

**Title:**

The Mindful Physician and Pooh

**Author:**

Robin O. Winter, MD, MMM, JFK Family Medicine Residency Program

Abstract

Resident physicians are particularly susceptible to burnout due to the stresses of residency training. They also experience the added pressures of multitasking because of the increased use of computers and mobile devices while delivering patient care. Our Family Medicine residency program addresses these problems by teaching residents about the mindful practice of medicine. We utilize A. A. Milne's classic children's books, *Winnie-the-Pooh* and *The House at Pooh Corner*, along with Benjamin Hoff's *The Tao of Pooh* to explain Dr. Ron Epstein's four habits of mindfulness: attentive observation, critical curiosity, beginner's mind, and presence. We also use video clips from two Disney movies, *The Many Adventures of Winnie-the-Pooh* and *A Day for Eeyore* as well as Kenny Loggins' song, *House at Pooh Corner*. With Winnie-the-Pooh's help, residents learn how to become more mindful physicians by incorporating Epstein's four habits of mindfulness into their daily practice.

Key Words: Mindfulness, mindful physician, burnout, multitasking, Winnie-the-Pooh, The House at Pooh Corner, Ron Epstein, habits of mindfulness, The Tao of Pooh, Benjamin Hoff, The Many Adventures of Winnie-the-Pooh, A Day for Eeyore

Dr. Robin O. Winter, MD, MMM has been the Director of the JFK Family Medicine Residency Program since 1989. After receiving his BA from Haverford College and his medical degree from Albert Einstein College of Medicine, Dr. Winter trained in Family Medicine at Hunterdon Medical Center in Flemington, New Jersey. Dr. Winter obtained a Master of Medical Management degree from Carnegie Mellon University, and is board certified in both Family Medicine and Geriatric Medicine. He is Past-President of the Association of Family Medicine Residency Directors, and recently completed a seven year term on the Family Medicine Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME). Dr. Winter is a Clinical Professor in the Department of Family Medicine and Community Health at Rutgers-Robert Wood Johnson Medical School and a long standing member of the Society of Teachers of Family Medicine (STFM). In addition to other research papers, Dr. Winter has published a number of articles on the use of literature and the humanities in Family Medicine residency education. He currently serves on the Editorial Board for the journal of *Family Medicine*, published by STFM.

## The Mindful Physician and Pooh

“There’s Pooh,” he thought to himself. “Pooh hasn’t much brain, but he never comes to any harm. He does silly things and they turn out right.”

Piglet, *Winnie-The-Pooh*, Ch.9  
– A.A. Milne

It is estimated that 45.8% of physicians in the United States experience burnout due to work related stress (Shanafelt et al., 2012). Resident physicians are particularly vulnerable to burnout because of their long work hours, pressure to learn a large body of knowledge to become competent physicians, and the difficulties of balancing work with one’s personal life (Dyrbye & Shanafelt, 2011; McCray, Cronholm, Bogner, Gallo, & Neill, 2008). Burned out physicians are more likely to make mistakes, exhibit less empathy and have greater job dissatisfaction resulting in reduced patient satisfaction and compliance (Dyrbye & Shanafelt, 2011; Krasner, Epstein, Beckman, Suchman, Chapman, Mooney, & Quill, 2009; McCray et al., 2008; Shanafelt, 2009; Shanafelt et al., 2012).

Today’s physicians are also exceedingly prone to the pressures of multitasking due to the increased use of computers, smart phones and other mobile devices while delivering patient care. A 2011 *New York Times* article described this problem as “distracted doctoring” (Richtel, 2011). The power of this technology is that it provides instant access to needed patient information, along with the ability to look up the latest medical evidence to help physicians care for patients at the bedside. The danger is that physicians may fix their gaze on a screen and neglect the patient in front of them. Even worse, the provider may be multitasking by responding to a text or email while caring for a patient. For example, in a survey of 439 medical technicians who monitor bypass machines during open heart surgery, half said they had texted during surgery (Richtel, 2011).

