

## Developing Our Community of Practice at Rosedale Hospice

In recent years, there has been a growing interest in mindfulness as a means of promoting resilience and well-being and more specifically for health care professionals. Health care professionals and volunteers working with the dying have also turned toward mindfulness and contemplative practice. Many seek opportunities to learn and practice mindfulness at courses, workshops and retreats, yet when they return from such training they are disappointed to find that they are alone in their practice. Here at Rosedale Hospice we have been fortunate to be able to develop contemplative practice with staff and volunteers. This is how we did it.

### Underlying Principles

We *recognize* and *respect* that staff and volunteers bring their innate wisdom and a wealth of experience to their work.

We *invite* but don't expect staff and volunteers to explore contemplative practice.

We *highlight*, during recruitment and hiring, that contemplative practice occurs at the workplace. While there is no obligation to take up the practice, we expect them to accept its importance to others.

We *do not offer this practice to patients or their families*. We recognize, respect and support their own practices on their unique journeys.

We *invite* visiting professionals, students and residents to participate in our practices alongside us if they wish.

### Operationalizing Practice

We earmark educational funds for contemplative training.

We communicate to staff and volunteers about free, local opportunities for mindfulness and contemplative trainings.

We select permanent staff who are willing to make a commitment to their own practice and share it with others at work.

To date, we have sent staff to the Upaya Center's training in contemplative practice for palliative care professionals.

Each year we have a “Upaya” luncheon where returning staff and other interested staff can share their impressions and ideas for incorporating mindfulness into their work lives. In addition, staff or volunteers bring forward practice ideas throughout the year. In this way, practice has developed from *the ground up*.

The following activities have arisen out of these brainstorming sessions:

- Weekly 10 minute meditations led by a roster of staff and volunteers each week before rounds, held in the chapel.
- Room blessings (with thanks to Carol Barwick, former spiritual care coordinator)
- Rituals around patient dying and death, including:
  - *Comfort cart* for families and friends who are holding vigil at the bedside
  - *Dignity quilt and stand*
  - *Honor guard* as patient leaves hospice

We *encourage* ongoing mindfulness practice by alerting each other about legitimate local mindfulness and meditation groups and online resources.

We seek *evidence-based practice* in mindfulness and contemplative care.

We maintain *credibility* through personal practice, use of mainstream practices researched and taught as applied to health care professionals at conferences and workshops in the palliative domain.