

University of California School of Pharmacy

**Heart Matters in Pharmacy Practice
Course Syllabus and Facilitator Guide**

**An Exploration into the Deeper Human Issues
of Patient Care**

Department of Clinical Pharmacy
UCSF School of Pharmacy
San Francisco, CA

THANK YOU

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<http://www.aacp.org/resources/education/pages/curricularResourceCenter.pspix>

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Acknowledgments

*Silent gratitude isn't much
use to anyone.*

— G. B. Stern

This course was inspired by our dear colleague Rachel Naomi Remen, MD, and her pioneer course for medical students, *The Healer's Art*.¹ We were prompted into action when Rachel made an astute observation by asking us the following question: We seem to be teaching medical students to leave their hearts at the patient's door, and we seem to be teaching nursing students to leave their power at the patient's door. What are you teaching pharmacy students? Our chagrined response was that, at some level, we seemed to have been teaching our students to be sure that the medicine gets into the patient's room while we stayed outside. There has been a notable absence of recognition or acknowledgment that we (as caring practitioners) can serve as a kind of medicine or means of intervention ourselves.

We were further intrigued by journalist Dan Pink's observation that the future belongs to the "right brainers." In his book *A Whole New Mind*,² Dan points out that most tasks that we perform with our left-brain capabilities can now be digitalized and/or outsourced. He predicts that our future as a society will depend on our right-brain abilities, i.e., critical thinking and analysis, pattern recognition, empathy, and compassion. Supporting his hypothesis, Dan describes some of the work being done in hospitals and medical schools to help physicians get in touch with their empathetic selves. "And where are pharmacists in this discussion?" we asked ourselves.

We gained another major insight during our exploration by reviewing the pioneering work of the Institute of HeartMath (IHM)³. Their researchers have documented the relationships among heart-

*The best and the
most beautiful
things in the world
cannot be seen or
even touched.
They must be felt
with the heart.*

— Helen Keller

Acknowledgements

brain dynamics, positive emotions, intuition, and optimal performance under the umbrella category of *physiological coherence* (the ordered and harmonious interactions among the body's systems). IHM's work in the field of education to reduce stress and test anxiety while improving emotional well-being and cognitive performance is now being applied to health care. Understanding these dynamics has significant implications for both educators and health care practitioners.

We also acknowledge the pioneer work of Malcolm Knowles⁴, who recognized that learning is fundamentally an internal change process. His principles that view learning as inquiry and change serve as the fundamental framework for this course. We also thank Tej Steiner⁵ for introducing us to the concept of *heart circles* and to the wisdom and compassion generated by coming together with heart.

Finally, it is with a grateful heart that we thank Lucinda Maine of AACP for opening the door to this work; to colleagues Claire Lee , Patrick Finley and Brett Penfil for their significant contributions and ongoing commitment to this course; to the pharmacists and health professionals who generously shared their very personal stories and finally we are indebted to the courageous students, faculty, and staff of the University of California San Francisco School of Pharmacy who, under the leadership of Dean Mary Anne Koda-Kimble, have given birth to and have nurtured this work.

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For the UCSF "Heart" Team

*The seat of
knowledge is in the
head —of wisdom
in the heart.*

— William Hazlitt

Acknowledgements

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1. Remen R. *The Healer's Art*. Bolinas, CA.: The Institute for the Study of Health and Illness at Commonweal, 2004.
2. Pink D. *A Whole New Mind – Why Right-Brainers Will Rule The Future*. New York: The Berkley Publishing Group, 2005..
3. The Institute of HeartMath. www.Heartmath.org.
4. Knowles MS. *The Modern Practice of Adult Education. Andragogy versus Pedagogy*. New York: Association Press, 1970.
- 5 . Steiner T. *Heart Circles: How Sitting in a Circle Can Transform Your World*. Phoenix, OR: Interactive Media Publishing, 2006.

There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle.

— Albert Einstein

About Heart Matters

What This Course Is

Heart Matters in Pharmacy Practice is designed to be an exploratory and reflective journey taken by students, faculty, guests and staff together.

The Course Design:

This course has three core elements:

- Stories (case studies) presented by health professionals and others
- Reflection and sharing among participants
- Individual Journaling

The structure for each session is: a) A plenary session which includes reflections and/or case studies by practitioners (pharmacists, patients, physicians, nurses, social worker, chaplain, other); b) Small groups with shared student/faculty activities and reflections and c) written student reflections between sessions. The course consists of 5 three-hour sessions with journal homework that qualify as one credit unit. Each session consists of 1.5 hours in a large group session that is immediately followed by 1.5 hours of facilitated small group sharing.

The Course Framework:

The framework for our course emerges from the story of 17th century apothecary Samuel Browne, who, according to Cown and Helfand in *Pharmacy: An Illustrated History*, kept two sets of accounts in his bookkeeping ledger in his Salem, MA pharmacy. In one account he kept record of the charge for the medicine he dispensed and in a second account he kept record of the charges for his “patient attendance”.¹ The following session topics reflect our goal to return to the concept of “attending” to pharmacy practice:

*People who lean
on logic and
philosophy and
rational exposition
end by starving
the best part of
the mind.*

— William Butler
Yeats

About Heart Matters

Session One: Tending to Our Patients (Being Present);

Session Two: Tending to Ourselves (Balance and Resiliency);

Session Three: Tending to Life Changes (Ebb and Flow of Life);

Session Four: Tending to Appreciation and Alignment (Our Stories)

Session Five: Translating Heart Matters into Practice (Our Visions).

1. D. L. Cown and W. H. Helfand, *Pharmacy: An Illustrated History*. New York: Harry N. Abrams, 1990, p. 110.

Our Point of View

Our experience has been that this course is best received when it is facilitated by faculty who share the underlying beliefs of this curriculum and who practice the art and science of pharmacy (or their own profession/discipline) from this perspective. Following is a list of principles and assumptions that inform our overall framework.

Regarding Pharmacy Practice

- Pharmacists have the skill and the dedication to address the human aspects of professional practice (the art) as well as the technical aspects of pharmacy practice (the science) to contribute to the overall well-being of patients.
- Helping student pharmacists and practitioners connect with their own hearts through an experiential and exploratory learning process is an effective way to develop competencies in addressing the human-centered elements of patient care.

Regarding the Educational Process

- Learning is an internal, dynamic change process that takes place within the learner.

Leadership is about empathy. It is about having the ability to relate and to connect with people for the purpose of inspiring and empowering their lives.

— Oprah Winfrey

It is only with the heart that one can see rightly; what is essential is invisible to the eye.

— Antoine de Saint Exupery

About Heart Matters

- All participants (faculty, students, and staff) in the course are partners in this interactive process. All are both teachers and learners.
- Each learner identifies his or her own learning needs and evaluates the outcomes.
- Learning is enhanced in a safe, confidential, and nurturing environment.
- Heart circles (small groups) provide a safe place for mutual exploration into our inner wisdom.

How We Offer This Course

Currently we offer this course at UCSF School of Pharmacy as an elective and as independent study. We offer it as such for two reasons: 1) students and faculty need to *want* (as opposed to be *required*) to take this course, and 2) the experiential nature of the course is a departure from our normal lecture courses, and not all students (and faculty) are amenable to this approach to learning.

Suggestion: Please ask your own faculty, staff, students, alumni and guests to share their own stories. Meanwhile you are welcome to use our stories. You may want to start by using only one or two of the sessions. You are welcome to adapt or modify the course materials to meet your own needs. If you decide to use the small groups, we recommend that the same facilitator stay with her or his group throughout the course. We have successfully utilized faculty, staff, alumni pharmacists, pharmacy residents and other health professionals as small group facilitators. The ideal small group size is five or six students plus a facilitator. We recommend that the small group facilitators and the course moderator debrief together after each small group session. Such a meeting provides an opportunity for the facilitators to assess how well the session objectives were met.

The people who make a difference are not the people with credentials but the ones with concern.

— Max Lucado

The body is the instrument of the mind . . . The mind is an instrument of the heart.

