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# BEING THERE

As director of the Penn Program for Mindfulness, Michael Baime M'81 has helped hundreds of healthcare professionals acquire the skills to improve their interactions with patients, increase their job satisfaction, and reduce stress in their personal lives.

“You just have to be there,” he says, “aware of what is already happening.”

By Kathryn Levy Feldman

## “It is very easy for a doctor to disappoint a patient in need,”

says Michael Baime M’81. “It is all too easy for that doctor to not even notice the disappointment. It happens every 15 minutes.”

Over time, this “not noticing” takes its toll on healthcare providers, he adds. “Even the most sensitive and caring physicians begin to feel less and less of the distress that their patients bring them. It just happens.” They lose touch with what called them into the profession, the promise of “a deeper kind of healing that was based on selfless caring, on a deeper wish to participate in something more profound than a prescription.”

Baime—the director of the Penn Program for Mindfulness who also serves as director of Mind-Body Medicine for the Abramson Cancer Center—has been treating this condition for decades. His method?

First, sit still.

Second, notice what happens when you do.

IN the sixth week of Healing the Heart and Mind, an eight-week stress-reduction course specifically tailored to the needs of healthcare professionals, the class begins with meditation practice.

Thirty students settle into their seats. Each finds a posture that is upright and alert, closes his or her eyes, and concentrates on breathing. Baime, who teaches the class twice a year, guides and participates, speaking softly, almost seductively, into a microphone, his eyes closed. Tonight’s direction is to focus on “allowing,” with instructions to be “open to whatever happens.” After a few reminders to settle into the nuances of the breath and the sensations of the body, there is silence. For almost 30 minutes. There is no magic, mystery, or chanting—just the act of being in the moment.

After a break, the class forms into pairs. One partner listens as the other tells a stressful story, first while counting backwards from 100 by threes and then while paying careful attention to the body language of the narrator. “A heavy-handed exercise,” Baime acknowledges, when his students reveal they feel better when they can empathize with the narrator. Unspoken is the recognition

on many of their faces that they had metaphorically “counted backwards” in a clinical encounter in the past.

“Pesky thoughts are almost continuous when you are listening,” Baime says. “But if you notice them, you can dial them back and fully engage with the patient. The most important information is not the narrative, but how the person feels about it and how you feel about it. The interaction becomes more alive and satisfying to everyone. It doesn’t take any more time; you don’t have to do anything more, or different. You just have to be there, aware of what is already happening.”

**For almost as long as he can remember,** Baime has known there was a different way to experience the world. He grew up in what he describes as a blue-collar neighborhood in suburban Pittsburgh, the eldest of three boys raised by “pretty traditional” parents. (“Not a wind chime in sight,” he says with a smile.)

But from the age of six or seven, he recalls experiencing powerful shifts in his awareness, which offered him glimpses of “tremendous openness, space, and freedom, and kinship with everyone and everything.” Creating those experiences became central to him. “I learned that I could make them happen if I walked at a certain pace or closed my eyes a certain way,” he says. “Of course, nobody had any idea what I was talking about.”

An avid reader, he combed the library for some explanation. In a book by the British popular philosopher and writer on Eastern thought Alan Watts, he discovered a word for his feelings: *meditation*.

“So I went to my parents and asked them if I could learn about meditation,” he remembers. “The only place I could find made me wait until I was 14. That was my birthday gift.” In his twenties, he met the controversial Buddhist meditation master Chogyam Trungpa, who until his death in 1987 was Baime’s teacher in Tibetan Buddhism. In 1983, Baime was authorized to teach meditation in a formal Tibetan ceremony, taking a vow never to abandon anyone he taught. He honors that vow to this day, telling his students he is always available by email.

Baime’s more conventional education proceeded in parallel. After majoring in biology at Haverford College, he graduated from Penn’s medical school in 1981. He did his internship, residency, and

fellowship training at the old Graduate Hospital in Philadelphia, all while continuing to teach, study, and practice daily meditation. (“The only time I had any trouble fitting everything in was during my internship when we were working 14-hour days,” he says.) By 1985, he was board-certified in internal medicine and on his way to building a large and gratifying primary care practice.

