Put Your Own Mask On First
A Resilience Review for Physicians

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Northwestern University Feinberg School of Medicine

June 4, 2015

Disclosures: None
Premise

We know what burnout looks and feels like
We know what it costs
We care and want to help—ourselves and others
We have what it takes to make a difference
We need one another to do it best
Goal

Take away one practice, to implement in your next encounter with a patient or colleague, that will help you suffer less in your work.
Burnout

1. Emotional Exhaustion
   • Overwhelming work demands deplete an individual’s energy
2. Depersonalization (cynicism)
   • Individual detaches from job
3. Low sense of personal accomplishment

Neuwirth ZE. Newseek. September 13, 1999:79.
Burnout

Maslach – “index of dislocation between what people are doing versus what they are expected to do... an erosion of the soul”

- antithesis of “engagement” (energy, efficacy, involvement)

Newsweek – “the silent anguish of healers”

ICD-10 – “state of vital exhaustion” (listed under “problems related to life-management difficulty”)
Maslach Burnout Inventory (abbreviated)

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>A few times a week</th>
<th>Once a week</th>
<th>A few times a month</th>
<th>Once a month or less</th>
<th>A few times a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I deal very effectively with the problems of my patients</td>
<td></td>
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<tr>
<td>I feel I treat some patients as if they were impersonal objects</td>
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<td></td>
<td></td>
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<tr>
<td>I feel emotionally drained from my work</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day on the job</td>
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</tr>
<tr>
<td>I’ve become more callous towards people since I took this job</td>
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<td></td>
</tr>
<tr>
<td>I feel I’m positively influencing other people’s lives through my work</td>
<td></td>
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</tr>
<tr>
<td>Working with people all day is really a strain for me</td>
<td></td>
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</tr>
<tr>
<td>I don’t really care what happens to some patients</td>
<td></td>
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<td></td>
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<tr>
<td>I feel exhilarated after working closely with my patients</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I think of giving up medicine for another career</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I reflect on the satisfaction I get from being a doctor</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I regret my decision to have become a doctor</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Taking Our Own Pulse

<table>
<thead>
<tr>
<th>Definition of Burnout</th>
<th>Average physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>&gt;27</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>&gt;10</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>&lt;33</td>
</tr>
</tbody>
</table>
Contributors to Burnout

- Excessive workload
  - Lack of control to which the extent of the workload exceeds the capacity (believed to be the single greatest predictor)
- Financial burdens of loans/practice costs
- Administrative burden (inefficiency)
- Low autonomy

Contributors to Burnout

- Low “sense of meaning”
- Difficulty integrating personal/professional life
- Difficulty setting limits
- Personality

Effects of Burnout

- Increased turnover
  - Cost of replacing a physician is estimated to be $150,000-300,000
- Reduced practice revenue
- Increased medical errors
- Increased probability of ordering unnecessary tests or procedures

Effects of Burnout

- Decreased productivity
  - Increased sick leave or absenteeism
- Decreased job satisfaction
- Decreased sense of personal satisfaction
- Decreased patient satisfaction
  - The Downward Spiral

Scary Statistics

Suicide rate among male physicians is 40% higher than among men in the general population

130% higher among female physicians

Scary Statistics

• Medical students:
  • Substantially lower mental quality of life than age-matched general population
  • Between 3% and 15% of have contemplated suicide

Burnout by Specialty

Highest Burnout %:
1) Emergency Medicine
2) Internal Medicine
3) Neurology
4) Family Medicine

We are here.

Lowest Burnout %:
1) General Pediatrics
2) Dermatology
3) Preventative Medicine

Burnout: The Summary

- >50% of internists feel burned out.
- The costs are high
  - Personal
  - Clinical
  - Financial
- It’s bad for our patients’ health
- It’s bad for our relationships, with patients and with each other
It's a stress fracture.
The Evidence: Resilience

Fulfillment related to

Practice environment organization
Relief from paperwork/administrative hassles
Ability to provide high quality care to patients
Opportunity to form meaningful relationships with patients and colleagues

The Evidence: Resilience

- Physician satisfaction strongly linked to patient satisfaction
- Physicians’ sense of professional fulfillment correlates with patients’ adherence to medication, exercise, and diet
  - The Upward Spiral

Top 10 questions most highly correlated with Likelihood To Recommend Practice:

