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
Pipas Pathway

STFM/AAMC

Dartmouth, NH

Middlebury, VT

Cambridge, MA

Lewisburg, PA

JMC, Philadelphia

Camden, NJ

UNC, NC

MUSC Charleston, SC

SWGFPR, Georgia

WHO- Thailand

Xian, China

Beijing, China

Shanghai, China

Palo Alto, CA

Tookskok, Alaska

Pipas Pathway

South Africa

Honduras

CA

OR

LA

TX

TN

KY

FL

KS

NM

WA
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.
My Health is Critical to My Effectiveness as a ...
THE EPIDEMIC OF BURNOUT

> 50%
- Students
- Residents
- Nurses
- Clinicians
- Researchers

Shanafelt et al.

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)
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)
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.

**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

WHY?
WHY?
WHY?
WHY?
Improvement Framework for Personal and System Wellness

Continuous Improvement
Evidence-based Improvement Process

Identify Gap or Challenge + Particular Context

Generalizable Scientific evidence

• Health and Wellness
  • Literature
  • Guidelines
  • Best Practices

“YOU, YOUR TEAM”

• Personal STORY
• Self assessment
• “SWOT”
• Culture
• Environment

Measurable Performance Improvement

• Strategy
• Global AIM
• SMART GOAL
• Process Analysis
• Measurement
• Intervention
• Monitor / Revise

THEORETIC IMPROVEMENT MODEL

What Factors Threaten Wellness? (Individual and System)

- Beliefs
- Personality
- Behaviors
- Culture
- Programs
- Policies

LACK OF WELLNESS

- Physical
- Emotional
- Intellectual
- Spiritual
- Environmental
- Social
- Financial
What Contributes to Physicians' Burnout?

- Too many bureaucratic tasks (eg, charting, paperwork): 56%
- Spending too many hours at work: 39%
- Lack of respect from administrators/employers, colleagues, or staff: 26%
- Increasing computerization of practice (EMRs): 24%
- Feeling like just a cog in a wheel: 20%
- Lack of respect from patients: 16%
- Government regulations: 16%
- Decreasing reimbursements: 15%
- Emphasis on profits over patients: 15%
- Maintenance of Certification requirements: 12%

Lack of Time & Autonomy
How Do Physicians Cope With Burnout?

- Exercise: 50%
- Talk with family members/close friends: 46%
- Sleep: 42%
- Isolate myself from others: 36%
- Play or listen to music: 36%
- Eat junk food: 33%
- Drink alcohol: 22%
- Binge eat: 20%
- Other: 10%
- Smoke cigarettes/Use products containing nicotine: 3%
- Use prescription drugs: 2%
- Smoke marijuana/Consume marijuana products: 1%
What Would Reduce Your Burnout?

- Increased compensation to avoid financial stress: 35%
- More manageable work schedule/call hours: 31%
- Decreased government regulations: 27%
- More reasonable patient loads: 24%
- Greater flexibility in schedule: 20%
- More support staff: 19%
- Emphasis on patients over profits: 19%
- Greater respect from patients: 12%
- More positive attitudes of colleagues: 8%
- More educational/professional growth opportunities: 8%
- More supportive spouse/partner: 5%

Time, Resources & Autonomy
From Triple to Quadruple AIM: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD1↑ and Christine Sinsky, MD2,3
Ann Fam Med November/December 2014 vol. 12 no. 6 573-576
REFLECTION:
What STRATEGIES does your SYSTEM use to Sustain Wellness?
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 training and practicing physicians in the USA. The extent of burnout has been shown to vary by specialty, which may in part be explained by differences in the patient–physician interaction. The prevalence of burnout is high in many other countries, and evidence for burnout in non-clinical health-care providers is emerging. In an attempt to measure burnout consistently using the Maslach Burnout Inventory-Health Care Provider Survey (MBI-HCP), we conducted a systematic review of interventions to prevent and reduce physician burnout.

