While you are waiting for us to start, perhaps you could send a quick text to someone important to you, to send a kind thought their way.
In the past week, how many of you...

- Skipped a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal/family plans because of work?
- Arrived home late from work?
- Drank too much coffee?
- Slept less than 5 hours in a night?
  - Over 40% of Americans regularly sleep less than 5 hours a night
    - 2X as likely to die of heart disease
    - 1.7x as likely to die of all causes (Cappoccino, 2007)
Redefining Quality

• How we take care of our patients
• How we take care of each other
• How we take care of ourselves*

*Leaders have a responsibility to protect the work-life balance of their employees.
QUALITY

The Race for Quality has no Finish Line—so Technically, it’s more like a Death March.
Resilience is a function of your ability to cope, and the availability of resources related to health and well-being.
Example of impact on critical care nurses

- half are emotionally exhausted (burned out)
- 2 out of 3 have difficulty sleeping
- 1 out of 4 are clinically depressed

Am I burned out?

• You try to be everything to everyone
• You get to the end of a hard day at work, and feel like you have not made a meaningful difference
• You feel like the work you are doing is not recognized
• You identify so strongly with work that you lack a reasonable balance between work and your personal life
• Your job varies between monotony and chaos
• You feel you have little or no control over your work
• You work in healthcare
Burnout ≠ Lazy
Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.
Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

**Background:** Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

**Methods:** We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

**Results:** Of 27,276 physicians who received an invitation to participate, 7,288 (26.7%) completed surveys. When assessed using the Maslach Burnout Inventory, 45.8% of physicians reported at least 1 symptom of burnout. Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3,442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) (\( P < .001 \) for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; \( P < .001 \)), whereas individuals with a bachelor’s degree (OR, 0.80; \( P = .048 \)), master’s degree (OR, 0.71; \( P = .01 \)), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; \( P = .04 \)) were at lower risk for burnout.

**Conclusions:** Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk.

*Arch Intern Med.*
Published online August 20, 2012.
*doi:10.1001/archinternmed.2012.3199*
Figure 1. Burnout by specialty.
Burnout Comparison Among Residents in Different Medical Specialties (49% 27-75%)

Martini et al. 2004, Academic Psychiatry

Objective: To investigate resident burnout in relation to work and home-related factors.
Method: Maslach Burnout Inventory was mailed to residents in eight different medical specialties, with a response rate of 35%. Results: Overall, 50% of residents met burnout criteria, ranging from 75% (obstetrics/gynecology) to 27% (family medicine). The first year of residency, being single, personal stress, and dissatisfaction with faculty were independently associated with burnout. Conclusions: Efforts to reduce resident burnout nationally would benefit from expanding beyond the work-hours regulation. (Academic Psychiatry 2004; 28:240–242)
### TABLE 1. Percentage of Residents Meeting Criteria for Burnout by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of Residents</th>
<th>Residents Responding</th>
<th>Burnout Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Obstetrics/gynecology</td>
<td>36</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>114</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Neurology</td>
<td>16</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>21</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Dermatology</td>
<td>10</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>General surgery</td>
<td>59</td>
<td>25</td>
<td>42</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>29</td>
<td>15</td>
<td>52</td>
</tr>
<tr>
<td>Family medicine</td>
<td>36</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>321</strong></td>
<td><strong>110</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>

*Three responders did not report program affiliation.*
Conclusions  In hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction.
Burnout and psychiatric morbidity in new medical graduates

Simon M Willcock, Michele G Daly, Christopher C Tennant and Benjamin J Allard

To gain unconditional medical registration, all Australian medical graduates undertake a year of internship within the public hospital system. The intern year has historically been seen as a trial of spirit and stamina and a primary initiation rite, and represents an initiation into a challenging career where a stoic work ethic is the dominant culture and personal needs are secondary to the needs of both patients and employers. The internship period has been associated with elevated levels of psychiatric morbidity (including depression and anxiety) and burnout.

Levels of depression and anxiety reported among interns are greater than for the general community, and increase significantly.

ABSTRACT

Objective: To determine the prevalence of psychiatric morbidity and burnout in final-year medical students, and changes in these measures during the intern year.

Design: Prospective longitudinal cohort study over 18 months, with assessment of psychiatric morbidity and burnout on six occasions.

Participants: All 117 students in the first graduating cohort of the University of Sydney Graduate Medical Program were invited to participate in the study; 110 consented.

Outcome measures: Psychiatric morbidity assessed with the 28-item General Health Questionnaire and burnout assessed with the Maslach Burnout Inventory.

Results: The point prevalence of participants meeting criteria for psychiatric morbidity and burnout rose steadily throughout the study period.

Conclusions: Internship remains a stressful time for medical graduates, despite initiatives to better support them during this period. The implications for the doctors themselves and for the communities they serve warrant further attention, including programs specifically aimed at reducing the rate of psychological morbidity and burnout during internship.

