



The Burnout Prevention Matrix

The Burnout Prevention Matrix

Balancing Responsibility for Physician Wellness and Engagement: 117 Ways Doctors and Healthcare Organizations can Lower Stress and Prevent Burnout

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A Balanced Approach to Burnout Prevention and Physician Wellness

The Scope and Effects of Burnout

Physician burnout is the single biggest threat to any individual doctor's career and the largest negative influence on quality of care offered by any healthcare organization. The scope of the problem of burnout is only recently being acknowledged as we begin to be paid for performance and care quality measures and patient satisfaction scores assume increased importance. Here are some important research proven facts about burnout and its effects.

Surveys over the last 20 years have consistently shown that, on average, 1 in 3 doctors are suffering from symptomatic burnout on any given work day - worldwide, regardless of specialty [\[article link\]](#).

In a 2012 survey by the Physician's Foundation, 60% of US physicians reported they would retire immediately if they "had the means" [\[survey link\]](#).

Research has also linked burnout with the following negative effects on the physician's life and practice. Note how all of the following also have strongly negative effects on any healthcare organization's bottom line profitability

- Burnout decreases quality of care and patient satisfaction
- Burnout increases medical errors, malpractice risk, physician and staff turnover as well as physician divorce, drug and alcohol addiction and suicide rates

The Two Basic Burnout Prevention Methods

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 preventing burnout.

- You can lower the stress and energy drain on the physician
- You can increase your ability to recharge your physical, emotional and spiritual energy accounts

While each of us bears a personal responsibility for maintaining our energy and getting our own needs met, the following two factors get in the way of doctor's ability to avoid the epidemic of burnout.



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1) The physician's missing skill set

We are never taught how to use either of these burnout prevention methods. Our medical education focused on creating a competent clinician who could diagnose and treat disease in humans effectively and efficiently. We focused on surviving the training process itself. Our residency training was a “work hardening” experience that did not teach how to be a healthy doctor and create a balanced life.

At the same time, research shows a number of tools are effective for preventing burnout. Unfortunately, most physicians only learn about them after they are out in practice looking for ways to deal with their early stage burnout.

2) The design of the work environment

The majority of physicians are not in control of their working environment. We spend hours a day in an office, hospital or O.R. setting that is constructed by the organizations to which we belong. Many doctors provide care inside systems for billing, documentation and patient flow that they did not design and over which they have no control. These same systems are the single most important influence on our stress levels and energy drain on a day to day basis.

For many physicians it often seems like the organizational systems get in the way of our ability to practice medicine and our requests and complaints fall on deaf ears. These non-clinical stresses of being a physician are a major cause of physician burnout.

For this reason, organizations bear a parallel and equally important responsibility for the health, wellness and stress levels of their physicians and staff. Healthcare organizations often overlook their responsibility to create a supportive and healthy workplace in ways that are surprising given the nature of their charge to heal the sick.

I believe this industry-wide gap in awareness is an extension of the individual provider's blind spot with regards to getting our own needs met. Nurses, doctors and other staff members all learn that the patient comes first. We are notorious for not getting our own needs met and leading unbalanced lives. Organizations often adopt a systemized version of the same blind spot, focusing on quality of care or patient satisfaction to the exclusion of all else. For most organizations, the providers and staff do not even appear in the mission statement.

Which Comes First - Patient or Physician Satisfaction?

In this current environment of pay for performance based on patient satisfaction and care quality – it is important to remember the simple phrase “happy doctors have happy patients”. This becomes obvious when you consider the following question:

“How can we expect a patient to give today's treatment experience a 5 out of 5 score for satisfaction (“outstanding”) -- when the doctor and nurse that cared for them would score their satisfaction with their work day and their organization a 3 out of 5 or worse?”



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Taking Balanced Responsibility

Provider and staff wellness and satisfaction are the foundation on which patient satisfaction is built.

I believe in the years ahead that the most successful and profitable healthcare organizations will be those who take the best care of the people within their system and then give them the tools and support to provide great care.

It is the search for this balanced approach to physician and staff wellness and satisfaction lead to the creation of the Burnout Prevention Matrix.

The Burnout Prevention Matrix and 117 Burnout Prevention Techniques

The matrix below combines the two main burnout prevention methods

- Lowering Stress and Energy Drain
- Increasing Recharge Activities and Efficiency

With the two responsible entities

- The physician's personal responsibility
- The organization's responsibility to the physician

To create a four part matrix

The Burnout Prevention Matrix

	↓ Stress	↑ Recharge
Personal	I	II
Organization	III	IV



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Power Tips:

=> Before you look at the lists below, realize that any single one of the personal activities in Quadrants I & II will provide you with rapid stress relief when it is fully implemented. Even though this list is quite long, I recommend you pick only one activity from the list at a time. Implement that activity completely before trying another.

=> Notice Quadrant I contains several suggestions addressing issues outside of work. I have worked with a number of clients where the “last straw” in their professional burnout was a non-work issue such as marriage/relationship struggles, personal financial stresses or parenting conflicts. It is important to see the holistic nature of the way stress works on physicians and address these non-work issues head on as well.

