



The Burnout Prevention Matrix 2.0

The Matrix 2.0

Now with 235 Ways Doctors and Healthcare Organizations can Work Together to Prevent Physician Burnout

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Burnout Treatment and Prevention – Sharing Our Experience

Since 2011 our team at TheHappyMD.com has maintained a laser focus on the treatment and prevention of physician burnout. We have over 2100 hours of one-on-one physician coaching experience with burned out physicians and physician leaders and have [trained over 25,000 doctors](#) to recognize and prevent burnout for [over 140 different organizations, associations and societies](#) to date.

If You are a Physician Leader with questions
on building an effective Physician Wellness Program
[Click Here for our Corporate Services Page](#)

If You Need Immediate, Personal Support
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with a certified physician burnout coach

Why We Built the Matrix

This New Revised and Expanded Version of the original MATRIX White Paper was created to share *three key components of an effective burnout prevention program* – things we have discovered in our work coaching, training and consulting with individual doctors and physician leaders in organizations of all sizes:

1. **Burnout is fundamentally *not a PROBLEM*.** The search for a solution leads only to frustration and futility. Let us show you burnout's true nature and the clear the path to both treatment and prevention.
2. **You must understand the *minimal level of complexity* required to effectively prevent physician burnout.** As Einstein said "Everything should be made as simple as possible, but not simpler." We will show you the minimal level of complexity required to effectively deal with burnout in physicians.
3. **The most powerful prevention strategies are selected ...**
 - **from the biggest list of tools**
 - **to match the specific needs of the individual doctor or organization.**The Matrix gives you an *exhaustive list of tools and tactics* you can choose from to build your personal prevention strategy – a smorgasbord of over 235 tools each of which has been proven effective – in our work or in our targeted search of relevant burnout prevention studies.

In the end, this report will complete your medical education. We will expose and then fill in a huge blind spot all doctors share -- around stress, burnout and burnout prevention.

Let's get started



The Burnout Prevention Matrix 2.0

Burnout is not a Problem – Searching for a Solution is a Trap

Related: [Quadruple Aim – is it the Antidote to Physician Burnout](#)

Physician leaders frequently ask us a question that seems quite logical on the surface. “*What is the solution to burnout?*” Any leader who understands the Quadruple Aim and cares about their people would naturally ask that question right up front. The underlying thought process goes like this:

1. Burnout is a real problem.
2. Let’s fix it.
3. What is the solution?

Unfortunately, following this common-sense line of reasoning will only lead to struggle and frustration going forward. Here’s why ...

There is no SOLUTION to Burnout for a simple reason: *Burnout is NOT A PROBLEM*

To be clear – burnout is a challenge, an obstacle, an omnipresent risk – but burnout *does not fulfill the definition of the word problem*. This labeling error is nearly universal among clinicians and physician leaders alike.

Follow this thought process with me so I can show you Burnout’s true nature.

By definition, problems have solutions. When you apply a solution to a problem, what should happen to the problem?

Right ... it goes away.
Problem + Solution = No Problem
2 + 2 equals 4 ... next problem please.

Let me ask – do you believe there is a one-step Solution to Burnout?

Is there one thing you can do one time -- and the issue of Burnout goes away from that point on? Silly question, right? Which means Burnout is definitely NOT a Problem. If Burnout isn’t a Problem, what is it?

Like so many things in life, *Burnout is a classic DILEMMA – a never ending balancing act.*

Imagine a child’s Teeter Totter. On one side is the energy you burn – *in BOTH your practice and your private/family life*. On the other side are the techniques you use to recharge your energy.

Your job is to maintain balance ... to maintain *energetic homeostasis*.





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Each of us must maintain a positive balance in our energy accounts, so we have something to give our family and patients.

Burnout is when *the combination of stresses in your practice and larger life* drain you, running your internal energy account below zero – into a negative balance. You are tapped out, exhausted, cynical and hopeless, wondering if your work makes a difference. The little voice in your head can start saying, “*I’m not sure how much longer I can keep going like this*”. This downward spiral can be a result of too much stress – at work or home – or an inability to recharge when you are not at work, or a combination of the two.

Related: [The Pathophysiology of Burnout](#)

You can’t SOLVE Burnout - simply because it is not a problem.

You CAN maintain the balance you seek with a STRATEGY.

You can’t solve a dilemma – remember it is a *never ending* balancing act. What you can do is *manage a dilemma with a strategy*.

A strategy is a handful of different actions you take in a coordinated attempt to maintain the balance you seek. The best strategies are simple, just 3 – 5 steps.

If you are feeling over-stressed, exhausted or burned out at the moment – it will take *NEW action steps* to get your energy back into a positive balance. Because this balancing act of energy burn and recharge never ends, the tools that make up your Burnout Prevention Strategy must become *HABITS*.

This is very much like staying in good physical shape. In order to stay fit, you must exercise. Most people’s fitness routine includes a number of forms of exercise. Together those exercises are your fitness strategy. Fitness is another never ending balancing act – another classic dilemma - so the need to exercise never goes away. You exercise - you stay fit. You stop exercising - you get flabby.

If you follow your Burnout Prevention Strategy - you maintain a healthy energy balance. If you stop using the 3 – 5 tools in your strategy - you put yourself at risk for burnout again.

Related: [Burnout’s highest and best use](#)

What is YOUR Personal Burnout Prevention Strategy?

I know that is a strange question to ask a doctor. This concept of energetic homeostasis and a Burnout Prevention Strategy should have been taught in residency ... right? It is a missing piece of your medical education for a pair of reasons:

- The bandwidth of residency was taken up by teaching you everything you needed to become an effective clinician.
- Residency and Fellowship are experiences you are only meant to survive – Gladiator style.



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Now you find yourself out in practice, with the rest of your life out in front, stretching to the horizon. It is only now that you realize just how poorly prepared you are for the long haul of a medical career. You survived residency. It would be nice to do more than just survive the forty years of practice that follow.

So let me ask you again, “*What is your personal Burnout Prevention Strategy?*” Now that you can see just how important it is to your quality of life, what will be the 3 – 5 tools you incorporate into your plan going forward? You may have been a little confused by the title of this report until now – 235 Ways to Prevent Burnout. Yes indeed, if you were looking for *the one solution - THAT* is confusing. Now you know you are building a 3 – 5 step strategy, the size of the smorgasbord you are choosing from should be reassuring.

Let me emphasize one last time that *the stresses that cause burnout are a combination – the sum total – of the stresses in your practice and your larger life.*

Life can cause burnout at work.

Related: [The four causes of Physician Burnout](#)

You can watch a doctor drop into a flaming downward spiral of burnout at work *when nothing has changed at work*. What happened is their spouse left them two weeks ago and they didn't just walk in and announce it to the team.

As a result, any effective personal Burnout Prevention Strategy will include tools you use AT HOME and in your larger life.

It is tempting to blame EMR or Obamacare (or now Trumpcare) for all our worries. The causes of burnout are complex. Each physician has a pattern of stresses as individual as their fingertips. There are themes in the most common burnout stressors - we will point them out to you along the way - and you must look holistically, in 360 degrees and root out *all causes of stress – at work and at home.*

But wait ... there's more: Your personal Burnout Prevention Strategy is not enough all by itself

Everyone must have a personal prevention strategy - it is an absolute necessity for your own resilience - and it is not enough for maximal burnout protection.

