

Enhancing Resilience and Wellbeing in GP Trainees through developing Mindful Practice

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Why did we do it?

- Burnout affects increasing number of doctors (Soler et al,2008)
- Burnout leads to increased risk of unsafe care and low patient satisfaction (Panagioti et al, 2018)
- Mindful practice improves resilience, wellbeing and patient care (Fortney et al.,2013; Krasner et al., 2009)
- Mindful practice curriculum (Epstein et al.,2007) has never been evaluated in the UK before

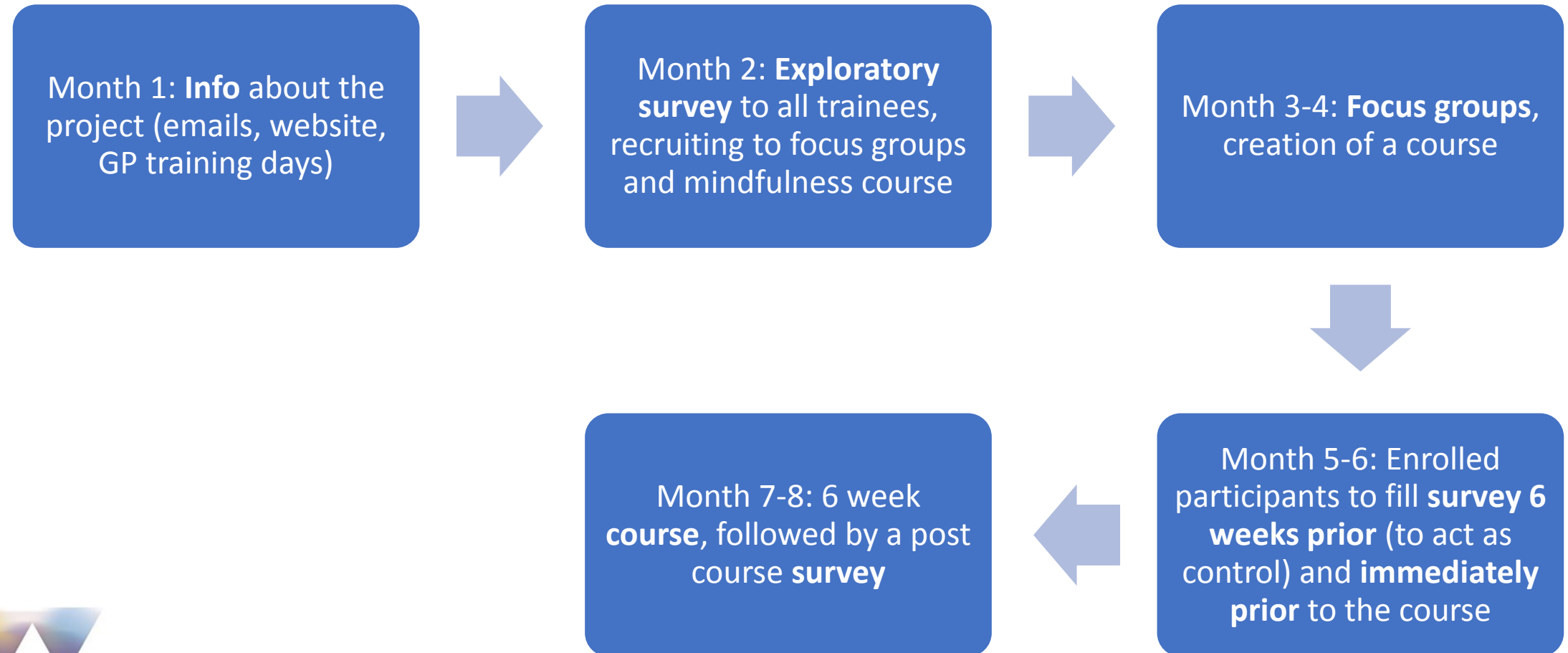
What did we do?

- Our aim was to explore the **feasibility** of introducing a programme to promote mindful practice as part of GP training and measure the **impact** this has on resilience and wellbeing of GP trainees.
- Mixed method prospective study, sponsored by Health Education England
- The first phase consisted of 3 focus groups, exploring trainees' perspectives and experiences of wellbeing, burnout and mindfulness training
- The second phase was 6 week Mindfulness Course

How did we do it?