Eliot Nierman, assistant professor of clinical medicine at Penn, was Baime’s residency training director and invited him to join Graduate’s practice in general internal medicine. He describes Baime as an “excellent and caring doctor and teacher” who “was always sensitive to patient issues and motivation.

“You wouldn’t have known he had this other side,” he adds. “He wasn’t out there prescribing herbals to patients.”

Brian Mandell, currently chair of the Department of Medicine at the Cleveland Clinic and editor of the *Cleveland Clinic Journal of Medicine*, who also practiced with Baime at Graduate, offers a similar take. He calls Baime “the finest internist that I have ever worked with.” But while he acknowledges his superior skills in relating to patients and his “calming manner,” he adds that “his defining skills as an exceptional internist are from the traditional doctor’s bag: great fund of knowledge, inquisitive and explicit history-taking and examination skills, and the ability to integrate the scientific and technical with the human aspects of patient care.”

Despite his success, Baime soon felt dissatisfied with how traditional medicine was practiced. Even in those days of 30-minute patient visits (15-20 minutes is more common now), he could feel the same frustration coming from his patients. “We all sense the need for a system that includes more than purely mechanical or pharmacologic interventions,” he wrote in 2003. “Few would wish to give up the freedom from pain, disability, and early death that we gain from medical science, but at the same time we long for a more comprehensive view of health and healing, for environments that support growth as well as they eradicate disease.”

A decade earlier, in 1992, Baime had begun teaching a course in medical-stress management for patients with chronic health conditions. The classes were held at Graduate Hospital and based on his

training in traditional Tibetan Buddhism. Around the same time, someone gave him a copy of Jon Kabat-Zinn's *Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain and Illness*, the 1990 book generally credited with merging meditation and yoga with science and mainstream medicine.

"When I first read it, I thought it was Buddhism lite," Baime says. But having learned that Kabat-Zinn had also gone to Haverford—and had even thanked one of Baime's favorite professors, Alfred Satterthwaite, in his acknowledgments—he called him up. Kabat-Zinn invited him to visit the stress-reduction clinic that he had established at the University of Massachusetts Medical Center. "This was in the days when he wasn't famous, and his office was in the basement," Baime notes.

Sitting in on one of Kabat-Zinn's classes was, Baime says, "deeply profound" and changed his idea of teaching meditation. "He was doing it in the way I thought was most effective, and he became an important person to me," he told Haverford's alumni magazine in 2009. Baime enrolled in Kabat-Zinn's residential training program and adopted aspects of his curriculum in his classes at Graduate.

In 1996, Baime secured enough funding to hire two other meditation teachers, Scott McBride and Larry Ladden—both of whom still teach in the program. They occupied a small office in the hospital and held classes in the evenings in a Graduate-owned, but vacant, brownstone across the street.

"Imagine a bunch of people meditating in an empty living room and dining room," says Karen Bowles, clinical assistant professor of medicine at Penn and director of professional training for the mindfulness program. Bowles was invited by Baime to take the course in 1996. "I lasted two weeks, and I make sure people that I now teach know that. I was working extremely long hours and every time I tried to meditate I would fall asleep," she says.

There didn't used to be any pre-screening of students, but these days anyone who signs up for a course undergoes a phone interview to make sure they understand the rigors of the program and must take a pledge to complete the homework, which includes eight weeks of daily practice for 40 minutes.

When Allegheny Health System acquired Graduate Hospital in 1998, the internal-medicine group moved over to the Penn Health System, with an office at 1845 Walnut Street. Baime was named director of the Penn Program for Stress Management (the name was changed to the Program for Mindfulness in 2009).

"Before the move to Penn, teaching stress reduction was something Michael did on the side," says Bowles. "After we moved, it became an official part of his job."

Baime continued to practice medicine by day and teach stress-management courses, in the conference room, by night. In 2004, the program relocated to Penn's main campus and was no longer tied to a clinical practice. Baime devoted more of his time to managing the program, seeing patients two days a week.