— Hazrat Inayat Khan, Sufi sage

About This Course Manual

How to Use This Curriculum

Each session begins with the session moderator presenting some thoughts about the day's topic and reflecting on that material from a personal perspective. Guest storytellers (guest pharmacists or others who have been asked to join the session for that day) can share their personal reflections on the day's topic. These personal stories are generally the most important feature of the sessions. In this guide we have suggested content for each session as well as questions for the session moderator and guests to explore. We offer both the content and the questions only as suggestions to help facilitators think about and reflect on the topic. Use what works for you. We trust that you will be adapting these materials and adding your own content and questions. We would be delighted to hear about how you are working with these materials and ideas.

The final 1.5 hours of each session are reserved for small group sessions called *heart circles*¹. This is the “heart” of the course because this is the space in which students (and facilitators) can personally reflect upon and share their own stories/views on the topic. In the first session, the moderator will explain how the heart circles work. In general, heart circle facilitators (those who are facilitating the small groups) will guide the students through a reflection exercise on the topic and then provide an opportunity for students to share their own reflections within the circle.

1. Steiner T. *Heart Circles: How Sitting in a Circle Can Transform Your World*. Phoenix, OR: Interactive Media Publishing, 2006.

The work of your heart, the work of taking time to listen . . . is your gift to the whole world.

— Jack Kornfield

The heart is the chief feature of a functioning mind.

— Frank Lloyd Wright

What We Are Learning

Course Evaluation

Student and faculty evaluations of this course have been, in a word, unprecedented in their overwhelmingly positive responses.

We have identified three themes that run throughout the students' responses. Students have reported that the course provides:

- *A place where they recognize that they are “not alone” in their personal and professional struggles.* Students express relief upon gaining this insight and welcome the communal support. (Some of the small groups continue to have reunions.)
- *A grounding for personal observation, learning, and growth.* Student journals and course reflections demonstrate the participants' remarkable personal growth and insights.
- *A richer view of professional practice and a growing alignment with the profession* — i.e., realizing that “WE are the medicine, too.” Most students recognize that the opportunity to practice listening (and sharing) with heart — and reserving judgment — in the small groups increases their confidence and competency for serving patients.

A sample participant course evaluation form is found at the end of this syllabus.

What we are learning.

We continue to experiment with the scheduling, content, format, and guest lecturer resources for this course. To date, we have learned the following:

The intuitive mind is a sacred gift and the rational mind a faithful servant. We have created a society that honors the servant and has forgotten the gift.

— Albert Einstein

What We Are Learning

- The optimal small group size is five or six students with one faculty or staff facilitator.
- Both faculty and students can use more time between sessions to process the content, so meeting every two weeks is more helpful than meeting every week.
- To assist participants with reflecting, processing, and assimilating the material, we have added a journaling component, requiring students to share at least one page of their journaling (at least 350 words) with the course moderator in-between the sessions.
- Guest speakers (“story tellers”) vary somewhat in their ability to grasp the course objectives and to speak from the heart, so we learned to be more selective in our invitations.
- A preregistration briefing for students is now required so that students’ expectations match the course objectives.
- The optimal time to schedule this course is in the evening as both faculty and students have found that this time of day is more conducive to reflection.
- The small group rooms need to be warm and inviting places where participants can be comfortable sitting in a circle without having a table or barrier separating them. A conventional classroom is generally not an ideal setting but can be made more inviting with the use of flowers, mats and candles.

Please experiment and explore. We would be very grateful if you would share your experiences with us so that we can continue our own learning and feed your responses back into our Heart Matters work. You can contact us at vogte@pharmacy.ucsf.edu.

I feel the capacity to care is the thing [that] gives life its deepest significance.

— Pablo Casals,
Spanish cellist and
conductor,
1876 –1973

Session One: Tending to Our Patients

OBJECTIVES

- To understand and experience the value of being present and fully attending to another person, with respect, appreciation and without judgment.
- To appreciate the power of our hearts by using, and be able to teach, a “heart breathing appreciation” technique.

Welcome

Introductions: Faculty, staff, and students introduce themselves.

Discuss why we are offering this unique course.

Review the course objectives and preview the five session topics.

Review the course logistics: We will first meet in a large group and then break into our smaller groups (heart circles).

An open ear is the only sign of an open heart
– D. Augsburger

According to his account book written in the late 1600s, apothecary Bartholomew Browne of Salem, Massachusetts, *charged both for the medication that he dispensed and for his attendance (consultation)*.

This practice was, as Cown and Helfand observe in their book *Pharmacy*, consistent with the fashion of the British apothecary at that time.¹ Eighteenth-century apothecaries served as both physician and pharmacist. This situation was a natural evolution from pharmacists' roots in the healing traditions, harking back to ancient Babylon and

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear . . . an honest compliment, or the smallest act of caring . . . all of which have the potential to turn a life around.

—Leo Buscaglia

Session One: Tending to Our Patients

Persia. Do we want to reclaim this concept of “attending”? What could it look like? Here are some stories shared by guests in previous Heart Matters courses and retold here with their permission.

A. Stories (case studies)

Just A Few Minutes. A community pharmacist shared this story. *“I had a patient/customer who would often stop by to chat briefly about the weather or his golf game. One day, I noticed ‘a change’ in this man; he appeared ‘out of sorts’ and just ‘different’. I stopped my work and took a few minutes to “be present” with this man – and probe - a little more. The customer shared that he was feeling very anxious and was actually thinking of committing suicide. I went back and checked his record and found that he had been prescribed an anti-depressant medication the week before. I explained what I thought might be happening to him and then called his physician and ultimately was able to resolve the situation. This happened a few years ago and I still wonder what would have happened if I hadn’t taken the few minutes I did to be more fully engaged and truly listen to this man.*

A Bedside Story. A community pharmacist shared this story. *I was excited about starting my clinical rotations and applying my skills in the real world. My preceptor had given us our assignments and I was nervous because I was going to interact with my first patient. She was an elderly woman who had been admitted to the hospital due to a digoxin overdose. The patient was going to be discharged and my focus during the assessment and counseling was to make sure she understood her medication therapy and avoiding another overdose. The woman was very talkative and provided me a lot of background information as well as stories about her family. After spending almost 40 minutes talking with her, I wished her well and went to the nurse’s station to write up my notes. As I reached the station, the “code” alarm*

*Wherever you go,
go with all your
heart.*

— Confucius

Session One: Tending to Our Patients

went off and the response team went running in the direction of my patient's room. I watched as they tried to revive her, however the patient died. I was shocked by the event and was not prepared to deal with death. All I could think about was that I was the last person that she spoke to about her life. When I discussed the situation with my preceptor, he simply stated people handle death differently and people do die in hospitals. I struggled with how the preceptor responded to the situation and minimized the entire event. Even today I think about how throughout the curriculum we discussed how to help patients but never how to deal with a patient's death. I am happy that I was there for my patient and truly listened to her story; however I wish my preceptor had been truly listening to me."

A Two-way Gift. *"As a young community pharmacist I had a friendly relationship with a patient with diabetes who had transitioned to insulin from oral agents. She was well-motivated to be healthy but had some very real obstacles to the injections and I could not understand what the problem was. In casual conversation she shared that her practitioner insisted that she use her abdomen as the injection site. This was proving truly difficult for her, not from the physical manipulation of giving the injection but from her belief that somehow inserting a ½ "needle (these were the "old" days with large needles) would perforate "something" internally. As I quietly listened to her it took awhile for me to understand what the underlying issue was; i.e., she believed that she could seriously injure herself with an abdominal injection. While reviewing her technique I pointed out that there were other sites that worked just as well. I still remember her warm and wonderful smile and her relaxed body language when she learned there were alternative sites. I also remember this story because this patient gave me a gift; she showed me with her smile and very obvious relief that I was able to help her by really "hearing her" and respecting*

*People will forget what you said,
people will forget what you did, but
people will never forget how you
made them feel.*

— Maya Angelou

Session One: Tending to Our Patients

and addressing her belief and her very real fear. For my part, I was just giving her some very elementary information but for her, it was critical assistance. Is there a greater gift than knowing – and seeing for yourself in the eyes of the patient- that you listened and were of help...?”