The Canary and the Coal Mine

To understand why, let me introduce you to the metaphor of the Canary in the Coal Mine. Back in the early 1900's coal miners died in two ways – cave ins and bad air. Every once in a while they would hammer into a pocket of carbon monoxide or carbon dioxide in the coal seam. Both gasses are odorless and colorless - undetectable to the work crew – and rapidly fatal. Enter the humble canary.

As a way to check for air quality, every shift of coal miners would carry a canary in a tiny cage into the mine.



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Canaries have two features that coal miners find very useful – they never stop singing and they die in bad air before a human. The miners would set the canary down next to the work face, then pause every once in a while to listen for the bird. As long as they could hear the canary sing, they went back to work.

If they paused and the canary was silent at the bottom of the cage, the miners ran for the surface. Some crews valued their canaries so highly they developed [canary resuscitation devices](#) to bring back the bird that saved their lives.



The canary is a constant indicator of the conditions in the mine.

These days physicians and staff are the *canaries in the coal mine of medicine*.

We are an indicator of the conditions in the workplace. The modern burnout epidemic is a sign that the healthcare workplace is toxic and getting worse.

Effective burnout prevention demands *BOTH a Canary Strategy and a Coal Mine Strategy*

Every Canary needs a personal strategy to prevent burnout simply because a stronger Canary *is a good thing in a toxic environment*. Most of the time this concept goes by the name *Physician Resilience*. Resilience training for the doctors and staff is *necessary but not sufficient* for maximal burnout prevention for a simple reason – *it makes no sense to keep putting the “Canary” back into a “Mine” we know is toxic*.

Related: [Physician Resilience, why a stronger canary is never enough](#)

The organization needs a *Coal Mine Strategy* too

The doctors and the administrators must be constantly working to wring the stress out of the workplace at the same time we support the Canaries in their own resilience. Twin strategies operating simultaneously and in parallel is *the minimal level of complexity* required to move from a toxic workplace with epidemic levels of burnout to the vision of the Quadruple Aim.

The key to the Coal Mine Strategy is collaboration

Related: [The three components of the Quadruple Aim](#)

The canaries and the coal mine designers must work together to build a better mine. The Doctors and the Administrators must constantly and diligently work as a team to build better systems of care and documentation. Collaboration and mutual respect is key.



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In the absence of respect and collaboration - when there are silos or active hostility between physicians and administrators - we have seen workplace burnout rates of 80% and more. You probably know of a ward or wing or service like that too.

NOTE:

Just like your Personal Canary Strategy, an effective Coal Mine strategy is composed of only 3 – 5 tools which must become habits within the fabric of the organization.

Three Obstacles to the Twin, Parallel Strategies

a) Uncharted Territory: The Healthcare Industry has Never Been Here Before

Please understand that large healthcare organizations who employ hundreds and thousands of physicians are a very recent development in the history of humanity. Doctors are not trained to be employees and don't know [how to navigate a bureaucracy](#). Hospital systems don't know how to manage and motivate large groups of employee physicians. Maintaining a stance of collaboration is not easy. This is a brave new world of uncharted organizational territory and most healthcare leadership teams are making it up as they go along -- in a chaotic environment of constant change and falling reimbursement.

b) The Leader's Blind Spot

Nearly all healthcare leaders share the same "Burnout is a problem" labeling error. The C-suite gives it a different name – the mythical "best practice". Call it what you will, this search for the solution/best practice wastes immense amounts of time, energy and money. Each time you implement another program from the top down in the hopes that *this time we have the right one* – and it doesn't make things all better - your people can begin to lose faith that positive change is even possible. [Things become so much easier when you focus on a strategy!]

c) The Doctor's Blind Spots

Doctors aren't very good Canaries to begin with. We don't learn how to take good care of ourselves in training. What we learn to do is survive. Self-care principles such as good nutrition, rest and exercise fall by the wayside in pursuit of our MD/DO and specialty board certification. Often physicians don't learn how to care for their own physical and energetic needs until *after their first episode of burnout*.

Now you know several important, foundational facts about burnout

- Physician Burnout is NOT a Problem. It is a classic DILEMMA.
- There is no SOLUTION, we must focus on an effective STRATEGY.
- Because of the Canary and Coal Mine structure of all healthcare organizations, the minimal level of complexity to prevent physician burnout is TWIN, PARALLEL STRATEGIES:
 - One for the Canary/Doctor.
 - One for the Coal Mine/Administrators and designers of the systems of care.



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[NOTE: if you are a solo doc or in a smaller, physician owned practice you may very well be the Coal Mine designer and the Canary at the same time. If this is true in your situation *don't assume it will make things easier.*]

Build your strategies using the Matrix

The lists of tools contained in this Matrix Report are a smorgasbord from which you can create your burnout prevention strategies. The Matrix is simply a method to categorize the tools.

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The Burnout Prevention Matrix

When you understand [the pathophysiology of burnout](#) as the development of a negative balance in your energetic bank accounts, it quickly becomes clear there are only two methods of maintaining the balance we all seek.

- Lower the stress and energy drain.
- Increase your ability to recharge.

And there are two levels at which these tools can be applied

- The Individual Physician (Canary)
- The Organization (Coal Mine)

The Burnout Prevention Matrix and 235 Burnout Prevention Techniques

Two Methods and Two Levels.

Pop them in a classic two by two matrix and things start to make sense in a whole different way. Here is the matrix diagram.

The Burnout Prevention Matrix

	↓ Stress	↑ Recharge
Personal	I	II
Organization	III	IV



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Now you have four distinct buckets to hold all of the tools and techniques to prevent physician burnout. The rest of this report is comprised of a series of four lists of tools. One list for each of the four quadrants in the matrix.

Remember that our goal is to make things *as simple as possible, but not simpler*.

When it comes to prevention of physician burnout inside an organization of employed physicians, this is what *as simple as possible* looks like:

- Twin prevention strategies operating simultaneously and in parallel
 - One for the Canary – individual physician resilience
 - One for the Coal Mine – organization responsiveness and continuous improvement
- The Matrix holds the library of tools and techniques from which your strategies are constructed.

NOTE about the MATRIX Tool Lists that follow:

1) These lists of tools are not exhaustive.

They are simply a starting point for thinking about how to lower stress and prevent burnout for you and the other doctors in your organization. You will come up with additional items that are specific to your personal situation and/or group as you move through these suggestions.

2) The lists are not universally applicable.

There are items on the list that will not apply to your personal situation or group. The sources of stress on an individual doctor are unique to that person ... like a fingerprint. Yes, there are tools in the lists below that make it into nearly every physician's Burnout Prevention Strategy.

We will mark these most widely used tools with this symbol:



When you notice an item in the lists that does not apply, just hop to the next one. Keep going until you find a tool that feels like it would work for you. Circle or highlight it and move on. Remember, you are only looking for the 3 – 5 tools that make the most sense to you.

3) The structure of your organization matters.

If you work in a solo practice or small group, you will be the person implementing the organizational activities. In a larger group you can bring up discussions about these ideas with your peer physicians and your leadership/administration/management team.

4) Don't let the length of this list do either of the following...