**"The truth is that each person undergoes a transformation that I find to be the most deeply satisfying thing in my life."**

The centerpiece of the mindfulness program remains the eight-week stress-reduction course that Baime and his eight teachers offer three times a year (fall, winter, and spring), in Philadelphia and the surrounding suburbs. (Disclosure: I completed the program in the fall of 2012.) According to Program Manager Mara Wai, there are, on average, 20 people per class, each of whom pays approximately \$550. The program is self-supporting, through tuition and donations. "We rely heavily on philanthropy to survive," says Baime.

In addition to the specialized classes for healthcare professionals, the program offers classes for educators; cancer patients and their caregivers; medical, nursing, graduate, and (with permission) undergraduate students; psychotherapists; and customized work-site training. There are also advanced classes for people who've completed the eight-week course. These include full- and half-day retreats, membership in a monthly group-meeting, practice refreshers, drop-in meditation sessions—all part of what Wai calls an ongoing and evolving effort "to meet the demands of people who have gone through our program."

**Baime typically spends the first half** of an eight-week course developing formal meditation-practice skills and then transitions to merging those skills with activity in the second half. "We have to be able to do what we are practicing as we go through our lives, or else we will always be running back to our offices and locking the doors," he explains. "We have to bring mindfulness to life instead of using it as a way to retreat from it."

Baime characterizes the first four weeks as the "boot camp" phase; but for many of the hard-driving professionals in the course, the second half is much harder.

"As physicians we have trained ourselves to multi-task," says Mary Anne Layden, an assistant professor of clinical psychology in psychiatry and director of education at the Center for Cognitive Therapy, where she heads the sexual trauma and psychopathology program. "I find it hard to focus on the moment and not fling myself forward."

"I did not realize the extent to which my brain gallops and the strength of the emotions that come up when I sit still," says another member of the class.

One "homework" assignment is to stop and take 20 slow breaths, five or six times a day. A pediatrician and mother of three confesses this made her light-headed. "I think I don't breathe during the day," she says.

Another participant in the class shared a similar experience. "Some of my breaths had barely any volume. I realized I barely breathe when I am rushing around the hospital, existing on adrenaline," she confides.

# THE PHYSICIAN AS PATIENT

Enrolling in a mindfulness course like Michael Baime's *Healing the Heart and Mind* [see main story] is one way for healthcare professionals to rediscover compassion and empathy for their

patients. Three years ago, Marcelle J. Shapiro M'80, a recent participant in the class, experienced another. "I had the ultimate do-over," she says.

Shapiro shared her story in a speech during the White Coat Ceremony—at which students recite the Hippocratic Oath, symbolic of joining the medical profession—for the Perelman School of Medicine Class of 2015.

In 1987, she began her career as an interventional radiologist in an academic setting, teaching, training residents and fellows, and doing research. In 2002, she joined a practice at Jeanes Hospital, a Temple University affiliate in Northeast Philadelphia. The bulk of her time was devoted to patients in the Fox Chase Cancer Center-Temple bone-marrow transplant unit at Jeanes. "I developed a wonderful and fulfilling work relationship with my transplant colleagues," she told the students.

In February 2010 she started feeling jittery and anxious, developing tachycardia (a racing heart) and even strep throat. It had been a particularly hectic and stressful year for her professionally, and she attributed her symptoms to pressure at work—until one day she became short of breath after only a little activity and "just didn't feel right." Her doctor referred her to the ER for an evaluation.

When the nurse who drew Shapiro's blood returned to repeat the tests, she became concerned. She asked what the findings were and when the nurse read them to her, she knew instantly: "Oh my God, I have acute leukemia." The nurse wanted to make sure the labs were correct, but Shapiro knew they were, given her symptoms.

"From that moment on, my entire world changed," she said. It wasn't long before she found herself on an interventional-radiology table being fitted for a catheter like the ones she had fitted her patients with. She received one round of chemotherapy through that catheter, after which her condition deteriorated rapidly. She was transferred to Fox Chase and placed in a drug-induced coma, on a ventilator and dialysis, for seven weeks.

Shapiro awoke (with no memory of what had happened) in complete remission, but to ensure her long-term survival she needed a bone-marrow transplant. "Images of so many of the critically ill transplant patients in whose care I participated were now swirling in my head," she said. To complicate matters, her clinical colleagues would now be her personal doctors. It was an anxious time for Shapiro and her family, who are also physicians.

