Mindfulness in Education

Thinking it through

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Aim

1. To provide you with a list of points to think about when considering the utility of mindfulness in your institution

   1. I will use Southampton medical school, and **thinking through** how it could support our students, as an example
Why do we want/need this?

*First question!*
Growing evidence base

https://goamra.org/resources/
Why do we want/need this?

1. Help students with the transition to university
2. Address student distress
   1. Manifestations: stress, depression, burnout
   2. Potential causes: adjustment to med school, ethical conflicts, exposure to death/suffering, student abuse, personal life events, debt
   3. Consequences: impaired academic performance, cynicism, academic dishonesty, substance abuse, suicide
3. Enhance academic performance
4. Make students aware of how mindfulness may benefit patients
5. Support students to become resilient doctors
6. Think about the impact doctors have on patients – beyond clinical skills

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4. Make students aware of how mindfulness may benefit **patients**

5. **Support** students to become **resilient** doctors

6. Think about the **impact** doctors have on patients – beyond clinical skills

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What do our students need?

- **Clinical populations**
  (physical, mental health)

- **Non-clinical populations**
  (well-being, flourishing...)

- **Mixed groups**
  (8-week groups, embedded in curriculum, contemplative pedagogy...)
What do our students need?

- Clinical populations (physical, mental health)
- Non-clinical populations (well-being, flourishing...)
- Mixed groups (8-week groups, embedded in curriculum, contemplative pedagogy...)

Wednesday, 20 September 17
Which approach?

1. MBSR, MBCT, Breathworks, MSC
   - Taught by mindfulness teachers (clinical & non-clinical)
2. Health Enhancement programme
   - Staff trained to support students
3. Mindfulness-Based Coping with University Life
   - Delivered by mindfulness teachers and HE staff Body-Based
4. Yoga, Tai-Chi, Body in mind training

Which approach?

1. It may be that more than one approach is helpful—students have different needs and may engage via different ‘hooks’.

2. Note that practitioners and researchers are often very passionate about their particular approach. My own take is that this is often very personal for people, most practise themselves and feel very connected/loyal to a certain group/approach.

3. Yoga, Tai-Chi, Body in mind training

4. Contemplative pedagogy

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1Dobkin, P. L., & Hutchinson, T. A. (2013). Teaching mindfulness in medical school: where are we now and where are we going?. *Medical education, 47*(8), 768-779.


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How do we deliver any of this?
Thinking it through: Getting started

1. Why do we want/need this?
   1. Likely to be many different reasons – being clear that you’re not clear is a good start!

2. What are the needs of our students (clinical/non-clinical)?

3. Which approach(es) do we want to take?
   1. Established programme, adaptation, lifestyle, embedding approach in teaching, body-based?

4. How will we deliver?
   1. Face-to-face, blended learning, online
   2. One-to-one, small groups, whole year/programme/university
   3. Who should deliver it – mindfulness teacher (staff/bought in), existing staff (not trained), apps/online?
Thanks!

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