

# Patient mindset training helps care teams

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A new [study](#) from Stanford University, published Jan. 19 in *Patient Education and Counseling*, evaluates the effectiveness of patient mindset training on provider learning and behavior.

Past research shows that what patients think, believe, or expect regarding medical care can influence care outcomes. Patients also have better outcomes when they have more adaptive mindsets about their treatments (e.g., "this treatment will be effective"), their bodies (e.g., "my body is capable"), their illnesses (e.g., "diabetes is manageable"), and their care team (e.g., "I am in good hands").

Patient mindset can be influenced by the attitudes of and encouragement given by care teams—from front desk staff to clinicians. In the interest of leveraging the potential power of mindset in medical care, researchers from Stanford University developed and conducted a "Medicine Plus Mindset" training at five Bay Area primary care clinics.

The researchers delivered the two-hour training and then conducted a follow-up session one month later to reinforce the training. Afterward, participants reported a better understanding of mindset and a greater appreciation for its influence, and reported using the training when communicating with patients.

Lead author Kari Leibowitz and senior author Alia Crum, associate professor of psychology in the School of Humanities and Sciences—both of the Stanford Mind & Body Lab—have extensive experience researching how patient mindset affects [health outcomes](#). In

this research, they and their co-authors hoped to evaluate how medical care teams would respond to and implement patient mindset training.

"The goal of what we're trying to do is say these mindsets do actually matter for things like patient experience and patient satisfaction," said Leibowitz. "But they also matter for objective things like patient health outcomes."

"Care teams have an intuitive sense that their patients' mindsets matter and, in their best moments, they are shaping patient mindsets for the better," said Crum. "But they don't often realize the science behind just how important mindsets are. They also typically don't have a framework for how to identify those mindsets and cultivate them in their patients skillfully, ethically, and deliberately."

## **Patient mindsets affect health care outcomes**

"Mindsets are core assumptions that we have about things in the world and how they work," said Leibowitz. "Medicine is effective, medicine is harmful. Cancer is a catastrophe, cancer is an opportunity."

Those mindsets, said Leibowitz, can cause a cascade of psychological processes, which can positively or negatively affect patient outcomes.

As such, small changes in a care provider's words can change patient mindsets for the better. For instance, a provider might say "the vast majority of patients do not experience side effects from this treatment" instead of "a small percentage of patients experience side effects from this treatment."

Additionally, when treating a patient with a chronic illness, such as diabetes, a provider might say "this diet has really worked for people in your situation" instead of simply prescribing the diet. If a patient is

experiencing side effects of a treatment, they might benefit from knowing that those could be signs that the treatment is working, not merely an unfortunate consequence.

However, [medical care](#) staff generally receive no formal training on shaping patient mindsets. In this study, a team of researchers and clinicians delivered the Medicine Plus Mindset training to primary care staff, including all members of the care team, from physician to front desk staff. The training included information about strategies and opportunities for shaping patient mindset and tips for communicating warmth and competence, and care teams were encouraged to share their experiences seeing mindset affect patient outcomes.

## **Training care teams to change patient mindsets**

The team first conducted a [pilot study](#), delivering the training to 27 staff members at two Bay Area clinics. After completing training development, they delivered the training to 186 staff members at Stanford Primary Care and in a primary care clinic within the Alameda Health System.

The Medicine Plus Mindset training differs from standard medical communication training in that it doesn't focus on specific scripts. Instead, it focuses on underscoring the value of mindsets in shaping health outcomes and providing high-level frameworks for which mindsets matter most.

"One thing that I like about the Medicine Plus Mindset program compared to scripted responses is that it creates some flexibility for me to understand who I'm speaking to," said Larry Kwan, a study co-author and clinical assistant professor at Stanford Medicine. "Scripting doesn't allow for that."

The researchers taught care teams that they ultimately want to help patients cultivate useful mindsets about their treatment, the capability of their care team, their bodies, and their illnesses. The care teams also worked together to share ways that they have successfully changed patient mindsets in the past.

"We are mindset experts, but all of the providers are experts in their jobs and in providing patient care," said Leibowitz. "The tool is meant to be used flexibly, and these team members can draw on their own experience, insight, and wisdom to figure out ways to deploy it."

## **Evaluating care team experiences**

After the initial training and follow-up session, the researchers evaluated the training by assessing self-reported care team reaction (directly after the training), learning outcomes (before and one month after the training), and behavior (before and one month after the training).

Participants overwhelmingly reported the training as being both "very enjoyable" and "very useful." They also reported increases in the belief that patient mindsets influence health care outcomes, and in their ability to shape patient mindsets.

"After the training, our participants felt like they were better able to recognize and shape patient mindsets in practice," said Leibowitz.

In the weeks following the training, care team members reported using the training to shape patient mindset; they also reported increased satisfaction in their own jobs. The research team also anecdotally noted that the training was particularly helpful to those in non-provider roles, such as medical assistants.

"They play a really big role in the encounter, but maybe don't always feel

like they have the opportunity to make a big difference," said Leibowitz. "A lot of them reported feeling like now they can really see how their words and actions make a difference."

## Future research

While care teams reacted positively to the training, there are limitations. High medical staff turnover could limit the effectiveness of the training, and busy schedules could limit the time available for training. However, physicians and care teams still rate the training highly.

Future areas of study include evaluating the effects of mindset training on patient health outcomes, and implementing the training outside of primary care.

"Patient mindsets are being shaped from the moment they walk in the office to how they are treated at the pharmacy," said Crum. "That's why we wanted the [training](#) to be as inclusive as possible. We all have a role to play."

**More information:** Kari A. Leibowitz et al, Medicine plus mindset: A mixed-methods evaluation of a novel mindset-focused training for primary care teams, *Patient Education and Counseling* (2024). [DOI: 10.1016/j.pec.2023.108130](#)

Provided by Stanford University

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