On June 30, 2010, Shapiro entered the hospital for a stem-cell transplant from her brother, a perfect match. She was discharged five weeks later. "It was a very difficult hospitalization," she said. "So much was out of my control, but whatever part of the process I could control, I did. I was thankful that my doctors and nurses allowed me that privilege." Shapiro dressed daily and walked the halls when she could, remained vigilant in caring for her severe mouth ulcers, and kept herself well hydrated.

The discipline required great focus and tenacity, and Shapiro was well aware of her relatively fortunate position as an educated consumer. "Many patients don't even know where to begin or what to ask. It is imperative to listen to what your patient is saying and what he or she is not saying," she told the medical students. "The words *silent* and *listen* share the same letters for a reason: to truly listen to a patient, one must take time, be approachable, and be silent."

Today Shapiro is a teaching preceptor in the Doctoring I and II class at Penn. (Doctoring is a medical-professionalism course that spans from the first through the third year of medical school.) She took Baime's mindfulness class to help her validate what she had learned through the transplantation process and to formalize her mindfulness practice. "The only way I got through the transplant was to live in the moment, one moment at a time," she says. She has also started to incorporate mindfulness techniques with her students.

"Mindfulness has also helped me so much with my own family," she says. "I want them to take the course so that they can be fully present with me at this remarkable time in my journey." — K.L.F.

Rather than thinking about these responses as "right" or "wrong," Baime says they are all opportunities to "step out of what is hard and into what is meaningful.

"Your noticing is getting better," he continues. "That is mindfulness. That is it. At its heart, mindfulness is an uncovering process of noticing what has always been there. And not all of it is pleasant."

He tells the story of a student in another class, an oncologist who thought she had made a mistake with a patient. "The anxiety haunted her. 'I made a mistake' became 'I made a huge mistake,' and at some point it ran down her spinal cord and affected her whole body," he says. "The result is a feedback loop that amplifies and feeds upon itself. Awareness disconnects the link between thoughts and emotions."

Baime has firsthand knowledge of both emotional and physical catastrophes. In 2002, he was diagnosed with central serous retinopathy, an eye disease that causes visual impairment. The condition is usually temporary, and affects only one eye, but Baime's was an exceptionally bad case. He lost vision in his right eye, but was able to function fairly well with the other one—until the day in 2006 when he woke up and couldn't read the newspaper because the condition had spread to his left eye. "I couldn't recognize people, so of course I couldn't practice medicine," he says. "I thought I would never see my children's faces again."

Out on disability, he entered a clinical trial in which his left eye was injected with avastin, a drug often used to treat macular degeneration. His vision came back, but only for three months. "It was heartbreaking," he says. "I knew I had to give up my medical practice, which had been a central piece of my identity for 20 years. I truly loved my work and my patients."

A physician in New York suggested photodynamic therapy—in which light is used to activate drugs targeted to diseased cells—as a last resort, and fortunately this worked. Today it's the standard of care. But the sight in his left eye came with no guarantees. "My doctor predicted 'three good years' and then who knows?" Baime says. "That was seven years ago."

It was 2008 by the time his vision improved enough for him to consider a

return to medical practice (he is still blind in his right eye). By then, all of his old patients were long gone, and “the truth is, I didn’t feel like starting over,” he says. “When I knew that I had a limited window, I knew that mindfulness is what I wanted to do. I had to pay attention to what matters the most, and I wanted to leave something meaningful behind.”

Since then, Baime has devoted all of his time to mindfulness. His classes are always fully subscribed and often there’s a waiting list. He also supervises teachers, which is an intensive and time-consuming process (“They bring in recordings and we go over every class once a week,” he explains). He also gets involved in creating more programs to meet the growing demand—like a series of recordings for patients waiting for or receiving chemotherapy that is in the works—and developing remote learning opportunities through the Perelman School of Medicine for healthcare providers. With those activities, plus conducting workshops, seeing private clients, and speaking engagements, he confesses he is always tired. “During the weeks I teach, it’s all I can do to get through my email,” he says.

Not that he seems tired.

“I don’t know if his [meditation] practice has contributed to his calm demeanor, or if the ability to appear calm permits him to continue with practicing and teaching meditation,” muses the Cleveland Clinic’s Brian Mandell about his former colleague. “I am convinced, however, that he has somehow learned to sleep with his eyes open and a serene expression on his face.”