- Overwhelm you and cause increased stress. This is a list of alternatives from which you can pick ONE AT A TIME. It is NOT a list of everything a doctor has to do to prevent burnout. Remember that an effective strategy will often contain only 3 – 5 tools at a maximum. It is important to also understand our coaching clients typically require 6 – 9 months to implement their full strategy. They implement one tool at a time over a total



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of 6 – 9 months. There is no rush here and trying to do too much at once can make things worse in the short run.

- Cause you to feel guilty when you see something here that you “should” already be doing. If you hear that voice, just say, “*Thank you for sharing*” and keep moving.

5) Remember to take action.

These lists are meant to be more than just an educational experience. Our intention is that you *pick the action that makes the most sense in your life and/or organization and start implementing it immediately*. If you stop at the point of understanding a concept and do not implement it, you may be falling into Einstein’s definition of insanity.

“The definition of insanity is doing the same thing over and over again and expecting different results”

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Now you are ready to dive into the four Matrix lists which begin on the next page

Remember STRATEGY and know that your search is best focused on creating two short lists:

1. The 3 – 5 tools that make sense for your own Personal Canary Strategy.
2. The 3 – 5 tools that make sense as a Coal Mine Strategy for your organization.

Once you have your two lists, implementation is accomplished in a very specific fashion

- One tool at a time.
- Dial in your strategy over a 6 – 9 month time frame.

We strongly recommend you DO NOT attempt to implement more than one tool at a time.

More Support Options

- [Our Coaches are at this link](#) if you would like to discuss your Strategy in a FREE Discovery Session.
- If you are a leader looking for help with your organization’s Coal Mine Strategy – [use this link for our Corporate Support Services Page](#).
- If you have any questions - [Use This Form to Contact Us Directly](#)



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Quadrant I

Personal Tools to Decrease the Stress and Energy Drain



Mindfulness

- Conscious Stress Release / Mindfulness Based Breathing techniques. (e.g. The [SqueeGee Breath](#))
- Begin a regular formal meditation practice in any tradition. A useful self-study text here is the book *Meditation for Dummies* – believe it or not!
- Full traditional Mindfulness Based Stress Reduction (MBSR) training program – [here is the original U. Mass Program](#).
- Taking time during your day for brief moments of mindful reflection on your physical energy, your workday, your breathing – becoming “present”.
- Use of a mindfulness / relaxation APP such as [Insight Timer](#) for meditation, guided imagery and more.

Regular journaling to develop your self awareness “muscles”

- Journaling helps you become more aware of the tone of your thoughts and feelings and less reactive at work and with your family.
- Content of your journal can be recounting of your day, your feelings about and reflections on your experiences, intentions/goals/wishes.
- This self-reflection allows you to process the stresses of the whirlwind that is your practice day from a new perspective. You will be able to see patterns and plan changes that are invisible from within that whirlwind.

Narrative medicine to vent past traumatic experiences in your training and practice

- Write down a journal entry or story recounting a stressful /traumatic experience from your training or practice.
- This activity can be very therapeutic and resolve longstanding stress around patients or procedures that are similar to the original stressful event.
- Here is an [example of one of my narrative medicine journal entries](#) .
- Here is the [RISHI website](#) with programs in narrative medicine designed by Rachel Naomi Remen.



Make Gratitude and Celebration a Habit

Related: [A gratitude journal is a weapon in the fight against burnout](#)

- Create the habit of celebrating all “wins” – all accomplishments, no matter how small, deserve a minimum of a pat on the back.
 - This breaks the “nose to the grindstone” syndrome and can dramatically increase your work satisfaction and your leadership and parenting effectiveness as well.



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- Acknowledge yourself and everyone around you early and often
 - “Catch them doing something right”.
 - Take on this habit for you, your family, your co-workers and staff and your patients.
 - One phrase of gratitude for your people that never gets old is, “*Thanks for your hard work. I/We really appreciate it*”.
- This is an established Organizational Development principle known as “[Appreciative Inquiry](#)”.



Acquire Leadership, Delegation and Patient Flow Skills

Related: [Physician Leadership gets easy when you do these three things](#)

- Learn and practice leadership, communication and Emotional Intelligence skills with both patients AND staff.
- Devote special attention to your immediate assistant(s) – often your dedicated MA or Nurse.
 - Start by building your Ideal MA or Nurse Description. Use this as a target going forward.
 - Maintain tight focus on this Ideal Description and keep your standards high. “Any warm body” recruiting decisions often end in disaster.
 - Make sure you play a role in their recruitment and selection process.
 - Onboard them well.
 - Delegate to them and manage their performance with frequent interactions and full support.
 - Build a team where everyone practices to the top of their licensure.
- Train yourself and all staff in the [Universal Upset Patient Protocol](#) .
 - Dealing with upset and angry patients is a major stressor for doctors and all staff members. The UUPP is a simple, reliable method for handling upset patients quickly, effectively and empathetically.
- Begin to shift to true Team Based Care:
 - Learn to lead by asking questions rather than giving orders.
 - Consciously set your work team Context/Environment to be as supportive as possible.
 - Learn to ask for and accept help from team members.
 - Learn and implement delegation and follow up skills.
 - Learn and implement group problem solving and process improvement skills.
 - Run the [BID Huddle Process](#) to optimize your daily patient flow within your existing systems
 - This is one of the most powerful and least implemented burnout prevention tools.
 - For each minute you dedicate to a team huddle, you will save five minutes in your practice day.
 - Run the [Monthly Team Meeting Process](#) to constantly improve your existing systems.
 - Make a list of problems/issues you want to address – everyone on your team gets to put issues on the list.
 - Lead a collaborative process to brainstorm solutions.
 - Pick one as an improvement project for your team.
 - Create the action plan and metric(s) you will track.



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- Delegate responsibility for the project.
- Follow up at the next meeting (or sooner).
- Always be working at least one improvement process – especially for “broken record” issues.

Systemize your practice

- Create [systems to handle any repeated – “Broken Record” - tasks](#).
- Normally Broken Record Moments occur in two areas: Documentation and Patient Education.
 - You automate documentation broken record moments with templates.
 - You automate patient education broken record moments with diagnosis specific handouts or videos.
- Set up systems to track referrals.
- Set up systems to track and report test results to patients.
 - Normals
 - Abnormals
- Delegate the management of all systems to a staff member – you maintain the leader role.
- Have a staff member screen your postal mail – do not touch it until it has been screened and pruned.
- Have a staff member screen your email – do not click it until it has been screened and pruned.
- Dictate referral letters and reports. Use voice recognition software and/or templates.



Vision - Career Alignment

- Create your Ideal Patient/Procedure Profile.
 - Write down a description of your ideal patient encounter and favorite procedures.
 - This is the patient encounter that has you saying, “Yes, that’s why I became a doctor”.
- Create your [Ideal Practice Description](#).
- If you had a magic wand and could wave it to create the ideal practice situation, what would that practice be like? Write it down in as much detail as possible.
 - How many hours a day would you work with what patient and procedure mix?
 - What would the structure of your group be like and the culture amongst the partners?
 - How much would you be paid and what benefits would you receive?
 - Where would you live and what would that allow you to do in your off time?
- Brainstorm, prioritize and action plan steps to [align your practice experience/structure and patient/procedure mix with these Ideals](#).
- Take progressive steps to align your current job with your Ideal Practice Vision.
- Consider altering your patient/problem mix based on your Ideal Patient/Procedure Profile by beginning to request referrals from your partners and other community physicians.
- Consider changing jobs or practice structure to match your Ideal Patient/Practice scenarios if you are unable to make sufficient changes in this situation. Make sure your [job search](#) is focused on your Ideal Practice Description.