=> The Organization Activities in Quadrants III & IV are best implemented in a coordinated fashion, ideally starting with a leadership commitment to emphasize physician and staff wellness as equal in importance to patient satisfaction and quality of care. 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 a means to an end by the physicians and staff.

NOTE:

1) These lists 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 also not universally applicable. There are items on the list that will not apply to your personal situation or group. When you notice an item does not apply, just hop to the next one.

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.
- 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. My 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”

At the end of this document I will give you additional resources for quick, creative ways to implement these changes in your life and your organization and make them stick.



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Quadrant I

Personal Tools to Decrease the Stress and Energy Drain

Mindfulness based Stress Relief (MBSR)

- Conscious Stress Release Breathing techniques (e.g. The [SqueeGee Breath](#))
- Meditation - walking, sitting or focusing on just being present
- Full traditional MBSR training program – here is [the original U. Mass Program](#)
NOTE: Mindfulness based stress relief is the foundation for the ability to release stress in-the-moment at work. MBSR is also a key to letting go of work related stress when you are NOT at work so you can be present at the time of your recharging activities.
- Taking time during your day for moments of mindful reflection on your physical energy, your workday, your breathing – becoming “present”

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

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

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

“Treat yourself like a dog “

- [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
- 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
- NOTE: This is exactly how you would treat a dog
- This is an established Organizational Development principle known as “Appreciative Inquiry”



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Acquire Leadership, Delegation and Patient Flow Skills

- Learn and practice communication skills and Emotional Intelligence skills with both patients AND staff
- Train yourself and all staff in the [Universal Upset Patient Protocol](#)
 - Dealing with upset and angry patient 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
- Collaborative leadership skills using open ended questions rather than giving orders
- Consciously setting your work team Context/Environment to be as supportive as possible
- Learn to ask for and accept help from team members
- Delegation and follow up skills
- Group problem solving and process improvement skills
- [BID Huddle Process](#) to optimize your daily patient flow within your existing systems
- [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
 - 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](#)
- 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
- Have a staff member screen your email
- Dictate, use voice recognition software and/or templates for referral letters and reports

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 Vision
- 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



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- Where would you live and what would that allow you to do in your off time
- How much would you be paid and what benefits would you receive
- 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 changing jobs or practice structure to match your Ideal scenarios
- 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

Master your documentation system

- Stop demonizing your EMR – decide to become a Power User instead
- Study the user manuals, complete all the training provided by the EMR vendor
- 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 tip
- Study them, learn from them, become one of them

Documentation rules

- 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

Get organized

- Hire a professional organizer to clean up your office and set you up a filing system so it never gets disorganized again

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



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- Perform a Personal Net Worth and Income/Expense analysis with your CPA
- Understand your personal financial situation in detail
- Set financial goals for income, expenses, loan paybacks including student loans and mortgages, retirement savings, college savings

Do what 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.

- Resolve to understand your practice finances
- Profit and Loss Statements
- Accounts Receivable
- Budgets and the budget creation process
- Both your personal numbers and the numbers for your organization
- Ask for support and training from your administration and/or CPA until all of your questions are answered

Take care of your primary relationship

Your relationship with your significant other is one of the main sources of recharge energy when it 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.

- Schedule and complete regular date nights
- 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

Weekly practice planning

- Plan and schedule your routine practice activities weekly
- Develop the habit of looking forward into the week and knowing your practice activities and hours at work in detail
- Carry this practice schedule with you at all times
- This allows you to begin planning your life around your work schedule with some level of certainty



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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
- 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

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“No problem can be solved from the same level of consciousness that created it”

~ Albert Einstein

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“The important thing is this: to be able at any moment to sacrifice what we are for what we could become.”

~ Charles Du Bos

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“Be who you are and say what you feel because those who mind don’t matter and those who matter don’t mind.”

~ Dr. Seuss

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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. One of the best ways to get present is the same [SqueeGee Breath](#) or other MBSR technique you use to release stress at work.

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

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

Note: the best popular example of this ritual is Mr. Rogers on his TV show. He would come in the door, change his shoes and put on his zip up sweater and sing a song before anything else.

- Use your care 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
- Shower and/or change clothes first thing when you get home
- Go for a short walk and release work before going in the house

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.

Create and execute a weekly life scheduling process

Anything outside of work that is not on your schedule is highly unlikely to happen by chance. Schedule it or forget it. Create a system and [routine for scheduling your life outside of medicine](#).

- Adopt the habit of always having your life schedule with you just as you always carry a schedule of your work activities
- 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

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



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Prioritize, schedule and invest time for your 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 Energetic 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.
- “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

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

Block out time for “Scheduled Spontaneity”

- Schedule a block of time on your calendar and don’t plan to do anything in particular
- When the time arrives, you are totally spontaneous in that moment

Prioritize, schedule and invest time in your personal spiritual activities

Perform a quarterly planning session for bigger items

- Annual vacation, “Big Rocks”, Bucket List adventures
- The bigger the activity you are planning, the farther in advance it must be scheduled
- Keep a “Year at a Glance” calendar to organize your life for the year

Bucket List Activities

- 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

- I recommend buying the tickets now as well
- If you book a vacation and pay for it, the chances of you not taking that vacation are virtually zero
- 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



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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.

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”

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Quadrant III

Organizational Support to Decrease Stress and Energy Drain

Leadership Commitment to Physician and Staff Wellness

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.

Mission Statement Commitment to Physician and Staff Wellness and Satisfaction

- 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

Physician Wellness Committee

- A standing and active Physician Wellness Committee
- With a significant budget
- Charged with actively surveying for and optimizing physician and staff health, wellness and satisfaction

Create standing agenda items RE: Physician and Staff Wellness Projects - in all routine practice leadership and administration meetings

- Discuss and address the issues of stress management, wellness and satisfaction of the staff and providers at every major meeting in the organization

Management by Walking Around

Administration and Physician Wellness Committee Members get out of their offices regularly to 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
- 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



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- The leadership is seen to be active and available, curious, interested, responsive and effective.

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

- Newsletters – print or electronic
- Announcements at meetings
- Press releases
- 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 suggestions for improvement

- Minimum twice a year
- Include the Maslach Burnout Inventory and "First Break all the Rules" questions

Routine reporting of survey results to all the physicians and staff in four phases

- Raw data reported immediately - "This is what you told us"
- Analyze data and report themes - "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"

An open and active "suggestion box" system with immediate action taken on quality ideas with credit given to the person making the suggestion

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)

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.

- Team leadership skills
- Communication skills
- Meeting Facilitation Skills
- Coaching skills
- Stress management and burnout prevention skills



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- Change management skills
- Problem solving and creativity skills
- 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 the providers and staff have to fight the systems to provide quality 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
- Testing / Procedure flow optimization
- Hospital Admission flow optimization
- Hospital Discharge flow optimization

Coordinated in a concerted and systematic effort to ensure physicians maximal direct patient care time.

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

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 so that doctor coming off of 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

The above points are just suggestions/ideas. The exact form of any call rotation is a creative process individual to the group. You may benefit from an outside facilitator for the process.

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

- Systematic support for physicians who would like coaching/mentoring/counseling
- Encourage asking for support as healthy - there is no stigma in asking for help



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- 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 support the “onboarding” of the new physician

- Thorough process of explaining contract clauses, production formula, buy-in to full group membership (if any) and the culture of the group

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

- Current performance
- Performance projections
- Transparent budget creation process
- 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 vote in any decision making process

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.

- Leadership activities are paid at a reasonable rate
- Shows appropriate respect for the value of quality leadership
- Avoids placing physician leaders in the double bind of spending time away from revenue generating patient care and not being compensated

Optional Physician Support Groups

- Support groups/Mastermind Groups available for peer support and processing of difficult interactions
- Training in facilitating support groups is available for group leaders
- [Balint Groups](#) as an example

Physician Bad Outcome Outreach Program

- A committee and procedure to reach out to any physician or staff member involved in any bad outcome regardless of concerns of fault or malpractice risk.
- 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.



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- This outreach is incredibly important at this critical time to decrease the stress on the provider/staff member.

Mistakes/Bad Outcomes Communication skills training

- How to relay bad outcomes to the patient and family
- How to say you are sorry in an appropriate way
- The [“Michigan Model”](#) and resources 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

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Quadrant IV Organizational Recharge Activities

Normalize the expectation of work life balance

As part of the organizational commitment to health and wellness 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 part time practice, reasonable vacation allowances and sabbaticals

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

Onsite 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

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

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

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 book “First Break all the Rules”.

- 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?

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Next Steps:

1) Would you like strategic, personalized advice to implement these tools in your practice or your organization?

[Click here to get answers to your questions and learn how to get started quickly](#)

Or pick up the phone for immediate support

360-262-4971 Office || 360-420-2100 Cell

2) Do you have additional ideas/suggestions for the Burnout Matrix tools and techniques?

My intention is that this becomes a “living document” as a continuously updated list of the most effective techniques to lower stress and increase our ability to recharge. I look forward to incorporating your ideas into the matrix.

[Click here to send your idea/suggestion to me for inclusion in the matrix](#)

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I sincerely hope the Burnout Prevention Matrix has provided you with some ideas for lowering your stress and preventing burnout. Better yet, I 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. My intention is also to help healthcare leaders see the vitally important role organizations play in this process. Please contact me if you have any questions. [dikedrummond@gmail.com]

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

- Stress Management and Burnout Treatment and Prevention
- Physician Leadership Development
- Physician Wellness and Engagement Resources

Keep breathing and have a great rest of your day,



Dike

Dike Drummond MD

www.TheHappyMD.com

[The Burnout Prevention Video Training Series](#)