Thank You for Sharing. *“I was a clinical pharmacist in a Women’s Health Center and cared for many women undergoing difficult transitions in their lives. It was not unusual for my patients to cry as they shared their miscarriages, abusive marriages, and bouts with breast cancer. When I would mention these experiences with my colleagues they would sometimes say ‘well I guess that makes you more appreciative of the fact that you’re not in their shoes!’. I agree but actually I find my practice gratifying for completely different reasons. I am most appreciative of the fact that these women trust me implicitly and share such emotionally difficult and private matters with me. I think how difficult it must be for these women to discuss these very private experiences and so I think that, at the very least, I owe them my complete undivided attention and a heartfelt response. I learned, over time, that my listening was more effective than any medication I could recommend.”*

B. Additional Resources. We also recommend the following sources for case studies/stories:

The Heart Speaks, A Cardiologist Reveals the Secret Language of Healing by interventionist cardiologist Mimi Guarneri MD.² Dr. Guarneri came to realize, through the lives of her patients and current heart research, that medicine is not just about stitching up people and sending them on their way. The heart may be “broken” as much by loneliness and depression as high cholesterol and elevated blood

The human heart feels things the eyes cannot see and knows what the mind cannot understand.

— Robert Valett

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pressure. Her work with cardiac patients led her to listen to patient stories using her own her own heart center as she says, “Each heart has it own biography, language and method revealing its truth, if we know how to listen”³

My Stroke of Insight, A Brain Scientist’s Personal Journey by Harvard neuroanatomist Jill Bolte Taylor, PhD.⁴ After experiencing a massive hemorrhagic stroke in her left brain at age 37, Dr. Taylor spent eight years in recovery alternating between two distinct and opposite realities: the euphoric state of the intuitive and kinesthetic right brain, in which she felt sense of complete well being and peace, and the logical, sequential left brain. She reports that intuition and feelings of well being are never more than a mere thought away. In Appendix B of her book, Dr. Taylor lists “Forty Things I Needed the Most” as a patient and this list includes , for example: No. 5. “Approach me with an open heart and slow your energy down. Take your time”; No. 6. “Be aware of what your body language and facial expressions are communicating to me”; No. 40. “Remember that my medications probably make me feel tired, as well as mask my ability to know what it feels like to be me” and No. 1. “I am not stupid, I am wounded. Please respect me.”⁴

In *The Power of Kindness: The Unexpected Benefits of Leading A Compassionate Life*, Piero Ferrucci speaks about “pure attention” – without judgment or advice. Attention has a magical quality that gives vitality and it also has a moral quality because failure to pay attention can endanger peoples’ lives; i.e., not looking before crossing a busy street, parachutes not properly folded and the taking (or giving) of the wrong medication. However attention is not merely for preventing accidents, it also means “being available”, “caring”, listening.” To pay attention means to be awake, to be aware of what is right in front of us.⁵ Attention is a form of kindness and lack of attention is the

I like to listen. I have learned a great deal from listening carefully. Most people never listen.

— Ernest Hemingway

Session One: Tending to Our Patients

greatest form of rudeness. In true listening, Ferruci suggests we also hear what is not being said; we hear the voice of the soul “and maybe the cry”. To listen we have to empty ourselves of ourselves. Ferrucci says we often find ourselves in conversation hanging up the sign “Back Soon” while we keep thinking our own thoughts. He concludes that inattention is cold and hard while attention and respect is warm and caring and “makes our best possibilities flower”.⁶

A Former “Heart Matters” student journaled, *“Today I went to student health for a doctor’s appointment. I have seasonal flu with a bad cough. “I am sorry”, the doctor said, “it must be awful”. All her words were the “right” words but somehow I did not feel too much empathy from her. It makes me think how I sound when I talk to patients. In pharmacy school we learn the right things to tell patients and the steps to establish rapport (but) people can easily tell if we really care about them.”*

Researchers Churchill and Schenck interviewed 50 medical practitioners who were identified by their peers as “healers”, representing allopathic, complementary and alternative medicine. The authors identified what they call a core set of eight healing skills to improve patient care. They are: “Do the little things; take time; be open and listen; find something to like, to love; remove barriers; let the patient explain; share authority; and be committed.”⁷ One of the interviewees said “Healing is about connections and connections are about listening to people’s stories. Listening to people’s story is what makes us trustworthy – and as we are found trustworthy, we are able to be more effective.”⁸

Many students (and faculty) have found the poem, *The Invitation* by Oriah Mountain Dreamer, captures the essence of a heart based

Humans are not ideally set up to understand logic; they are ideally set up to understand stories.

— Roger C. Schank
(in Dan Pink’s *A Whole New Mind*)

Session One: Tending to Our Patients

reflection. See the website (reference section following) to access her insightful poem and her story.⁹

C. Suggested Questions for reflection: (not for cognitive discussion but for personal reflection and sharing)

- *When am I fully present to another – with respect, in appreciation, without judgment and brain chatter?*
- *What helps me be present? When am I not fully present – judging and withholding appreciation? Hanging up our “Back Soon” sign?*
- *What keeps me from being present? Do I know the difference? And how do I know the difference? Where is that knowing in me? How do I access that knowing?*
- *Do others know whether I am fully present to them, or not? (body language, eye contact?) How do I notice this in others?*
- *What is my reaction to Dr. Taylor’s “Forty Things I Needed the Most”?*

D. Suggested Activities: (Please see Notes on Creating Safe Spaces for the Heart Circles –small groups - at the end of this section)

- Learn and then teach the Institute of HeartMath’s *Quick Coherence Technique*¹:
 1. Heart Focus: *Shift your awareness into your heart; “feel” your heart.*
 2. Heart Breathing: *Imagine that you are breathing through your heart center, a little more slowly and a little more deeply than usual.*
 3. Heart Feeling: Find and feel appreciation or caring for someone or something in your life.

There is more hunger for love and appreciation in this world than for bread.

— Mother Teresa

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4. Heart Extension: (optional) *Extend this feeling of appreciation or caring out to others, to the world.*

(See reference section for the Institute of HealthMath (IHM) information and the science and research supporting the benefits of this technique in reducing stress and increasing performance. This technique is found on the HeartMath website and is presented here with permission.)¹

- Ask participants to teach the *Quick Coherence Technique* to two people (not taking this class) before the next session.
- Ask participants to reflect and share personal experiences prompted by Dr. Taylor’s “*Forty Things I Needed the Most*” list.
- Ask participants to choose pictures that symbolize – or speak to them – about the attended and non-attended facets of themselves. Have a collection of assorted newspaper/magazine/other pictures to draw from – or give participants paper and crayons and ask them to draw a picture of themselves emphasizing the attended and non-attended facets of themselves.
- Ask the participants to bring stories, poems, other items that speak to the concept of listening with kindness, appreciation and heart.
- Ask participants to share a personal story of attending or being attended to, or sensing “Back Soon” signs in others – *what did that feel like? Was there a change in you? i.e., in your perceptions, attitudes, feelings? Did anything surprise you?*

The great gift of human beings is that we have the power of empathy.

— Meryl Streep

Session One: Tending to Our Patients

D. Suggested Journal Homework

Reflect and journal the personal story question above or reflect on your own beliefs, attitudes, perceptions and feelings that were affected or touched by this session.

E. Session One References

1. Quick Coherence™ is a registered trademark of Doc Childre. See www.heartmath.org.
2. Guarneri M. *The Heart Speaks*. New York: Simon and Schuster, 2006.
3. Guarneri M. p xiii.
4. Taylor, JB. *My Stroke of Insight*. New York: Viking, 2008. “The Forty Things I Needed Most” list is found in Appendix B.
5. Ferrucci ,P. *The Power of Kindness: The Unexpected Benefits of Leading A Compassionate Life*. NewYork: Jerem P. Tarcher/Penguin, 2006.pp.102-103
6. Ferrucci P. 104.
7. Churchill LR, Schenck D. *Healing Skills for Medical Practice*. *Ann Intern Med*. 2008; 149:720-724.
8. Churchill, p. 723.
9. http://skdesigns.com/internet/articles/prose/oriah_mountain_dreamer/invitation/

F. Suggested Reading and Resources

Childre , D and Howard Martin, *The Heartmath Solution*. New York: Harper Collins, 1999. pp. 50–63.