- Approval from Biomedical and Scientific Research Ethics Committee
- Focus groups (15 participants)
- 6 week Mindfulness Course, based on Mindfulness-Based Stress Reduction (Kabat-Zinn et al., 1985)
- Data were collected via validated instruments, assessing stress, burnout, resilience, mindfulness and wellbeing
- Feasibility was measured by drop out rates, completion rates and qualitative feedback

Timeline



Mindfulness Course-based on Ron Epstein's Mindful Practice Curriculum

Themes

Professionalism
How Doctors think
Witnessing suffering

Medical errors
Wellbeing and
Burnout
Handling conflict
compassionately

Methods

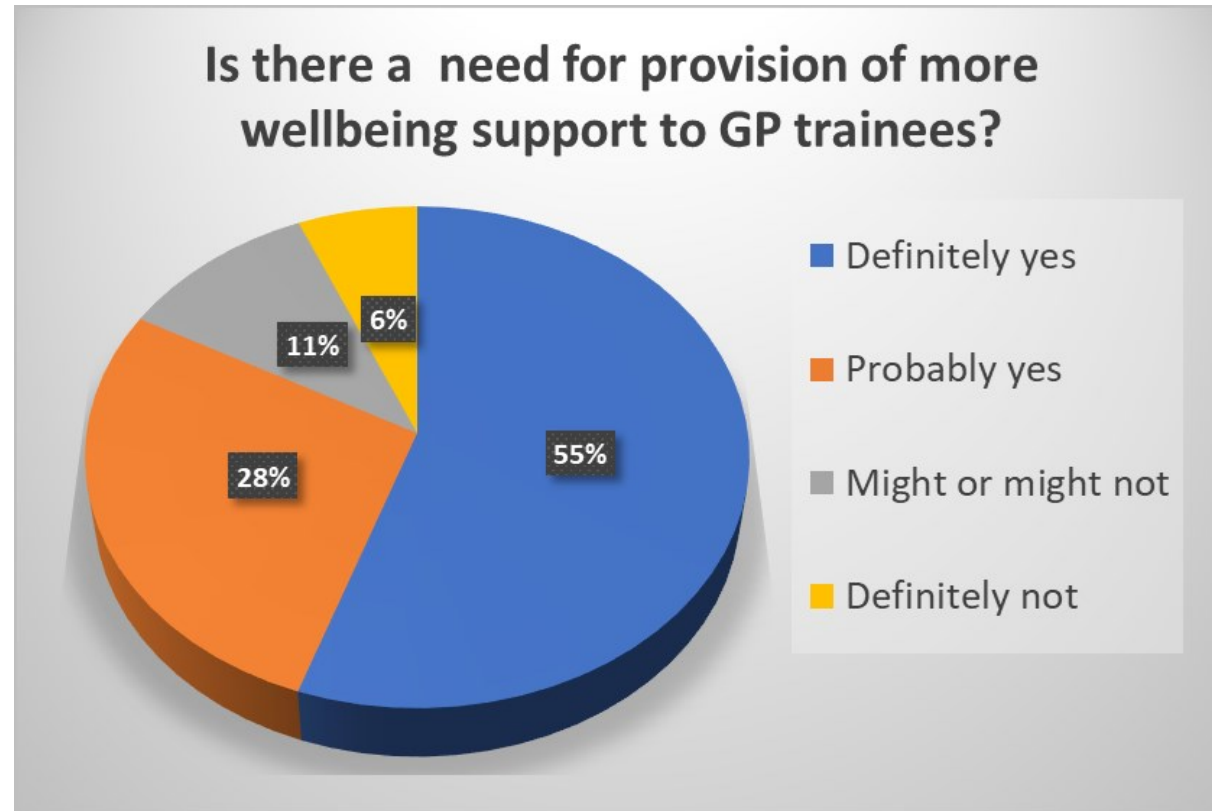
Reflective
questioning
Appreciative inquiry
Didactic component

Guided mindfulness
practice
Contemplative
practice
Mindfulness diary

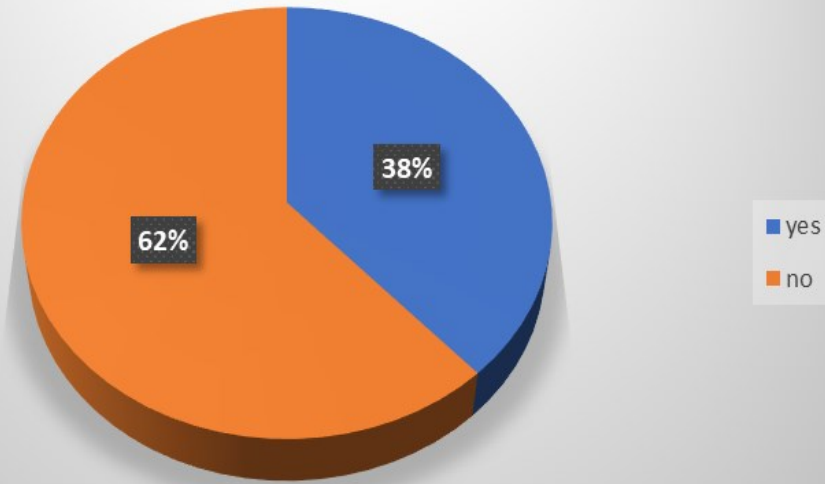


Understanding GP trainees' interest in mindfulness training

- 47 doctors completed exploratory survey



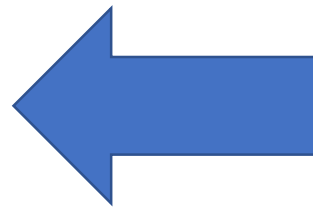
Do you practise mindfulness?



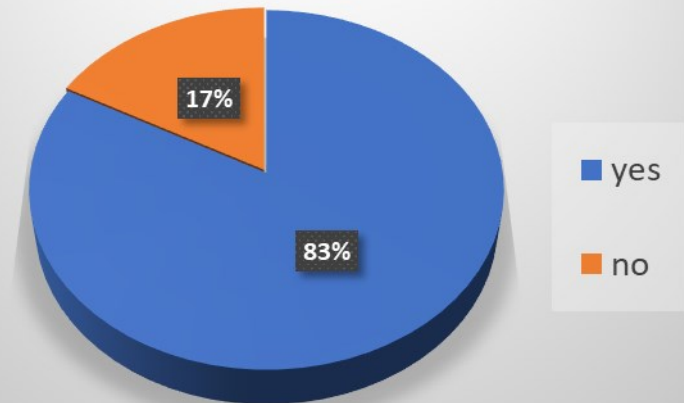
- Apps
- Meditation
- Yoga
- Prayer
- You tube
- Relaxation music

Why not?

- Not required
- Hocus pocus
- Time-constraints
- Other support is available



Would you be willing to engage in mindfulness practises?



How else can we support you?

