

Caring for You – Caring for Me:

A Call to Prioritize Health in Health Professionals and Health Care Systems

"Knowing yourself is the beginning of all wisdom." ~Aristotle

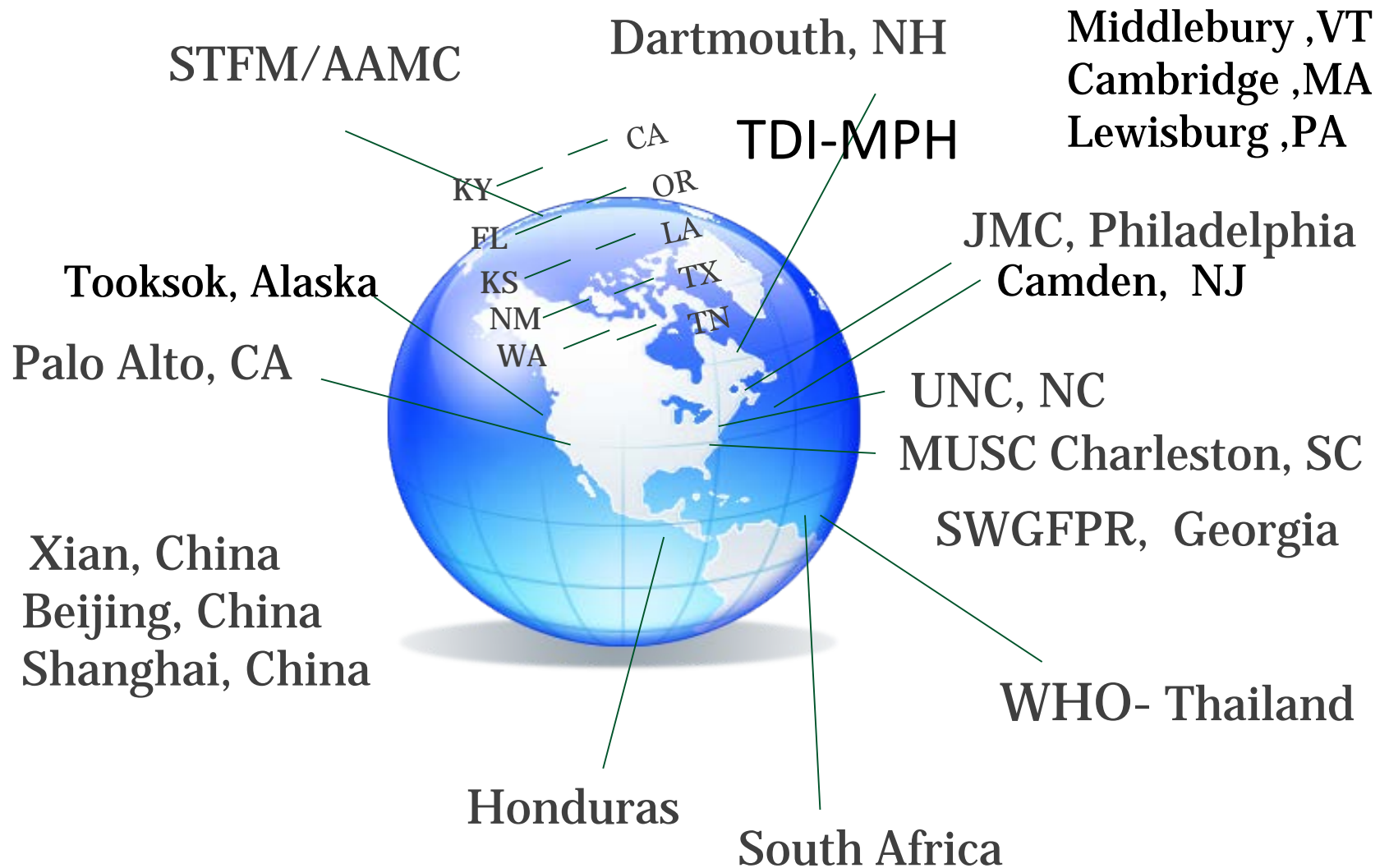
Catherine Florio Pipas, MD, MPH
Geisel School of Medicine Dartmouth
College of Medicine Humanism in Medicine Grand Rounds
Florida State University
April 19, 2018



GEISEL SCHOOL OF MEDICINE
AT DARTMOUTH

GEISELMED.DARTMOUTH.EDU

Pipas Pathway



Plenary Objectives:

- Discuss the importance of **Self-Care** and the **Impact of Burnout**
- Describe **factors that threaten** personal health and organizational wellness.
- Explore evidence-based **strategies** for leading change personally and at the system level.



A close-up photograph of a doctor's hands holding a small globe of the Earth. The doctor is wearing a white lab coat and a stethoscope is visible around their neck. The globe is positioned in the center of the frame, held gently by both hands. The text "My Health is Critical to My Effectiveness as a ..." is overlaid on the globe in a white, serif font.

My Health
is Critical to
My Effectiveness
as a ...



THE EPIDEMIC OF BURNOUT

> 50%
Students
Residents
Nurses
Clinicians
Researchers

Shanafelt et al.
Mayo Clin
Proc. 90(12):1600-
1613 Dec 2015

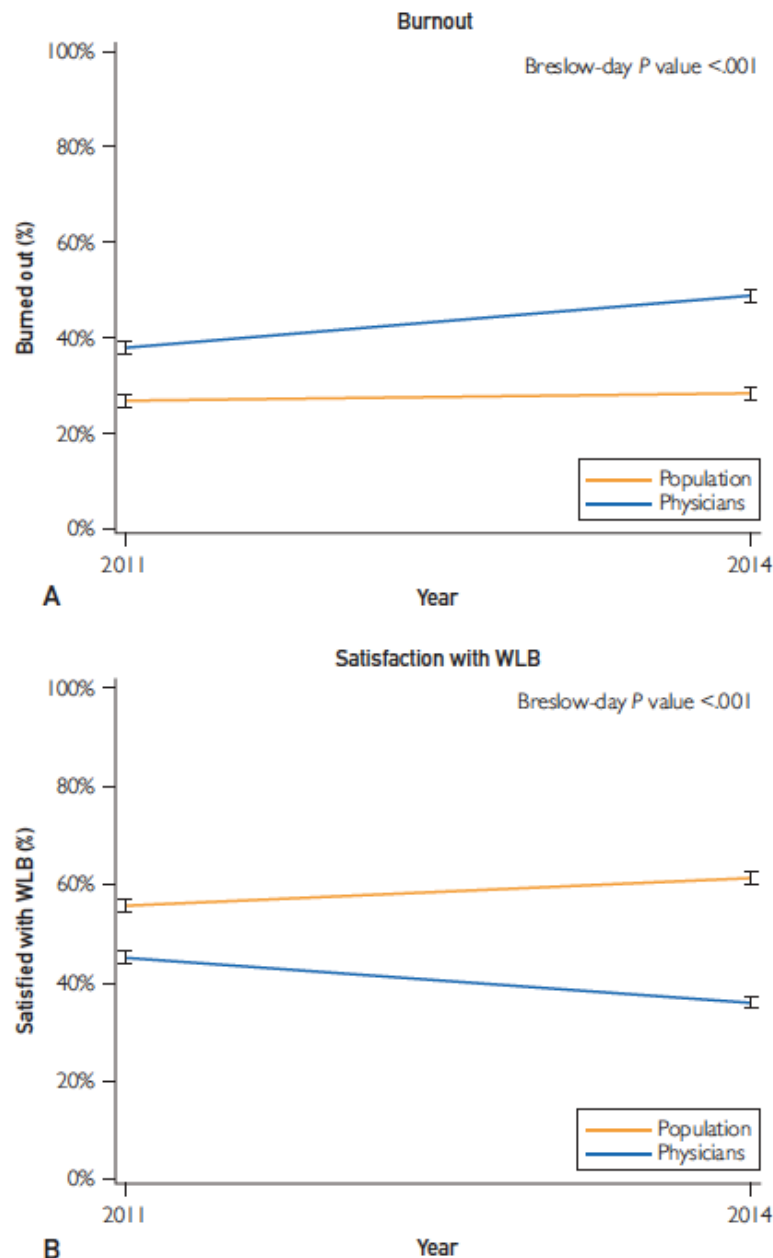
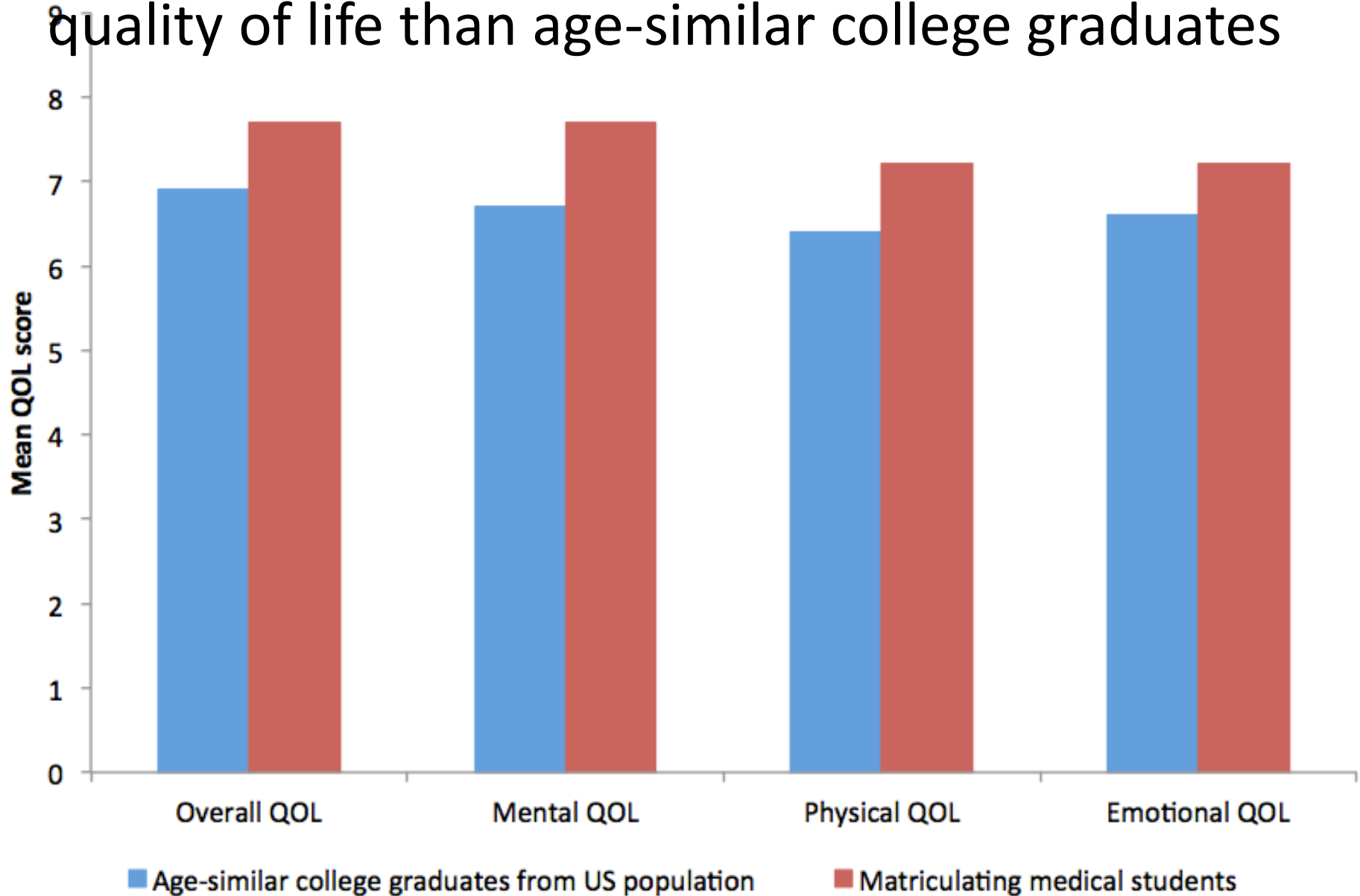
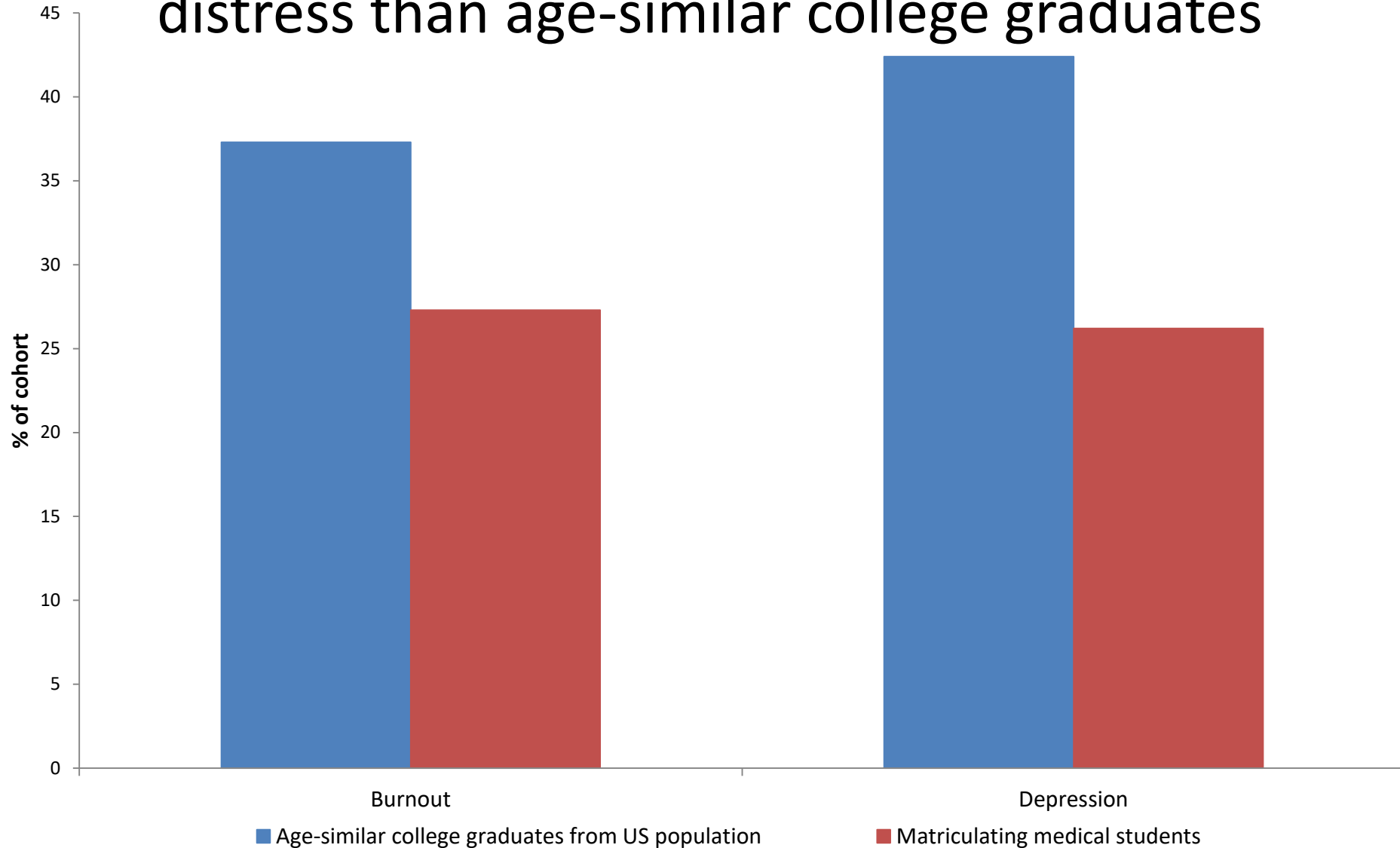