Childre D., and Rozman, D. *Transforming Stress*. Oakland, CA: New Harbinger, 2005

Huther, Gerald. *The Compassionate Brain*. Translated by Michael H. Kohn. Boston: Trumpeter, 2006

The Institute of HeartMath. www.Heartmath.org. This website is a major reference for research and education on heart coherence.

Listening is a magnetic and strange thing, a creative force. The friends who listen to us are the ones we move toward. When we are listened to, it creates us, makes us unfold and expand.

— Anonymous

Session One: Tending to Our Patients

Nichols M P. *The Lost Art of Listening*. New York: Guildford Press, 2009.

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Steiner T. *Heart Circles: How Sitting in a Circle Can Transform Your World*. Phoenix, OR: Interactive Media Publishing, 2006.

Session One Notes on Heart Circles (small groups)

On creating “safe spaces” in the Heart Circles (small groups)

- We agree to listen with heart to each other. That is all that is required.
- This is not group therapy; we do not try to fix each other's problems. No one is broken.
- Confidentiality is important (what happens in a circle stays in the circle). We share from personal experience, using the pronouns *I, me, and my*.
- Each person talks to the center of the group.
- We all honor silence.
- We need to be “present”; therefore, please do not bring food or drink except water.

The heart is the perfection of the whole organism. Therefore the principles of the power of perception and the soul's ability to nourish itself must lie in the heart."

— Aristotle

Special note for facilitators: Do not have participants sit around a table,

Session One: Tending to Our Patients

which is a barrier to sharing. Make the room as comfortable as possible. Suggest that participants sit in a small circle or on the floor around an object like a candle or flowers, or a small rug or something to help create or communicate a relaxed setting.

The way to the heart is through the ears.

— Katie Hurley

Session Two: Tending to Ourselves

OBJECTIVES

- To raise awareness of our choices about self care and the sense of balance and resiliency in our lives.
- To recognize the importance of self-care and self-investment for reducing stress and increasing optimal performance.

You yourself, as much as anybody in the entire universe, deserve your love and affection. — The Buddha.

A. Case Studies/Stories

Every Patient is My Mother. A hospital pharmacist describes the quest for balance in her life as she struggles with routinely working eight to twelve hour days alternating with evenings while maintaining a significant relationship with her partner and caring for herself personally and professionally. *“I meet annually with a professional colleague (former residency colleague) to assess our goals, ‘Are we having the impact we said we wanted to have? Are we achieving our goals?’ I made a commitment to have dinner with my partner or go to the gym together every evening. It’s not easy for a partner, an elementary school teacher who is not very familiar with acute medical care, to understand that on-call schedules are not at all ‘regular’. I am very proud of my career and feel privileged to care for my patients.”* She shared her secret for patient care: *“View each patient as a human being, providing each the same attention to detail, as if this patient were your own mother.”*

To love one’s self is the beginning of a life-long romance.

— Oscar Wilde

Simple kindness to one’s self and all that lives is the most powerful transformational force of all.

— David R. Hawkins

Session Two: Tending to Ourselves

A New Baseline for Life. A pharmacist shares that in one day her life took a major turn. *“I was caring for my two young children who both had the flu and were quite sick. While I was upstairs with the children vomiting and quite upset I heard my husband call out while he was in the shower downstairs. I found him unconscious, called 911 and got him to the ED. However I had to leave him “on the gurney” in the hallway while I went back to retrieve the children. I returned to the hospital to find him crying (he had to face his diagnosis of a brain tumor alone). I felt I had been hit by a Mac Truck. Everything was happening at once and I felt overwhelmed the with rapid pace of all the events. Today, my family and I are living with the possibility of his tumor turning aggressive at any time. Shortly after this incredible event I was with my mother-in-law in her last moments on this earth and in that moment I had an insight that I needed to fully embrace my life (she quoted Rumi’s The Guest” here in her story). I took a class in Mindfulness to learn how to do this – to embrace it all and live in the moment. I am learning to acknowledge events and let them have their place but not to let them take over my life. I now have a new baseline for life and understand – and appreciate - that everything IS whatever I make it out to be.”*

B. Additional Resources.

A lesson from airline safety. Most of us have probably flown in an airplane and we probably also remember the key instruction that flight attendants give when they are teaching us how to survive if the plane is depressurized; “if you are traveling with a small child or anyone else who needs help putting on their oxygen mask, put your mask on first and then assist the other person”. Remembering that taking care of ourselves first is essential not only to our personal well-being but also to the well-being of those for whom we care.

*Be yourself.
Everyone else is
taken.*

— Oscar Wilde

*Invent your world.
Surround yourself
with people, color,
sound and work
that nourish you.*

— SARK

Session Two: Tending to Ourselves

Mindfulness. Mindfulness is a calm awareness of the present. It is described as a “flexible state of mind that is characterized by openness to novelty, sensitivity to context and engagement with the present moment.”¹ To be mindful is to be aware of your thoughts and actions in the present, without judging yourself. Let everything become your teacher. All your experiences are mirroring your own reflections (values, attitudes, beliefs) about yourself. It is the impartial non-judgmental witnessing of the flow of your life. The mindful individual comes to recognize that each event in life is or becomes whatever meaning we make of it. Mindfulness is a lifetime journey that leads into you helping us recognize the impermanence of events and relationships. We recommend all materials by Jon Kabat Zinn PhD on the subject of Mindfulness particularly *Full Catastrophic Living* which describes the U of Massachusetts Stress Reduction Clinic.²

A Former “Heart Matters” student reflects ...”*Doing the ‘heart coherence’ technique has been a great way to escape from the crazy rush of daily life. What I started to notice is that I don’t normally devote time to myself. I mean, it made me feel a little sad. So much of the day is spent in a stressful race to complete all the things I need to do....things I need to accomplish, in order to further my career/studies, or to better myself or position. It’s always about my external image and I don’t normally take care of what’s inside. I realize that when I bring up the feeling of gratitude, it feels great to appreciate something else outside of me. It’s a really good feeling...I often feel like I have little control of what is going on around me, or where my feelings may lead me. Doing these exercises gives me a stronger sense that I can have some control over what I feel or what my mood may be...usually it’s not all that bad. Finally, I notice my need for connection. Feeling appreciative of someone or something in my life makes me realize*

We are each a gift, exactly as we are in this moment, with no improvements!

— SARK

The snow goose need not bathe to make itself white. Neither need you do anything but be yourself.

— Lao Tzu

Session Two: Tending to Ourselves

what is important to me. More than career and success, I really long for strong connections with those I truly care about.”

Another student reflects...*”Pleasure with a side of guilt: I often experience such guilt after making a decision to do something fun for myself. A common example is that I will decide to go to a Broadway musical (which I love), however this takes away from study time. After buying tickets and after the play I used to have this pang of guilt for not studying, like my classmates. However, within the last three weeks something has changed in this respect; I am not feeling guilty that I am taking time for myself. I recently attended a concert that I truly enjoyed and afterwards I felt refreshed. This was the first time that I truly took the time to enjoy the things that I love to do and I think it was due to the reflections and work that I have been doing relating to our Heart course. I am realizing that truly taking time for myself is an important aspect of surviving and it should be allowed guilt-free!”*

A study of primary care physicians recently reported in JAMA showed that participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care.³ The authors acknowledge that mindfulness-based interventions are increasingly frequent in health professional education and have demonstrated improvements in anxiety and mood, as well as reductions in burnout and increasing resiliency.

Finding Balance in a Medical Life: Reclaiming Your Life While Serving Others is a guided program to help physicians (and others) reclaim a sense of balance in their lives. Developed and written by Lee Lipsenthal MD this guide helps physicians gain “clarity, flexibility and life balance”.⁴ In particular his discussion of “over care (caring and

The key of all life is value. Value is not what you get; it's what you give

— Jay Abraham

I don't just like myself, I'm crazy about myself.

– Mae West

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needing to be needed)” and the need and expectation to be perfect is very applicable to the pharmacist community.⁵

Suggested questions for reflection.