1. Likelihood to recommend Care provider
2. How well staff worked together to care for you
3. Your confidence in this care provider
4. Our sensitivity to your needs
5. Concern the care provider showed for your questions or worries
6. Care provider's efforts to include you in decisions about your treatment
7. Explanations the care provider gave about your problem or condition
8. Instructions the Care provider gave you about your follow-up care (if any)
9. Information the care provider gave you about medications (if any)
10. Friendliness/courtesy of care provider
Top 10 questions most highly correlated with Likelihood To Recommend Practice:

1. Likelihood to recommend Care provider
2. How well staff worked together to care for you
3. Your confidence in this care provider
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8. Instructions the Care provider gave you about your follow-up care (if any)
9. Information the care provider gave you about medications (if any)
10. Friendliness/courtesy of care provider
THE CORE

PRIVILEGE

CALLING

FIRE

SPARK
Physician, Heal Thyself

Awareness
Behaviors
Outcomes
Awareness
Fleeing Syria / Peyton Power / Steve McQueen

THE MINDFUL REVOLUTION

The science of finding focus in a stressed-out, multitasking culture

BY KATE PICKERT
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy F. Quill, MD

Context  Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective  To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants  Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures  Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.
Mindfulness

- 70 primary care physician volunteers
- 8 weeks, 2.5 hours per week, one full day
- 10 monthly maintenance sessions, 2.5 hours each
- Didactic material: e.g. awareness, bias, boundaries
- Formal mindfulness meditation
- Narrative and Appreciative Inquiry exercises
- Group discussion
# Mindfulness

## Table 3. Outcomes Scores at Each Assessment Point With Comparisons to Baseline

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Baseline</th>
<th>Preintervention</th>
<th>8 Week</th>
<th>12 Month</th>
<th>15 Month</th>
<th>Standardized Mean Difference of Change From Baseline to 15 mo (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maslach Burnout Scale</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Emotional exhaustion</td>
<td>26.8 (24.1 to 29.6)</td>
<td>27.8 (25.1 to 30.5)</td>
<td>23.7 (21.0 to 26.5) $^c$</td>
<td>20.0 (17.2 to 22.8) $^c$</td>
<td>20.0 (17.2 to 22.9) $^c$</td>
<td>0.62 (0.42 to 0.82) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.34</td>
<td>.003$^c$</td>
<td>&lt;.001$^c$</td>
<td></td>
<td>.001$^c$</td>
<td></td>
</tr>
<tr>
<td>Depersonalization</td>
<td>8.4 (7.1 to 9.7)</td>
<td>8.6 (7.3 to 9.9)</td>
<td>7.6 (6.3 to 8.9)</td>
<td>5.9 (4.5 to 7.2) $^c$</td>
<td>5.9 (4.5 to 7.2) $^c$</td>
<td>0.45 (0.24 to 0.66) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.68</td>
<td>.15</td>
<td>&lt;.001$^c$</td>
<td></td>
<td>&lt;.001$^c$</td>
<td></td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>40.2 (38.9 to 41.6)</td>
<td>41.2 (39.8 to 42.5)</td>
<td>42.0 (40.6 to 43.4)$^{c,d}$</td>
<td>42.7 (41.3 to 44.1)$^b$</td>
<td>42.6 (41.2 to 44.1)$^c$</td>
<td>0.44 (0.19 to 0.68) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.14</td>
<td>.006$^c$</td>
<td>&lt;.001$^c$</td>
<td></td>
<td>&lt;.001$^c$</td>
<td></td>
</tr>
<tr>
<td>Jefferson Scale of Physician Empathy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Total empathy</td>
<td>116.6 (114.2 to 118.9)</td>
<td>117.2 (114.9 to 119.5)</td>
<td>120.6 (118.2 to 123.0)</td>
<td>121.4 (119.0 to 123.8)$^{c,d}$</td>
<td>121.2 (118.7 to 123.8)$^{c,d}$</td>
<td>0.45 (0.24 to 0.66) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.54</td>
<td>&lt;.001$^c$</td>
<td>&lt;.001$^c$</td>
<td></td>
<td>&lt;.001$^c$</td>
<td></td>
</tr>
<tr>
<td>Compassionate care</td>
<td>48.6 (47.5 to 49.7)</td>
<td>49.2 (48.2 to 50.3)</td>
<td>49.8 (48.7 to 50.9)</td>
<td>50.4 (49.3 to 51.5)$^c$</td>
<td>50.0 (48.8 to 51.1)</td>
<td>0.30 (0.04 to 0.57) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.3</td>
<td>.03</td>
<td>.003$^c$</td>
<td></td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Perspective taking</td>
<td>57.1 (55.6 to 58.6)</td>
<td>57.1 (55.7 to 58.6)</td>
<td>59.1 (57.6 to 60.6)$^c$</td>
<td>59.7 (58.2 to 61.2)$^c$</td>
<td>59.5 (58.0 to 61.1)$^c$</td>
<td>0.38 (0.16 to 0.60) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.99</td>
<td>.003$^c$</td>
<td>&lt;.002$^c$</td>
<td></td>
<td>.001$^c$</td>
<td></td>
</tr>
<tr>
<td>Standing in patient’s shoes</td>
<td>10.9 (10.4 to 11.5)</td>
<td>10.8 (10.3 to 11.3)</td>
<td>11.7 (11.1 to 12.2)$^c$</td>
<td>11.4 (10.9 to 11.9)</td>
<td>11.7 (11.2 to 12.3)$^c$</td>
<td>0.36 (0.11 to 0.60) $^c$</td>
</tr>
<tr>
<td>$P$ value</td>
<td>.66</td>
<td>.005$^c$</td>
<td></td>
<td></td>
<td>.003$^c$</td>
<td></td>
</tr>
</tbody>
</table>
Mindfulness

