Brief Mindfulness-Based Self-Care Curriculum for an Interprofessional Group of Palliative Care Providers (FR469-B)

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Objectives
• Describe and give examples of formal and informal mindfulness techniques.
• Demonstrate use of brief mindfulness-based exercises.
• Identify self-care strategies that they use to cope with work-stress.

Background: Studies demonstrating high burnout rates for clinicians in hospice and palliative care have raised awareness of the importance of provider self-care. Mindfulness-based interventions have shown self-care benefits, including improved quality of life, job satisfaction, and burnout symptoms. Established programs are time-intensive (most 18-52 hours of instruction) and target primary care physicians and nurses. This curriculum is a 5-hour mindfulness-based intervention targeting an interprofessional group of palliative care providers within the regular workday schedule.

Methods: The curriculum was executed in five monthly 1-hour sessions. The content was based on consultation with texts (primarily books by Jon Kabat-Zinn and Thich Nhat Hanh) and with experts (a mindfulness-based stress reduction teacher and a physician with experience designing and delivering a published physician mindfulness curriculum of longer length [see Krasner MS et al, JAMA, 2009]). Pre- and postintervention surveys were collected assessing participant mindfulness, burnout, and stress levels on validated scales and reported mindfulness practice frequency. Satisfaction and narrative data were also collected.

Results: Participants reported being very satisfied with the series and showed statistically significant improvements in mindfulness levels (3 of 5 subscales) and burnout scores (1 of 3 subscales) and increased frequency of self-reported informal and formal practice. Open-ended narrative evaluation also demonstrated retention of concepts presented during the series. Participants expressed a preference for continuing elements of the series in ongoing program activities.

Discussion: While mounting evidence suggests that mindfulness-based approaches may be useful for self-care, most of the formally evaluated curricula have not been directly applicable to a clinical work setting. This curriculum offers a brief intervention that was well-received by an interprofessional team of practicing palliative care providers. While the pre-/postintervention design prevents us from excluding confounding factors, participants did show improved mindfulness and burnout scores on postintervention evaluation. The curriculum was executed initially on a monthly basis; feedback from participants included requests for more frequent sessions, and it could be adapted to the team’s usual schedule as necessary.

Conclusion: Delivery of a brief, 5-hour mindfulness-based self-care curriculum within the regular workday was feasible, well liked, and associated with improvements in mindfulness and burnout levels.