<table>
<thead>
<tr>
<th>Table 3 Maslach Burnout Inventory subscale scores (mean [SD]) for 101 participating medical students in their final year at study enrolment (Time 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscale</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>Personal accomplishment (PA)</td>
</tr>
<tr>
<td>Emotional exhaustion (EE)</td>
</tr>
<tr>
<td>Depersonalisation (DP)</td>
</tr>
</tbody>
</table>

* Occupational subgroups (data from the Maslach Burnout Inventory manual).

Mean emotional exhaustion and depersonalisation scores over the study period

Bars show 95% confidence intervals.
Results 24 (20%) of the participating residents met the criteria for depression and 92 (74%) met the criteria for burnout. Active surveillance yielded 45 errors made by participants. Depressed residents made 6.2 times as many medication errors per resident month as residents who were not depressed: 1.55 (95% confidence interval 0.57 to 4.22) compared with 0.25 (0.14 to 0.46, P<0.001). Burnt out residents and non-burnt out residents made similar rates of errors per resident month: 0.45 (0.20 to 0.98) compared with 0.53 (0.21 to 1.33, P=0.2).

Conclusions Depression and burnout are major problems among residents in paediatrics. Depressed residents made significantly more medical errors than their nondepressed peers; however, burnout did not seem to correlate with an increased rate of medical errors.
a person’s future level of cognitive vulnerability was significantly affected by his or her roommate’s baseline level of cognitive vulnerability (and vice versa)
BURNOUT
Attitudes Are Contagious. Mine Might Kill You.
Nurse Burnout and Patient Satisfaction

Doris C. Vahey, PhD, RN*, Linda H. Aiken, PhD, RN†‡, Douglas M. Sloane, PhD†, Sean P. Clarke, PhD, RN†, and Delfino Vargas, PhD†

*Mount Sinai Medical Center, Department of Nursing, New York, NY
†Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania
‡Department of Sociology, University of Pennsylvania, Philadelphia, Pennsylvania

Abstract

Background—Amid a national nurse shortage, there is growing concern that high levels of nurse burnout could adversely affect patient outcomes.

Objectives—This study examines the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients' satisfaction with their nursing care.

Research Design/Subjects—We conducted cross-sectional surveys of nurses (N = 820) and patients (N = 621) from 40 units in 20 urban hospitals across the United States.

Measures—Nurse surveys included measures of nurses' practice environments derived from the revised Nursing Work Index (NWI-R) and nurse outcomes measured by the Maslach Burnout Inventory (MBI) and intentions to leave. Patients were interviewed about their satisfaction with nursing care using the La Monica-Oberst Patient Satisfaction Scale (LOPSS).

Results—Patients cared for on units that nurses characterized as having adequate staff, good administrative support for nursing care, and good relations between doctors and nurses were more than twice likely as other patients to report high satisfaction with their care, and their nurses reported significantly lower burnout. The overall level of nurse burnout on hospital units also affected patient satisfaction.

Conclusions—Improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care.
Burnout in the NICU setting and its relation to safety culture

Jochen Profit,1,2 Paul J Sharek,2,3,4 Amber B Amspoker,5,6 Mark A Kowalkowski,7 Courtney C Nisbet,2,4 Eric J Thomas,8 Whitney A Chadwick,9 J Bryan Sexton10,11

ABSTRACT

Background Burnout is widespread among healthcare providers and is associated with adverse safety behaviours, operational and clinical outcomes. Little is known with regard to the explanatory links between burnout and these adverse outcomes.

Objectives (1) Test the psychometric properties of a brief four-item burnout scale, (2) Provide neonatal intensive care unit (NICU) burnout and resilience benchmarking data across different units and caregiver types, (3) Examine the relationships between caregiver burnout and patient safety culture.

Research design Cross-sectional survey study.

Subjects Nurses, nurse practitioners, respiratory resulting in feelings of irritability, fatigue, detachment and cynicism.1 In service professions, stress originates from frequent intense interactions with clients with complex problems.2 These high demands, combined with lack of support, result in burned-out employees.3 Hallmark features of burnout include a combination of emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment.4

In healthcare, various causes of burnout have been described, and include chronic stress from working with patients suffering from complex physical, psychological and social problems2,4; unsupportive or inad-
The Joint Commission

Figure 1. Overall teamwork climate scores significantly improved from 57.17% to 68.35% (t = -2.84, p = .006), and burnout scores significantly decreased from 49.70% to 36.21% (t = -2.56, p = .012) following implementation of the tangible handoff. Job satisfaction scores improved from 71.30% in the preevention to 76.49% in the postintervention period, although the findings were not statistically significant (t = -1.43, p = .155).
The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses.
Mealer M, Burnham EL, Goode CJ, Rothbaum B, Moss M.
Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, University of Colorado School of Medicine, Denver, Colorado 80045, USA. Meredith.Mealer@UCDenver.edu

18% (61/332) met diagnostic criteria for PTSD
86% (277/323) met criteria for BOS
Patterns of distress in US medical students

LISELOTTE N. DYRBYE, WILLIAM HARPER, STEVEN J. DURNING, CHRISTINE MOUTIER, MATTHEW R. THOMAS, F. STANFORD MASSIE JR, ANNE EACKER, DAVID V. POWER, DANIEL W. SZYDLO, JEFF A. SLOAN & TAIT D. SHANAFELT

Table 1. Types of distress among responding medical students at seven medical schools, 2007.

<table>
<thead>
<tr>
<th>Stress domain</th>
<th>Prevalence (%) or mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout*</td>
<td></td>
</tr>
<tr>
<td>Burned out, no. (%)</td>
<td>1069/2154 (49.6%)</td>
</tr>
<tr>
<td>Emotional exhaustion, mean ± SD</td>
<td>24.0 ± 10.8</td>
</tr>
<tr>
<td>Depersonalization, mean ± SD</td>
<td>7.3 ± 5.9</td>
</tr>
<tr>
<td>Personal accomplishment, mean ± SD</td>
<td>36.2 ± 7.7</td>
</tr>
<tr>
<td>QOL</td>
<td></td>
</tr>
<tr>
<td>Mental, mean ± SD</td>
<td>43.5 ± 11.0</td>
</tr>
<tr>
<td>Mental QOL score 1/2 SD below age and gender-matched population norm, no. (%)</td>
<td>899/2178 (41.3%)</td>
</tr>
<tr>
<td>Physical, mean ± SD</td>
<td>52.2 ± 6.9</td>
</tr>
<tr>
<td>Mental QOL score 1/2 SD below age and gender-matched population norm, no. (%)</td>
<td>486/2178 (22.3%)</td>
</tr>
<tr>
<td>Symptoms of depression, no. (%)</td>
<td>1037/2228 (46.5)</td>
</tr>
<tr>
<td>Epworth Sleepiness Scale, mean ± SD</td>
<td>10.2 ± 4.36</td>
</tr>
<tr>
<td>Excessive fatigue, no. (%)</td>
<td>1034/2233 (46.3)</td>
</tr>
<tr>
<td>Perceived Stress Scale, mean ± SD</td>
<td>16.6 ± 7.49</td>
</tr>
<tr>
<td>High stress, no. (%)</td>
<td>1073/2206 (48.6%)</td>
</tr>
</tbody>
</table>

Notes: *Maslach Burnout Inventory (Maslach et al. 1996). A score of ≥27 on the emotional exhaustion subscale score and/or ≥10 on the depersonalization subscale, †Score of ≥11, and ‡Score of ≥1/2 SD than the norm for age-matched US general population.
# Patterns of distress in US medical students

**Table 3.** Factors independently associated with serious thoughts of dropping out of medical school or suicidal ideation.

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Independent variable</th>
<th>Odds ratio</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropout</td>
<td>Burned out</td>
<td>2.402</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Positive depression screen</td>
<td>2.185</td>
<td>0.0002</td>
</tr>
<tr>
<td></td>
<td>Low physical QOL</td>
<td>2.156</td>
<td>0.0021</td>
</tr>
<tr>
<td></td>
<td>Low mental QOL</td>
<td>2.104</td>
<td>0.0002</td>
</tr>
<tr>
<td></td>
<td>Has children</td>
<td>2.048</td>
<td>0.0011</td>
</tr>
<tr>
<td></td>
<td>High stress (PSS ≥ 17)</td>
<td>1.954</td>
<td>0.0045</td>
</tr>
<tr>
<td></td>
<td>Third-year student*</td>
<td>1.502</td>
<td>0.0204</td>
</tr>
<tr>
<td></td>
<td>High fatigue (Epworth ≥ 11)</td>
<td>1.460</td>
<td>0.0221</td>
</tr>
<tr>
<td></td>
<td>$50,000–$99,999 student loan debt*</td>
<td>0.589</td>
<td>0.0089</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>Positive depression screen</td>
<td>4.052</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Low mental QOL</td>
<td>1.982</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>Fourth-year student*</td>
<td>1.695</td>
<td>0.0064</td>
</tr>
<tr>
<td></td>
<td>Burned out</td>
<td>1.686</td>
<td>0.0037</td>
</tr>
<tr>
<td></td>
<td>Has children</td>
<td>1.579</td>
<td>0.0399</td>
</tr>
<tr>
<td></td>
<td>≥1 Negative life events last 12 months</td>
<td>1.545</td>
<td>0.0044</td>
</tr>
<tr>
<td></td>
<td>Third-year student*</td>
<td>1.458</td>
<td>0.0392</td>
</tr>
</tbody>
</table>

*Notes:* *a* For school year students who indicated they were taking a break from medical school to pursue enrichment activities, such as research projects or graduate work, were used as reference value, *b* For debt, <$50,000 was used as reference value.
Burnout and Suicidal Ideation among U.S. Medical Students

Dyrbye et al., 2010

50% of medical students burned out
10% have suicidal ideation
Suicidal Thoughts and Behaviors Among Adults Aged ≥18 Years — United States, 2008–2009

Alex E. Crosby, MD
Beth Han, MD, PhD
LaVonne A. G. Ortega, MD
Sharyn E. Parks, PhD
Joseph Gfroerer, BA

1Division of Violence Prevention, National Center for Injury Prevention and Control, CDC.
2Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, Maryland

Abstract

Results: Prevalence estimates of suicidal thoughts and behaviors varied by sociodemographic factors, region, and state. During 2008–2009, an estimated 8.3 million (annual average) adults aged ≥18 years in the United States (3.7% of the adult U.S. population) reported having suicidal thoughts in the past year. The prevalence of having suicidal thoughts ranged from 2.1% in Georgia to 6.8% in Utah. An estimated 2.2 million (annual average) adults in the United States (1.0% of the adult U.S. population) reported having made suicide plans in the past year. The prevalence of reports of suicide planning ranged from 0.1% in Georgia to 2.8% in Rhode Island. An estimated 1 million (annual average) adults in the United States (0.5% of the U.S. adult population) reported making a suicide attempt in the past year. The prevalence of reports of suicide attempts ranged from 0.1% in Delaware and Georgia to 1.5% in Rhode Island. The prevalence of suicidal thoughts, suicide planning, and suicide attempts was significantly higher among young adults aged 18–29 years than it was among adults aged ≥30 years. The prevalence of suicidal thoughts was significantly higher among females than it was among males, but there was no statistically significant difference for suicide planning or suicide attempts.
Although the groups (surgeons & internal medicine physicians) in these 2 studies were disparate, **the same 3 factors (hours worked per week, work/home conflict in the last 3 weeks, and resolving the last work/home conflict in favor of work) remained independent factors associated with burnout** in multivariable models in both samples with strikingly similar odds ratios.5 These findings suggest that work/home conflict and how that conflict is managed may be central factors for physician burnout in a variety of practice settings.
In conclusion, burnout is highly prevalent among US Physicians (32%), more so than among other US workers (23.5%).

(1) the prevalence of burnout among US physicians is at an alarming level, (2) physicians in specialties at the front line of care access (emergency medicine, general internal medicine, and family medicine) are at greatest risk, (3) physicians work longer hours and have greater struggles with work-life integration than other US workers, and (4) after adjusting for hours worked per week, higher levels of education and professional degrees seem to reduce the risk for burnout in fields outside of medicine, whereas a degree in medicine (MD or DO) increases the risk. These results suggest that the experience of burnout among physicians does not simply mirror larger societal trends.
Major article

Nurse staffing, burnout, and health care–associated infection

Jeannie P. Cimiotti DNSc, RN,†,∗, Linda H. Aiken PhD, Douglas M. Sloane PhD,‡, Evan S. Wu BS

† New Jersey Collaborating Center for Nursing, Rutgers, The State University of New Jersey, Newark, NJ
‡ College of Nursing, Rutgers, The State University of New Jersey, Newark, NJ
§ Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, PA

Key Words: Hospital Workload Cost PHC4

Background: Each year, nearly 7 million hospitalized patients acquire infections while being treated for other conditions. Nurse staffing has been implicated in the spread of infection within hospitals, yet little evidence is available to explain this association.

Methods: We linked nurse survey data to the Pennsylvania Health Care Cost Containment Council report on hospital infections and the American Hospital Association Annual Survey. We examined urinary tract and surgical site infection, the most prevalent infections reported and those likely to be acquired on any unit within a hospital. Linear regression was used to estimate the effect of nurse and hospital characteristics on health care–associated infections.

Results: There was a significant association between patient-to-nurse ratio and urinary tract infection (0.86; P = .02) and surgical site infection (0.93; P = .04). In a multivariate model controlling for patient severity and nurse and hospital characteristics, only nurse burnout remained significantly associated with urinary tract infection (0.82; P = .03) and surgical site infection (1.56; P < .01) infection. Hospitals in which burnout was reduced by 30% had a total of 6,239 fewer infections, for an annual cost saving of up to $68 million.

Conclusions: We provide a plausible explanation for the association between nurse staffing and health care–associated infections. Reducing burnout in registered nurses is a promising strategy to help control infections in acute care facilities.

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From First to Worst

Those with tenacity, dedication and a strong sense of responsibility are vulnerable to burnout.

Burnout Lead Weights: work hours, night shift, conflicts with colleagues, fiscal debt, poor boundaries between work/home life.

Burnout Band-aides: spending time with spouse, social support, positive learning environment, having a clinician as a parent, being a parent, and getting satisfaction from conversations with others, control over days off, quality of working relationships.
Random acts of Kindness:

Doing a kindness produces the single most reliable momentary increase in well-being of any exercise that has been tested

Find one wholly unexpected kind thing to do tomorrow and just do it. Notice what happens to your mood.

-- Marti Seligmann, 2011
Recipe for Longevity: No Smoking, Lots of Friends

I WANT YOU TO DELETE ME AS YOUR FACEBOOK FRIEND
4 a.m. Friend:

Is there someone in your life whom you would feel comfortable phoning at four in the morning to tell your troubles to?

