Individual Action Plan:
Complete this action plan 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 are keeping 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 three personal self-care areas you think you should improve over the next 6-12 mo.
   1. 
   2. 
   3. 

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

4. List any personal barriers.

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.)
Stress/Burnout:
1. Determine if you are stressed or at burnout. Select a point on the spectrum. Describe how you feel. (If needed, please seek assistance at EAP.)

2. Describe the source(s) of your stress and/or burnout. Is it in your control (yes or no)? What can you do about it?

<table>
<thead>
<tr>
<th>Source of Stress/Burnout</th>
<th>In Your Control?</th>
<th>What needs to be changed?</th>
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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. Add a proposed start date.

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

2.

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.

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:
- Primary care provider
- State physician health programs
- Private counseling and/or personal coaching services
- Substance services: AA, NA, Tobacco anonymous
- 1-800-273-TALK: suicide prevention hotline
- Other: YMCA/YWCA, Massage envy, day salon, personal trainer; etc.
- Other: (fill in)________________________________________________________________________
Six month F/U: Reassess, rank percent completed and describe revisions to plans below.

Percent Completed

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<thead>
<tr>
<th></th>
<th>&lt;25%</th>
<th>26-50%</th>
<th>51-75%</th>
<th>75%-99%</th>
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<td>Personal Action Plan</td>
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<td>Other</td>
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Revisions:
Twelve month F/U: Rank if completed and describe revisions below.

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<th>51-75%</th>
<th>75%-99%</th>
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Revisions: