Individual Action Plan:
Complete this action plan now or within the next 24-48 hours when you have time to reflect on this presentation and what you would like to see for yourself as you continue your vital role as a health care provider. Reread it quarterly or annually to make sure you remain focused on your health and wellness and to make adjustments as needed. Make sure to be:
- Specific and clear
- Select a behavior not attitude
- Select something you can count (measure)
- Make a plan and outline a timeline (keep focused in short, medium and long term goals)
- List your personal barriers
- When will you start?

Professional Health and Wellness Spectrum

Seven Key Personal Areas:
- Sleep
- Balanced meals
- Physical activity
- Socialization
- Vacations/down times
- Spiritual engagement
- Have a physician

Six Sources of Burnout:
1. Work overload
2. Lack of control
3. Insufficient reward
4. Unfairness
5. Breakdown of community
6. Value conflict
Personal Action Plan:

1. **Self-Care**: Describe your goals for your own self-care and building your personal relationships.

2. List up to three personal self-care areas you think you **should** improve over the next 6-12 mo.
   1. 
   2. 
   3. 

3. List up to three areas you want to maintain.
   1. 
   2. 
   3. 

4. List any personal barriers.
   1. 
   2. 
   3. 

5. Create a plan or timeline and list who will be involved. (self, friends, spouse, kids, etc.)

6. Select start date and reassessment date (place on Outlook calendar.)
### Professional Action Plan

<table>
<thead>
<tr>
<th>Stress/Burnout</th>
<th>1. Determine if you are stressed or at burnout. Select a point on the spectrum. Describe how you feel. (If needed, seek assistance.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Describe the source(s) of your stress and/or burnout. Is it in your control? What can you do about it?</td>
<td></td>
</tr>
<tr>
<td>Source of Stress/Burnout</td>
<td>In your control?</td>
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</tbody>
</table>

3. Prioritize your Plan: Focus on those things within your control first, then plan to address those issues not totally in your control but that you can influence through other means. (e.g. working within a group to bring about changes.) List top 1-2 for each category.

Priority listing of things I have control over.
1. 
2. 

Priority listing of things I want to help influence through other means.
1. 
2. 

4. Create a timeline to address the top 1-2 priorities from each list above.
Managing Your Energy Action Plan:

1. List three ways to better manage your energy at home.
   1. 
   2. 
   3. 

2. List three ways to better manage your energy at work.
   1. 
   2. 
   3. 

   • Listen to your body
   • Identify your own needs
   • Define limits - Just Say NO!
   • Create your work environment
   • Eliminate distractions
   • Take breaks
   • Plan ahead

Other:
List at least two things you learned from the session that struck a cord with you.

1. 
2. 

Identify a resource you will use if needed. Circle from the list below or write in your own.

Resources:
• Faculty Physicians Wellness Program/Employee Assistance Program (EAP)
• State physician health programs: [http://www.fsphp.org/](http://www.fsphp.org/)
• Primary care provider
• Private counseling and/or personal coaching services
• Substance services: AA, NA, Tobacco Anonymous
• 1-800-273-TALK: Suicide Prevention Hotline
• Other: YMCA/YWCA, massage, day salon, personal trainer; religious institution, etc.
• Other: (fill in) __________________________________________________________________________