• If so, you are likely to live longer than those who say “no.” Discovered by George Vaillant (Harvard psychiatrist) and called the capacity to be loved.

• Conversely, loneliness is such a disabling condition that it suggests the pursuit of relationships is a fundamental to well-being.

-- Marti Seligmann, 2011
Attachment

An abundance of research shows that the perception that one has supportive others to turn to in times of stress (i.e., perceived support) buffers against the harmful effects of stress (e.g., Cohen, 1992; Collins & Feeney, 2000; Sarason, Sarason, & Gurung, 1997).
But if things go right, and you are there for me, does that have an independent impact on relationship functioning?
...79 dating couples... Both self-report data and observational codes showed that 2 months later, responses to positive event discussions were more closely related to relationship well-being and break-up than were responses to negative event discussions. The results are discussed in terms of the recurrent, but often overlooked, role that positive emotional exchanges play in building relationship resources.
How do you respond when people share good news with you? The manner in which you respond when others share triumph with you directly builds or undermines your relationships. Research into couples and intimate relationships suggests that supporting partners when good things happen is as important in building a relationship as supporting when bad things happen.
Toxicity of Insincerity
Buddy Up

optimizing oxytocin and serotonin - which boost mood and promote bonding - hold a handshake for at least six seconds.
<table>
<thead>
<tr>
<th>Active Destructive Responding</th>
<th>Finding the bad in the good: where you find the cloud in the silver lining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive Destructive Responding</td>
<td>Not caring at all about their news</td>
</tr>
<tr>
<td>Passive Constructive Responding</td>
<td>Not making a big deal out of it</td>
</tr>
<tr>
<td>Active Constructive Responding</td>
<td>Reacting positively, being interested and caring about their news.</td>
</tr>
</tbody>
</table>
Active Constructive Responding

Maintain eye contact / smile / touch / laugh

• Don’t overdo the praise and positive feedback (it can make people feel uncomfortable/patronized)
• Concentrate on asking questions which encourage the person to talk about their good news/ savor their positive emotions.
• If this type of active and constructive response does not come easily to you try to ask at least three questions.

Time Remaining: 00:00
gratitude was uniquely responsible for the effect of the intervention on positive affect. In addition, the gratitude intervention improved people’s amount of sleep and the quality of that sleep. Furthermore, the effects on well-being were apparent to the participants’ spouse or significant other.
Three Good Things

Flourish
Martin E. P. Seligman
A Visionary New Understanding of Happiness and Well-being
Three good things

- [http://www.youtube.com/watch?v=dwkDEM4gFBA](http://www.youtube.com/watch?v=dwkDEM4gFBA)

Seligman, Steen, Park & Petersen, 2005
“The negative screams at you, but the positive only whispers...”

-- Barbara Fredrickson

#1) We are hard-wired to remember the negative.
#1) We are hardwired to remember the negative.

#2) Enhanced recall of material reviewed during last 2 wakeful hours.

#3) With practice (by day 4 or 5) reflecting on the positive leads to noticing more positive.
- **Patient Safety Leadership Training & Certification Course** (3 days - Offered in April & September)
  - Course Description
  - Registration Information; April 13-15, 2015
  - Registration Information; September 9-11, 2015
  - Registration Information; April 11-13, 2016
  - Registration Information; September 12-14, 2016
  *Also available upon request. If interested Click Here.

- **Physician Leadership in Patient Safety & Quality** (1 Day)
  *CME Credit is available for this course*
  - Course Description
  - *Course Available Upon Request*

- **TeamSTEPPS™ Train the Trainer** (2 days)
  - Course Description
  - Registration Information; October 30 & 31, 2014

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**Bite Sized Resilience: Three Good Things**

To enroll 2014/2015 cohorts please select one of the following:

- Nov 10 - 24, 2014
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- **Enhancing Caregiver Resilience Essentials (1 Day)**
  - Course Description
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  - Registration Information; September 10, 2015
  - Registration Information; January 26, 2016
  - Registration Information; April 12, 2016
  - Registration Information; September 13, 2016

View all course descriptions

For additional information on the WISER Study please go to:

**WISER Study**

Calendar of Courses: For additional information or to request dates and times of training, please call 919-257-3376 or email christen.fullwood@duke.edu.
Hello all,

Please follow this link to enter your three good things for today:
Three Good Things

Or copy and paste the URL below into your internet browser:
https://duke.qualtrics.com/WRQualtricsSurveyEngine/?Q_SS=eqBkjmyDbrSTzp3aX0F4Xl4QJ7RKGp&_=1

Thank you for participating,
Warmest,
Bryan Sexton

*This survey link is linked to your unique research study record. It can only be used to take the survey one time, and should not be forwarded or used by others.
On the next page you will be asked to type in your three good things for today. If you would like your responses to be posted anonymously to the public log (available only to other participants in this exercise) please select "SHARE my responses" below. If you'd prefer to keep your responses private today, please select "DO NOT SHARE my responses" below.