- *Do I live in accordance with the principles that I want my patients to follow to promote better health? In what ways?*
- *Am I a good person because of what I do (work hard, serve others)? Is it enough that we are just as we are? Whose expectations am I trying to meet?*
- *Can I appreciate myself? Without judgment?*
- *What stops me from taking care of myself? What inspires me to take care of myself?*
- *Am I comfortable saying “no”?*
- *Do I know/recognize the signs of burnout in me?*

C. Suggested Activities.

- Ask participants to write (or choose or draw pictures) showing their answers to the following questions:
- *”Do I know/recognize the signs (physical, emotional, mental) of stress and/or burnout in me?*
- *What is my first reaction when I recognize I am under stress? Is this a healthy response? Am I happy with this response? And/or what would be a more healthy response?*
- *Ask yourself “do I treat myself with the respect and kindness I treat others?”*
- Do a mindfulness meditation. *Observe your breath – as you breathe in and out. Observe your thoughts as they come up and let them float by as if you are standing on a riverbank and your thoughts are the river (or are the clouds floating by). Do this for five minutes or ten minutes. How do you feel now? Is there still*

It’s surprising how many persons go through life without ever recognizing that their feelings toward other people are largely determined by their feelings toward themselves, and if you’re not comfortable within yourself, you can’t be comfortable with others.

— Sydney J. Harris

Let yourself be silently drawn by the strong pull of what you truly love.

— Rumi

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stress in your body? Where? Pretend you are breathing through that stressed area. What happens?

- Ask participants to do the “Quick Coherence Technique” (refer to Session One)
- Make a list of a number of everyday routine activities, include activities that you consider uninteresting, boring or tedious; i.e., travel to/from work, doing your laundry, buying groceries. Imagine yourself doing these activities in a heightened state of awareness. How does this feel? As you actually do these activities in the coming week shift your awareness and see what happens.⁵

D. Journal Homework

Reflect and journal any of the questions and mindfulness meditation above and/or reflect on your reactions and feelings to the stories shared in this session.

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The perfect man of old looked after himself first before looking to help others.

— Chuang Tzu
(360 – 275 BC)

In dealing with those who are undergoing great suffering, if you feel “burnout” setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective.

—The Dalai Lama

Session Two: Tending to Ourselves

5. Lipsenthal, Lee. Pp.30-31.

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I always wanted to be somebody but I should have been more specific.

— Lily Tomlin

Beauty is not in the face; Beauty is a light in the heart.

—Khahil Gibran

Session Three: Tending to Life Changes

OBJECTIVES

- To validate the reality of the physical/mental/emotional effects – and “side effects” – of the ebb and flow of life.
- To validate the healing power of being present and in appreciation while experiencing or witnessing life changes.

Nothing endures but change — Heraclius

A. Case Studies/Stories

A Father's Gift. A recent pharmacy graduate shared his story: *“Pharmacy school was not only a place to learn about the medications affecting individuals, but how to use that knowledge to create and understand the compassion necessary to truly provide care for patients whether on the wards or in the community. For me, my pharmacy school adventure took a most unexpected turn when I was at a pharmacy conference. With one phone call from my brother, not only did I learn my father was diagnosed with Stage 4- colorectal cancer with the signet ring cell genotype, but that my life was changed forever. And so the little things became more important than any milestone. My father was not going to see me graduate, he was not going to see me married with kids, he was not going to see me working in the community. Thus, I focused on the few things I was capable of providing: memories, love, & fortitude. My most treasured memory of my loving father was while I cared for him the final weeks of his life. We awoke in the morning after I provided an oxycodone IR dose due*

The risk of love is loss, and the price of loss is grief — but the pain of grief is only a shadow when compared with the pain of never risking love.

— Hilary Stanton Zunin

If I accept the sunshine and the warmth, then I must also accept the thunder and the lightning.

— Kahlil Gibran

Session Three: Tending to Life Changes

to breakthrough pain. He asked me to open the door. My father couldn't talk very much. I held his hand, I told him I loved him, and the sun poked over the fence. We sat there in silence, I could see his face lift at the sun as its Arizona heat hit his face, and I knew he was soaking in this moment. With the sun and his son, in the blissful hours of morning, we were truly together, united. I knew then that my physical presence via hugging him or holding him, went beyond any words, and I reflect on this many times. Throughout those days and for the 19 months he fought, I saw my father in a new light. I saw his strength, and I realized how short all of this truly is in life. How every day we must seek out love, love of people, love of art, love of science, and dearly hold on and experience them daily."

I Am Also A Patient. A community pharmacist shared this story. *"I am a pharmacist and I have been diabetic since 1984 (when I was 31yo). I self-diagnosed my condition when I had lab work done at a clinic where I was working and I "loosely" managed my diabetes until an unexpected event changed my life. A major episode of DKA (diabetic ketoacidosis) sent me to the hospital intensive care unit and I finally had to confront the reality of my diabetes. Unfortunately none of my endocrinologists would address the emotional toll of DM 1; even my highly trained and highly recognized specialist referred me to psychiatrists and chronic diseases managers for help that he apparently could not provide. The most enlightening and helpful information for me came from a 3 day diabetes pump workshop where diabetes patients spoke openly and candidly of their own experiences. Now with insulin pump management, I feel in control and am in control of the day-to-day dosing mechanics. When control is not ideal or is problematic, patients (including myself) can feel very isolated and discouraged. Low blood sugar (60's) can also predispose me to feel depressed. High blood sugars (300+) can predispose me to be*

There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief . . . and unspeakable love.

— Washington Irving

It is never too late to become what you might have been.

— George Eliot

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cranky/grouchy. I find myself hard -pressed not to “dump” on my spouse and friends. I learned that diabetes, as a chronic disease, does not need ‘PollyAnnas’ or cheer leaders to tell us ‘you’ll be fine’ or ‘try harder’. We need to hear from our caregivers that they acknowledge our daily efforts and recognize that the test numbers (blood glucose readings/A1c) don’t really tell the whole story. My own experience is teaching me that practitioners best serve a patient when they review with a patient their daily successes and challenges beyond just looking at blood sugar logs. Patients who show up for appointments, are adherent with meds and lab tests are already motivated but to truly open the door to dialogue that will serve me, as patient, PLEASE recognize and acknowledge my continuing efforts.”

B. Additional stories/resources.

In *Saying Yes to Change - Essential Wisdom for Your Journey* by Joan Borysenko and Gordon Dveirin recommend essential questions for inquiry and reflection into life transitions. They suggest “inquiry is coming into a right relationship” and the desire to “delve beneath appearances and discover the underlying truth makes inquiry an essential practice for liberation” i.e., understanding and learning from change and seeing life transitions with new eyes.¹

Neale Donald Walsh in *When Everything Changes Change Everything* says that “Life meets its purpose through the process called change....what can be changed is the way you deal with change, and the way you are changed by change.”² He challenges the reader to see that life is a continual process of recreating the Self and that we can change our *experience* of change. Walsh suggests that we “can change everything” including changing our idea about change itself and why change occurs.

The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss and have found their way out of the depth. These persons have an appreciation, a sensitivity and an understanding of life that fills them with compassion.

— Elizabeth Kubler-Ross

Session Three: Tending to Life Changes

A former “Heart Matters” student shared this reflection. *“I think that the topic “The Ebb and Flow of Life” includes much more than just extreme losses. I feel there are constant changes in my life that require personal adaptation and acceptance. In school, over the past few days, I have received midterm after midterm back and have failed to perform as well as I had hoped, or as well as I believe that I am capable of. While I can beat myself up over these failures, the heart coherence technique has helped me to come to a centered realization of appreciation of other aspects of my life, even when not everything is going perfectly. I have come to realize that I always have people to be thankful for and I can look to them for inspiration when I am feeling down.”*

Further thoughts: *As we grow up, we learn that even the one person that wasn't supposed to ever let you down probably will. You will have your heart broken probably more than once and it's harder every time. You'll break hearts too, so remember how it felt when yours was broken. You'll fight with your best friend. You'll blame a new love for things an old one did. You'll cry because time is passing too fast, and you'll eventually lose someone you love. So take too many pictures, laugh too much, and love like you've never been hurt because every sixty seconds you spend upset is a minute of happiness you'll never get back. Don't be afraid that your life will end, be afraid that it will never begin. Anonymous.*

Resiliency is the ability to bounce back from change, literally to retain the original shape after a change. Al Siebert of the Resiliency Center³ studied highly resilient survivors and identifies qualities to improve our own resiliency. They include: playfulness, childlike curiosity; continually learning from experience; being comfortable with contradictory personality qualities (e.g., be strong and gentle, serious

We must be willing to get rid of the life we've planned so as to have the life that is waiting for us. The old skin has to be shed before the new one can come.