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Master your documentation system

Related: [Our five part EMR Strategy training video](#)

- Stop demonizing your EMR – decide to become a Power User instead.
- Study the user manuals, complete all the training provided by the EMR vendor – twice.
- Create templates /"quick keys"/shortcuts that fit your patient and procedure mix.
- Identify the EMR "Power Users" in your practice/group.
- Ask them to teach you their power tips and borrow their templates.
- Study them, learn from them, become one of them.
- Get a Scribe using the "Claw Back" method – this is the [last option in this video training](#).
- Designate one or more of your practice team to be a "Super MA" and begin to delegate documentation to them during the patient encounter.

Documentation commitments

- Commit to completing your charts daily.
- Commit to completing your billing daily.
- Set up systems to delegate as much charting and billing as appropriate to your team members.
- Become a Power User of your EMR and billing systems – see above.
- Resolve to leave incomplete charts and visit charges behind only on the rarest of occasions.
- Incomplete charts are always a serious ongoing energy drain that keeps you from recharging at home.

Pick one of these miscellaneous field-tested time savers

- **Draw blood before visit**
So you can discuss results at the visit rather than waste time chasing them down after the patient is gone.
- **Annual renewals of all chronic medication**
Renew all chronic meds for the maximum time allowed by law in a single visit
Instead of piecemeal throughout the year.
- **Team Documentation**
Two Super M.A.'s per provider providing chaperone and scribe support to up to 80% of your patient volume in the day.
- **RFID Tap and Go Sign In**
No more entering username and password manually.
- **Flow Stations**
Team sits side by side in the back office to make care coordination simpler.



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- **Printer in every room**
So you don't have to run down the hall each time you need something printed.

Get organized

- Hire a [professional organizer](#) to clean up your office and set you up a filing system so it never gets disorganized again.
- Use the same professional organizer for your home office.

Explore the options for working on a schedule that is something other than full time

- Be creative here
 - Part time
 - Practice sharing
 - Non-traditional hours

Understand and master your personal finances

Not understanding your personal finances in detail is a major stressor for most physicians. When you have clear understanding of the points below, the reality is often much better than you had imagined and you will have concrete goals to guide your actions ... rather than always worrying whether you have enough.

- Perform a Personal Net Worth and Income/Expense analysis with your CPA or a Fee-Based Financial Planner. Note this is NOT a stock broker or insurance salesman. This is a person who writes a financial plan and you pay them a fee for that service. The do not attempt to sell you any particular investment. You can find these people by asking your physician colleagues for a referral.
- Understand your personal financial situation in detail.
- Work with your advisor to set financial goals for income, expenses, and loan paybacks including student loans and mortgages, retirement savings, college savings.
- Work with your advisor to set up a tracking system so you know where you are on your debt repayment and retirement plan at all times.
- Commit to regular meetings with your advisor to assess and tweak your plan.

Do whatever it takes to understand your practice finances

Not understanding your personal production reports and practice finances is another money related source of stress. This is yet another knowledge base you must acquire outside of your medical education. Do not avoid acquiring this knowledge no matter how foreign it may seem. Do what it takes to learn the basics so you are always dealing with an understanding of actual numbers rather than uncertainty and fear of not knowing what is going on.

NOTE:

If your practice accountant or CMO cannot explain the finances so that you can understand ... you need a new accountant or CMO. That is their job.

- Resolve to understand your practice finances.



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- Profit and Loss Statements
- Accounts Receivable
- Budgets and the budget creation process
- Both your personal numbers and the numbers for your organization
- Make sure you understand all “carrots and sticks” in your compensation formula.
 - What do you get paid for and how do you earn bonus payments?
 - What situations would trigger a reduction or withhold in your payment?
 - If you were going to “game the system”, what behaviors would bring you more income under your current payment formula?
- Ask for support and training from your administration, practice accountant, CPA or CMO until all of your questions are answered.

Weekly practice planning

- Plan and schedule your routine practice activities weekly – one week in advance. Know this week what you plan to do next week.
- Develop the habit of looking forward into the week and knowing your practice activities and hours at work in detail.
- This allows you to put a boundary around your work schedule and begin to plan your off-work hours.
- If you have long-term goals that require dedicated time for completion, block them into your schedule well ahead of time.

Build a team to handle home chores

Related: [Delegate your punch list](#)

Do not waste time and energy on home tasks that can be outsourced. Your motto here is *“if you don’t have enough time, you need a bigger team”*. We suggest you build a home team of at least three of the professionals below.

- Meal service or meal prep delivery service – for several meals a week
- Housekeeper
- Handyman service
- Wash and fold laundry
- CPA/Bookkeeper
- Lawn mowing service
- Nanny / Au Pair -- We suggest you hire two part-timers rather than one full-timer so if one is ill and can’t make it on any given day, you will still have coverage.

Long range practice planning

- Schedule and create an annual plan for your practice in the 3rd quarter of each year.
- Revisit the plan quarterly in the last month of each quarter.
- Plan, execute and track any practice improvement projects.



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- Set and track any financial/performance goals.
- Plan and book CME activities, trainings, conferences - perhaps in combination with personal and/or family vacation time.

Choose to view your burnout prevention activities as a calling rather than a problem to be fixed

It is common for physicians to feel guilty admitting they are over stressed and need to do things differently. We can see this as failure or something we “should” have been able to figure out for ourselves ... or even a sign that we aren’t tough enough. These feelings come from the conditioning of our medical education and don’t help matters.

As you make any of the changes on these lists, it can help to see your stress and burnout as a calling to a new relationship with your career, rather than a failure or a problem to be fixed.

- You are figuring out, based on your own experience, how to be both a doctor and a healthy person with a well-rounded life.
- Remember these are tools and techniques you have never been taught before
- In my experience, little things can make a big difference.
- Only you can decide what works for you based on your own personal experience.
- You can enjoy the adventure of this “waking up” to what works for you as you begin to *take charge of your practice and your larger life.*



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Quadrant II

Personal Recharge Activities

NOTE:

For all personal recharge activities below, it is extremely important to be fully present for the individual activity. If you are busy thinking/worrying about patients or work instead, the recharge of your energetic bank accounts cannot occur. This is the reason we begin this section with the Boundary Ritual - so you can hit the off switch on your physician programming and come all the way home.



Create and practice a “boundary ritual” between work and home

Related: [Building your Off Switch](#)

A solid boundary between work and home is essential for any recharge activity to be effective. This is a conscious action you take between work and home to create an energetic and psychological boundary between your practice and your life outside of medicine. This is the *Off Switch* on your physician programming.

The ritual helps you leave any work related stresses or worries behind. There are any number of options here, I will list a few.

