

## **THE MINDFUL PHYSICIAN AND POOH ms # 16252 REVIEW J. Shapiro**

**This article uses an innovative educational approach involving literature, film, and music to teach family medicine residents about issues of burn-out and the distracted physician, as well as presenting the four habits of mindfulness as a potential antidote to these problems. Introducing learners to various literary, musical, and filmic permutations of the Winnie the Pooh stories, these medical educators show how exposure to this material stimulates residents to reflect on their own levels of burn-out and distraction, as well as to consider the relevance of cultivating mindful practices to ensure more attentive and present patient care.**

**On the whole, I found this an enjoyable and interesting article. It succeeds in showing how a creative, humanities-based teaching strategy can engage learners while accomplishing a serious purpose. It is well-written and thoroughly referenced. The introduction, which defines the problem and reviews relevant literature, is cogent and focused. The concluding section, which recognizes that meditation is not appropriate for everyone, offers valuable advice about pausing and “not bothering.” However, I recommend that the authors address the following concerns:**

- 1) Provide a rationale for choosing this method of education rather than a more traditional one. In other words, why did you settle on this particular approach, rather than a lecture on burn-out, distracted physicians, and mindfulness?**
- 2) Since the journal’s readership is primarily non-physicians, please provide more background about a) where residency falls in medical education b) who were the learners – i.e., number, year of training, background c) nature of teaching – number of sessions, length of session.**
- 3) You mention a very interesting set of reflective questions that residents are required to answer in writing. Yet, with the exception of the question about “seeing patients with fresh eyes,” we never hear more about their answers. Please incorporate relevant insights from the residents’ answers to these questions within the text.**
- 4) The difference between attentive observation and critical curiosity does not come across very clearly; and unfortunately the examples you give don’t help much in terms of showing the distinction. Can you revisit these sections and try to pinpoint how curiosity goes beyond close observation.**
- 5) Attentive observation applies not only to self, but also to everything going on – the patient, the family, the environment etc., as you make quite clear. However, the question posed to the residents apparently only has to do only with observation of self, and their responses seem to blur into the responses they offer for the critical curiosity section. Can you sharpen your examples here, and make sure they support the points you’re trying to make?**
- 6) Both the example of “being taken advantage of” and the example of “lying drug-seeking patients” seem to have a connotation of patient blame or resentment. I don’t doubt that the residents made these statements, but they don’t seem the best illustrations to emerge from a session on mindfulness. They actually sound kind of burned-out! Might you offer other quotes that support your points without these undertones? Or if not, can you comment in**

**the discussion how the session is designed precisely to give residents additional tools to deal with such feelings?**

- 7) The final sentence mentions “positive feedback.” Please explain how or whether the session is formally evaluated. If it is, describe the method of evaluation (quantitative, narrative etc.) and provide a brief summary.**

**Thank you for the opportunity to read this interesting paper. It is an excellent example of how the humanities can support the medical education training mission at the residency level.**