**Rochester Study**

- **Maslach Burnout Scale (MBS) - Emotional exhaustion**: ↓
- **MBS - Depersonalization**: ↓
- **MBS - Personal Accomplishment**: ↑
- **Jefferson Scale of Physician Empathy (JSPE) - Total Empathy**: ↑
- **JSPE - Compassionate care**: ↑
- **JSPE - Perspective Taking**: ↑
- **JSPE - Standing patient's shoes**: ↑

% of Baseline

- Preintervention
- 8 Week
- 12 Month
- 15 Month
Abbreviated Mindfulness Intervention for Job Satisfaction, Quality of Life, and Compassion in Primary Care Clinicians: A Pilot Study

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Charlene Luchterhand, MSSW²
Larissa Zakletskaia, MA²
Aleksandra Zgierska, MD, PhD²
David Rakel, MD²

¹Meriter Medical Group, Madison, Wisconsin
²Department of Family Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, Wisconsin

ABSTRACT

PURPOSE Burnout, attrition, and low work satisfaction of primary care physicians are growing concerns and can have a negative influence on health care. Interventions for clinicians that improve work-life balance are few and poorly understood. We undertook this study as a first step in investigating whether an abbreviated mindfulness intervention could increase job satisfaction, quality of life, and compassion among primary care clinicians.

METHODS A total of 30 primary care clinicians participated in an abbreviated mindfulness course. We used a single-sample, pre-post design. At 4 points in time (baseline, and 1 day, 8 weeks, and 9 months postintervention), participants completed a set of online measures assessing burnout, anxiety, stress, resilience, and compassion. We used a linear mixed-effects model analysis to assess changes in outcome measures.

RESULTS Participants had improvements compared with baseline at all 3 follow-up time points. At 9 months postintervention, they had significantly better scores (1) on all Maslach Burnout Inventory burnout subscales—Emotional Exhaustion (P = .009), Depersonalization (P = .005), and Personal Accomplishment (P < .001); (2) on the Depression (P = .001), Anxiety (P = .006), and Stress (P = .002) subscales of the Depression Anxiety Stress Scales-21; and (3) for perceived stress (P = .002) assessed with the Perceived Stress Scale. There were no significant changes on the 14-item Resilience Scale and the Santa Clara Brief Compassion Scale.
## Mindfulness