FIGURE 2. Changes in burnout and satisfaction with WLB in physicians and population year are shown on the x axis. Burnout (A) and satisfaction with WLB (B) are shown on the y axis. WLB = work-life balance.

Matriculating medical students report better quality of life than age-similar college graduates



Matriculating medical students report lower distress than age-similar college graduates



Education is Protective Against Burnout

2011 AMA Burnout Survey

Education (ref. high school graduates)

- Bachelors degree **OR=0.8**
- Masters Degree **OR=0.7**
- Doctorate (non- MD/DO) professional degree **OR =0.6**
- MD/DO **OR = 1.36**

(Adjusting for age, gender, relationship status, and hours worked)



BURNOUT BY SPECIALTY 2011- 2014

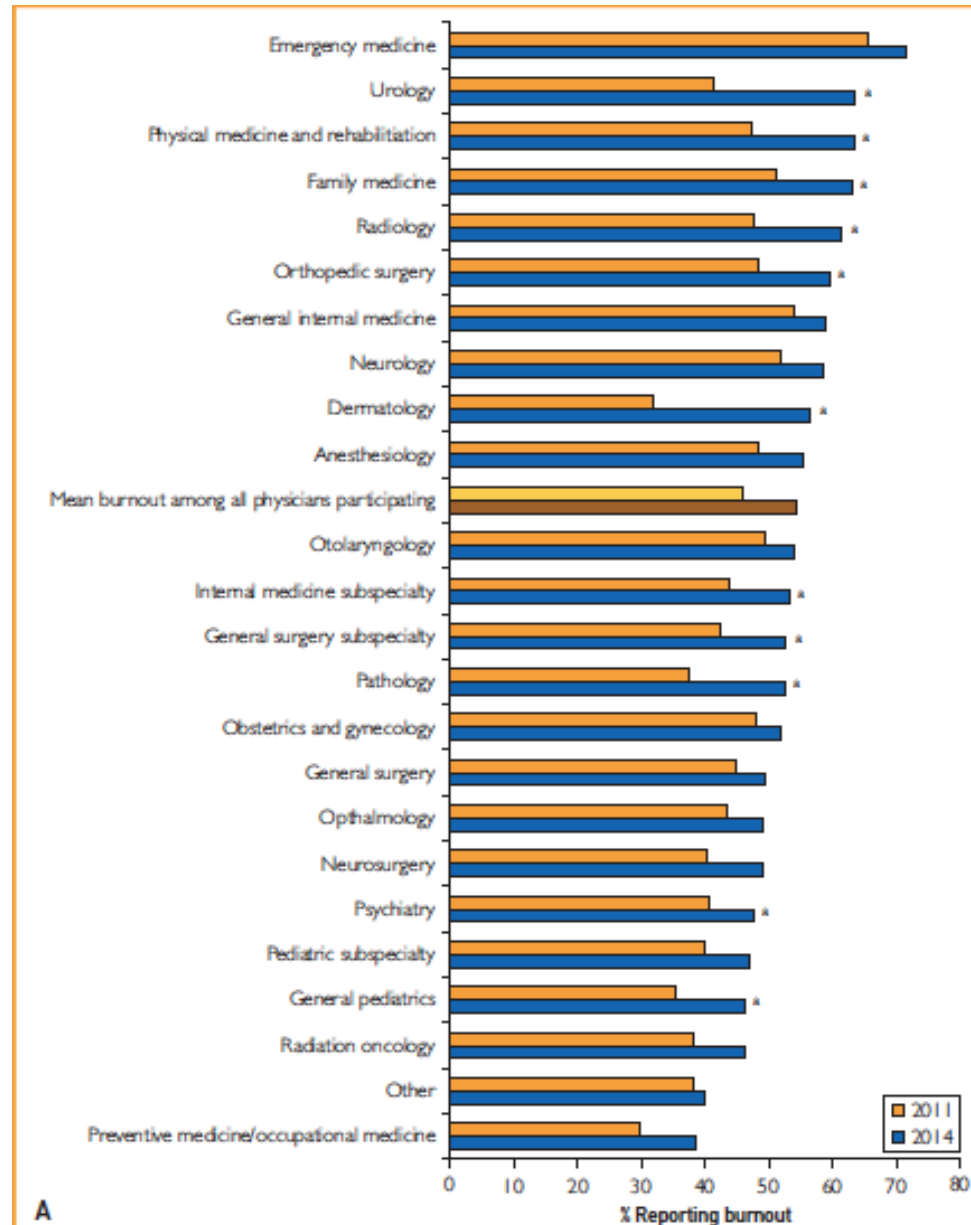


FIGURE 1. Burnout (A) and satisfaction with WLB (B) by specialty 2014 vs 2011. For 1A and 1B, specialty discipline is shown on the y axis and burnout (A) and satisfaction with WLB (B) are shown on the x axis. For

Shanafelt et al.
 Mayo Clin
 Proc.90(12):1600
 -1613 Dec 2015

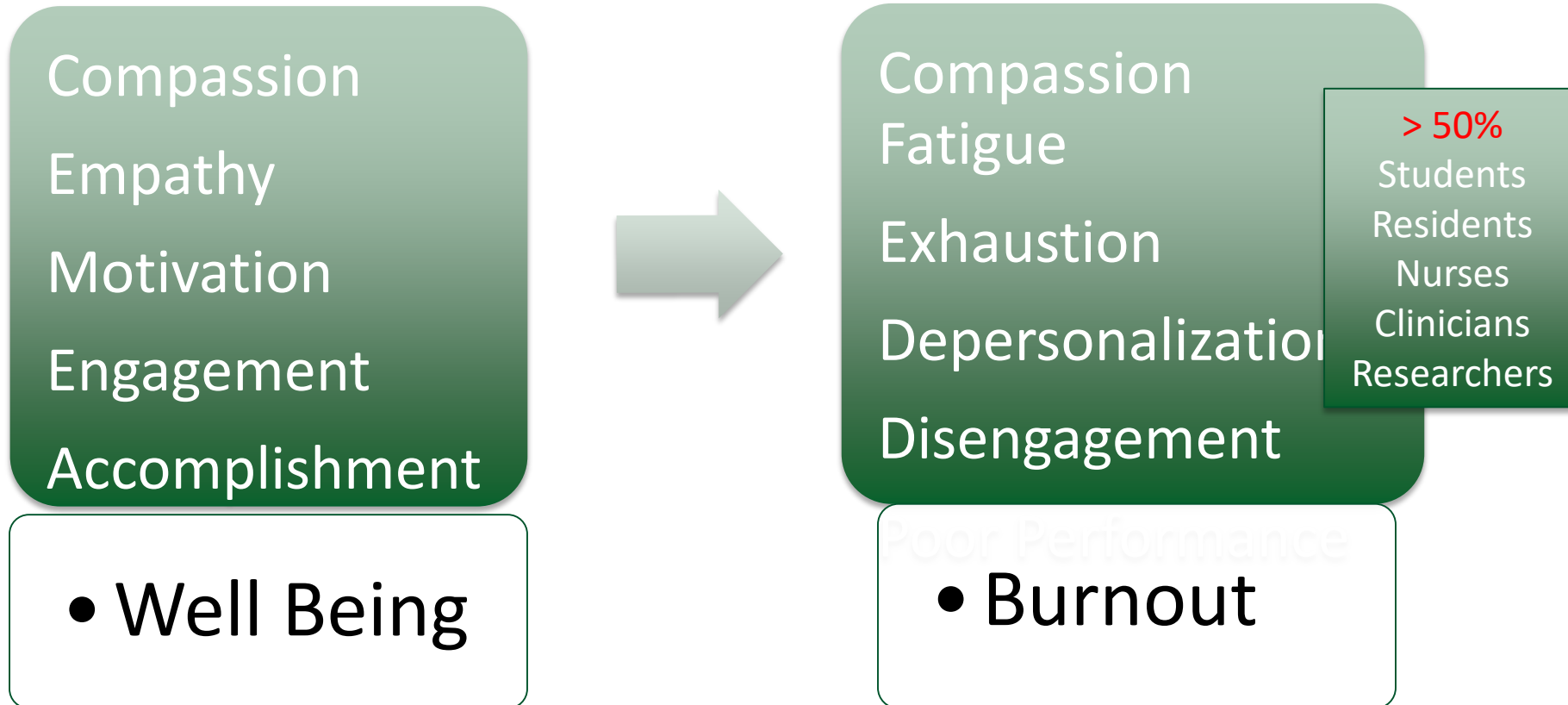
Physician Well-Being Index (Dyrbye 2013,2014)

- 7-item online instrument
 - evaluating multiple dimensions of distress,
 - strong validity and national benchmarks,
 - large sample of medical students, residents and practicing physicians
- **Physicians DO NOT reliably self-assess their own distress**
- Feedback from self-reported responses can prompt intention to respond to distress



Burnout – What does it look like?

“ Progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work”



(Tait 2015) (Kearney 2009)



BURNOUT Screening:

Maslach 22 item Burnout Inventory Survey

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment (protective)

“Do you feel burned out from your work?”

Maslach 1999



IMPACT OF BURNOUT

Individual: job dissatisfaction, anxiety, sleep disturbance, MSK pain, memory impairment, unprofessional behavior, substance abuse, depression and suicide

PUBLIC HEALTH CRISIS

Organization: performance, absenteeism, presenteeism, turnover, increased costs (\$1.6M -3.4B)

Society: (case of health professionals) suboptimal care, medical error, dissatisfaction, distrust, poor quality and outcomes

[Sandra Sanchez-Reilly](#) 2013, Dewa 2014, Shanafelt 2010, 2016, Ratanawongsa 2008, Forbes 2016, CEO's ROI Health Affairs



WHY?

WHY?

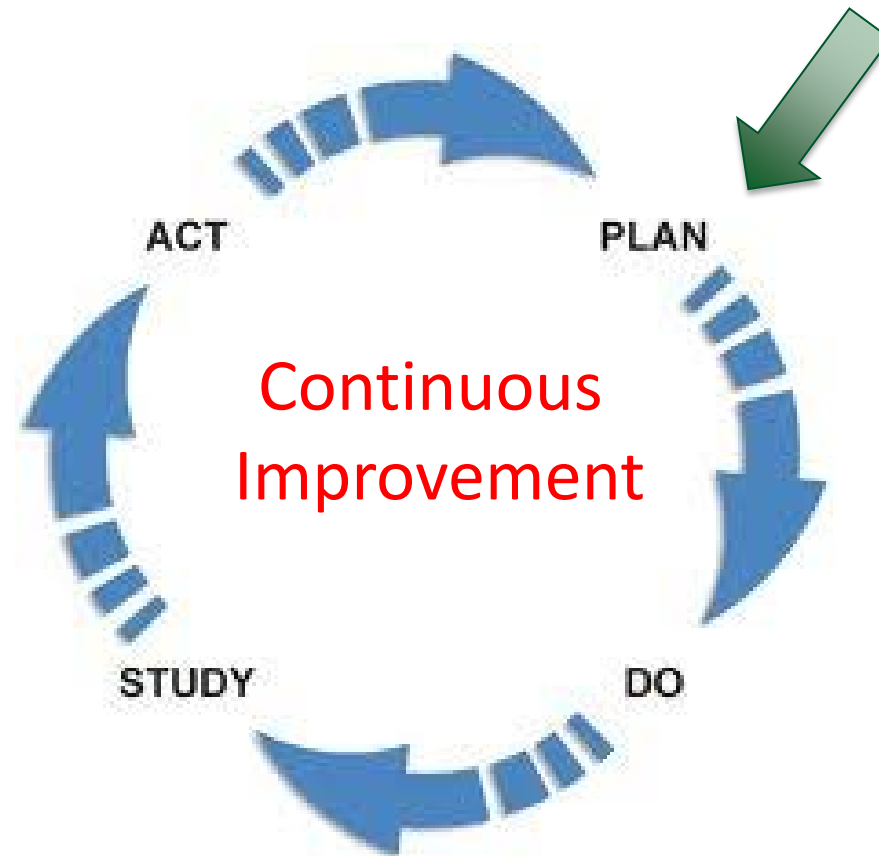
WHY?

WHY?

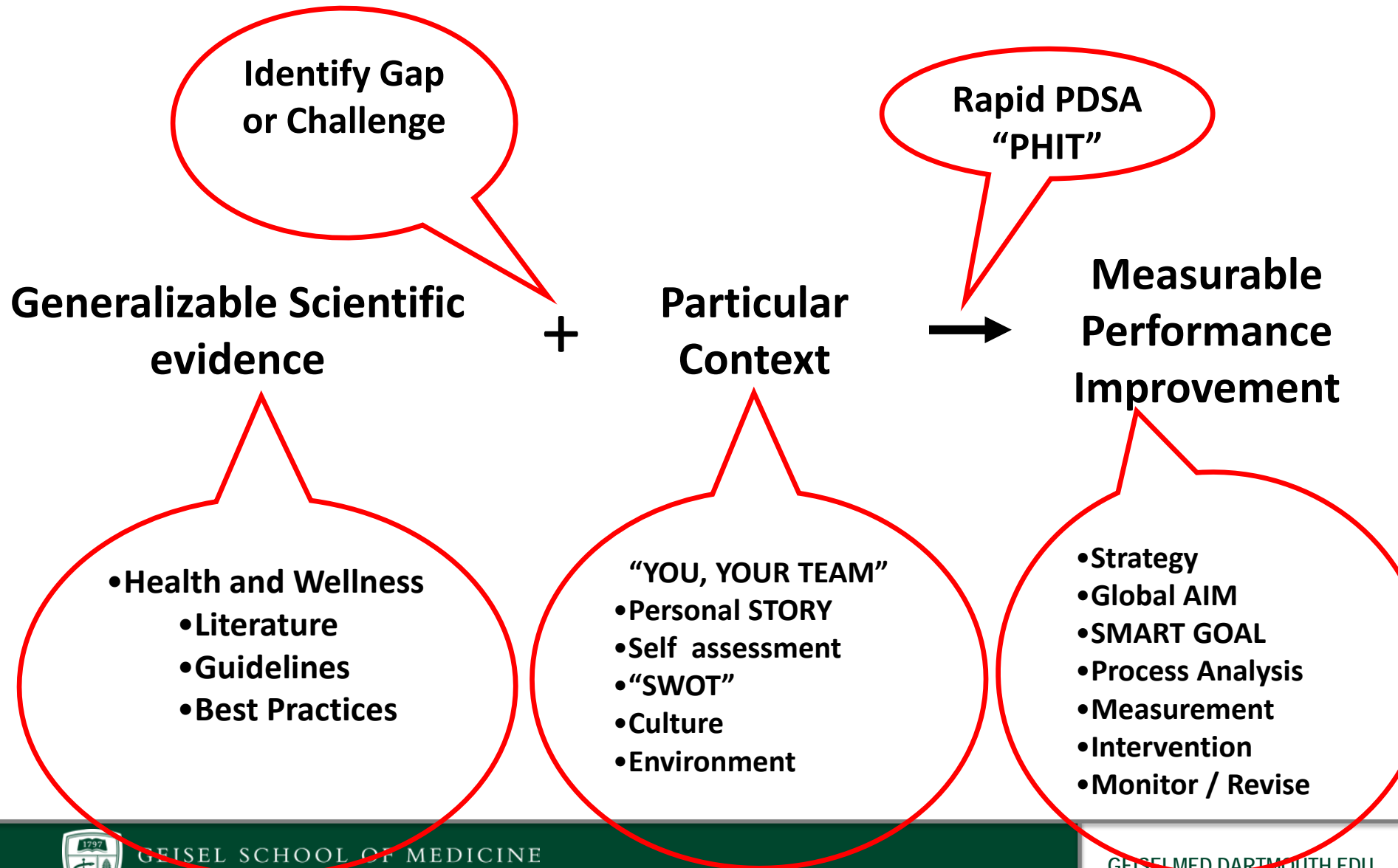
WHY?



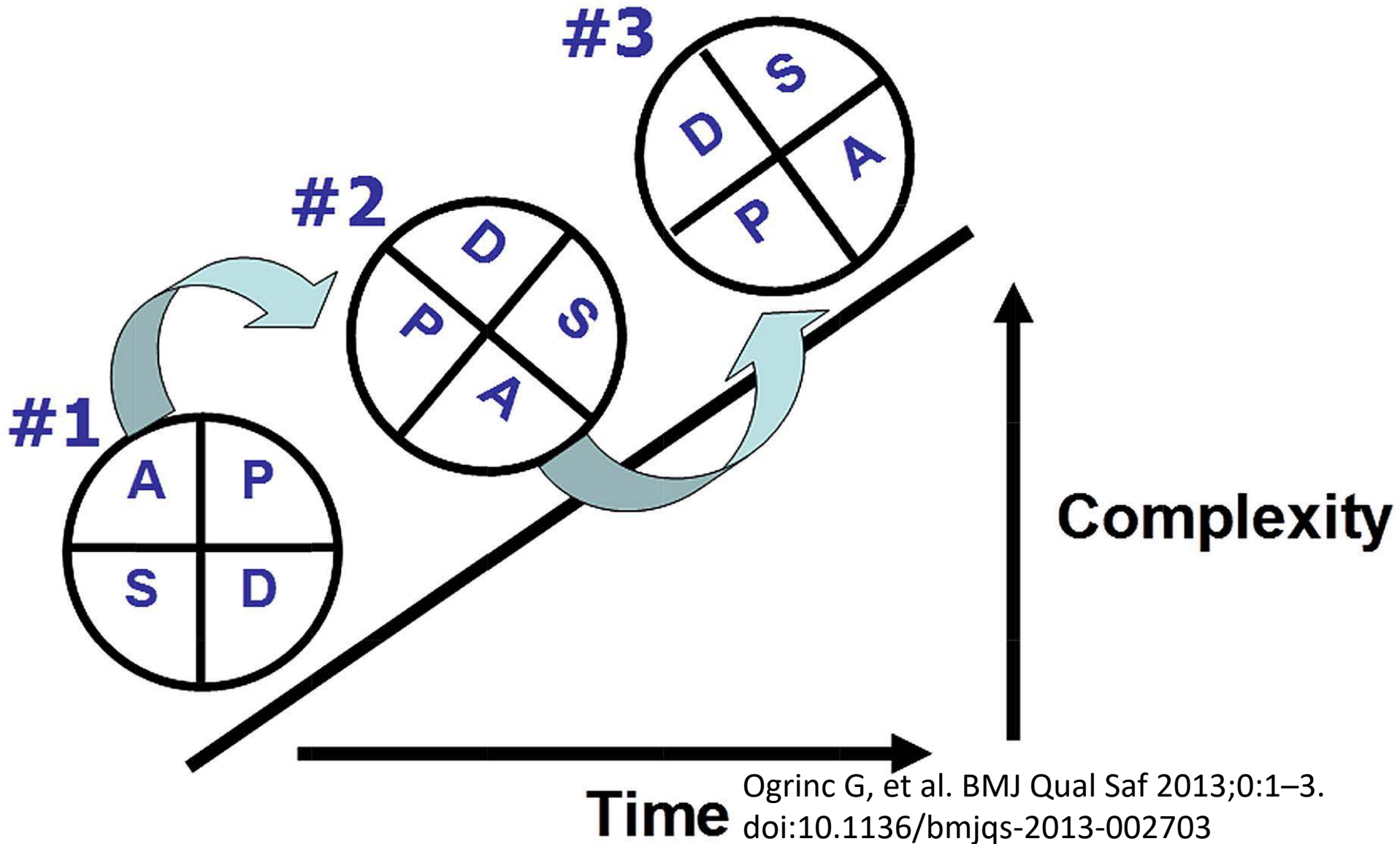
Improvement Framework for Personal and System Wellness



Evidence-based Improvement Process



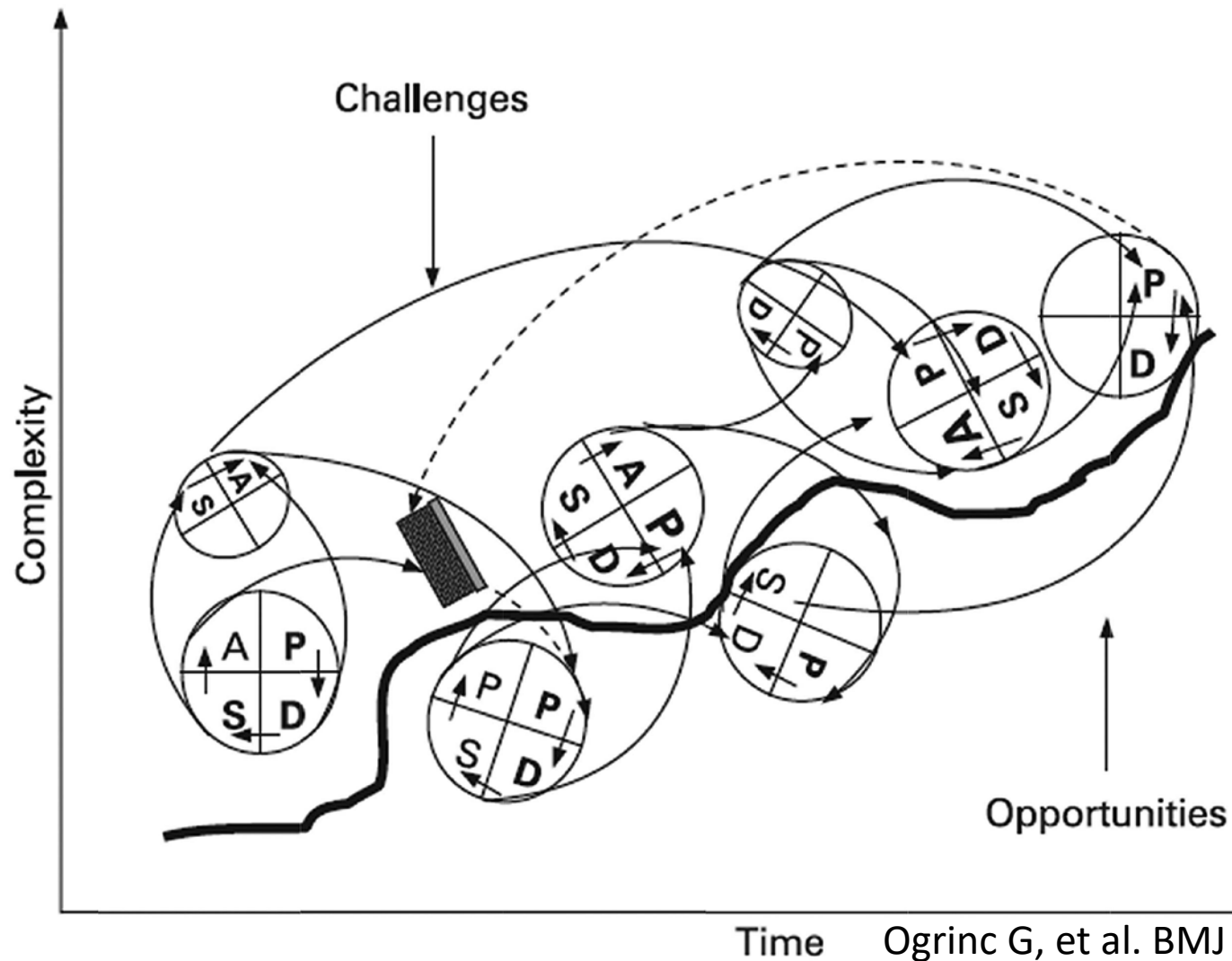
THEORETIC IMPROVEMENT MODEL



Ogrinc G, et al. BMJ Qual Saf 2013;0:1–3.
doi:10.1136/bmjqs-2013-002703

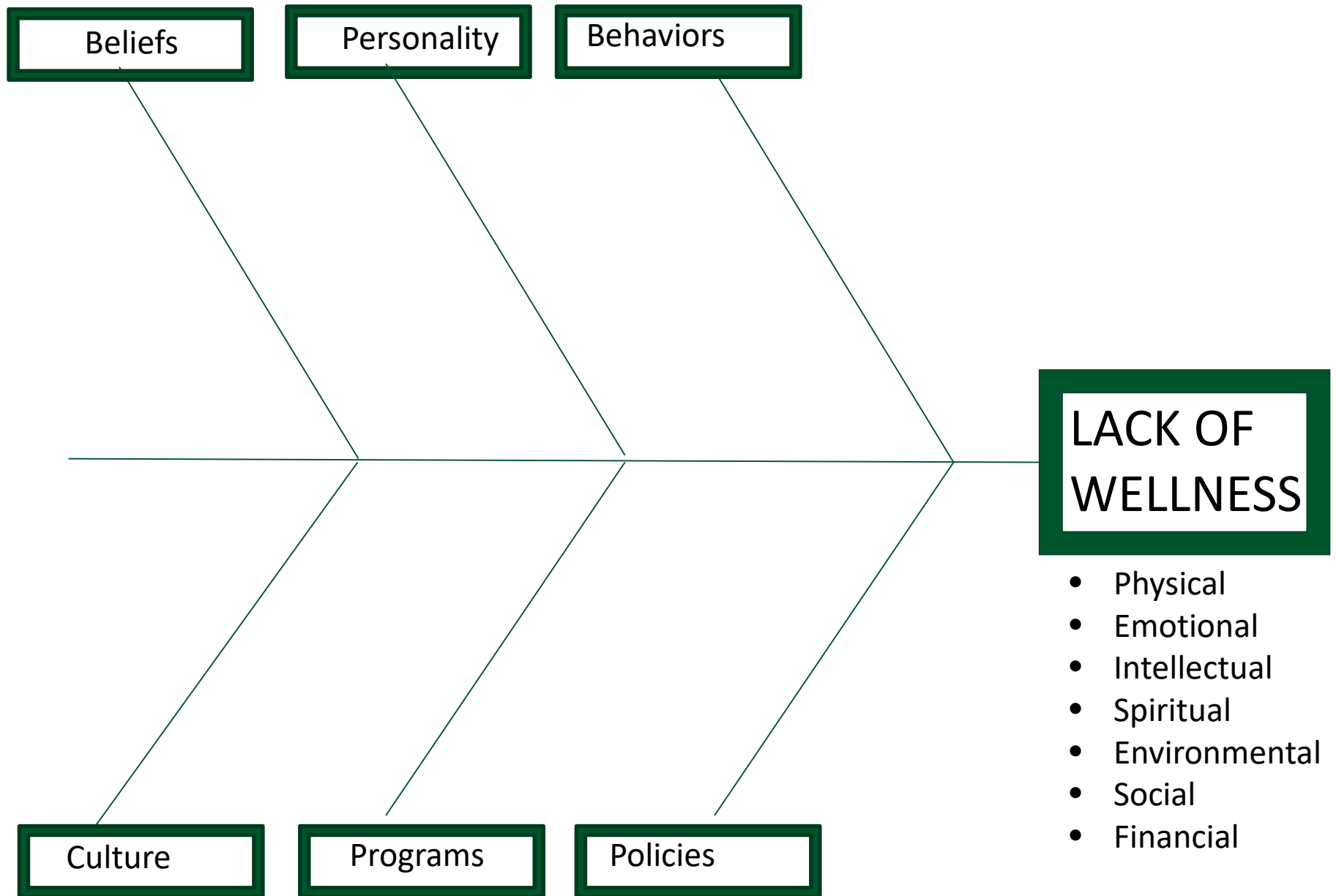


ACTUAL IMPROVEMENT MODEL



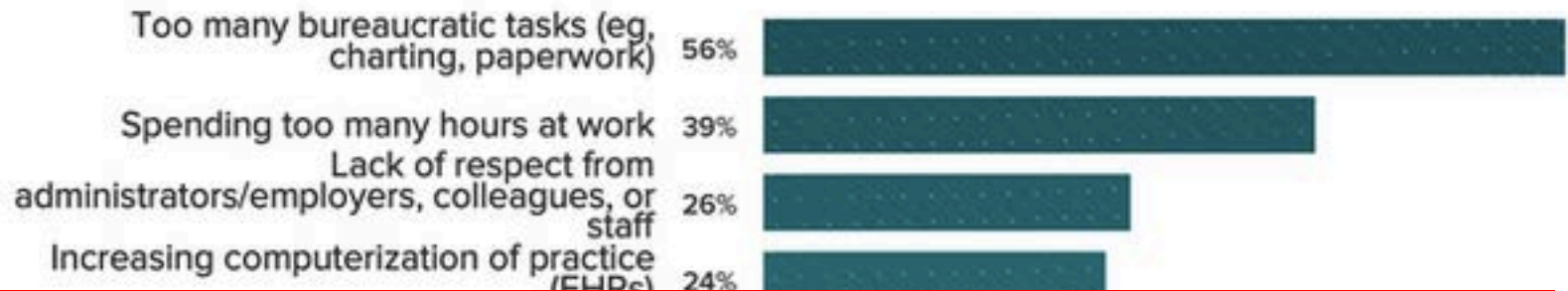
Ogrinc G, et al. BMJ Qual Saf 2013
From Ann Tomolla, MD, MPH

What Factors Threaten Wellness ? (Individual and System)

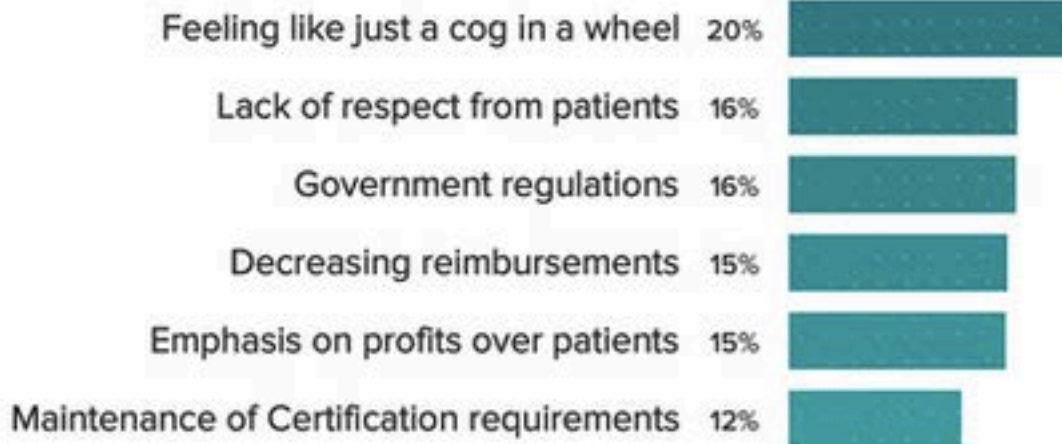


Medscape National Physician Burnout & Depression Report 2018

What Contributes to Physicians' Burnout?

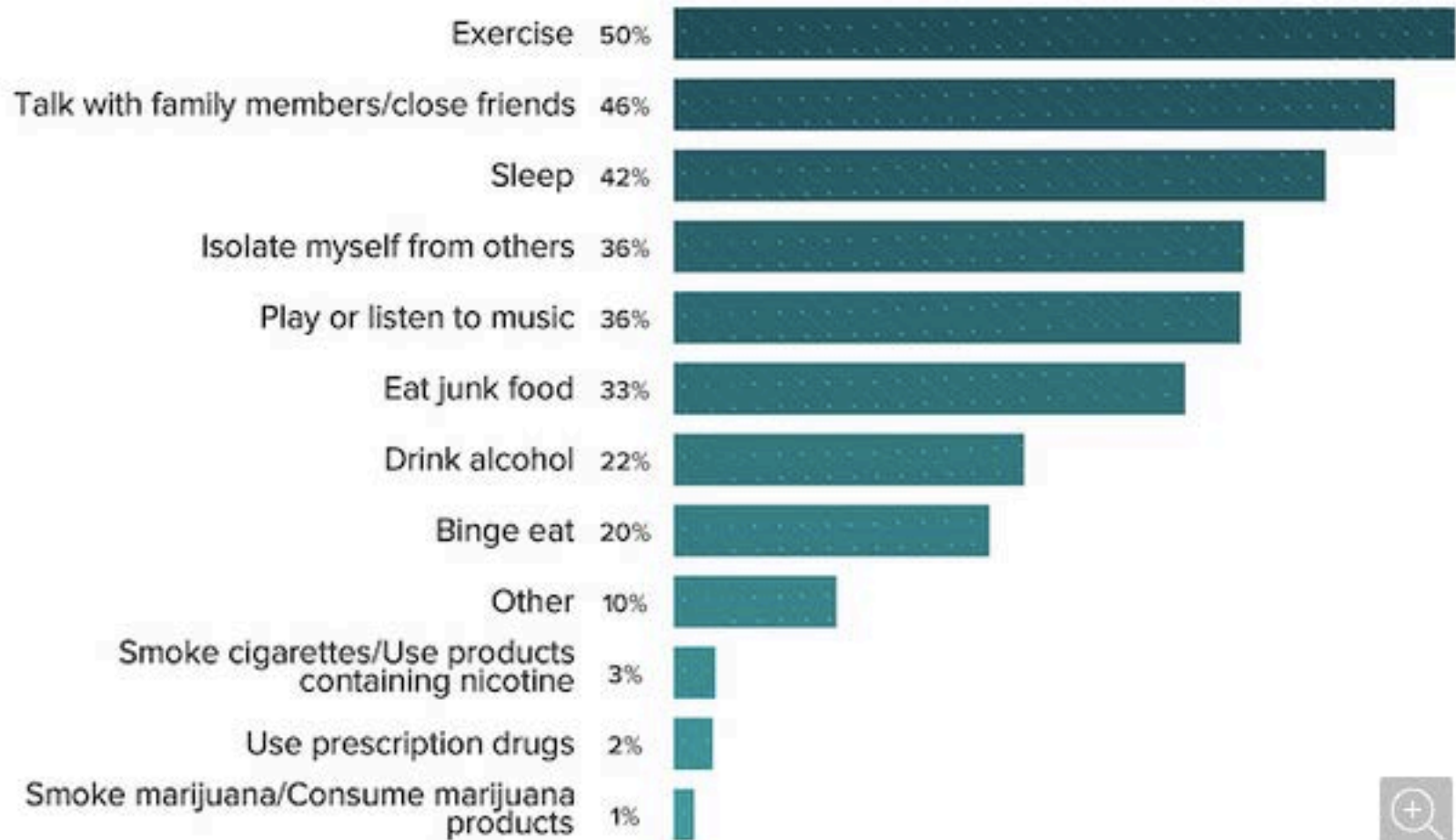


Lack of Time & Autonomy



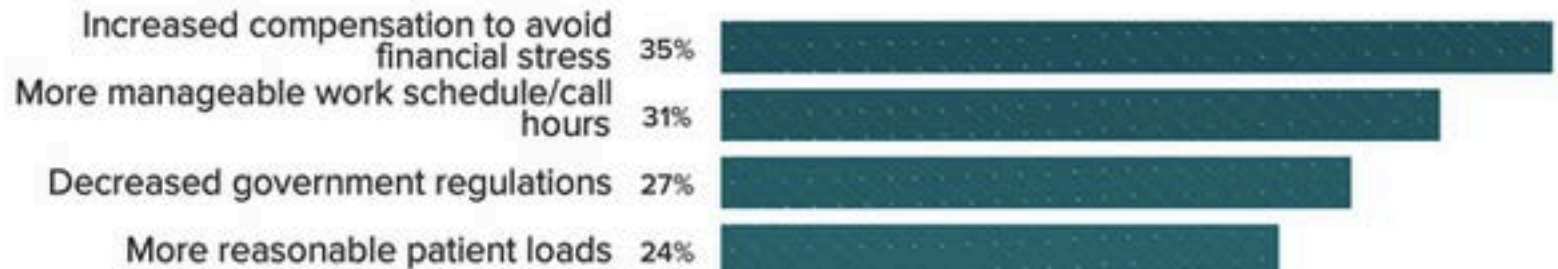
Medscape National Physician Burnout & Depression Report 2018

How Do Physicians Cope With Burnout?

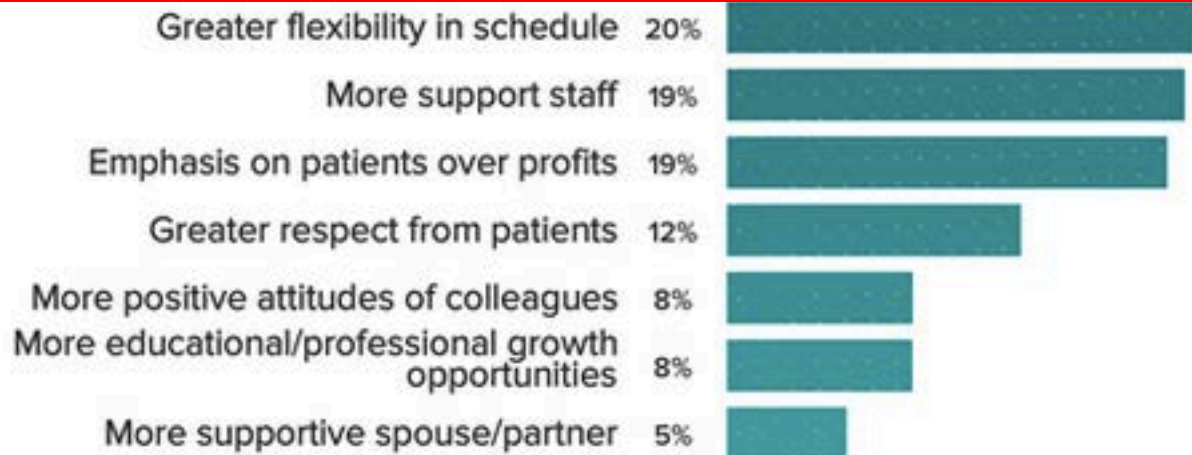


Medscape National Physician Burnout & Depression Report 2018

What Would Reduce Your Burnout?



Time, Resources & Autonomy



From Triple to QUADRUPLE AIM:

Better
Care

Better CARE of Health CARE TEAM

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

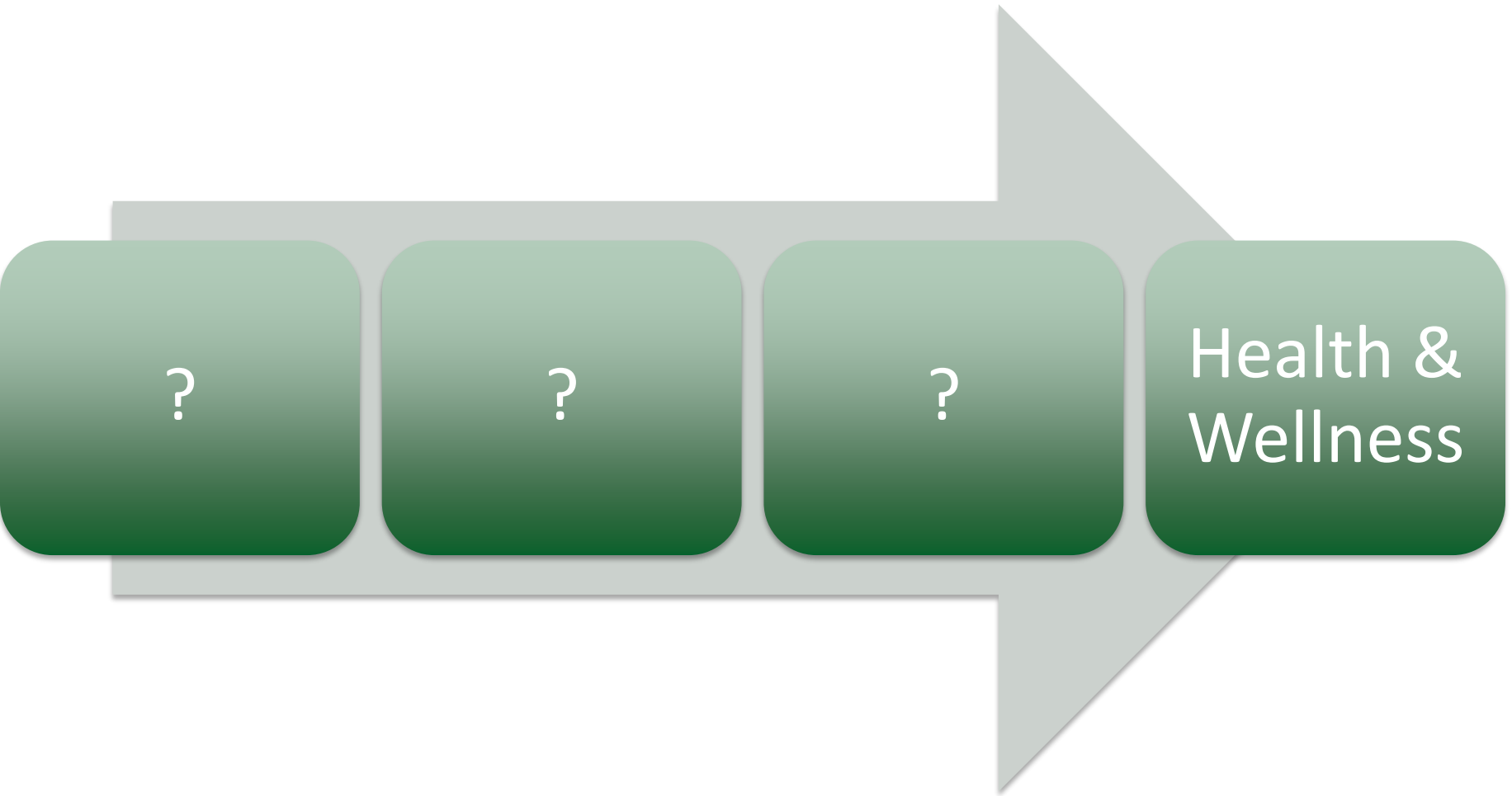
[Thomas Bodenheimer](#), MD¹[↑](#) and [Christine Sinsky](#), MD^{2,3}

Ann Fam Med November/December 2014 vol. 12 no. 6 573-576



REFLECTION:

What STRATEGIES does your SYSTEM use to Sustain Wellness ?



LANCET 2016

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Summary

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in

Organizational & Individual Strategies

Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation score (and high depersonalisation). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

Findings We identified 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI 5–14]; $p < 0.0001$; $I^2 = 15\%$; 14 studies), emotional exhaustion score decreased from 23.82 points to 21.17 points (2.65 points [1.67–3.64]; $p < 0.0001$; $I^2 = 82\%$; 40 studies), and depersonalisation score decreased from 9.05 to 8.41 (0.64 points [0.15–1.14]; $p = 0.01$; $I^2 = 58\%$; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11–18]; $p < 0.0001$; $I^2 = 0\%$; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0–8]; $p = 0.04$; $I^2 = 0\%$; 16 studies).

Interpretation The literature indicates that both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to establish which interventions are most effective in specific populations, as well as how individual and organisational solutions might be combined to deliver even greater improvements in physician wellbeing than those achieved with individual solutions.



Perspective

January 25, 2018

Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians

Alexi A. Wright, M.D., M.P.H., and Ingrid T. Katz, M.D., M.H.S.

Perspective

To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.



NATIONAL ACADEMY OF MEDICINE

ABOUT THE NAM

PROGRAMS

INITIATIVES

PERSPECTIVES

NEWS

SUPPORT

MEMBER RESOURCES



Article

Figures/Media



5 References



THE ETHICAL principles that guide clinical care — a commitment to benefiting the patient, avoiding harm, respecting patient autonomy, and striving for justice in health care — affirm the

Audio Interview



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

Organizational Commitment Statements

To provide an opportunity for organizations across the country to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the National Academy of Medicine (NAM) has collected statements describing organizational goals or commitments to action. By sharing their commitment to improving clinician well-being and reducing clinician burnout, these organizations are an active contributor to the NAM's Action Collaborative on Clinician Well-Being and Resilience. The following organizations have submitted formal statements:

- National Academy of Medicine
- Association of American Medical Colleges*
- Accreditation Council for Graduate Medical Education*

- ABIM Foundation*
- Accreditation Council for Continuing Medical Education*

- George Washington University School of Nursing
- Harvard Medical School Physicians and Both Large Academic Medical

Medical Education Strategies

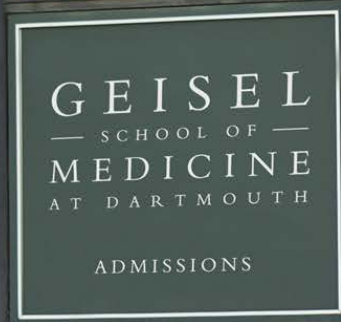
- improving access to mental health providers,
- reducing stigma/barriers to mental health treatment,
- implementing wellness programs
- changes to course content, contact hours, scheduling

limited evidence

need for quality education research

Slavin SJ, 2014 Acad Med, Wasson, LT, 2016 JAMA





A Culture of Wellness Pilot 2018

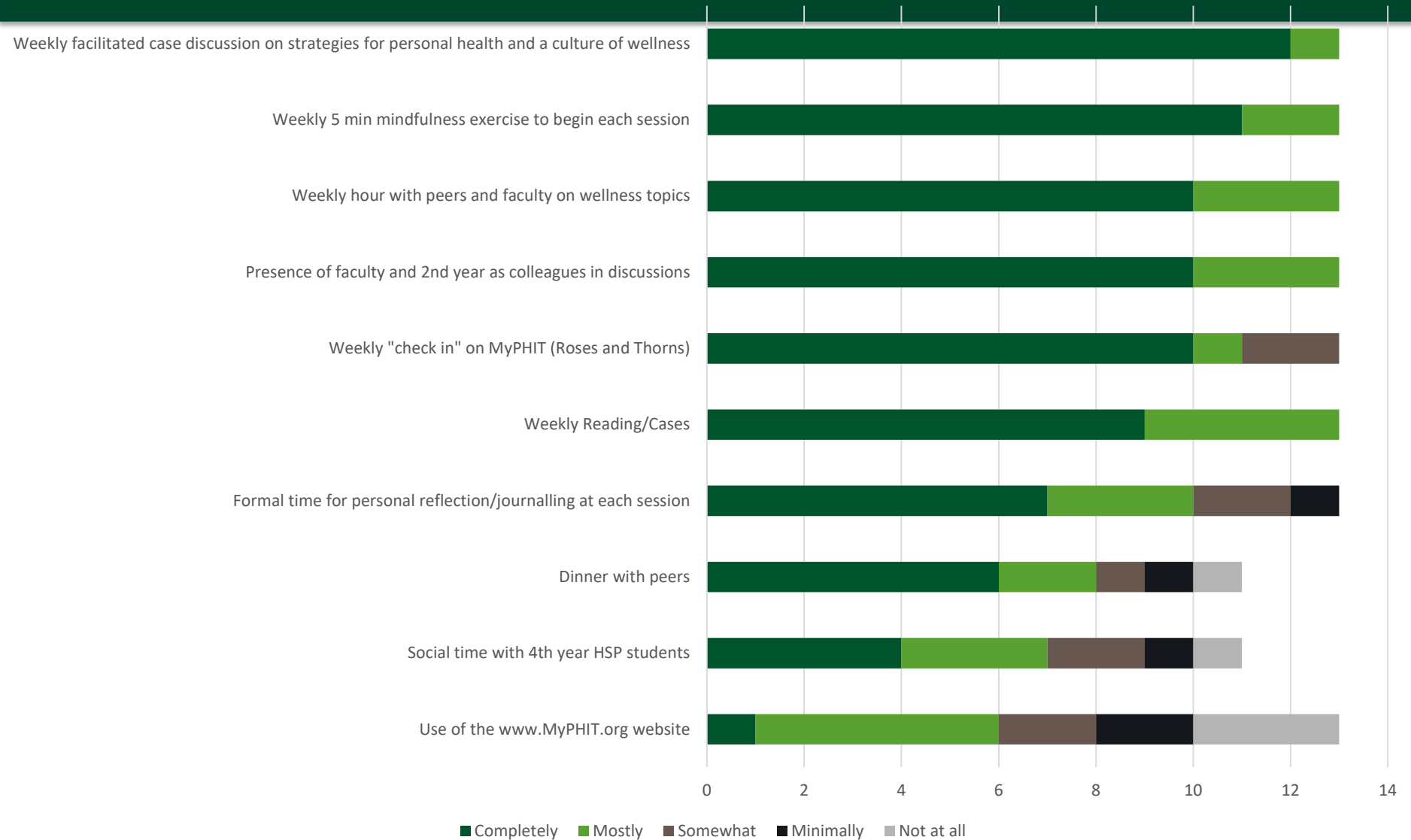
20 - Year 1 Students and Faculty with Controls & 4 Measures
Time (8 hrs / 8 weeks), Tools (cases) and Permission (culture)



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Culture of Wellness:

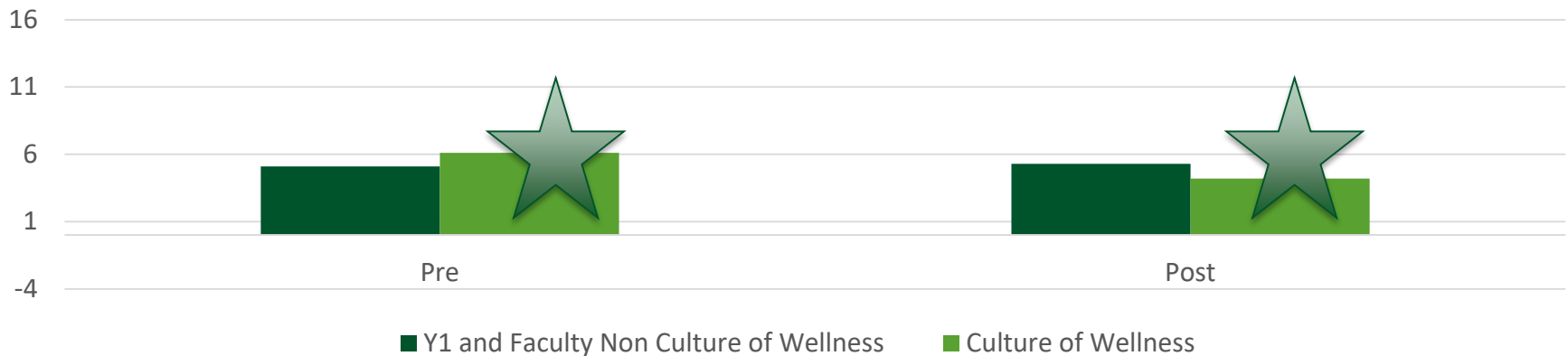
To what degree did the following components add value to your wellbeing?



	Pre	Post	Difference
Y1 and Faculty Non Culture of Wellness	5.1	5.3	-0.2
Culture of Wellness	6.1	4.2	1.9



Perceived Levels of Stress

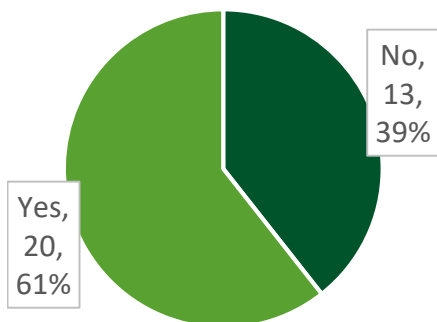


PSS-4 scores are calculated by summing across four items, which are measured on a 0-4 point scale. The possible range of scores is **0 to 16**, and **higher scores are correlated with higher perceived levels of stress**. Only participants who responded to every item on the scale are included in the summary statistics. The mean PSS-4 score, the standard deviation, and the number of respondents are displayed below. Additionally, a reliability estimate (Cronbach's alpha) is shown as a measure of internal consistency. The measure varies from 0 to 1, and an instrument is often considered to be reliable if the estimate is 0.7 or higher.



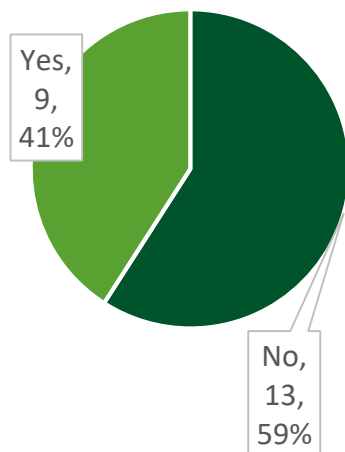
Over the last month have you felt **burned out** from your work?

PRE- (control)



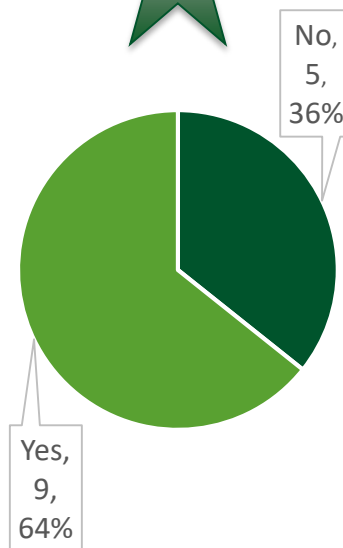
■ No ■ Yes

POST- (control)



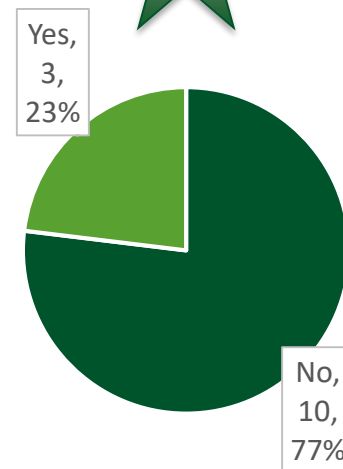
■ No ■ Yes

PRE- (Culture of Wellness)



■ No ■ Yes

POST- (Culture of Wellness)



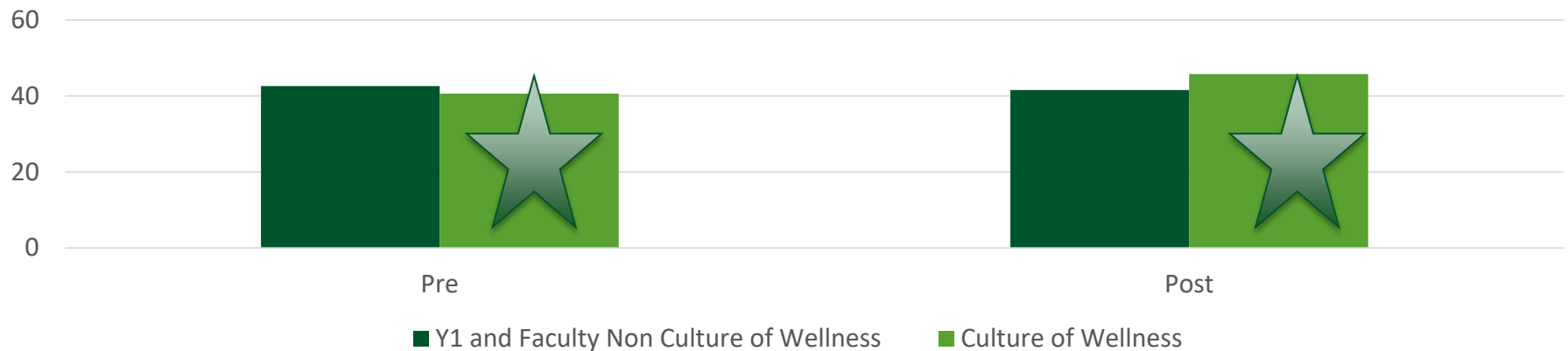
■ No ■ Yes



	Pre	Post	Difference
Y1 and Faculty Non Culture of Wellness	42.6	41.6	-1.0
Culture of Wellness	40.6	45.8	5.2



Quality of Life



*The Quality of Life (QOL) scale, which includes items from the Linear Analogue Self-Assessment Scale (LASA-6), is a measure of the following aspects of life: overall quality of life, mental (intellectual) well-being, physical well-being, emotional well-being, level of social activity, and spiritual well-being. QOL scores are calculated by summing across the six items, which are measured on a 0-10 point scale. The possible range of responses is **0 to 60**, and **higher scores are correlated with higher quality of life**. Additionally, a reliability estimate (Cronbach's alpha) is shown as a measure of internal consistency. The measure varies from 0 to 1, and an instrument is often considered to be reliable if the estimate is 0.7 or higher.



Over the last month to what degree have you felt **present in the moment**?

	Average 5 pt scale	Standard Deviation
PRE	3.1	.88
POST	3.4	.91
POST- Culture of Wellness	3.5	.88



What IMPACT has the *C of W* had ON YOU ?

“This program was essential to my personal health this semester. I needed to have this **time** to meditate, to reframe, to think about

TIME, TOOLS and Permission

get me through me. I needed this program to show me that taking time for myself **is okay**, that replenishing myself is essential.”



List one thing you will do differently to support our culture of wellness?

“Actively investigate the wellness of my friends and use these tools to support them by checking in. I will ask peers about their thorns and roses”

TIME, TOOLS and Permission

“I will encourage peers to also make time to do the things that bring joy!”



Select Strategies for Personal Health & Wellness

Self Awareness *"Know yourself"*

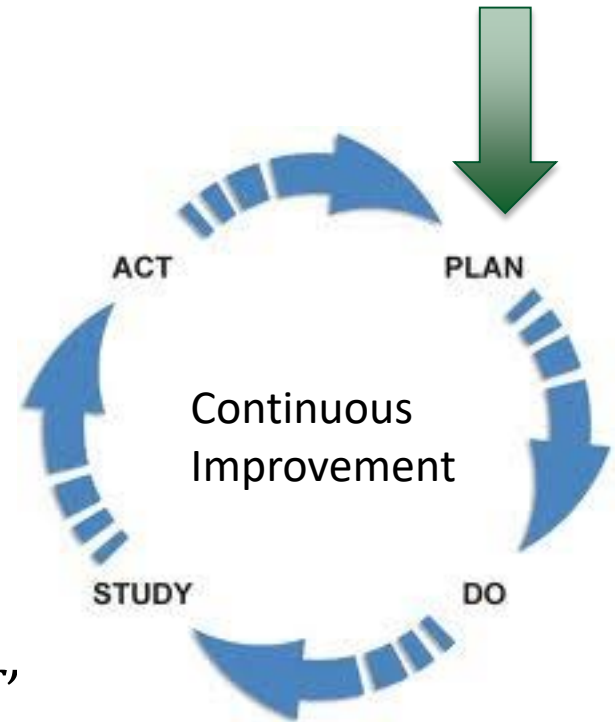
1. Mindfulness
2. Self Assessment

Self Care *"Be authentic to yourself"*

3. Personal Mission & Vision
4. Personal Resilience

Self Improvement *"Improve yourself"*

5. SMART GOALS
6. Personal Health Improvement Tool (PHIT)



APPLICATION EXERCISE: SELF SWOT

MY Strengths

MY Weaknesses

MY Opportunities

MY Threats

Adapted from SWOT analysis template – a free resource from www.businessballs.com. Template © Alan Chapman 2005.



Be Present
Mindfulness

Ask Questions
Self Reflection

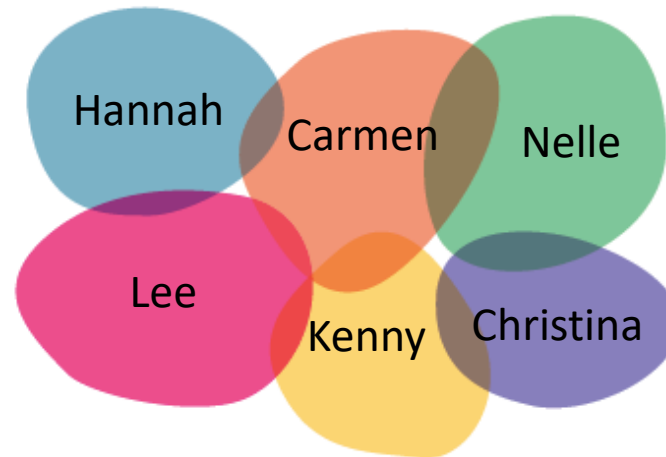
Build Resilience
PTG Training

Write Your Story
Narrative Journaling

Fill Your Tank
Exercise/Healthy Eating

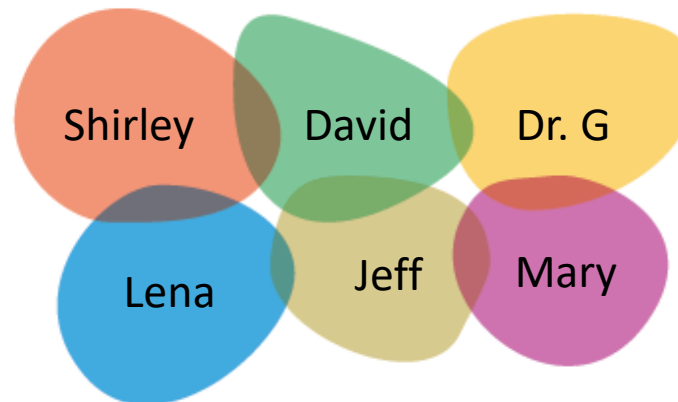
Renew Relationships
Social Supports

For health professionals—and everyone else



A DOCTOR'S DOZEN

12 STRATEGIES FOR PERSONAL HEALTH
AND A CULTURE OF WELLNESS



CATHERINE FLORIO PIPAS MD, MPH

Replenish 24/7
Time Management

Cultivate a Healthy
Environment
Role Modeling

Embrace Change
Emotional Intelligence
SMART CQI

Make Healthy Choices
Prioritize Purpose

Rewrite Your Story
Cognitive Reframing

Celebrate
Practice Gratitude

Self Improvement: Analyze SWOT & CHOOSE “SMART”

“The Superior man is modest in his speech, but exceeds in his actions” Confucius

SMART Objective:

Specific –Actionable

Measurable – Process/Outcome

Achievable – Confidence 1-10

Relevant – Importance 1-10

Timely – Set dates

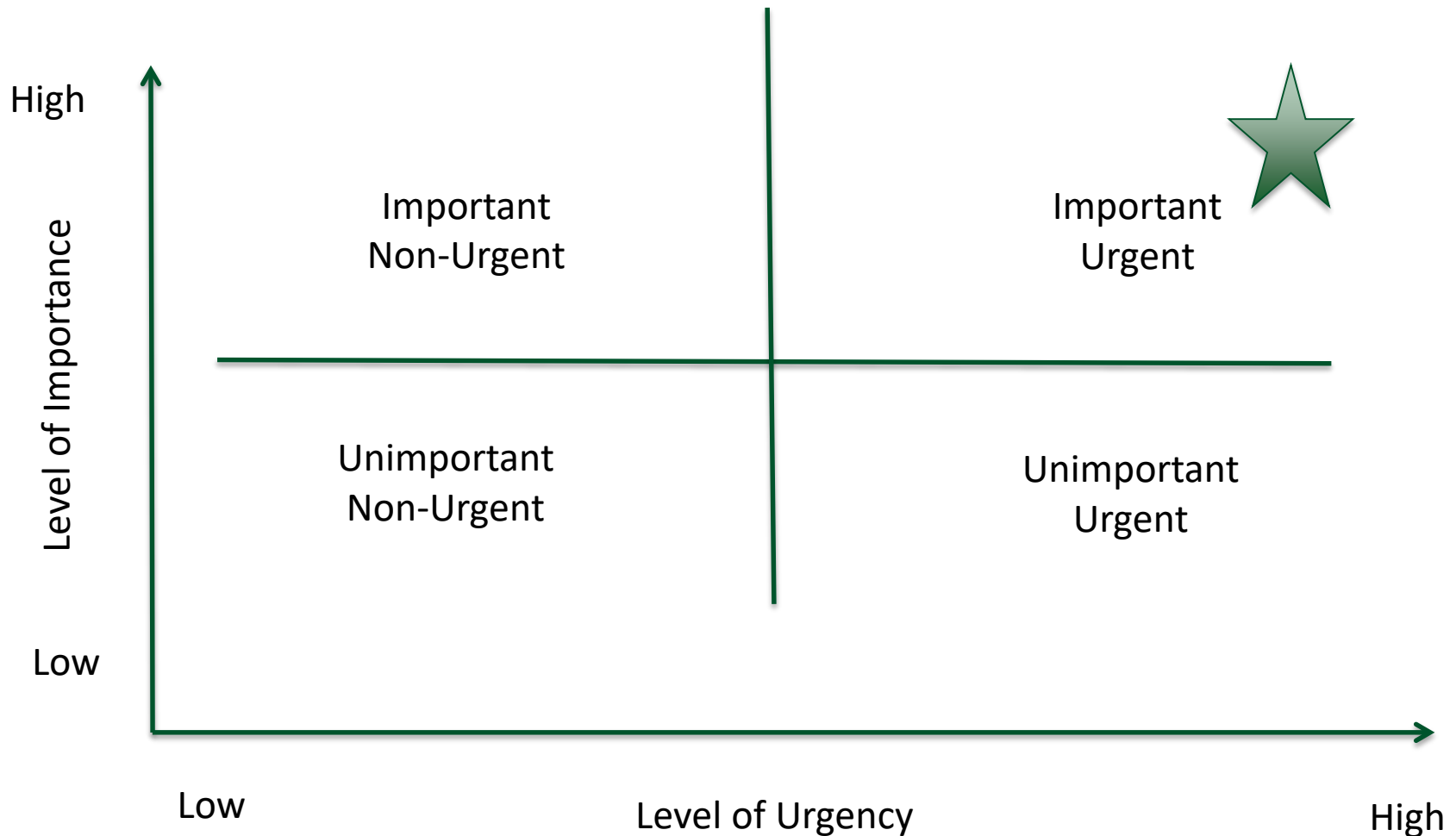
MY Strengths	MY Weaknesses
MY Opportunities	MY Threats

Adapted from SWOT analysis template – a free resource from www.businessballs.com. Template © Alan Chapman 2005.



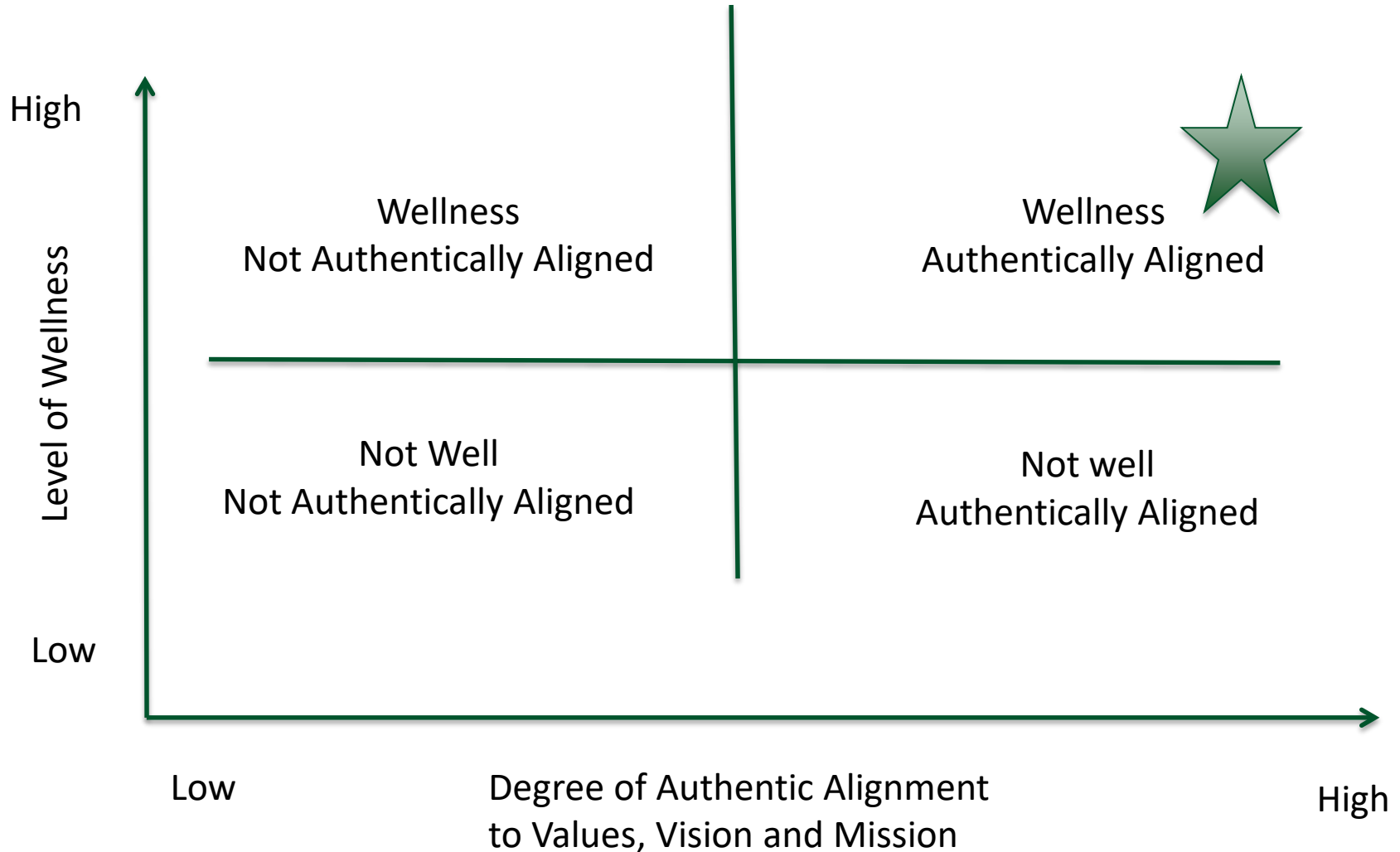
Traditional view of Choice

Adapted from D. Sull, C. Spinosa, Promised-based Management, HBR2007



Wellness View of Choice

Adapted from D. Sull, C. Spinosa, Promised-based Management, HBR2007



Personal Health Improvement Plan

GOAL: Increase Energy through Physical Exercise

SMART OBJECTIVE:

Specific – Run 5 times/week for 25 minutes

Measurable – Process: completed(yes/ no) , Outcome: personal rating of energy (1 to 5 scale)

Achievable – confident 9/10

Relevant – important 10/10 to my goal

Timely – beginning today and 5x/w for 1 month



Personal Health Improvement Plan

GOAL: Reduce stress through mindful meditation at lunch

SMART OBJECTIVE:

Specific – 10 min meditation QAM

Measurable – Process complete, personal rating of stress (on 1 to 5 scale)

Achievable – confident 8/10

Relevant – important 10/10 to goal

Timely – begin today for 21 days



Personal Health Improvement Plan

GOAL: Improve Time Management

SMART OBJECTIVE:

Specific –Unplug for 3 hours a day

Measurable – Process complete, self assess
“free time” 1-10 daily

Achievable – confident 7/10

Relevant – important 10/10 to my goal

Timely – begin today & daily for 30 days



Personal Health Improvement Plan

GOAL: Improve Resilience through Social Connections

SMART OBJECTIVE:

Specific –Contact 1 family/team member daily

Measurable – Process complete, self assess

“connectedness” 1-10 daily

Achievable – confident 9/10

Relevant – important 9/10 to my goal

Timely – begin today & daily for 60 days



EX. Personal Health Improvement Plan

GOAL: Enhance Positivity with Appreciative Inquiry (AI)

SMART OBJECTIVE:

Specific – **Daily AI journal**, list one item I did well, or identify the good that can come from an adverse experience

Measurable – Process completed, Outcome personal rating of positivity (1 to 5 scale)

Achievable – confident 9/10

Relevant – important 10/10 to my goal

Timely – begin today & daily for 21 days



Personal Health Improvement Plan



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PERSONAL LEADERSHIP PLAN[©]

©Center for Continuing Education in the Health Sciences and the Office of Community-Based Education and Research at Dartmouth

1. Learning Goal: Write a statement that describes what you want to learn or change related to a topic covered in this session or conference. Aim for a goal that is specific, actionable, measurable, relevant and achievable within a reasonable time frame (e.g., 3-months).

2. Consider factors that may affect the likelihood of your success. Circle response.

- a. How important is it for you to achieve your goal on a scale from 1-10? (1=not at all important; 10=extremely important)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

- b. How confident are you that you can achieve your goal (or make progress towards your goal) on a scale from 1-10 (1=not at all confident, 10=extremely confident)?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**If you rated either question as a 6 or below, consider choosing a different goal.

3. Learning activities/strategies to accomplish the goal: What will you do? Aim to define two specific and measurable strategies e.g., "locate and read three recent reviews on treatment of diabetes" versus "read updates on diabetes".

a.

b.

4. Timeline: Define a timeline for your strategy. When do you plan to start, assess, and finish process?

Start date	Assess date	Finish date
------------	-------------	-------------

5. Measures to know if the goal is accomplished: How will you know that you've reached your goal? What will you measure and how will you measure it? (e.g., monitor 20 statin prescriptions given during a 400,000 period).

- a. What will you measure?

- b. How will you measure it?

6. Resources to help accomplish your goal: What resources do you have or need to achieve the above? ~~Are there~~ Are there staff who could help collect measures? Could you arrange with another participant or colleague to review your progress?

- a. Resources I have: 1. _____ 2. _____

- b. Resources I need: 1. _____ 2. _____





IMPROVE YOURSELF IN JUST 30 DAYS.

My Personal Health Improvement Tool (PHIT)

Increase Social Supports

Let's Get Started



Plan your PHIT

What is your health priority? Choose a theme and plan your SMART goal to improve your Personal Health.



Track your PHIT

How was today? Monitor your progress towards a healthier you.



Share your PHIT

You're not alone! Share your wellness journey, see what others are working on in the PHIT community.

Top 10 *MyPHIT.org* themes

1. Begin Meditation/Mindfulness
2. Enhance Physical Exercise
3. Advance Healthy Eating
4. Improve Sleep Hygiene
5. Foster Reflection/ Journaling
6. Un Plug from Technology
7. Improve Time Mgmt.
8. Increase Social Supports
9. Promote Positivity/Appreciative Inquiry
10. Pursue a passion- new/old hobby (read, write, sing)





BENFRANKLIN'S 13 VIRTUES

1. TEMPERANCE

Eat not to dullness and drink not to elevation.

2. SILENCE

Speak not but what may benefit others or yourself. Avoid trifling conversation.

3. ORDER

Let all your things have their places. Let each part of your business have its time.

4. RESOLUTION

Resolve to perform what you ought. Perform without fail what you resolve.

5. FRUGALITY

Make no expense but to do good to others or yourself: i.e. Waste nothing.

6. INDUSTRY

Lose no time. Be always employed in something useful. Cut off all unnecessary actions.

7. SINCERITY

Use no hurtful deceit. Think innocently and justly; and if you speak, speak accordingly.

8. JUSTICE

Wrong none, by doing injuries or omitting the benefits that are your duty.

9. MODERATION

Avoid extremes. Forebear resenting injuries so much as you think they deserve.

10. CLEANLINESS

Tolerate no uncleanness in body, clothes or habitation.

11. CHASTITY

Rarely use venery but for health or offspring; Never to dullness, weakness, or the injury of your own or another's peace or reputation.

12. TRANQUILITY

Be not disturbed at trifles, or at accidents common or unavoidable.

13. HUMILITY

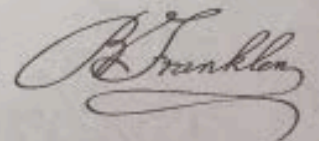
Imitate Jesus and Socrates.



Franklin didn't try to work on all 13 virtues at once. Instead, he would work on one and only one each week "leaving all others to their ordinary chance." While Franklin didn't live completely by his virtues, and by his own admission he fell short of them many times, he believed the attempt made him a better man and greatly contributed to his success and happiness. This is why he devoted more pages to this plan in his autobiography than to any other single point. Franklin wrote, "*I hope, therefore, that some of my descendants may follow the example and reap the benefit.*"

*The Thirteen Virtues
of Benjamin Franklin at Age 20*

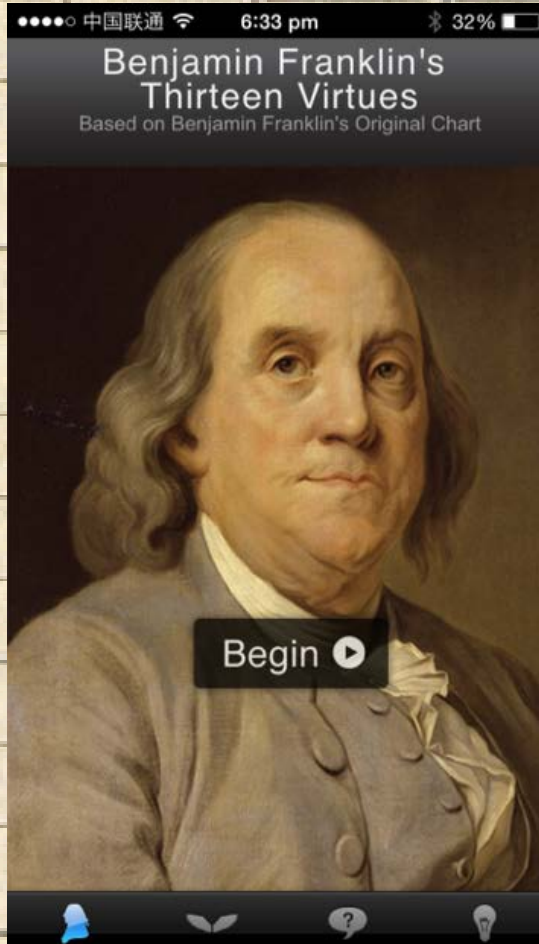
1. *"TEMPERANCE.* Eat not to dullness; drink not to elevation."
2. *"SILENCE.* Speak not but what may benefit others or yourself; avoid trifling conversation."
3. *"ORDER.* Let all your things have their places; let each part of your business have its time."
4. *"RESOLUTION.* Resolve to perform what you ought; perform without fail what you resolve."
5. *"FRUGALITY.* Make no expense but to do good to others or yourself; i.e., waste nothing."
6. *"INDUSTRY.* Lose no time; be always employ'd in something useful; cut off all unnecessary actions."
7. *"SINCERITY.* Use no hurtful deceit; think innocently and justly, and, if you speak, speak accordingly."
8. *"JUSTICE.* Wrong none by doing injuries, or omitting the benefits that are your duty."
9. *"MODERATION.* Avoid extremes; forbear resenting injuries so much as you think they deserve."
10. *"CLEANLINESS.* Tolerate no uncleanness in body, cloaths, or habitation."
11. *"TRANQUILLITY.* Be not disturbed at trifles, or at accidents common or unavoidable."
12. *"CHASTITY.* Rarely use venery but for health or offspring, never to dullness, weakness, or the injury of your own or another's peace or reputation."
13. *"HUMILITY.* Imitate Jesus and Socrates."



TEMPERANCE.

Eat not to dulness: drink not to elevation.

	Sun.	M.	T.	W.	Th.	F.	S.
Tem.							
Sil.	*	*		*		*	
Ord.	*	*				*	*
Res.		*				*	
Fru.		*				*	
Ind.							
Sinc.							
Jus.							
Mod.							
Clea.							
Tran.							
Chas.							
Hum.							





**“Healthy Communities begin with Healthy
Individuals who Prioritize Personal
Wellness”**

Self Awareness- Self Care- Self Improvement

Cheers to Our Health – NOW !!

It is ridiculous to say “Wait until I finish this, then I will be free to live in peace.” What is “this” ? A diploma, a job, a house, the payment of a debt? If you think that way, peace will never come. There is always another “this” that will follow the present one. If you are not living in peace at this moment, you will never be able to. If you truly want to be at peace, you must be at peace right now. Otherwise, there is only “the hope of peace someday.”

- Thich Nhat Hanh, The Sun My Heart



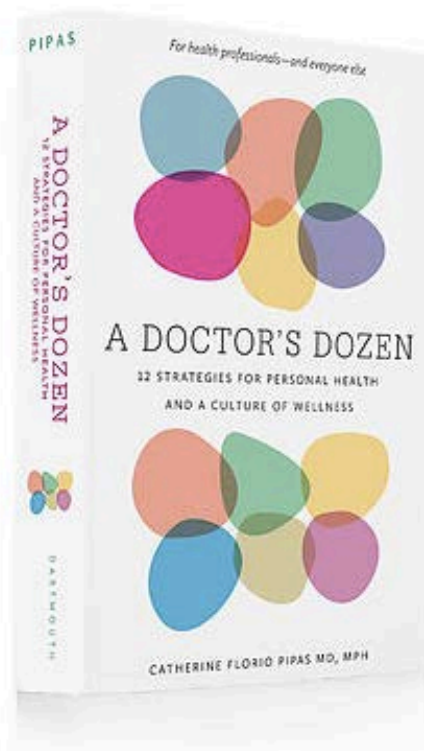
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Personal
Health

Culture
of
Wellness



Available
September 2018

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QI RESOURCES

- AAMC Educating for Quality
<https://www.aamc.org/initiatives/cei/educatingforquality/>
- Institute for Healthcare Improvement (IHI) *Open School* includes essential training and tools in an online, educational community to help you and your team deliver excellent, safe care. (Register as an academician to avoid costs)
<http://www.ihl.org/education/IHIOpenSchool/Pages/default.aspx>
- HRSA Quality Improvement Toolkit
<https://www.hrsa.gov/quality/toolsresources.html>
- Mayo Clinic Quality Academy <http://qiresources.mayo.edu/>