- SHARE my responses
- DO NOT SHARE my responses

www.dukepatientsafetycenter.com

Survey Powered By Qualtrics
<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Thing #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Thing #3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What went well today, and what was your role in making it happen.

Which one of the following positive emotions best fits how this good thing makes you feel.

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Survey Powered By Qualtrics
### Three Good Things Exercise, Day 7:

<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th>What went well today, and what was your role in making it happen.</th>
<th>Which one of the following positive emotions best fits how this good thing makes you feel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>My 5 year old swam across the pool at the YMCA without any floaties for the first time today!</td>
<td>Pride</td>
<td></td>
</tr>
<tr>
<td>Good Thing #2</td>
<td>Watched as glorious pink/orange sunset behind the rolling hills where our leaves are changing colors - beautiful.</td>
<td>Awe</td>
</tr>
<tr>
<td>Good Thing #3</td>
<td>Made my wife laugh so hard her eyes watered, and so did mine.</td>
<td>Amusement</td>
</tr>
</tbody>
</table>

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Survey Powered By Qualtrics
1. **Three Good Things Exercise, Day 9: What went well today, and what was your role in making it happen.**

<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th>Good Thing #2</th>
<th>Good Thing #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to give positive reference for Big Brothers/Big Sisters</td>
<td>Healthy niece per ultrasound</td>
<td>Spoke with my cousin</td>
</tr>
<tr>
<td>A coworker helped me by giving a TB test to another employee, when I was not able to do it.</td>
<td>My dad's Dr. appt went well today.</td>
<td>I watched a new TV show which really made me laugh!</td>
</tr>
<tr>
<td>A delicious dinner out</td>
<td>Meeting new people</td>
<td>Exploring a new city</td>
</tr>
<tr>
<td>another gorgeous fall day and I thought ahead to take vacation!</td>
<td>Got the car cleaned after I made it a point to get it done.</td>
<td>Base ball playoffs start....Watched the Wild Card games on TV.Go Tigers!</td>
</tr>
<tr>
<td>Beautiful drive, loving the beginnings of fall color</td>
<td>Haircut,</td>
<td>Daughters working together on project,</td>
</tr>
<tr>
<td>Bought hubby great jeans for half price. As a surprise.</td>
<td>Meditated 20 minutes this A M.</td>
<td>Had quiet peaceful dinner and evening alone.</td>
</tr>
<tr>
<td>Complimented on use of bulletin board. My role: Posting quotes and funny sayings to make people think.</td>
<td>Enjoyed company of friends. My role: not being too tired to meet them.</td>
<td>Asked to assist someone and help them out of their shell. My role: Setting a good example, I was told</td>
</tr>
<tr>
<td>Did not feel well today, really stressed with school. Got dressed up and took my daughter to scouts. This worked out well, we were able to get out of the house and start over.</td>
<td>Spent afternoon while at scouts with a dear friend visiting from California. So glad to see her and be able to get a few hours in catching up. She is going through tough times with her husband. I listened patiently and praised her for all the good things that she does for her family, I empowered her by listening and not judging. She is amazing talented and strong woman. We all need to bend an ear.</td>
<td>Came home, husband fixed a wonderful omelet. Then took a nap. Had some snuggle time with husband, actually sat down and watched an entire movie with son and husband.....Sitting through a whole movie or show is not always easy for me to do, so I took the time for them and put everything else aside.</td>
</tr>
<tr>
<td>Excited to work with a client in a new capacity. Role: was open to her request/suggestion.</td>
<td>Had fun teaching my class. Role: approached things in a new and different way.</td>
<td>Helped someone out by providing information. Role: responded to a message.</td>
</tr>
<tr>
<td>Exercised this morning before work. Role: getting up in time.</td>
<td>Walked my daughter to school this morning. Role: making time to enjoy a nice morning walk and spend time with my daughter.</td>
<td>Enjoyed the first session of my class. Role: devotion of time and resources to make it happen</td>
</tr>
<tr>
<td>Finally reached a personal goal of being lower than 80 kg, big difference from 125 kg.</td>
<td>Got a head start on my required CE Credits</td>
<td>Listened today openly.</td>
</tr>
</tbody>
</table>
Thanks to the efforts of Drs. Jon Bae and Amy Zaas, as well as our Medical Student researcher Whitney Chadwick.

Main Findings:
- Lower burnout, lower depression in the post
- Fewer delays
- Less conflict
- Better work-life balance

Residents enjoyed participating in the research
Resilience across DUHS
(for pace and intensity of innovation)
Resilience across DUHS
(for pace and intensity of innovation)

- IM Residents Pre: 35%
- IM Residents Post: 50%
Resilience across DUHS
(for pace and intensity of innovation)
Resilience across DUHS
(for pace and intensity of innovation)

% of respondents reporting no burnout

36%
47.3%

93% would recommend 3 Good Things to a Friend / 91% Supervisor
Three Good Things

I can see my computer now! 😊
I love my new office decorations 🎅
My new picture is still on the wall at home! 🎨
My reliable vehicle! Hopefully a low estimate.
I love my retirement 😊
I am going to see my parents this coming weekend! 😊

Family Dinners Outside with great food, soft breezes, & lots of laughter.