### Table 1. Comparison of Modified MBSR Training With Typical MBSR Course

<table>
<thead>
<tr>
<th>Feature</th>
<th>Modified MBSR Training</th>
<th>Typical MBSR Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>18 hours</td>
<td>29-33 hours</td>
</tr>
<tr>
<td>Training schedule</td>
<td>Friday evening: 3 hours</td>
<td>Introduction: 2.5 hours</td>
</tr>
<tr>
<td></td>
<td>Saturday: 7 hours</td>
<td>Eight weekly sessions lasting 2.5-3 hours each</td>
</tr>
<tr>
<td></td>
<td>Sunday: 4 hours</td>
<td>Day of mindfulness lasting 6.5 hours</td>
</tr>
<tr>
<td></td>
<td>Follow-up sessions: two 2-hour evening sessions</td>
<td>≥45 minutes daily</td>
</tr>
<tr>
<td>Content</td>
<td>Training in mindfulness practices (sitting, movement, speaking, listening, and compassion for self and others) and their application to practicing medicine and everyday life</td>
<td>Training in mindfulness practices (sitting, movement, speaking, listening, and compassion for self and others) and their application to everyday life</td>
</tr>
<tr>
<td>Length of encouraged mindfulness practice</td>
<td>10-20 minutes daily</td>
<td>General public (may include clinicians)</td>
</tr>
<tr>
<td>Participants</td>
<td>Primary care clinicians working ≥50% time in direct care of patients</td>
<td>8-17</td>
</tr>
<tr>
<td>Class size</td>
<td>15</td>
<td>Instructors from the UW-Health Mindfulness Program</td>
</tr>
<tr>
<td>Instructors</td>
<td>Instructors from the UW-Health Mindfulness Program</td>
<td>Audio CDs for practice (Guided Mindfulness Meditation, Series 1 and 2) and Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness by J. Kabat-Zinn, PhD</td>
</tr>
<tr>
<td>Resources provided</td>
<td>Audio CDs for practice (Fourteen Essential Practices by S. Salzburg)</td>
<td>Mindfulness Web site designed specifically for this study (<a href="http://www.fammed.wisc.edu/mindfulness">www.fammed.wisc.edu/mindfulness</a>)</td>
</tr>
<tr>
<td>Cost to participants</td>
<td>None</td>
<td>$475 at time of study with scholarships or partial rebates available from some Insurers</td>
</tr>
</tbody>
</table>

*CD = compact disc; MD = medical doctor; MBSR = mindfulness-based-stress-reduction; UW = University of Wisconsin.*

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*Annals of Family Medicine, Sep/Oct 2013*
## Table 3. Outcomes Scores at Each Survey With Comparison to Baseline (N = 30)

<table>
<thead>
<tr>
<th>Subscale (Possible Range)</th>
<th>Baseline (N = 30)</th>
<th>1 Day (n = 28)</th>
<th>8 Weeks (n = 23)</th>
<th>9 Months (n = 23)</th>
<th>Change, Mean Difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBI Emotional Exhaustion (0-54)c</td>
<td>31.9 (28.4-35.4)</td>
<td>28.9 (25.3-32.5)</td>
<td>26.4 (22.6-30.1)</td>
<td>26.0 (22.2-29.8)</td>
<td>-5.90 (-10.29 to -1.52)</td>
</tr>
<tr>
<td>MBI Depersonalization (0-30)c</td>
<td>12.6 (10.4-14.8)</td>
<td>11.2 (9.0-13.5)</td>
<td>10.3 (8.0-12.7)</td>
<td>9.1 (6.8-11.5)</td>
<td>-3.51 (-5.91 to -1.11)</td>
</tr>
<tr>
<td>MBI Personal Accomplishment (0-48)c</td>
<td>38.5 (36.8-40.3)</td>
<td>41.0 (39.2-42.8)</td>
<td>41.6 (39.7-43.5)</td>
<td>42.3 (40.4-44.2)</td>
<td>3.76 (1.70 to 5.82)</td>
</tr>
<tr>
<td>DASS-21 Depression (0-21)</td>
<td>7.6 (5.7-9.5)</td>
<td>4.8 (2.9-6.8)</td>
<td>3.8 (1.8-5.8)</td>
<td>3.4 (1.3-5.5)</td>
<td>-4.16 (-6.56 to -1.77)</td>
</tr>
<tr>
<td>DASS-21 Anxiety (0-21)</td>
<td>4.4 (3.2-5.6)</td>
<td>2.9 (1.6-4.1)</td>
<td>2.8 (1.5-4.1)</td>
<td>1.9 (0.5-3.3)</td>
<td>-2.51 (-4.27 to -0.76)</td>
</tr>
<tr>
<td>DASS-21 Stress (0-21)</td>
<td>14.2 (11.8-16.6)</td>
<td>12.2 (9.7-14.7)</td>
<td>10.1 (7.5-12.7)</td>
<td>9.0 (6.3-11.7)</td>
<td>-5.20 (-8.47 to -1.92)</td>
</tr>
<tr>
<td>PSS (0-40)</td>
<td>19.0 (16.9-21.0)</td>
<td>16.0 (13.9-18.2)</td>
<td>14.1 (11.9-16.4)</td>
<td>14.7 (12.4-17.0)</td>
<td>-4.29 (-6.91 to -1.67)</td>
</tr>
<tr>
<td>RS-14 (14-98)</td>
<td>79.9 (75.2-84.6)</td>
<td>82.0 (77.1-86.8)</td>
<td>83.2 (78.1-88.4)</td>
<td>81.4 (76.2-86.6)</td>
<td>1.51 (-4.79 to 7.81)</td>
</tr>
<tr>
<td>SCBC (5-35)</td>
<td>27.6 (25.9-29.3)</td>
<td>27.4 (25.6-29.1)</td>
<td>27.9 (26.1-29.6)</td>
<td>28.3 (26.5-30.1)</td>
<td>0.67 (-1.06 to 2.39)</td>
</tr>
</tbody>
</table>
Mindfulness

Madison Study

- MBI Emotional Exhaustion ↓
- MBI Depersonalization ↓
- MBI Personal Accomplishment ↑
- DASS-21 Depression ↓
- DASS-21 Anxiety ↓
- DASS-21 Stress ↓
Who has time for...