One of the ways our Family Medicine residency program addresses the problems of resident burnout and “distracted doctoring” is by teaching residents about the mindful practice of medicine. Mindfulness can be defined as “the quality of being fully present and attentive in the moment during everyday activities” (Krasner et al., 2009, p. 1285). It is taught in the context of our post-medical school, three year residency training program that leads to board certification in the specialty of Family Medicine. We have six residents per year, and our curriculum integrates teaching clinical medicine with behavioral sciences throughout the three years of training. Mindfulness is incorporated into the behavioral science portion of the curriculum that is taught in both lecture/discussion and small group formats. In addition to family physicians, the faculty includes a full-time clinical psychologist who helps teach the behavioral sciences.

The introductory lecture on becoming a mindful physician utilizes a multimedia approach to describe the four habits of mindfulness developed by Ron Epstein (2003a; 2003b): attentive observation; critical curiosity; beginner’s mind; and presence. To illustrate these habits, we use stories from A.A. Milne’s (2009a; 2009b) classic children’s books, *Winnie-the-Pooh* and *The House at Pooh Corner*, in conjunction with the

adaptation of Milne's characters by Benjamin Hoff (1983) to help explain the basic principles of Taoism in Hoff's *The Tao of Pooh*. A multimedia approach was chosen to introduce the concepts of mindfulness, because we have found it to be a non-threatening way to engage residents and stimulate discussion in potentially emotional and personal topics.

In preparation for the lecture, residents are asked to respond in writing to a series of self-reflective questions related to Epstein's four habits of mindfulness. For attentive observation they were asked, "How do you care for yourself to help you care for patients?" and "What have you learned about yourself during residency, and how has that helped you become a better family doctor?" The critical curiosity questions included: "Can you describe an instance when something surprising and/or unexpected happened while seeing patients?" and "If you had the time, what are you generally curious to do, learn, explore or experience?" To involve a beginner's mind, the residents were asked to approach seeing patients as if it were their first day of seeing patients and describe what they learned from this experience. Finally, to discuss the concept of presence, residents were asked, "Are there times when you find your mind wandering while seeing patients?" and "Do you consider yourself to be a good listener?"

To introduce the seminar, we play the song, *House at Pooh Corner*, by Kenny Loggins (1970), who sings about wanting to get "back to the days of Christopher Robin and Pooh...back to the ways of Pooh." We then present statistics about the magnitude of the problem of physician burnout, which the majority of the residents admitted to having experienced during residency. This is followed by information about the dangers of "distracted doctoring." A YouTube video highlights the myth of multitasking by demonstrating how university students walking and talking on a cell phone do not notice a clown juggling while riding a unicycle when he passes right in front of them (Blicq, 2010). We also challenge the residents' personal beliefs that they are good multitaskers by asking them to complete the "The Myth of Multitasking Exercise" adopted from *The Myth of Multitasking: How Doing It All Gets Nothing Done* by Dave Crenshaw (2008; 2011). After seeing the video and doing the multitasking activity, many of the residents admitted that they may not be as good at multitasking as they had thought, and perhaps, multitasking is not such a good idea.

Having discussed the challenges of multitasking and the negative effects of burnout, we then explain the positive benefits of becoming a mindful physician by utilizing Ron Epstein's four habits of mindfulness: attentive observation, critical curiosity, beginner's mind, and presence. To illustrate the four habits, we introduce Milne's books' main characters, Winnie-the-Pooh, Piglet, Owl, Rabbit, Eeyore, and Tigger, and where they live in the Hundred Acres Woods, by showing the opening scenes from the 1977 classic Disney movie, *The Many Adventures of Winnie-the-Pooh*.

The first of Ron Epstein's four habits, attentive observation, includes simultaneously observing oneself, the patient, and the clinical problem in such a way that one could "observe the observed while observing the observer" (Epstein, 1999, p. 835). Epstein encourages physicians to bring a broad perspective to patient care so that they

notice everything about a patient, including how they walk, dress, and exhibit emotions through tone of voice and body language during the visit, while at the same time, being aware of one's own biases that could get in the way of patient care. Winnie-the-Pooh shows the residents how this works in Chapter Four of *Winnie-the-Pooh*, "In Which Eeyore Loses a Tail and Pooh Finds One." We briefly read a portion of this chapter while showing illustrations from the book.

