duffy, FD, Holmboe ES, JAMA 2008  
12 Bandura 1986  
strongly influence our competence in diagnosis, compassion, altruism, establishing a therapeutic relationship and executing a therapeutic plan and follow-up.

In clinical situations, we tend to dissociate our cognitive activities from our more threatening emotional reactions. In the safe learning environment, we can provide encouragement to examine our emotional reactions in order to identify their roots in personal experience, values, and expectations. Together, we can identify the implications for benefit or harm to patient care. We can also support each other in exploring ways of reversing potential harm in the therapeutic relationship.

**Professional Meaning of Care**

Deep conversations about professional meaning, feeling heard and understood by colleagues, and engaging in discussions with patients about the meaning of life, provide the greatest blessings in our professional lives. It is this deep integration of cognition with emotion that generates a basis for the joy and deep meaning that leads to professional satisfaction and personally rewarding connections with our patients. This reflective process determines physician satisfaction and shapes professional character. It is the heart of developing attitudes expressed in the competence of professionalism.\(^1\)

**Quality Improvement**

So far, we have explored the role of reflection in self-assessment, learning, self-regulation, mindfulness and personal satisfaction. Personal knowledge, emotional intelligence and self-regulation go only so far in providing quality healthcare. To convert personal knowledge and emotional intelligence into reliable action requires the additional step of developing skills-based and cognitive habits through repeated practice. We must also redesign the system of practice to assure reliable replication of the processes that convert the knowledge to action. Schon’s concept of “reflection-on-action” describes the critical analysis of our performance, or the performance of systems of practice, that is the key reflective process needed for quality improvement.\(^2\) This type of reflection permits an analysis of the situation to discover the root cause of an outcome, and performing rapid-cycle tests of change aimed at correcting the root causes, is the basis of quality improvement.

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\(^1\) Dunn PM, Arnetz BB, Christensen JF, Homer L. Meeting the imperative to improve physician well-being: Assessment of an innovative program. JGIM 2007; 22(11):1544-1552.
The Professional Conversation Group Process

This educational activity is designed to help professionals develop the habit of reflective and mindful practice. A facilitator is selected for skill in conducting a small group discussion about professional attitudes and values, and how these are shaped by our emotional reaction to patient situations and our prior life experiences, beliefs, biases, and unexamined cognitive processes.

By creating a safe, confidential space for conversations, professionals from various levels of experience can begin to explore with each other the basis for some habitual reactions to difficult clinical situations. In so doing the link between our actions, beliefs, memories, and emotions can be seen as influencing our clinical decisions and relationships.

Most participants experience initial discomfort, which can be quickly replaced by the comfort and joy of deep connection with others who are pursuing similar paths toward professional excellence. What most experience after these learning experiences, is greater joy, security and commitment to the altruistic human pursuit of careers in health care. Our professional lives often become enriched and the resulting spin-off for other aspects of our lives can be very rewarding.

The facilitator will begin the conversation inviting others to chime in, as they feel motivated to do so. The focus of the conversation generally starts with one participant describing an experience involving a troubling patient interaction.

The following guidelines can make the conversations safe.

Focus on the “here and now”

- You will experience a variety of thoughts and feelings about other group members and the group leaders. It is important that you attempt to share those reactions as you are experiencing them “here and now” during the group sessions. This may feel scary at times and that is OK. Just remember, there are no “good” or “bad” feelings in the group. The group will function only if you are willing to share what you are thinking and feeling about being in the group.
- The essential principles in group are honesty about what you are experiencing and a willingness to take risks. These principles are what can make group a meaningful experience.
- It is also important to learn how to set limits, so if you feel you do not want to share your thoughts or feelings at a particular tie, it is OK to say “no.”

Avoid giving advice to others

- At times, you will be tempted to give members direct advice on their particular concerns. Rather than using time in the group to solve problems that exist outside
of the group, you will be encouraged to focus on your reactions to what is happening “in the moment” during the group session.

- While there may be times when advice giving feels (and is) appropriate, you should remember that former group members rarely, if ever, list “receiving advice” as one of the most helpful aspects of their group experiences.
- Instead, focus on sharing your reactions to other members and their situations first, before giving suggestions or advice. For example, “Juan, I felt sad listening to your situation, it can really be tough to feel like patients are blaming you for their pain.” Remember, the goals of this group are to help each other increase self-awareness, improve our ability to understand our relationships with patients and increase our ability to serve them effectively.

Receiving and giving feedback

- One of the best things that group has to offer is the advantage of getting input from 6-12 people. When you receive feedback from other members, try to remain open and simply listen to what they have to say. Look for that merits in their perspective, rather than the flaws. Then, you can always share your reaction – whatever that reaction may be!
- When you offer feedback, to other group members, try to be specific, direct, and honest. Talk about behavior you can see. This will not always be easy, but give it your best shot!

The process of the personal awareness group has been used in medical education programs since the early 1950’s. It began in England by Michael Balint who developed an educational program to help general practitioners learn from their most troubling patient interactions. Faculty development programs conducted by the Academy on Health Care Communications have been offering courses in personal awareness training for over 25 years.

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