One Deep Breath
RESILIENCE.

This, too, shall pass.
Heuristics
Early Closure
Diagnosis
Momentum
Jerk

Adversity

Belief

Consequence
Jerk?

Withholding Judgment

Adversity

Belief

Consequence
Jerk?

Withholding Judgment

Adversity

The UNjerk

Consequence
FREAK OUT AND THROW STUFF
Behavior: The Practices

One Deep Breath
Withhold judgment

Listen through the rant
The word "LISTEN" in Chinese

Ears  聽
Eyes
King
Heart
One - Undivided attention
Behavior: The Practices

One Deep Breath
Withhold judgment
Listen through the rant
Validate the core values
Be present
"The reason they can play that good is their parents aren't yelling at them from the sidelines."
Behavior: The Practices

One Deep Breath
Withhold judgment
Listen through the rant
Validate the core values
Be present

Bring what ya got
ANYONE CAN BE COOL BUT AWESOME TAKES PRACTICE
Behavior: The Practices

One Deep Breath
Withhold judgment
Listen through the rant
Validate the core values
Be present
Bring what ya got

Repeat
Outcome: The Tribe

Cultural Map
The Five Stages of Culture

<table>
<thead>
<tr>
<th>Stage</th>
<th>%</th>
<th>Behavior</th>
<th>Relationship to people</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2%</td>
<td>Innocent Wonderment</td>
<td>Team</td>
<td>“Life is great”</td>
</tr>
<tr>
<td>4</td>
<td>22%</td>
<td>Tribal Pride</td>
<td>Stable Partnership</td>
<td>“We’re great”</td>
</tr>
<tr>
<td>3</td>
<td>49%</td>
<td>Lone Warrior</td>
<td>Personal Domination</td>
<td>“I’m great”</td>
</tr>
<tr>
<td>2</td>
<td>25%</td>
<td>Apathetic Victim</td>
<td>Separate</td>
<td>“My life sucks”</td>
</tr>
<tr>
<td>1</td>
<td>2%</td>
<td>Undermining</td>
<td>Alienated</td>
<td>“Life Sucks”</td>
</tr>
</tbody>
</table>

From Tribal Leadership, Logan, King & Fischer-Wright, 2008, HarperCollins
Three doctors walk into an elevator...

Stage 3: I’m great, you’re not.

It’s all about me.
5 Stages of Culture

% of Tribes at each Stage

Low Performing

Stage One
Alienated
"Life sucks"
2%

Stage Two
Separated
"My life sucks"
25%

Stage Three
Domination
"I'm great"
49%

High Performing

Stage Four
Partnerships
"We're great"
22%

Stage Five
Team
"Life's great"
2%

CHANGE THE WORLD
<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>Life, sucks, f----, break, can't, cut, whatever</td>
</tr>
<tr>
<td>Stage II</td>
<td>Boss, life, try, can't give up, quit, sucks</td>
</tr>
<tr>
<td>Stage III</td>
<td>I, me, my, job, did, do, have, went</td>
</tr>
<tr>
<td>Stage IV</td>
<td>We, our, team, do, them, have, did it, commit, value</td>
</tr>
<tr>
<td>Stage V</td>
<td>Same team, common goal, greater good</td>
</tr>
</tbody>
</table>

With permission from (c) Tribal Leadership by Dave Logan, John King & Halle Fisher-Wright
“WE LIVE IN A WORLD IN WHICH WE NEED TO SHARE RESPONSIBILITY. IT'S EASY TO SAY IT'S NOT MY CHILD, NOT MY COMMUNITY, NOT MY WORLD, NOT MY PROBLEM. THEN THERE ARE THOSE WHO SEE THE NEED AND RESPOND. I CONSIDER THOSE PEOPLE MY HEROES.”

Fred Rogers
Physician, Heal Thyself and Us

One deep breath
Withhold judgment
Listen through the rant
Validate the core values
Be present
Bring what ya got
Repeat
Lead your tribe to higher functioning
PRIVILEGE
CALLING
FIRE
SPARK
Thank You