My son is home from Afghanistan!!
Friends' daughter's surgery went well!

I came to work today 💙 it makes me happy.
It's potato chip day in cafe! 🍟
Blueberry drive is now dry!!
I love my hair.
I love D's hair.
Mike's haircut looks great!

I'm thankful for volunteers Adrienne & Michael

The happy song:

My BOSS! 🙅

25% retail
3-day weekends!!

Working with minimal interactions

I made it out of bed

*Family & weddings! *Video of a Gator fan doing the fight song in a FSA tee shirt

Flower boxes built by wonderful husbands who also buy flowers

培植花盒都是由善良的丈夫们亲手完成，他们还买花呢！
好事成

Three Good Things
Take Home

• Redefine Quality
• Burnout/Resilience predicts quality
  – 1 out of 3 are burned out in healthcare
  – Almost half of USA docs are burned out
  – Burnout linked to:
    • clinical quality
    • Handoffs
    • patient mortality
    • patient satisfaction
    • depression and suicide
• Protect prefrontal reserves
• Three Good Things

Source: J. Bryan Sexton, PhD
Three Good Things (free)
www.dukepatientsafetycenter.com

Duke Resilience Retreat
(1 day or 3 day)
www.dukepatientsafetycenter.com
Patient Safety Leadership Training & Certification Course
(3 days - Offered in April & September)
- Course Description
- Registration Information; April 13-15, 2015
- Registration Information; September 9-11, 2015
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- Course Description
- Registration Information; October 30 & 31, 2014

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Want to learn more about 3 Good Things?
Bite Sized Resilience: Three Good Things

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www.sotile.com
Bite Sized Resilience: Introduction and Overview

J. Bryan Sexton, PhD
Director of Patient Safety Center, Duke University Health System

www.dukepatientsafetycenter.com
Psychotherapy works to alleviate suffering, these interventions facilitate well-being and as a side effect, also help to alleviate suffering...
“The negative screams at you, but the positive only whispers...”

-- Barbara Fredrickson
“Genetic Dispositions”

Our Darwinian DNA utilizes some negative-emotion mechanisms to help us pass our traits on to offspring:

- Ability to worry about the future
- Remember bad things that happened to us
- Anticipate new things that could go wrong

- These help us with survival, but not with happiness
Barbara Fredrickson Summary:

• All emotions are useful in the right circumstances – pathology comes from excessive lingering.
• Resilient people are very attuned to the correct circumstances while burned out people stay with an old emotion.
• The key to resilience is to see the current circumstances with clear eyes whether positive or negative.
Positive emotions expand awareness to allow for the discovery of new knowledge, new alliances, and new skills (i.e., to build enduring resources).
Positive Emotions are Temporary but the Resources Built are Durable/Lasting

Durable Personal Resources:

- Physical
- Social
- Intellectual
- Psychological
the nuns who expressed more positive emotions lived, on average, a decade longer than their less cheerful peers
Cultivating Positive Emotion: Ratio of positive to negative

Low Performance Groups = 1:1
Mid Performance Groups = 2:1
High Performance Groups = 6:1

High performers asked questions as much as they defended their own views, and cast their attention outward as much as inward.

Low performers asked almost no questions, and showed almost no outward focus (not listening, rather, waiting to talk to defend their own view).
Cultivating Positive Emotion: Ratio of positive to negative

Low Performance Groups = 1:1
  Divorcing couples/Depression (0.5-1):1

Mid Performance Groups = 2:1
  Most people are 2:1

High Performance Groups = 6:1
  only 20% are 3:1 or higher
  flourishing marriages average 5:1
Cultivating Positive Emotion:
Ratio of positive to negative

Upper bound for flourishing?
11:1

“if you jump really high in the gymnasium, you will hit your head on the ceiling...”
Cultivating Positive Emotion: 3 to 1 Ratio

Chapter 3: What Is Positivity?
The 10 Forms of Positivity

Joy
Gratitude
Serenity
Interest
Hope
Pride
Amusement
Inspiration
Awe
Love
Cultivating Positive Emotion: 3 to 1 Ratio

Meeting agenda item:
What are we doing well?
Don’t use defensive framing when asking questions of frontline staff:

“So how are we going to kill the next patient around here?”
FRAMING:

- Use the 3:1 ratio for psychological safety
  
  “Please share three things that are going well around here, and one thing that could be better.”

- Make it about what you can do
  
  “How can I help to remove barriers, so that the safety defects you are most concerned about can be better addressed?”
Bite-Sized Resilience Interventions include:

You at Your Best (1-2 times per year): This BSR provides you with a structured opportunity to examine a moment or a series of moments when you saved the day, or were in a state of flow, or were generally doing a fantastic job of whatever you were doing. By selecting and savoring a time when you did something really well, we learn more about ourselves and we see improvements in resilience, memory, sleep quality and depression.