— Joseph Campbell

There is no better than adversity. Every defeat, every heartbreak, every loss contains its own seed, its own lesson on how to improve your performance the next time.

— Malcolm X

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and playful) ; have self-confidence and self esteem, believe in yourself; expect things to work out well, express feelings honestly, read other people with empathy, use intuition and have a talent for serendipity, “how can I turn this situation around and where is the gift in this?”

Questions for Reflection (adapted from Borysenko and Dveirin)⁴

- *Can you remember a time when the world as you knew it fell apart? What did this feel like?*
- *Do you believe you were changed or transformed in the process? In what way? Was there a “gift “ in this?”*
- *Do you believe change happens for a reason? What could be the reason(s)?*
- *Have you ever changed your thinking? About what? How did that happen? What did it feel like?*
- *What are your resiliency strengths? Can you strengthen your resiliency? How?*

Find a place [inside] where there's joy, and the joy will burn out the pain.

— Joseph Campbell

C. Suggested Activities

- Think about a personal story of change (as in the question above) and write or draw or choose pictures that speak to that story OR use a story of change that happened to someone else, even if it was a book or a movie. (adapted from Borysenko and Dveirin)⁴
- Ask participants to do the “Quick Coherence Technique” (refer to Session One)
- Ask participants to bring a small object that represents, in some way, a change in their lives. Let all the group members hold each others' objects.

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- Ask participants to draw a picture – or write a list – of their own resiliency strengths.

D. Journal Homework

Reflect and journal any of the questions regarding change and the ebb and flow of life events and/or reflect on your reactions and feelings to the stories shared in this session.

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Loss is nothing else but change, and change is Nature's delight.

— Marcus Aurelius

Session Three: Tending to Life Changes

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*Our deepest fear
is not that we are
inadequate. Our
deepest fear is not
that we are
powerful beyond
measure. It is our
light, not our
darkness, that
frightens us.*

— Marianne
Williamson

Session Four: Tending to Appreciation and Alignment

OBJECTIVES

- To identify and enhance the intrinsic value of gratitude and appreciation.
- To recognize or reclaim the appreciation and joy (sense of accomplishment or contribution) associated with giving to others.
- To remind ourselves of the impact that we are capable of having on the well-being of others.

Let the gratitude flow — James O’Dea

Case Studies/Stories

Grateful or Not. This is the summary of an actual discussion between two community pharmacists discussing their work for the same community pharmacy. Pharmacist A feels burdened by the heavy prescription load facing him every day at work and sees the workload as a continuing obstacle to being “finished”. *“ I constantly feel tired, and overwhelmed ”* He feels dissatisfied with pharmacy practice. On the other hand, Pharmacist B sees her work very differently. *“When I see the prescriptions and phone orders piling up I say, ‘Thank you ‘to every patient and doctor because I have work that I can do. When I see the busload of senior citizens pull up to the storefront and the patients start lining up at the pharmacy I remind myself that it’s a wonderful feeling to be needed. I can really help these people.”* Pharmacist B is happy in her work and, as she reports, is “thrilled” to be a pharmacist.

The most important things in life are not things

— anon

Session Four: Tending to Appreciation and Alignment

Growing into Gratefulness. A pharmacist shared his story. *“Within an hour of the time that our first child was born, a pediatric resident told my wife and me that our son had physical findings consistent with trisomy-21 (Down syndrome). Having had “normal” antenatal testing during the pregnancy, we had not expected this news. Our experience with the hospital staff was neither pleasant nor supportive. That initial experience shaped my very early view of what it would be like to have a son with trisomy-21. I felt that the three of us (my wife, my son, and I) were very alone in this detour that our life had taken. But over the past 2 years, I have seen my less hopeful vision replaced with something quite different. We are not alone. We are surrounded by supportive families – some of whom have children with trisomy-21 and many of whom do not – and by friends that share in our joy and our occasional sorrow. I am grateful for them, and for the many strangers who accept our son’s warm smile, and return it in kind.”*

The Gift of Photos. A physician internist shared this story. *“I was caring for a patient terminal with an a very aggressive tumor. I felt “helpless” because there was nothing more I could “do” for his patient and the patient was depressed because he felt he had nothing to give or leave behind for his family and friends. I remembered that the patient was an avid amateur photographer and guessed that the patient probably had boxes full of pictures. I suggested that the patient give his pictures as gifts. The next week the patient reported that he held a warm and wonderful party with his family and friends and they reminisced about the funny stories and events that the pictures told. The patient reported that he was very happy and... died the following week. I remember that while I was feeling helpless the photo idea just “popped in my head as I listening ‘with all my heart’ because there was nothing more I could do medically. I think that when you are listening ‘with heart’ as well as your brain, you are giving the very best gift you possibly can. The reward was as much mine as it was his.”*

Dedicate your own work...you can infuse your work with purpose and meaning when you think of it as a gift.

— Daniel Pink

Gratitude is the memory of the heart.

— Jean-Baptiste Massieu

Session Four: Tending to Appreciation and Alignment

Back to the Old Country. “Elsa was an 85 year old German emigrant who I was scheduled to see for routine management of her medical problems and medications shortly before the Holidays. As this was her first visit, I began by asking her about her living situation and she immediately began sobbing, sharing through a thick accent that she had lost her husband one year ago after a lengthy illness and her son just one month later to a heart attack. ‘They were all I had here in the United States,’ she said. “And all my friends back home are gone now too.’

I attempted to be empathetic but with every question I asked she answered with a reference to her deceased husband and son, prompting lengthy crying spells and a largely unproductive interview. When I asked her about her appetite, she shared that it was no fun to cook for one person. When I asked her about exercise, she answered ‘what’s the point in prolonging my life?’

Finally, I realized that maybe they could talk about the old country, as my grandmother was from Germany as well. I soon learned that they were both from the Black Forest area and her eyes brightened as she recalled beautiful rivers and rolling hills and castles. I remembered some of the names of obscure German recipes my grandmother had made and she perked up as well, mentioning that ‘you just can’t find a good streudel here in America.’

Eventually we moved on to discuss her health and medications and as she left the office, she held his hand and said ‘thank you so much for brightening my day. There may be only one of me at the dinner table this Christmas but I think I’m worth a good old-fashioned German meal...at least once a year.’ It seems we both exchanged gifts of appreciation in our meeting.”

Each of us can look back on someone who made a great difference in our lives, someone whose wisdom or simple acts of caring made an impression on us. In all likelihood, it was someone who sought no recognition for [her or his] deed other than the joy of knowing that, by [her or his] hand, another’s life had been made better.

— Stephen M. Wolf

Session Four: Tending to Appreciation and Alignment

B. Additional Resources

Robert Emmons in *Thanks! How the New Science of Gratitude can Make You Happier*¹ points out that historically gratitude is the parent of all virtues and there is nothing more honorable than a grateful heart. Grateful people put things in context and see life from a larger perspective and have a strong sense of self-worth. Research shows that the people who used “gratitude induction” (counting your blessings) as opposed to the people that counted their hassles (burdens) showed an “impressive array of benefits; they felt more joyful, enthusiastic, interested, attentive energetic, excited determined and stronger than those in the hassle group”². Emmons reports that when we *feel* good we tend to *do* good and that gratitude inspires generosity.