Especially in class, Baime models being “in the moment.” His voice is calm, almost hypnotic, yet his sensory antennae are on high alert. He is finely tuned to the effect that his words are having on his audience, and he makes eye contact with each student who asks a question. He responds carefully and thoughtfully—not with all the answers in every case, but with enough questions and encouragement to send the seeker toward discovering what works, or makes sense for him or her.

“We have taught well over 10,000 people, and more than 1,500 healthcare professionals, this course, and it never gets old,” Baime says unabashedly. “Every person is different, and every class is different. I have to pay careful attention to see what they need to take the next step. The only thing I can do is open the door.”

There is significant scientific evidence that our brains are more malleable than was once believed, a phenomenon called *neuroplasticity*. As far back as the 1970s, psychologist Ellen Langer demonstrated that mindful thought could change our brains for the better, leading to improvements on measures of cognitive and even vital function in adults. As *The New York Times* reported last December, recent studies have concluded that these benefits “may reach further still, and be more attainable, than Langer could have then imagined. Even in small doses, mindfulness can effect impressive changes in how we feel and think—and it does so at a basic neural level.”

Though he is intimately familiar with the research, Baime doesn’t bring it up much in class or include clinical studies in the course readings (though he’s happy to point interested students toward relevant material). He used to, “but they got in the way,” he says. “The science is all there, but we already ask a lot of our students in eight weeks. I think it is much more important to experience the benefits of mindfulness than to read about it.”

By the end of week eight, 30 more healthcare professionals have done just that.

Mark Nestor D’87 says the course has changed the way he practices dentistry. “About week three I started taking a minute at the beginning of each appointment to sit down, look at the patient and listen to them rather than flip through their file,” he explains. “I saw the bigger experience, rather than just what had to be done.”

But his most telling experience came when he found himself in the emergency room with a kidney infection. “The nurse handed me the remote for the television, and I told her I preferred to lie there and meditate. It truly helped with the pain,” he says.

Laydon finds herself using mindfulness “almost daily and on some days with almost every patient” in her psychotherapy practice. “I’ve had patients for whom this is what started the breakthrough process,” she emails about a week after the class ended.

Sharon Riser C’79, currently a psychiatric consultant in two practices, “went into the profession because I like people and hearing their stories. Somewhere, I stopped listening. Now I am reclaiming what I had forgotten I liked,” she says.

“I have been attempting to ‘slow down’ my interactions with patients (as much as time constraints will allow) and again be present with their emotional state, in a way that originally came naturally to me, but has eluded me to a great degree in the past few years,” she adds in an email. “Having now experienced the Mindfulness Program personally, it is now a program I can comfortably recommend to patients to consider in addressing their anxiety, chronic pain, etc.”

There are personal breakthroughs as well. One professional, who was “always propelled forward or ruminating in the past,” discovered she was very “good at containing patients feelings” but not her own. “After sitting with my own emotions for eight weeks, there is much less anger,” she says. Another reconnected with her passion for art, from which she had intentionally detached herself while pursuing her medical career. “I had such a heightened sense of visuals that reconnected me to such a pleasurable place that I had put the lid on,” she notes.

A pediatric oncologist realized she had “skipped the present and always been at the finish line.” The course helped her see that the “future will always be there.” Another participant shares that he hadn’t bitten his fingernails in eight weeks. A nurse practitioner found she could “breathe through” turbulence on an airplane. A recreational runner was able to run 10 miles instead of three.

All of these experiences are consistent with the research that has shown mindfulness reduces stress and anxiety, increases happiness, emotional intelligence, resilience, decision-making, and creativity. And while Baime has heard variations of these sentiments many times, he is always moved. “The truth is that each person undergoes a transformation that I find to be the most deeply satisfying thing in my life,” he says. “I see it and people tell me about it and it is the most compelling thing I have done.”

And helping colleagues achieve this transformation has special meaning. “This class has been close to my heart for 20 years,” he says. “We affect people not so much by what we do but by what we are. They feel it. They know it and they feel cared for. We can change the world in our own sphere, in our own square inch.” ♦

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