Methods To determine which interventions were effective, we conducted a systematic review using the Cochrane methodology and searched the Cochrane Library, Medline, Embase, Grey Matters, and Google Scholar. We included studies published in any language from 1966 to January 2016, with any intervention in any setting, as long as the intervention was compared with another intervention, a control group, or the same intervention at different times.

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<0.001; I²=15%; 14 studies), emotional exhaustion score decreased from 23·82 points to 21·17 points (2·65 points [1·67·3·64]; p<0.001; I²=82%; 40 studies), and depersonalisation score decreased from 9·05 to 8·41 (0·64 points [0·15·1·14]; p=0·01; I²=58%; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11·18]; p<0.0001; I²=0%; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0·8]; p=0·04; I²=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.
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.

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.

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
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

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)
Culture of Wellness:
To what degree did the following components add value to your wellbeing?

- Weekly facilitated case discussion on strategies for personal health and a culture of wellness
- Weekly 5 min mindfulness exercise to begin each session
- Weekly hour with peers and faculty on wellness topics
- Presence of faculty and 2nd year as colleagues in discussions
- Weekly "check in" on MyPHIT (Roses and Thorns)
- Weekly Reading/Cases
- Formal time for personal reflection/journalling at each session
- Dinner with peers
- Social time with 4th year HSP students
- Use of the www.MyPHIT.org website

Completely | Mostly | Somewhat | Minimally | Not at all
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)**
- Yes, 20, 61%
- No, 13, 39%

**POST- (control)**
- Yes, 9, 41%
- No, 13, 59%

**PRE- (Culture of Wellness)**
- Yes, 9, 64%
- No, 5, 36%

**POST- (Culture of Wellness)**
- Yes, 3, 23%
- No, 10, 77%
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.

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<td>41.6</td>
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<tr>
<td>Culture of Wellness</td>
<td>40.6</td>
<td>45.8</td>
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*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**?

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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 \textbf{time} to meditate, to reframe, to think about \textbf{TIME, TOOLS and Permission} to get me through life. I needed this program to show me that taking time for myself \textbf{is okay}, that replenishing myself is essential.”

---

GEISELMED.DARTMOUTH.EDU
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)
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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

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

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**SMART Objective:**

- **S**pecific – Actionable
- **M**easurable – Process/Outcome
- **A**chievable – Confidence 1-10
- **R**elevant – Importance 1-10
- **T**imely – Set dates

Traditional view of Choice
Adapted from D. Sull, C. Spinosa, Promised-based Management, HBR2007

- Level of Urgency
  - High
  - Low

- Level of Importance
  - Important
  - Unimportant
  - Non-Urgent
  - Urgent
Wellness View of Choice

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

Degree of Authentic Alignment to Values, Vision and Mission

High

Wellness
Not Authentically Aligned

Not Well
Not Authentically Aligned

Not well
Authentically Aligned

Wellness
Authentically Aligned

Low

Low
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
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
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
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
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 came 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

1. **Learning Goal:** Write a statement that describes what you want to learn or change related to a topic covered in this course 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)

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   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)

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   **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? Also, 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?

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<th>Assess Date</th>
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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., number of blood pressure check-ups per week).
   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? Ask at least one patient or colleague to review your progress.
   a. Resources I have: 1. 
   b. Resources I need: 1.
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. Unplug 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."
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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."
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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.

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Benjamin Franklin's Thirteen Virtues
Based on Benjamin Franklin's Original Chart
“Healthy Communities begin with Healthy Individuals who Prioritize Personal Wellness”
Self Awareness- Self Care- Self Improvement
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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• Kearney MK. Self-care of physicians caring for patients at the end of life: “Being connected ... a key to my survival” JAMA. 2009;301(11):1155–1164. E1

• Maslach, C., Leiter, M P. Six Areas of Worklife: A Model of the Organizational context of Burnout, Journal of Health and Human Services Administration, Vol. 21, No. 4 (SPRING, 1999),pp. 472-489

Strategy References and Readings

- Dobkin 2013,
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.ihi.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/