A former Heart student 's reflection... *“The past three weeks have been stressful and chaotic. Five midterms in nine days left me pressed for time, anxious with the pressure of wanting to do well, and at times gripped with the potential fear of not performing to the best of my capabilities. Despite these frustrating emotions, I remained peaceful, calm and content – truly the result of conducting the “Heart Coherence” technique on a daily basis. Every evening, before retiring for the night, I place my hand on my heart, breathe slowly and call upon a feeling of warmth and appreciation, realizing that each moment of the day was a gift for some measure of growth. Since starting this exercise I have witnessed a semi-transition in my attitude, approach to life and my reaction to circumstances. Suddenly, the trivialities of life have truly become trivialities that no longer consume the precious time and attention that I once afforded to them. I realized that I have started to view life from a larger focus and that the broader perspective is incredibly fulfilling.”*

When you do things from your soul, you feel a river moving in you, a joy. When actions come from another section, the feeling disappears.

— Rumi

You gave me your time, the most thoughtful gift of all.

— Dan Zadra

Session Four: Tending to Appreciation and Alignment

Wayne Dyer in *Excuses Begone*² writes that alignment is a verb that connotes action “be it literally changing old thinking habits so that they match up to your awareness or the actual shifting of behavior so you think and act as an aware person”³ He believes that we always have the power to bring ourselves into harmony with who we really are and recommends the practice of catching ourselves when we are engaged in the habit of negative thinking; “affirm that you are aligned with your inner source”.⁵

Since ancient times, philosophers and sages from every spiritual tradition have taught that cultivating gratitude is the key to experiencing deeper levels of happiness, fulfillment, and wellbeing. One of the earliest advocates of a daily gratitude practice was Dutch philosopher Rabbi Baruch Spinoza. In the 17th century, he advised that each day we ask ourselves the following three questions:

1. Who or what inspired me today?
2. What brought me happiness today?
3. What brought me comfort and deep peace today?

This practice, wrote Spinoza, would help us find more meaning and joy in our lives and lead us to profound inner transformation.⁶

Questions for Reflection.

- Focus on the benefits or “gifts” that you have received in your life. These gifts could be simple everyday pleasures, people in your life, personal strengths or talents, moments of natural beauty, or gestures of kindness from others. Take a moment to really savor or relish these “gifts”, think about their value, and then write them down (adapted from Emmon’s *Thanks!*)⁴

There are many things in life that will catch your eye, but only a few will catch your heart. Pursue those.

— Michael Nolan

Meditation is being happy with yourself for no reason at all. The joy of cherishing your being, happy that you are. You are simply in love with yourself, in love with existence.

— Tishan

Session Four: Tending to Appreciation and Alignment

- What in your day, in your life, fills you with reverence, awe and appreciation?

C. Suggested Activities

- From the list you generated in the Reflection exercise (above), group your “gifts” into categories (of your own choosing).
Are there any similarities among your gifts? (some relate to people, some relate to things) within your own list?
- *Compare your list/groupings with others. Are there any similarities? Surprises?*

The most important things in life are not things – Anon.

D. Journal Homework

Keep a “Gratitude Induction” list for at least five days (recommend you do this at bedtime reviewing your day). Note if/how keeping this list makes you feel? Do you begin to view your life different? Are there surprises?

E. References

1. Emmons R. Thanks! How The New Science of Gratitude Can Make You Happier. New York: Houghton Mifflin Company, 2007.
2. Emmons. Pp. 30-31.
3. Dyer W. Excuses Begone! How to Change Lifelong, Self-Defeating Thinking Habits. Carlsbad, CA: Hay House Inc., 2008.
4. Dyer W p.83.
5. Dyer W. P.88.
6. Quoted in The Chopra Center Newsletter, November, 2009.
www.chopra.com

Nothing can bring you happiness but yourself.

— Ralph Waldo Emerson

Feeling gratitude and not express it, is like wrapping a present and not giving it.

— William Arthur Ward

Session Four: Tending to Appreciation and Alignment

F. Suggested Reading and Resources

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Kabat-Zinn J. *Full Catastrophe Living*. New York: Bantam, 1990.

Mandela N and Glover D. *Long Walk to Freedom: The Autobiography of Nelson Mandela*. Boston: Little, Brown, 1996.

Robinson K. *The Element – How Finding Your Passion Changes Everything*. New York: Viking Press, 2009.

Seward-Magee, J. *A Mindful Way – Eight Weeks to Happiness*. Berkeley: Parallax Press, 2006.

I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who will have sought and found how to serve.

— Albert Schweitzer

Session Five: Translating Heart Matters Into Practice

OBJECTIVES

- To learn how to tell positive affirming stories about our lives and our work that continue to draw out the best in ourselves.
- Using an “appreciative inquiry” approach, to identify our strengths and the “best of what is” in our lives.
- To apply these concepts to a results-oriented vision for our professional practice.

You are not here merely to make a living. You are here in order to enable the world to live more amply, with greater vision, with a finer spirit of hope and achievement. You are here to enrich the world, and you impoverish yourself if you forget the errand.

—Woodrow Wilson

A. Case Studies/Stories

A Privilege To Serve. A pharmacist specializing in elder care shared how reflecting on her past helped clarify her path and future work. *“Much of my early experience with health care settings came sitting in waiting rooms. At the age of 42, my mother was diagnosed in with Stage IV breast cancer. Through my adolescence, I witnessed her struggle—chemotherapy, radiation, horrible medication side effects. As a teenager, I got very little information about what was happening from her health care providers. After she died at 47, I spent many years wrestling with the question of “why?” Why did she suffer so much and die so young? Why couldn’t the doctors fix her illness?”*

There is no greater agony than bearing an untold story inside of you.

— Maya Angelou

The purpose of life is a life of purpose.

— Robert Byrne

Session Five: Translating Heart Matters Into Practice

In my pharmacy residency, I was assigned to an oncology rotation. By this time, I had spent plenty of time working as a health care provider.

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But that oncology rotation brought everything from my adolescence rushing. I spent that six-week rotation in the satellite pharmacy, never once laying eyes on a patient. I felt hobbled by the stigma of my past experience, seeing it as a liability.

Over the next several years, I hesitantly ventured to share my experience with a few colleagues. I found myself working in a nursing home, surrounded by death and dying. I gradually began to see my experience as an asset rather than a liability. I had empathy for my patients and their families. Some of my colleagues expressed frustration when families wanted extreme measures taken for their parents. ‘Can’t they see she’s dying?’ I had my own experience to draw on. ‘No, they can’t see that. They still see the mother who raised them. They don’t know what death looks like.’ I could tell them about my visit to the hospital the day before my mother died; how livid I became when the nurses told me they hadn’t fed her anything because she hadn’t asked. Of course she hasn’t asked, I thought, she can’t talk! I had no idea that she was so close to death. I thought they were killing her. I believe I have an answer to my question of ‘why’ now. My mother was one of the most helpful people I have ever met. By sharing her experience with others and acting as a witness for patients and their families I now understand how I am contributing and carrying carry on her legacy of service. It is a privilege.”

I Don't Want Your Medicines. A clinic pharmacist tells of a 43 year old HIV-infected man who refused effective antiretroviral therapy. *The patient said ‘I have left doctors because they want me to take their toxins. I came in today to deal with this rash but I do not want to take any HIV drugs.’ His T-cells were 63 and his HIV viral load was over 200,000. Karl liked to talk, and so I, as the pharmacist, listened. He was articulate, decisive and carried some anger. He had seen his*

What if the question is not why am I so infrequently the person I really want to be, but why do I so infrequently want to be the person I really am?

— Oriah Mountain Dreamer

Great minds have purposes; others have wishes.

— Washington Irving

Session Five: Translating Heart Matters Into Practice

friends waste away and die on the toxic medicines. ‘They are now in the AIDS Grove and they are my heroes. I visit them and honor them.’ Listening to Karl, I found myself reflecting on my own experiences in caring for HIV-infected individuals over the decades. I, too, cared for and honored individuals wasting away and dying while taking medicines that then has little durable efficacy. However, I also knew that we have made significant treatment advances and today the combinations of medicines we recommend are far more effective. I asked Karl, ‘Could you consider taking medicines your friends never had a chance to take as a way of honoring their memories?’ The room was quiet. Karl became tearful and so did I. ‘I never thought of it like that’, he said. ‘You have definitely given me something to think about.’ Karl left that day without a prescription but he did have a new perspective on the medicines and ‘someone he could talk with’. Months later he began antiretroviral therapy. As I reflected – and empathized with – Karl’s story over the many months he was in our clinic, I found myself coming to a clearer sense of my own story and why I serve and how I can contribute as a pharmacist who is trying to listen with heart”.