Support groups: option
for one to one support
Social groups

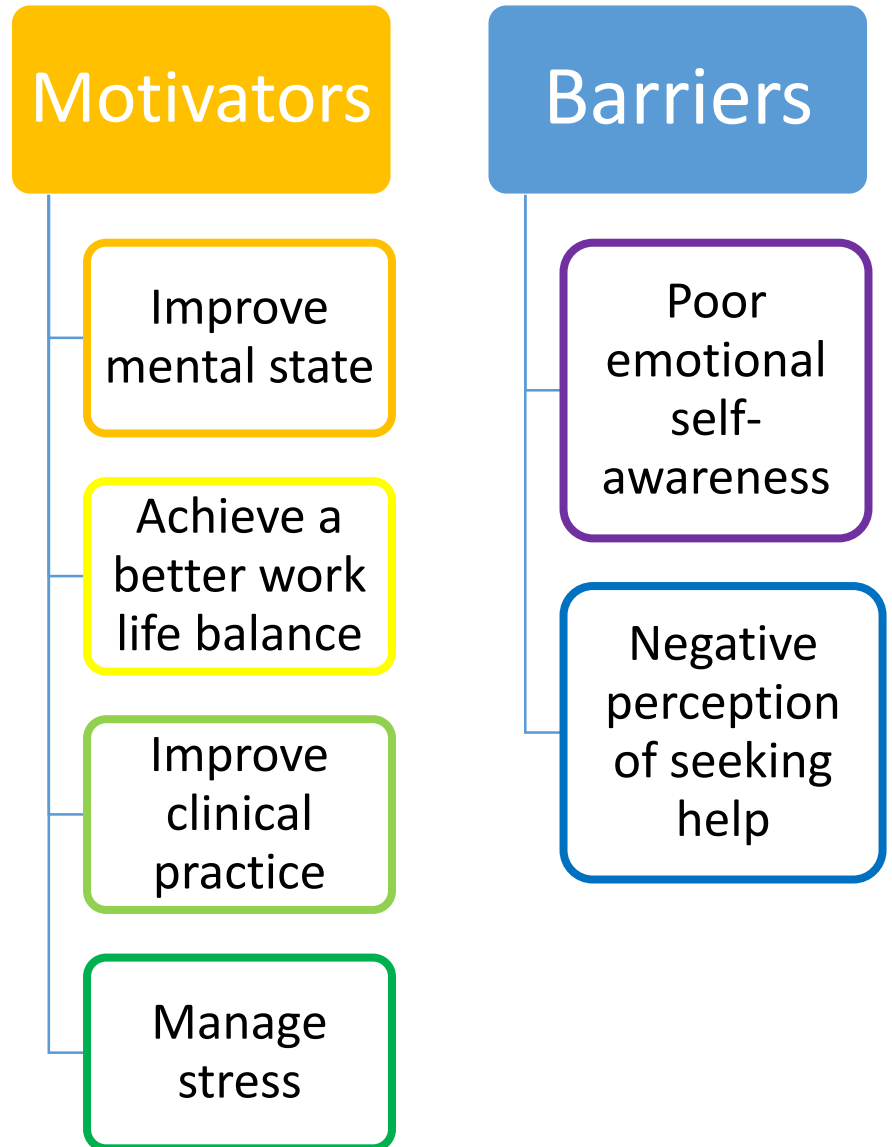
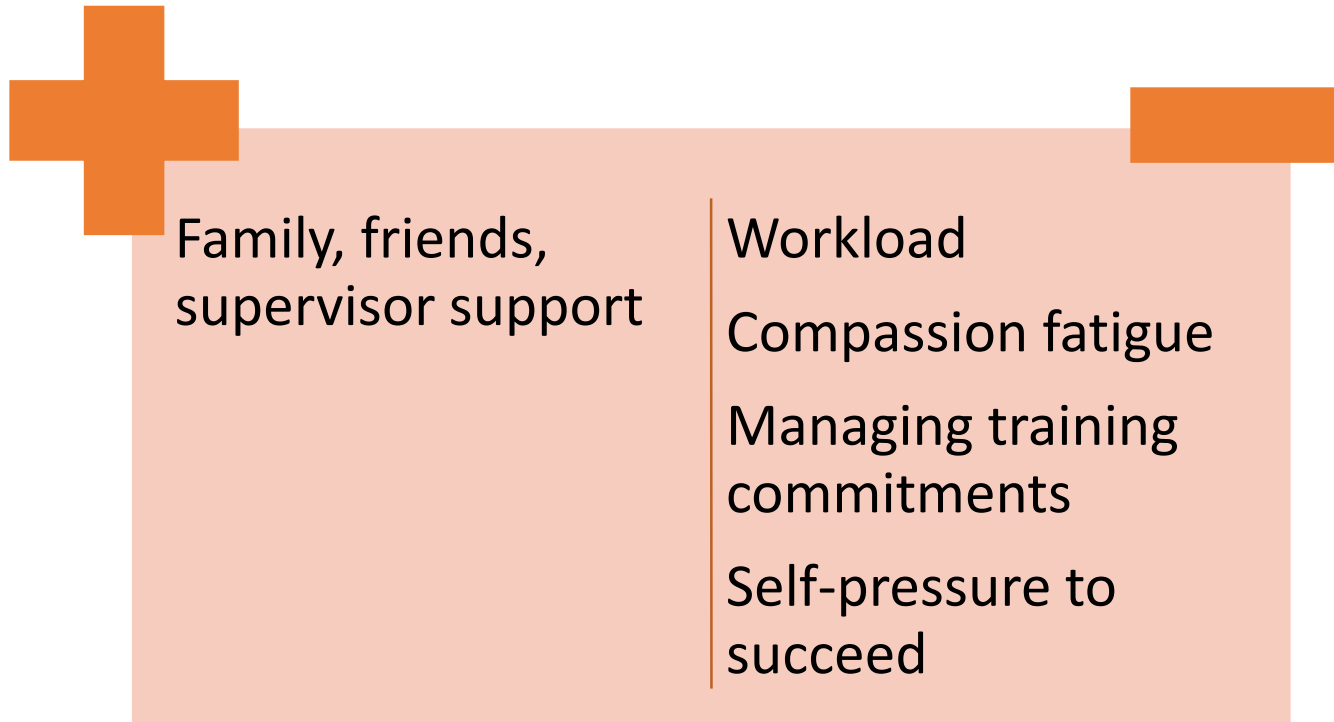
Mindfulness training
More regular medication
practice