At the beginning of the chapter, Eeyore is feeling his usual gloomy self, but is not sure why. Winnie-the-Pooh discovers that, unbeknownst to Eeyore, he has lost his tail. Being a real friend, Pooh vows to find it, and decides to ask Owl for help because, "If anyone knows anything about anything, ... it's Owl who knows something about something" (p. 73). Arriving at Owl's house, Pooh is impressed that Owl has both a door knocker and a bell-pull. Owl pontificates on a plan to find Eeyore's tail by using big words that only confuse Winnie-the-Pooh, because, as he says, "I am a bear of very little brain, and long words bother me" (p.76). Being a "bear of very little brain" does not relate to Pooh's intelligence; rather it describes his uncluttered mind and approach to life. After a long discourse, Owl invites Winnie-the-Pooh to look again at the beautiful bell-rope he had found. It is then that Pooh observes that the bell-rope is actually Eeyore's lost tail and asks to return the tail to Eeyore.

This story describes how Eeyore did not have enough self-awareness to know his tail was missing, and scholarly Owl did not know a tail when he saw one, but the "bear of little brain" could see what the others could not. In asking the residents about attentive observation, we focused on the self-observation component of this mindfulness habit. Several residents talked about how exercising regularly and following a healthy diet helped them stay healthy and both role model and encourage healthy lifestyles for their patients: "I push myself to go to the gym even after a long day of work. Staying healthy helps me encourage and counsel my patients on a healthy lifestyle." Another said, "Dealing with life and death during residency has helped me grow in my faith and better understand the role that faith can play in my patients' lives."

Epstein's second habit is critical curiosity, having the courage to see the world as it really is rather than as one wants it to be. It is being willing to ask the question, "why," while being open to new information and surprises. It also means applying critical curiosity to oneself to learn new things, avoid succumbing to personal biases, and being open to new experiences. In addition to illustrating critical curiosity and self-awareness by pointing out Winnie-the-Pooh's recognition that he is a "bear of little brain," we show in a clip from *The Many Adventures of Winnie-the-Pooh* how Tigger's total lack of self-awareness is the complete opposite of this habit.

In the segment that we show, Tigger becomes very hungry while visiting Winnie-the-Pooh for the first time. Much to Pooh's dismay, Tigger says he loves to eat honey, Pooh's favorite food, until he actually tastes it and discovers that he really hates it. With a total lack of self-awareness, Tigger then bounces off singing, "The most wonderful thing about Tiggers is I'm the only one." One resident described being surprised "when a pregnant patient's husband offered to pay me if I could guarantee that his wife would

deliver earlier than her due date.” Applying critical curiosity to discover why, she learned “that he was having a hard time dealing with her being pregnant,” thereby enabling the resident to better help the couple cope with the pregnancy. The residents’ own personal curiosities included a wide range of activities, such as rock climbing, travel, and learning to play musical instruments, fix cars, and design houses.

The third habit of mindfulness is having a beginner’s mind, which is the ability to see a situation in a fresh way with the willingness to set aside preconceived notions and start with a blank slate. It is seeing new possibilities in familiar places while tolerating the doubt and uncertainty this kind of flexibility can bring. We point out that family physicians are constantly being challenged with ambiguity by seeing patients with multiple physical complaints that cannot easily be explained and that demand to be approached with a beginner’s mind. We illustrate this by showing two segments from the 1983 Disney short, *A Day for Eeyore*.

In the first segment, Winnie-the-Pooh invents a new game with familiar objects. After accidentally dropping pine cones off a bridge and watching them float under the bridge at different speeds, Pooh decides to make a game out of trying to guess which pine cone will float under the bridge the fastest. He calls the game “Poohsticks.” In the second segment, Pooh, Piglet, Rabbit and Roo are all playing Poohsticks when they suddenly discover Eeyore floating in the river and try to figure out how to get him out. Pooh comes up with the idea of dropping a boulder in the river to make a wave big enough to wash Eeyore ashore. This shows how Winnie-the-Pooh can use his attentive observation, critical curiosity, and beginner’s mind to solve a problem with nothing more than the simple objects around him, while those with more complicated brains, like Rabbit, cannot see the solution.