The Call To Keep Learning. *A pharmacist faculty member shared this story. “As a pharmacist (of long standing) I have had the good fortune to practice my profession in a variety of settings; from general and specialty hospitals, to psychiatric facilities, to ambulatory clinics and community pharmacies. However throughout my practice I felt I was literally throwing pills at people over the pharmacy counter. I felt like an automated dispensing machine and did not understand what meaningful role I was playing, if any. I sensed a need to learn more about health care, disease and the healing process and my own role as a health provider. This search ‘to know’ led me into further education and ultimately teaching. Today I teach because I need to*

I am here for a purpose, and that purpose is to grow into a mountain, not to shrink to a grain of sand. Henceforth will I apply ALL my efforts to become the highest mountain of all, and I will strain my potential until it cries for mercy.

— Og Mandino

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know! I ache to keep learning. I understand now that while we can often appear to “cure” disease with our medications and interventions, healing essentially is an internal change process, just like learning, and oftentimes healing needs the interplay of heart, mind and spirit to support the physical changes (just like learning). Sometimes “curing” is enough to get the job done but often, especially with chronic disease (or dis-ease), healing also has to take place within our hearts. I have found that as long as I am engaging my own heart, as well as my head, teaching and learning are meaningful ways for me to serve”

B. Additional Resources

In *The Call* by Oriah Mountain Dreamer, the author says “I have heard it all my life, a voice calling a name I recognized as my own.”¹ She believes that it is necessary for each of us to reinvent the wheel to discover the truth for ourselves. The only way to get there is to go through the process ourselves. We can learn from other peoples’ stories but ultimately we each have to reflect and learn from our own. Oriah quotes the poet Rumi.

*A Story is like the water you heat for your bath.
It takes messages between the fire and your skin.
It lets them meet, and it cleans you. ¹*

Oriah urges us to hear and heed the call to live the meaning of our story – the why – at the center of our lives and live life consciously. Oriah’s “call” is to live consciously and embody the deep happiness that is, as she says, our birthright. This book contains many beautiful meditations, particularly her “Meditation on Simply Being”.²

A Former “Heart Student’s” reflection... *“Although I have definitely learned a lot of different things though out this course about other*

Great minds have purposes; others have wishes.

— Washington Irving

There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle.

— Albert Einstein

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health professionals, not to judge other people, being thankful and using “heart” in the different things I do, I was left, most of all, with an overwhelming sense that I wanted to become a “positive deviant” for all of the people around me including family, friends, Patients and colleagues....I have engrained Atul Gawande’s suggestions into my personal philosophy...I will ask unscripted questions, not complain, count something, write something and of course, constantly peruse change for the better.”

Appreciative Inquiry. There is an instructive study process used today in healthcare, particularly in patient safety that was developed at Case Western Reserve University School of Management some 20 years ago. The Appreciative Inquiry (AI) process³ is a business practice which builds on an organization’s strengths and what is known to be working well (i.e., best practices). Moving beyond the old traditional approaches to problem solving, AI begins with positive presumptions and asks the following questions: how can we engage the positive potential here? How do we create positive, narrative- rich stories about our mission and our goals? Begin with an affirmative focus, appreciating and valuing the best of what already is and then envision and dialog about what could be. While the initial focus of AI was on organizations this affirmative approach can be applied to identifying and appreciating our own individual strengths, writing our own positive stories and visions. The AI cycle involves four elements: “Discovery” (identifying the best of what is); “dream” (creating a results-oriented vision and higher purpose); “design” (articulating an organization- or personal - design that draws on the best in the organization or individual); and “destiny” (strengthening the positive, affirmative capability of the organization or individual to build hope and sustain momentum for ongoing positive change.³

Wonder is the beginning of wisdom.

— Greek Proverb

The world is so full of wonderful things we should all, if we were taught how to appreciate it, be far richer than kings.

— Ashley Montagu

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Questions for Reflection

- How do your strengths align with your core values?
- How strongly do you feel about your abilities? In your motivations?
- When was the last time you felt a sense of joy or fulfillment in your work? In your life? What made it joyful for you?
- What do you think is your degree of commitment to your work?
- Think about a current problem (personal or work related). Could things be done differently?

C. Suggested Activities

- *Create a list of your positive strengths,. Using an Appreciative Inquiry affirming approach (dream, discover, design and destiny) , reflect on your positive strengths; your success stories.*
- *Create a list of your core values? How do these two lists compare?*
- *Just as an organization (collection of people) would describe its vision and mission, how would you describe your personal vision ? (in words, graphics, poems, stories, other?)*

D. Journal Homework

Recommend you continue to use journaling as a way to stay in touch with your own “heart matters” as you complete this course.

E. References

1. Oriah Mountain Dreamer. The Call: Discovering Why You Are Here. New York:HarperCollins, 2003.
2. Oriah Mountain Dreamer. P. 14.

One of the hardest things in life is having words in your heart that you cannot utter.

— James Earl Jones

When you realize how perfect everything is, you will tilt your head back and laugh at the sky.

— The Buddha

Session Five: Translating Heart Matters Into Practice

Oriah Mountain Dreamer. P. 209.

3. Cooperrider D and Whitney D.. Appreciative Inquiry. San Francisco: Berrett-Koehler Publ, 2005.

4.. Lenley P, Joseph S, Maltby J, Harington S and Wood A. *Positive Psychology Applications* in Oxford Handbook of Positive Psychology. Snyder DR and Loper SJ. Eds. Oxford: Oxford University Press, 2009. Pp. 40-41.

F. Suggested Reading

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Hay, L. The Times of Our Lives. Extraordinary True Stores of synchronicity, Destiny , Meaning and Purpose. Carlsbad, CA: Hay Hous,. 2007.

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Plimmer M and King B.. Beyond Coincidence – Amazing Stories of Coincidence and the Mystery Behind Them. New York: St. Martin's Press, 2006.

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Those who live passionately teach us how to love. Those who love passionately teach us how to live.

— Sarah Ban Breathnach

What greater or better gift can we offer the republic than to teach and instruct our youth.

— Marcus T. Cicero

Sample Evaluation Form

Heart Matters in Pharmacy Practice

Participant Evaluation Form

Semester/ Quarter _____ Year: _____

Your comments are vitally important to us and will assist us in planning future courses. In addition to answering the questions here, please feel free to add any other thoughts or comments on the back of the pages, as necessary. **This evaluation is anonymous, and any personal identifying information will be deleted.**

This course (our story tellers, reflections, sharing, journaling) helped me learn.....

My most favorite part of the course was..... Why? (please explain)

My least favorite part of the course was..... Why? (please explain)

The part of the course that I was most comfortable with was.....

The part of the course that I was least comfortable with was.....

How would you rate the effectiveness of this course in helping you to:

Use a Likert scale from 1(no help) to 5 (very helpful)

Recognize the impact of personal reflection?

Recognize the impact of journaling?

Learn/use/teach the Heart Coherence technique?

Recognize the impact of self care?

Develop comfort with emotional situations? (your own or others)

Recognize the impact of appreciation?

Sample Evaluation Form

What stories (case studies) had the most impact for you?

Which activities had the most impact for you?

How would you rate this course overall? (Likert 1 -5 scale)

In summary, how would you rate the overall “usefulness” of this course in our pharmacy school curriculum? (Likert 1-5 scale)

Are there any changes you would suggest for this course?

Please describe the effectiveness of your small group facilitator.

What will you tell your colleagues (fellow students and faculty) about this course?

Additional Questions that course moderators may want to add:

Has anything changed for you since this course began?

Have you done anything differently? Have you noticed or seen things differently? Did anything unexpected occur for you?

During the work we have done, are there any words that stick in your mind, anything said or written that was particularly helpful? Please share.

Reflecting on your participation during this work, were there any shifts or turning points for you personally?

THANK YOU.