Lessons from Mr. Rogers

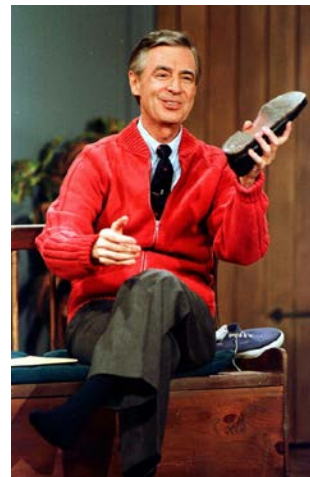
The best popular example of a boundary ritual Mr. Rogers on his TV show. We don't know who Mr. Rogers is when he is not on the set. (there is an internet rumor that he is an ex-Navy SEAL with sleeve tattoos!) What we do know is this - he starts every show with the same three-part boundary ritual. Remember?

- Change his sweater
- Change his shoes
- And sing his song ... “It’s a beautiful day in the neighborhood”

After that, he is the reliably – slightly creepy – Mr. Rogers for the whole rest of the show.

Your boundary ritual is any action you take in the space between work and home where you say to yourself, “With this action I am coming all the way home.” Here are some common examples from our coaching clients:

- Use your car ride home for some relaxing music and mindful breathing to release work.
- Take a mindful breath or use any other MBSR technique you know as you turn the knob on the door to your house – breathe, release work and come all the way home.
- Shower and/or change clothes first thing when you get home.
- Go for a short walk and release work before going in the house.
- Take out your contacts and put on your glasses.





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- Walk the dog.
- Play with your kids.
- Fix a nice meal.
- Read a chapter in a trashy romance or detective novel for pleasure.
- Talk about the day with your sweetie or kids.
- Talk about THEIR day.

The key here is to consciously use your ritual to leave your work behind and be the non-doctor version of you until the doctor is required again.



Use the Schedule HACK process weekly to create your Life Calendar

Anything outside of work that is not on your schedule is highly unlikely to happen by chance. Schedule it or forget it. [Use the Schedule HACK](#) to build and carry your Life Calendar at all times.

- Adopt the habit of always having your life schedule with you - just as you always carry a work calendar.
- Learn and practice saying “NO” to requests for additional work activities when you have a prior commitment on your life schedule.
- Practice saying “NO” in the mirror until it feels natural.
- Talk with your colleagues and call partners about life balance and what that means to each of you.
- Teach them the Schedule HACK.
- Begin to move your team culture to one that respects your life outside of medicine.

Related: [Four secrets to a powerful “NO”](#)

Create, schedule and execute on your personal exercise program

This can be a part of the weekly life scheduling process above.

- With exercise - simple, frequent and fun is better - eg. Walking at lunch.
- Be present for the feeling of caring for your body and its physical needs.
- Consider combining exercise and social activities by joining a group and exercising together – Cross Fit, hiking club, dance club, ski club, running club ... you get the idea? What exercise groups and clubs are available in your area?

Take care of your primary relationship

Related: [Date night secrets](#)

Your relationship with your significant other is one of the main sources of support and recharge energy – when that relationship is healthy. If your primary relationship is experiencing difficulties, conflict, chronic disagreements, unbalanced sharing of family responsibilities ... it switches from a recharging to a draining activity and dramatically accelerates burnout.



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- Schedule and complete regular date nights – twice a month is a critical minimum frequency.
 - The first activity on any date night is to schedule the next one. This way you always have a date night on the calendar in your cell phone.
 - If you are single – take yourself on a date ... or consider dating.
 - If you and your significant other share a specific interest that has a season ticket option – theater, sports teams, etc. – buy them. This way you can book date nights in bunches.
- See a marriage/relationship counselor if you could use any level of fine tuning.
 - Have a very low threshold for getting help here. Don't wait until you are considering separation.

Handle any parenting issues

Likewise with parenting - your children can be a real recharge for you OR a major additional drain depending on how things are going.

- If you are challenged at all with parenting, seek a family counselor/parenting expert early and often.
- Make sure you have nanny/au pair support at least a couple days a week if you are overwhelmed. If you don't have enough time, [you need a bigger team](#) ... right?

Prioritize, schedule and invest time for all of the people you love - your most important relationships

Being intimately connected with the most important people in your life is an extremely important priority for physicians. This is the major source of recharge to our [Emotional Bank Account](#) and often the first life balancing activity to be forgotten in stressful circumstances.

- Have a system for scheduling time with your family and loved ones – the Schedule HACK.
- “Date Nights” with your Significant other/spouse
 - I consider these mandatory for physician health. Minimum 2/month. Get them on your calendar at least 2 months in advance
- Alone time with your children, parents, other family members
- Time to connect with other friends, couples, families

Prioritize, schedule and invest time in hobbies, interests, clubs, societies, charities and other creative pursuits

- In medical school and residency, hobbies and interests tend to fall by the wayside as we focus more and more on education and career. Keep your hobbies and interests alive if at all possible. They are powerful sources of recharge in your off hours.
- If you used to have a hobby before medical school and it has been way too long since you participated in that activity – get out the gear you have been dragging around for far too long and hop back in the saddle just to see how it feels – and if you still have the touch.



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Prioritize, schedule and invest “down time” set aside for rest and rejuvenation with nothing to do.

There is never, ever anything wrong with any of the following and if you don't schedule the time, none of these will happen.

- Massage
- Mani/Pedi
- Reading a trashy book for pleasure – my favorites are the cheap detective novels you find in airports. I recommend Carl Hiaasen highly.
- A cup of coffee with an old (or new) friend
- Or a good old nap

Related: [Four keys to building a better day off](#)

Block out time for “Scheduled Spontaneity”

- Schedule a block of time on your calendar and don't dedicate it to any particular activity. Leave it blocked off and protect it with all your might.
- When the time arrives, you are free to be totally spontaneous in that moment.
- This is a great technique with your kids. Block off the time *then let them decide* what the two of you will do together.

Prioritize, schedule and invest time in your personal spiritual activities

- If you have a religious practice that brings you joy and connects you with your purpose, make time to participate regularly.
- Whatever connects you with the realm of spirituality, purpose and fulfillment must be cared for and nurtured to maintain its ability to provide you with energy and drive.

Perform a quarterly planning session for bigger items

- The bigger the activity you are planning, the farther in advance it must be scheduled.
- Keep a “Year at a Glance” calendar on a visible wall at home to organize your life for the year.

Bucket List Activities

Related: [Bucket list – three steps to actually living yours](#)

- Make a Bucket List - the things you are determined to accomplish or experience before you die.
- Set a goal to cross one of them off each year.
- Plan and schedule it as far in advance as you need to.

Choose, schedule and book a total of 2 weeks' vacation on your calendar now for sometime in the next 12 months.

In our experience, a two week vacation is the only time a physician can step completely outside your doctor programming to get a fresh perspective on life, your practice and your primary relationships. We



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recommend a two week vacation at least every other year. If you are like most of our clients, your last vacation of this length was a very long time ago.