Peer group discussions
which are open and
honest

Time management skills

To get more positive
feedback from
Government about GPs
More input from
supervisors

Focus groups themes



Results

- Total of 17 participants completed pre and post survey (everyone who enrolled and completed survey was included, regardless of drop out)
- Paired sample student t-test
- There was no difference between scores done 6 weeks prior and immediately prior to start of the course
- Participants were given unique ID to enable matching of their responses

Feasibility

- 19 doctors signed up for the programme
- 17 doctors completed both pre and post intervention survey
- 15 were completers (5/6 sessions)

- Reasons for absence: LTFT trainee, on calls, study leave for courses, off days, childcare issues, personal doctors appointment

Wellbeing

- Assessed with Warwick-Edinburgh Mental Well-being questionnaire (Tennant et al.,2007)
- Significant improvement in wellbeing

	Mean	Std. Deviation
Wellbeing pre	44.06	5.921
Wellbeing post	53.82	6.72
Difference	9.765	8.437
p value	<0.001	

Resilience

- Measure with Smith's Brief Resilience Scale (Smith et al.,2008)
- Significant improvement in resilience

	Mean	Std. Deviation
Resilience pre	17.53	3.73
Resilience post	20.29	4.69
Difference	2.765	3.88
P value	0.01	

Burnout

- Measured with The Oldenburg Burnout Inventory (Demerouti et al., 2003)
- Significant reduction in burnout (lower scores indicate improvement)

	Mean	Std.Deviation
Burnout pre	29.65	3.74
Burnout post	23.41	4.18
Difference	-6.24	4.31
P value	<0.001	

Stress

- Measured with Cohen's Perceived Stress Scale (Cohen et al.,1983)
- Significant reduction in stress (lower scores indicate improvement)

	Mean	Std. Deviation
Stress pre	31.88	4.37
Stress post	24.24	5.63
Difference	-7.65	6.36
P value	<0.001	

Mindfulness

- Measured with Cognitive and Affective Mindfulness Scale-Revised (Feldman et al.,2007)
- Significant improvement in mindfulness

	Mean	Std. Deviation
Mindfulness pre	22.65	4.44
Mindfulness post	28.65	5.79
Difference	6	7.24
P value	0.004	

Acceptability-would you incorporate this programme into curriculum?

- 93.8% (15/16) would like to see mindfulness being part of postgraduate training:
“Burnout is becoming more recognized within medical professions, also we see it in patients often. Learning about mindfulness will help us to be happier more resilient people and better doctors as we maintain compassion and understanding with colleagues and patients.”
- 6.2% (1/16) would like to make it optional: *“I think this should be an option for GP trainees. I don't think that all will get on board with this therefore I don't think it would be worthwhile for all trainees. However it has improved my resilience and I can see how it can reduce burnout etc.”*

Take home message

- Postgraduate education for doctors must incorporate training for resilience, wellbeing and coping with stress
- Brief 6 week mindfulness course was feasible and resulted in improved resilience, mindfulness, wellbeing and reduced stress and burnout among GP trainees
- This effectiveness of this intervention should be tested in a large randomised controlled trial, with a plan to roll it out to other specialities

Thank you to:

- Prof Dale
- Dr Khan, Dr Clarke
- Health Education England sponsored this novel intervention
- All participants who took part in our programme



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