



A Clinician's Guide to Teaching Mindfulness

Staff In-Service Training

Mindfulness facilitators may want to provide a staff in-service training. This can serve two goals: An in-service can help generate referrals to your mindfulness group and it can also teach specific skills to provider colleagues that can increase patient-centered communication and decrease staff burnout and anxiety. We offer one possible example for a 30-minute in-service. It can be scaled to accommodate a shorter or longer time period and also tailored to target specific audiences.

OUTLINE

Introduction

Define mindfulness

Mindfulness practice

Discuss the practice

Review relevant research

Offer a self-care practice

Questions, answers, and how to make a referral

Example: Staff In-Service Program

INTRODUCTION

Introduce yourself and the purpose of the in-service. Include the specifics of your own mindfulness program offerings available at your site. Share how mindfulness can be helpful for clinical populations (save specific research for later) but also the importance of mindfulness for providers to decrease clinician burnout and mood concerns while increasing patient-centered communication and personal satisfaction.

DEFINE MINDFULNESS

There are a number of options but we like to use Jon Kabat-Zinn's definition: "Mindfulness means paying attention in a particular way; on purpose, in the present moment, and non-judgmentally." Take a few moments to unpack the various elements such as: What particular way are we paying attention to our experience? With kind curiosity. And what are we paying attention to? Different practices use different anchors but essentially we are paying attention to the sensory experience of being alive in this present moment. We might then begin to see our habit of rehashing the past and rehearsing the future – the mind's constant ruminations – and we return over

and over to this moment. But this is best understood through direct experience so move immediately into a practice.

MINDFULNESS PRACTICE

A number of practices can be effectively offered. Keep in mind clinicians and clinic staff may not be expecting an experiential exercise; it is a different mode of learning to be with and tolerate one's own experience rather than the acquisition of facts. Consider carefully your particular setting and what type of practice will be the best fit. The range of options include the Grounding Meditation (p. 89) or Raisin Exercise (p. 95) for briefer, more introductory practices to a full Body Scan (p. 109) or Mindfulness of Breathing practice (p. 115) for a longer, deeper practice. Keep in mind the purpose of offering a practice is to provide a clinician with a *direct felt sense* of what mindfulness actually is. A shorter, more introductory practice is usually sufficient.

DISCUSS THE PRACTICE

Take a few moments after the practice to check in and simply explore with the group, "How was that for you? What did you notice?" As with a non-provider group, be sure to normalize a range of experiences. But since this isn't a group of patients who have consented to treatment, use a sense of caution that respects your work colleagues' professional relationships. The goal is simply to give the group a felt sense of what mindfulness is.

REVIEW THE RELEVANT LITERATURE

Assess the particular needs of your setting and briefly present some relevant research. For example, in an outpatient mental health setting, you may wish to present the research for mood disorders while in an oncology setting you would select research demonstrating the benefits related to coping with illness and reduction in stress symptoms. It is always useful to have on hand a meta-analysis or evidence synthesis map demonstrating how mindfulness based interventions are effective across a wide variety of clinical presentations. One such document is the VA's excellent Evidence Synthesis Map for Mindfulness (Hemphill & Shekelle, 2014).

OFFER A SELF-CARE PRACTICE

Provide a brief, mindfulness based self-care practice for the clinicians to use in their day-to-day professional lives. For clinic settings with providers who spend much of the clinic day going into patient rooms, consider the 3P Practice (p. 114). For other types of settings, the STOP technique can be useful (p. 128).

QUESTIONS, ANSWERS, AND REFERRALS

To close the in-service program, pass out instructions for the consultation process or how to refer patients to your group. End with a Q and A period.