- Look as far out on your calendar as you need to feel comfortable blocking off two weeks for your vacation. It may be as far in the future as 18 months from now. Just do it. Pick the weeks and block them off. A Year-at-a-Glance calendar is perfect for this planning.
- Decide what you will do on your vacation. You could knock of a Bucket List item right here.
- Buy the tickets now. If there is anything that will ensure a doctor takes a vacation, it is having bought the tickets.
- If you are wishing for a specific vacation and do not book and pay for it ... the chances of it coming to pass are dramatically reduced. It can always be bumped for something practice related that feels more important at the time (it is not) or forgotten altogether.
- Promise *you will not see patients on the day before your vacation and the day after*. You can go in to work on those *sandwich days*, just don't schedule any patients. OK?
- Do a high quality sign out before you leave.
- Do not take work with you on vacation. No charts, journals, unfinished research ... none of it.
- Tell everyone you will be *off the grid and completely unreachable* while you are on vacation.
- If you get calls from work while you are on vacation ... *do not answer them!!*

Nutrition

- Commit to and carry through on quality nutrition and meal planning.
- Set aside time for food planning and prep for meals you take to work - What will you eat at work and what prep is involved?
- Good nutrition starts in the grocery store. Make a list. Buy what is on the list. Don't shop hungry.
- Hire a cook for several meals a week.
- Use a prepared meal delivery service such as Blue Apron or HelloFresh or any of their competitors.
- Use a Farm to Table vegetable delivery club/service weekly.
- If you enjoy cooking and have the time, make and freeze a week's worth of dinners in a single afternoon.
- Get really good at crock pot recipes.

Practice [Intention Journaling](#)

- Identify your Ideal Practice Vision and Ideal Patient Encounter in as much detail as possible – see Quadrant I.
- Journal before you start a shift at work and set your intention to be on the lookout for, and open to, having an ideal patient (or staff) encounter during the day ahead.
- This turns your work day into a "[Treasure Hunt](#)" rather than a survival challenge.
- It dramatically increases the chance that you will have a fulfilling interaction at work that day.
- Notice the energy recharge when you have that fulfilling patient or staff encounter.
- "Oh yeah, that's why I became a doctor".

Related: [The power of a gratitude journal](#)



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NOTE ON QUADRANTS III AND IV:

The Organization Activities in Quadrants III & IV can only be implemented in good faith in an organization where Senior Leadership understands and [is committed to the Quadruple Aim](#). Without this shift in values and culture, any organizational efforts to lower stress and prevent burnout will be minimally effective, short lived and seen as only checking a box by the physicians and staff. The long term commitment to the health and wellbeing of your providers is paramount to implementation of any Quadrant III and IV tool.

=====



Quadrant III

Organizational Support to Decrease Stress and Energy Drain



Leadership Commitment to Physician and Staff Wellness

This leadership commitment is the essence of the Quadruple Aim. Enlightened leaders understand that quality care and patient satisfaction are not possible without a healthy, happy doctor.

Related: [Healthcare's New Quadruple Aim](#)

Create a leadership commitment to the principle of caring about, monitoring for and optimizing the health, wellness and satisfaction of the providers and staff in the organization. This function of “looking in the mirror” - to focus on optimizing the experience of the people working inside the organization - is emphasized at the same level as the organization’s outward focus on the quality of the patient experience.

NOTE: You cannot expect a patient to give your doctors a 5 out of 5 in satisfaction when your doctors would rate their satisfaction with working in the organization at 2 out of 5 ... or worse yet, the organization has never asked physicians and staff to rate their satisfaction or surveyed for stress and burnout prevalence in the first place.

Mission Statement Commitment to Physician and Staff Wellness and Satisfaction

Related: [The Quadruple Aim Mission Statement Challenge](#)

Check your Mission Statement. Do the people – the physicians and staff – appear in your Mission Statement in any way? Is there any mention of caring about THEM and being a great place to work? If your answer is “No”, that is true for over 90% of healthcare organizations. Most companies are 100% focused on the patients. That single minded outward focus is one of the causes of burnout.

In an ideal world, your organization would have a Quadruple Aim Mission Statement naming the health and wellbeing of the workers as an equal priority to caring for the patients. AND Mission Statements are difficult to change – especially if you use the collaborative process we recommend.



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Bottom line: a Quadruple Aim Mission Statement is important, but *we don't recommend changing the Mission Statement as your first burnout prevention initiative*. It is too big of a bite. Grab a simpler first step from these lists.

- Schedule a Mission Statement Planning Retreat to put the Physicians/Provider and Staff health, wellness and satisfaction on equal footing with Quality of Care and Patient Satisfaction.
- This retreat is to begin the alignment of the entire organization with the principle of equal focus on both physician and patient satisfaction.



“Burnout Prevention Working Group”

Related: [7 Ways Your Physician Wellness Committee Will Fail](#)

- Launch this standing and active committee within the physician leadership structure. This working group's sole focus is the prevention of burnout and the promotion of the Quadruple Aim.
- Give them a significant budget.
- Give them a dedicated leadership dyad and complete administrative support.
- Charge them with actively surveying for and optimizing physician health, wellness and satisfaction
- We recommend you do not name this a “Physician Wellness Committee”
- We also recommend this committee be the hub for all four components of the [Quadruple Aim Blueprint](#).
- This Working Group is the hub of activities to deploy the Coal Mine Strategy within your organization.

Create standing agenda items regarding Physician and Staff Wellness in all routine practice leadership and administration meetings

- Discuss and address the issues of stress management, wellbeing and satisfaction of the staff and providers at every major meeting in the organization.
- Begin to follow the [Quadruple Aim Prime Directive](#) in all standing committee decisions. Ask, "What effect does this program/project/new procedure have on the health and wellbeing of our people?"
- If that effect is negative, the program should not be enacted without some form of effective mitigation against the additional stressors.

Management by Walking Around – round on your people

Administration and Physician Wellness Committee Members must get out of their offices regularly to round on their direct reports and staff, see what is going on - and how they can help - on the front lines of care

- They are seen around the facility.
- The expectation is that physicians and staff can report issues to them.



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- When they listen to a complaint, problem or suggestion they get back to the reporting party within the week with more information and/or a plan to address the issue.
- Improvement projects are initiated based on complaints/suggestions with progress reported back to the physicians and staff.
- The leadership is seen to be active and available, curious, interested, responsive and effective.
- Leaders at all levels are held accountable for rounding, supporting and problem solving.

Related: [How to tell if your group cares](#)

Consistent communication of stress relief and wellness program activities and results to the physicians and staff.

- Report out on all burnout prevention activities in all routine meetings in your organization.
- Newsletters – print or electronic
- Press releases – tell the community how you are supporting the health of your providers.
- Celebrate accomplishments by physicians and staff outside the practice as well.
- Let's your people know someone "has their back".

Regular surveys of physician and *staff satisfaction and engagement*

- Minimum twice a year
- Consider using the [Gallup 8 and 12 questions](#)
- Report the results back to all persons surveyed within two week.
- NOTE: these are not Burnout Surveys. These surveys measure satisfaction and engagement.

Related: [The fatal flaws in the burnout survey industry](#)



Regular surveys of physicians and staff asking specific *questions about the biggest stressors in their work day*

Establishing this feedback loop is a major shift in culture for most organizations. Note we are not talking about questions like "would you recommend medicine to your first born child as a career?" The surveys are simple, asking "what are the number 1, 2 and 3 stressors in your day?" This gives leadership information that is instantly actionable.

To continue the culture shift, make sure you act on the survey results immediately, diving into an action plan to address their stress.

- Raw survey data reported immediately - "This is what you told us".
- Pool answers into a weighted average and report out the top ten stressors back to the doctors surveyed - "This is what we heard".
- Prioritize issues and create projects to address concerns as needed. Report these projects to the physicians and staff - "This is what we are going to do".
- Report on Project Results/Successes/Learnings - "These are the results of our efforts".
- REPEAT the cycle – from the initial survey to the project success.



