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Importance of Mind-Body Medicine and Human Flourishing in the Training of Physicians

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In the Spring of 2002, I did something that I never imagined I would do as a member of the faculty at my school: I led a group of 10 first-year medical students in mindfulness meditation as part of a new course called Mind-Body Medicine. As a renal physiologist and, at the time, director of the Human Physiology course, I was focused on teaching medical science. Moreover, I did not meditate regularly in my daily life. So, why was I keen on participating in this course?

A year earlier, I had begun to think differently about how we train physicians. Our curriculum was well-designed to address knowledge acquisition and application of scientific facts. It provided excellent training in clinical skills, but much less time, if any, was allotted to the other aspects of the development of a health professional, such as self-awareness, understanding one's character strengths, and personal growth. Also, students and staff had little opportunity or inclination to engage in self-care.

As Principal Investigator of a new grant from NIH aimed at incorporating elements of complementary and integrative medicine into the medical curriculum, I shared the view of several of our team that this was an opportunity to bring various mind-body practices into experiential learning sessions to address those gaps in student self-awareness and self-care.[1] This rationale led to the creation of a course in mind-body medicine.

WHY MIND-BODY MEDICINE SKILLS?

Mind-body medicine practices include meditation of various forms, guided imagery, autogenic training (a form of self-hypnosis), and other tools for self-reflection. Three members of our faculty, myself included, partnered with the faculty at the Center for Mind-Body Medicine in Washington, DC. We transformed a training focused on clinicians who wished to incorporate mind-body skills for their patients with chronic illnesses into an educational intervention for medical students and faculty.

The goals for the course are to enable student and faculty participants to reflect on various dimensions of their lives (physical, emotional, psychological, and spiritual) and to have them experience several practices that allow for self-awareness to emerge and then, hopefully, translate those experiences into self-

care and personal growth.[2] Those reflections occur in 11 small group sessions that are purposefully designed to be supportive, collegial, and non-judgmental. The groups are composed of 10 students and 2 trained faculty facilitators, who are also participants.

Each 2-hour session is structured to start with a short opening meditation to get everyone in the group centered and focused on being intentional with the others. The first hour provides an opportunity for each participant to check in. As each person speaks, the participants listen intently and respectfully in a manner we call "compassionate listening." During the second hour, a new mind-body practice is introduced, experienced by all, and followed by group processing. The participants hear how each person's experience is different; in this way, they also gain insight about themselves through this personal sharing.

The group experiences create an atmosphere of caring and connection among group members. There are several critical ground rules to make this a safe place for sharing, especially to enable faculty and students to be authentic and honest with each other. In addition to strict confidentiality, each participant is invited to exercise non-judgment as best as they can. The participants are told that the sharing is not intended to "fix" anyone's problem. Rather, all are there to listen, respect, and allow people to be heard, but not to judge.

I participated in the inaugural training and the first pilot with medical students. I aimed to understand the process and turn it over to others to teach and facilitate. However, I completely underestimated the course's impact on me personally regarding my own self-awareness and judgmental traits. Teaching these tools positively changed me. I listened more carefully, and I became more patient. I also realized that as a role model for my students and colleagues, I would need to get out of my comfort zone and lead by example, even though the practices were somewhat foreign to me. In a short time, I became a champion for this curricular innovation and began co-leading the training of others.

Over the past 22 years, more than 4,000 students have participated in the course, and several hundred faculty (at Georgetown University, the University of Cincinnati, and other schools) have been trained to lead these groups. The outcomes are consistent: participants demonstrate reductions in perceived stress and negative affect and increases in mindfulness, positive affect, and empathy.[3] Qualitative analyses of open-ended questions show enhanced connectedness, greater self-awareness, and a commitment to improved self-care.[4] Long-term follow-up studies suggest that the changes are sustained over time,[5] and that the skills gained in medical school contribute to how residents and physicians manage themselves in the subsequent training phases and how they approach their practice.[6] In other words, we succeeded in helping the participating medical students (and residents) grow and develop personally and professionally.

We also discovered surprising findings regarding the impact of being a facilitator. In surveying over 60 faculty and staff facilitators trained by our team (half leading groups in schools other than Georgetown), we learned that they embraced their new-found role.[7] Many commented on how important and meaningful it was for them to lead the mind-body groups and that this work had become part of their professional identity, whether they were clinicians, scientists, or administration members. Most importantly, we and others noticed positive changes in the culture of our school and in the learning environment.[8]

But what about those students who, for various reasons, such as time pressures or a lack of interest in anything called "mind-body," chose not to experience this course? Was there another way to provide them with the tools of self-reflection and self-awareness that are now recognized to be critically important and foundational?

DEVELOPMENT OF A COURSE TO FOSTER HUMAN FLOURISHING

The search for another curricular offering led our team to review the lessons learned from the fields of positive psychology and social sciences.[9] Seligman developed the PERMA model, which describes 5 elements that make up well-being and enable an individual to flourish: Positive

emotions, Engagement, Relationships, Meaning, and Accomplishment.[10] VanderWeele outlined a framework for Human Flourishing that identified key domains and pathways.[11] The foundational principle in his construct is that human well-being depends on physical and mental health; however, it also consists of a broader range of states and outcomes, such as happiness and life satisfaction, meaning and purpose, character and virtue, and close social relationships.

We were also greatly influenced by the Kern National Network (KNN) Framework for Flourishing, which defines 4 key constructs: character, caring, practical wisdom, and flourishing, that are dynamically related and synergistic.[12] In the KNN Framework, these individual elements can interact and contribute to an individual's ability to thrive.

For human flourishing to occur, there must be alignment for each person between several domains, such as meaning and purpose, character and values, caring, compassion and kindness, close social relationships, and aspects of spirituality and transcendence, in addition to physical and mental health. These domains formed the basis for the new course in Human Flourishing that was piloted in the Fall of 2023 and was implemented as an elective for the first-year medical class in the Spring 2024 semester.

The format of each session is similar to the mind-body course, but the teaching of a mind-body practice is replaced with a focus on a specific domain from those listed above. Each session includes a short didactic component to introduce the concept of the individual domain, followed by an experiential activity or written reflection. Moreover, the sessions also include group discussions that foster 4 key pillars (from Dahl et al.)[13]: awareness: learning to be present; connection: strengthening relationships within and across students and faculty groups; insight: encouraging self-exploration and curiosity; and purpose: providing opportunities and motivation for reflecting on meaning and purpose.

NEXT STEPS

We will continue to evaluate the outcomes from this new course, similar to Dr. Margaret Chisolm's approach with residents at Johns Hopkins.14 We hypothesize that participants will exhibit enhanced self-awareness, which may lead to better self-care and improved physical and emotional health. It is important to assess whether including elements of human flourishing fosters professional identity and growth in medical students and enables them to truly thrive in medical school. We are also interested in assessing the impact of being a facilitator in this new course on the faculty member's professional identity and the institutional culture and learning environment. We hope these courses will provide students and faculty opportunities to grow personally and professionally and give them the skills and insights to flourish in their learning and work environments. Personally, the engagement with students in this manner is very meaningful and dovetails nicely with my role as a medical science educator. I invite all faculty interested in this work to explore incorporating these important elements into their curricula and institutional culture. We owe it to the next generation of physicians that we are training.

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