When residents were asked to apply a beginner’s mind to seeing patients in the office by pretending it was their first day of patient care in the residency, one resident said, “It gave me a sense of wonder and excitement about the possibilities of what the patient might have. I feel excitement for what I can do for the patient, mixed with hesitation knowing that I can only do so much.” Other residents were struck by how much more confident and relaxed they were taking care of patients now, compared to when they had just graduated from medical school. One resident expressed it this way, “Now I am able to relate to patients better and understand what they really came for.”

Epstein’s fourth habit of mindfulness is presence, a purposeful willingness to simply be there, undistracted and focused on the task at hand. Patients can feel when a physician is or is not fully present. When physicians are present, patients report that perceived time with the doctor actually exceeds elapsed time, and patient satisfaction goes up (Epstein, 2006). One of the most important ways to establish presence is to listen with your full attention. Music appreciation is just one of many ways presence and the art of listening can be taught. We illustrate this by quoting Claude Debussy who said, “Music is the space between the notes” (as cited in Hoff, 1983, p. 147), followed by playing the beginning of Beethoven’s *Symphony #5* and highlighting how Beethoven used pauses to heighten the drama of the composition. The pauses actually demand full

attention that serves to sharpen listening skills with anticipation for the next note. Winnie-the-Pooh is described by Milne (2009a) as having this kind of anticipatory presence when eating honey as the “moment just before you began to eat it which was better than when you were [actually eating it], but [...Pooh] didn’t know what it was called” (p. 235).

One resident admitted that his mind may wander while seeing patients. He described the challenge of maintaining presence as follows: “My distractions will depend on how my day is going...but as much as possible, I try to focus on what the patient is telling me. I position myself to have a direct line of sight with the patient and focus on them.” Another resident talked about establishing presence by being a good listener: “Particularly, I think I’m good with helping patients feel very comfortable talking and opening up, almost to the point of creating an atmosphere of casual conversation.” Emphasizing the importance of listening, a third year resident said, “I think being a good listener gains a patient’s trust so they can open up to you and reveal more which helps you come to a proper diagnosis.”

There are many different ways to learn and practice the four habits of mindfulness. Meditation is the cornerstone of how it is taught at many places including the University of Massachusetts’s Mindfulness Based Stress Reduction Clinic (Ludwig & Kabat-Zinn, 2008; McCray et al., 2008; Santorelli, 1999). Since meditation may not be for everyone, the residents discussed some of their alternatives, such as exercising, going to an art museum, attending a concert, or praying. Christopher Robin and Winnie-the-Pooh practice their mindfulness in an enchanted place in the Hundred Acre Wood called Galleons Lap.

While showing a picture of Christopher Robin and Winnie-the-Pooh in the “enchanted place on the very top of the Forest called Galleons Lap” (Milne, 2009a, p. 237), we explain that this is the place where they experience “listening to all the things you can’t hear, and not bothering” (Milne, 2009a, p. 236). By not bothering, they learn to clear their minds of extraneous thoughts so that, with attentive observation, they can “see the whole world spread out until it reached the sky” (Milne, 2009a, p. 237). It is where they can enjoy doing nothing, Christopher Robin’s favorite thing to do, and in so doing, refresh their beginner’s minds with critical curiosity. Perhaps most important, it is where they can just enjoy each other’s presence. To illustrate what this experience is like, we show the ending of *The Many Adventures of Winnie-the-Pooh* that depicts Christopher Robin discussing with Pooh the benefits of doing nothing and the magic of the two of them doing it together.

We conclude the presentation by encouraging the residents to periodically turn off their smart phones, disconnect from social media and give themselves the opportunity to follow Christopher Robin and Winnie-the-Pooh to the “enchanted place” where they can practice becoming mindful physicians. We also give them a copy of *The Tao of Pooh* (Hoff, 1983) to help them learn more about Winnie-the-Pooh’s approach to life.

Based on the informal positive verbal feedback after the presentation, we incorporated more teaching and small group experiences into our residency related to mindfulness and becoming a mindful physician. The program's clinical psychologist leads resident support groups to help the residents cope with the stresses of residency training. Within the support groups the residents chose to work on the mindfulness habit of presence. With reinforcement and coaching from the clinical psychologist, the residents felt that practicing the habit of presence helped them improve their listening skills and solicit more information from their patients.

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