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An open and active “suggestion box” system on all wings, wards and services

- Address suggestions at your monthly staff meetings.
- Take action on the best ideas regardless of who submitted them.
- Give public credit to the person making the suggestion.
- Report out all items in the suggestion box so that nothing dies there.

Regular detailed feedback sessions to all physicians from senior partners - so the doctor knows where they stand and how the group feels about it

- Financial Production
 - With training on what the numbers mean as needed
- Patient Satisfaction
- Peer and Staff Interactions
- Skills evaluation - kudos and growing edges
- Remember to celebrate all wins (see Quadrant I).

Related: [The Quadruple Aim: Three Components](#)



Provide Physician Skill Building and Training Programs

There are a number of critical skills that don't make the curriculum in medical school and residency. These missing skills are always a source of stress until they are acquired, practiced and used. It is the employer's responsibility to complete the doctor's education in the following key areas.

- Stress management and burnout prevention skills
- Team leadership skills
- Communication skills
- Meeting facilitation skills
- Coaching skills
- Change management skills
- Problem solving and creativity skills
- How to [navigate a bureaucracy and manage your boss](#)
- Project management skills
- Training on business basics and how to understand the organization's financial statements.

Systems Support:

The systems are optimized to allow providers and staff to do what they do best ... provide direct care to the patients. Minimize the amount your people have to *fight the system* to provide quality patient care.

- EMR training and support to enable all physicians to become “Power Users”.
- Consider providing scribes if necessary.
- Patient flow optimization.
- Referral flow optimization inbound and outbound - to take hassles out of the doctors hands once referral decision is made.



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- Testing / procedure flow optimization
- Hospital admission flow optimization
- Hospital discharge flow optimization

Coordinated in a concerted and systematic effort to ensure physicians experience the maximum amount of direct patient care time. NOTE: Many flow optimization projects are the highest and best use of the LEAN skill sets and processes.

Medical Assistant Stability

There is nothing more stressful for a physician than staffing instability in their MA's and other first line team members. Group administrators must make every effort to maintain the highest quality in MA and nurse:

- Recruitment standards
- Onboarding standards
- Leadership effectiveness for a supportive work environment
- And minimize turnover in these groups of critical support staff for the physicians.
- See Quadrant I for suggestions on the physician's role in MA recruitment, onboarding and retention.

Support flexible work hours and part time practices as a "normal" way a doctor can participate in the group

- The "other than full time" schedule options are available in the outpatient, inpatient and call rotations for each department.
- The culture of the group supports "other than full time" providers as equal and valued member of the group - not second class citizens.
- The group has a path for "other than full time" providers to become full partners, obtain full benefits and become fully vested in the retirement plan. This may end up requiring additional investment on the part of the other than full time provider to secure these privileges ... and there is a defined path to get there.

Creative ways to address call coverage

The size of this list is limited only by your creativity. Here are a few ideas to get you started:

- Accommodate the "other than full time" physicians.
- In-house call support - hospitalists, etc.
- Allow individual doctors to opt out of call.
- Pay more for doctors who do take call.
- Scheduling templates that ensure a doctor coming off a call night does not have a full day to follow.
- Reduced call requirements for doctors with children under age three or doctors over age 60.
- In larger organizations, maintain a pool of "in-house locums". These are members of the group not assigned to set positions. They are deployable at last minute to any short staffed area in the organization.



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Confidential 24/7 Physician-Specific Crisis Hotline for any physician who wants to talk to a counselor/coach about any personal, relationship or emotional issues of any kind

Physicians will not utilize the standard employee EAP process. This needs to be a physician-specific system parallel to your employee EAP Crisis Hotline. This is a key component of *reactive crisis management* for the physicians.

- Provide systematic support for physicians who would like coaching/mentoring/counseling.
- Encourage asking for support as a healthy action - there is no stigma in asking for help.
- Referral networks for physicians are established, first appointments are readily available and quality of support offered to physicians is monitored.

Physician Peer Mentors assigned at the time a new physician contract is signed to oversee the “onboarding” of the new physician.

Most groups do a terrible job of onboarding. This lack of a welcoming touch in the first few weeks of a new practice is incredibly damaging to the new doctor’s long term relationship with the group. Select, train and support peer mentors to deliver a quality onboarding to the systems, the people, the culture and the community for each new hire.

- Deploy a detailed process of explaining contract clauses, production formula, buy-in to full group membership and other complicated contractual agreements that go with group membership.
- Provide introductions to key members of the group. Consider “speed dating” with referral or referring specialists in larger groups.
- Provide an introduction to and frank discussion of the group’s culture.
- Provide an introduction to the community – the good and the bad of the town and surroundings.

Transparency in reporting the financial health and performance of the organization to all physicians.

Complete transparency is key to engagement. If you are keeping secrets or only disclosing some of the numbers, burnout risk increases.

- Current performance
- Performance projections
- Transparent budget creation process
- Provide training for physicians so that they understand the generation of and meaning behind the numbers.

An open invitation to all physicians to attend all physician leadership meetings regardless of their status as partner, employee or independent contractor

- All physicians are welcome even though all may not have a say or a vote in any decision making process.
- This is another facet of complete transparency.



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Fair reimbursement for all physician leadership activities

Physicians who choose to take on a leadership role simultaneously take on additional stress above and beyond that experienced in clinical practice. It is important to acknowledge and compensate for this leadership related layer of strain to prevent even higher levels of burnout in your physician leaders. Adequate time and pay shows appropriate respect for the value of quality leadership. This payment avoids placing physician leaders in the double bind of spending time away from revenue generating patient care and not being compensated.

- Leaders are given protected time for leadership activities.
- Leaders are given adequate administrative support for their role in the leadership team.
- Dyads with an administrative non-physician leader are utilized whenever appropriate.
- Leadership activities are paid at a reasonable rate – at least equal to what the doctor would earn in the same amount of time by seeing patients.

Optional Physician Support Groups

Our personal experience - and any research review - will demonstrate a powerful trend. *Any time physicians get together outside of the workplace to talk about the experience of being a doctor – that interaction is therapeutic.* Here are some common examples of such groups. We also recommend an active social calendar as another way the organization can support human connections between members of the group.

- Support groups/Mastermind Groups available for peer support and processing of difficult interactions.
- [Schwartz rounds](#)
- Training in facilitating support groups is available for group leaders such as [Finding Meaning in Medicine Groups](#).
- [Balint Groups](#) is another example.
- The Mayo “have a meal with your colleagues” program
 - Once a month have the organization pay for a one hour meal shared with a group of colleagues.
 - Sign up occurs online.
 - The meal is paid for with a corporate card.
 - The organization provides several questions for discussion.
 - The doctors are asked to discuss one of the questions for 15 minutes and devote the rest of the hour to “enjoying each other’s company”.



Physician Bad Outcome Outreach Program

- Physician isolation at times of negative outcomes is universal. It is a crushing experience for the person involved. They feel terrible and shunned at the same time. This behavior by the colleagues of the affected physician is part of the programming and culture of our medical education. The organization must make all efforts to ensure it does not continue to occur within the care team.
- Create a procedure to reach out to any physician or staff member involved in any bad outcome regardless of concerns of fault or malpractice risk. We call it the “Bad Outcome Hot Dish



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Delivery Team”. These are volunteers who make a hot dish and reach out to anyone involved in a bad outcome in your organization. Their job is to empathize, be available should the person want to talk ... and, of course, make a nice hot dish for them and their family.

- This outreach is incredibly important at this critical time to decrease the stress on the provider/staff member.
- Some groups have turned this into a formal Second Victim Prevention Program.
- Some groups have special support services for specific bad outcomes such as medical errors and malpractice cases.

Mistakes/Bad Outcomes Communication skills training for all providers

Medical errors and bad outcomes are always stressful for all physicians and yet we were never taught what to do when something has gone badly. This is yet another missing skill set the employer must teach the doctors. The training and support exists. Let’s give everyone the skills.

- How to relay bad outcomes to the patient and family.
- How to say you are sorry in an appropriate way.
- Share resources such as those from Sorryworks.net.

Onsite concierge support services to perform shopping and errands for physicians on work days

- This is a service that can be outsourced and paid for by the organization so that individual doctors can delegate any number of chores and other non-work errands to the concierge service



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Quadrant IV Organizational Recharge Activities

Normalize the expectation of work life balance

As part of the organizational commitment to burnout prevention for the physicians and staff, there is a parallel commitment and expectation that physicians and staff will have a full life outside of their career.

- This is the basis for the institutional support of adequate staffing of call rotation groups, part-time practice, reasonable vacation allowances and sabbaticals.
- Normalize life balance, date nights, time off and vacations from the senior leadership to the front line.

Sabbatical privileges built into standard employment contract after a set amount of time

Onsite exercise, mindfulness and wellness programs

- Onsite exercise facilities and exercise classes
- Walking groups at lunch
- Onsite massage, guided imagery library
- Onsite programs to teach healthcare stress management and burnout prevention
- Onsite programs to teach and allow the practice of mindfulness, meditation and other stress relief tools (Yoga, Tai Chi, etc.) to physicians and staff during work days



Organization centered social activities/parties/charity events/onsite clubs

Use your creativity and a small budget to sponsor social activities for physicians, staff and their significant others and families. “Back in the day” we had social ties with our colleagues. We were friends and knew each other’s hobbies and family members. These ties have collapsed in the mergers and acquisitions creating today’s mega-groups and everyone suffers. Social bonds between physicians, staff and administration are more important now than ever before. Do what you can to create fun, interactive, inclusive extracurricular activities that generate a buzz in the organization and a building desire to attend among your physicians and staff.

Organizational participation in community charity activities with physicians and staff invited to participate

Sponsor a corporate team in charity events manned by your people. Give them full front page billing in your next staff newsletter.

Offsite tours and excursions for the physicians and staff sponsored by the organization

Sponsor trips to local and regional attractions giving low cost or free tickets and transportation to your people

- Field trips to outdoor events, museums, concerts, evening meetups and club sporting events



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- The only limit here is your imagination.

Establish and support a “culture of caring”

- The expectation that physicians check in with your partners and colleagues about how they are doing.
- Help partners get support if it appears to be needed ... without stigma.
- Share outside interests.

NOTE: Success indicators for a *culture of caring* are “yes” answers in your surveys to the following questions from the Gallup 12 questions.

- Does someone at work seem to care about me as a person?
- Is there someone at work that encourages my development?
- In the last seven days, have I received praise or recognition for good work?

Establish and maintain a physician and staff recognition program

This could be as simple as “Bravo Awards” to worthy recipients with public acknowledgement at staff meetings and gift certificates for reaching a certain number of bravos. Some groups make sure that when a physician or staff members receive a “Bravo” their supervisor is notified as well.

Leadership commitment to, and accountability on, rounding on your people

Frequent conversations outside times of crisis to say thank you, and ask how you can help. Rounding on your direct reports is a cornerstone of leadership excellence and very rare in a healthcare setting.

Build and maintain a culture of gratitude

- Say thank you early and often – at all levels of the organization.
- Teach gratitude journaling.
- Begin all meetings with “wins” among the team members. “What would you like to celebrate - or acknowledge yourself or someone on the team for - before we get started?”



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Next Steps:

Ideally your review of the tool lists above has identified a number of options you find attractive. These are techniques that match your specific stressors and blocks to recharge.



We encourage you to go back to the tools you find most attractive and *take action on just one of them*. Remember you are in this for the long haul. You are building your Burnout Prevention Strategy to last, because the balancing act of burnout never ends. It is a classic dilemma.

The Plate Spinning Theory of Burnout Prevention

Remember the Ed Sullivan show? Back in the black and white days of television he had a plate spinner on his show. The man's name was [Erich Brenn](#). Like all plate spinners, he shares a very specific method of getting 18 plates going at once. He spins them up one plate at a time.

When you are dialing in your Burnout Prevention Strategy – especially if you are taking on a new action and turning it into a habit – it is important for you to use the same method as Mr. Brenn. *Pick one tool at a time – just one.*

This goes against our physician programming that wants to do them all at once – and get straight A's at the same time. Just pick one for now. Get it spinning nice and fast in your life before you pick the second one.

This symbol will show you the tools most popular with our coaching clients to date.



- Pick a tool.
- Spin it into position and make it a habit.
- Review your Ideal Practice Description and notice your energy levels.
- If necessary, pick another tool and spin it up.

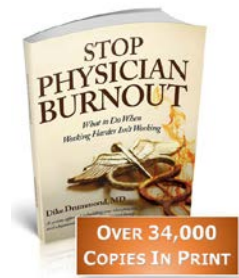
For most doctors you won't need more than 3 – 5 techniques for your Canary Strategy. You will find that little changes over time make a big difference in how you feel. If you combine this with 3 – 5 changes your organization makes in your workplace Coal Mine Strategy, things can get much better very quickly.



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Additional Support Options:

- **If you would like personal support** to build and implement your Burnout Prevention Strategy, [use this link to book a FREE Discovery Session](#) with one of our Certified Physician Burnout Coaches.
- **If you are a physician leader and would like to discuss**
 - **Live training** to teach your people these burnout prevention skills – [use this link to learn about our Training/Speaking Services](#)
 - **Options for a Coal Mine Strategy** to match your organization, [use this link to learn about the Quadruple Aim Blueprint](#).
- **If you would like a copy of the full reference text** to this work, [use this link to learn more and purchase *Stop Physician Burnout*](#) – *what to do when working harder isn't working*.
- Here is our complete [Burnout Basics Resource Library](#)
- Here is our complete [Physician Leader's Resource Library](#)
- If you are a senior leader, here is our [Corporate Services Page](#)





The Burnout Prevention Matrix 2.0

That's all for now ...

We sincerely hope the Burnout Prevention Matrix has provided you with some ideas for lowering your stress and preventing burnout.

Better yet, we hope it will provide you with tools to help you build a new relationship with your career – one where a fulfilling practice and a well rounded life are both part of the picture.

Our intention is also to help healthcare leaders see the vitally important role organizations play in this process.

Please contact us directly [using this website form](#) if you have any questions.

Visit TheHappyMD.com for additional resources and tools so you can be a HappyMD

- Stress Management and Burnout Treatment and Prevention
- Physician Leadership Development
- The Quadruple Aim – we are the ones that help you get it done

Keep breathing and have a great rest of your day,



Dike

Dike Drummond MD

CEO, The Happy MD

www.TheHappyMD.com