Cultivating Gratitude (1-6 times per year): This BSR provides you with a structured opportunity to learn about and express gratitude toward one or more people of your choosing. Interestingly, expressing gratitude is surprisingly good for our resilience, and this particular BSR can be repeated up to 6 times in a single year. Through expressing gratitude, we learn more about our vital connections to others, often in surprising and meaningful ways, and we see improvements in resilience, sleep quality and depression.

Best Possible Selves (1-3 times per year): This BSR provides you with a structured opportunity to examine what your life will look like if all goes according to your plan. Like setting a goal for yourself, doing this BSR helps you to move toward your best possible future in a deliberate and productive way. By describing and cultivating our vision of our own future, we learn more about ourselves and we see improvements in resilience, memory, sleep quality and depression.

Cultivating Awe (1-2 times per year): This BSR provides you with a structured opportunity to learn about the amazing and often underused positive emotions of Awe and Wonder. When we experience awe, our sense of time expands, we are kinder to others, and we prefer experiences over material things. By cultivating awe we see improvements in life satisfaction, kindness, and sense that we have more time to do the important things in life.

Three Good Things (1-2 times per year): This BSR provides you with a structured opportunity to cultivate positive experiences by reflecting on them for a couple of minutes just before bedtime. By savoring good moments from earlier that day, we see improvements in resilience, sleep quality, work-life balance, and even depression.

Identifying and Using Signature Strengths (1 time per year): This BSR provides you with a structured opportunity to examine what you do well, and to be deliberate about using your strengths in new and more frequent ways. When you use your strengths, you feel engaged and invigorated, and you feel like what you are doing has more meaning to you personally. This works equally well for personal and professional parts of your life. By deliberately choosing to do what we already do well, we see improvements in resilience and depression.
Bite Sized Resilience: Cultivating Awe
DISAPPROVAL
You'll know it when you see it.
Approaching awe, a moral, spiritual, and aesthetic emotion

Dacher Keltner
University of California at Berkeley, USA

Jonathan Haidt
University of Virginia, Charlottesville, USA

In this paper we present a prototype approach to awe. We suggest that two appraisals are central and are present in all clear cases of awe: perceived vastness, and a need for accommodation, defined as an inability to assimilate an experience into current mental structures. Five additional appraisals account for variation in the hedonic tone of awe experiences: threat, beauty, exceptional ability, virtue, and the supernatural. We derive this perspective from a review of what has been written about awe in religion, philosophy, sociology, and psychology, and then we apply this perspective to an analysis of awe and related states such as admiration, elevation, and the epiphanic experience.
Awe Expands People’s Perception of Time, Alters Decision Making, and Enhances Well-Being

Melanie Rudd¹, Kathleen D. Vohs², and Jennifer Aaker¹
¹Graduate School of Business, Stanford University, and ²Carlson School of Management, University of Minnesota

Abstract
When do people feel as if they are rich in time? Not often, research and daily experience suggest. However, three experiments showed that participants who felt awe, relative to other emotions, felt they had more time available (Experiments 1 and 3) and were less impatient (Experiment 2). Participants who experienced awe also were more willing to volunteer their time to help other people (Experiment 2), more strongly preferred experiences over material products (Experiment 3), and experienced greater life satisfaction (Experiment 3). Mediation analyses revealed that these changes in decision making and well-being were due to awe’s ability to alter the subjective experience of time. Experiences of awe bring people into the present moment, and being in the present moment underlies awe’s capacity to adjust time perception, influence decisions, and make life feel more satisfying than it would otherwise.
Hydrothermal vent tubeworms: they have no digestive tract, but trophosome bacteria turn oxygen, hydrogen sulfide, carbon dioxide, etc. into organic molecules on which their host worms feed. This process, known as chemosynthesis.
Think of a time when you felt a sense of awe. From beautiful scenes in nature to witnessing an amazing accomplishment of another person to encountering something vast in size, number, power, or complexity, many things can make you feel awe. For the next 7 minutes, write about your awe experience as if you were explaining it to a friend.
- Patient Safety Leadership Training & Certification Course
  (3 days - Offered in April & September)
  - Course Description
  - Registration Information; April 13 - 15, 2015
  - Registration Information; September 9 - 11, 2015
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The horses seemed uneasy, and Elen moved away the horses to calm them.

Terror and the other men mounted and moved their horses to...

...women...

...will group waited there silently, listening intently.

...man...
Within the characters for thanks and feelings are embedded the symbols for heart and speech. From the heart, with feeling, I express my gratitude.
Table 1. Ten Representative Positive Emotions

<table>
<thead>
<tr>
<th>Emotion Label</th>
<th>Appraisal Theme</th>
<th>Thought-Action Tendency</th>
<th>Resources Accrued</th>
<th>Core trio in mDES item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy</td>
<td>safe, familiar, unexpectedly good</td>
<td>play, get involved</td>
<td>skills gained via experiential learning</td>
<td>joyful, glad, or happy</td>
</tr>
<tr>
<td>Gratitude</td>
<td>receive a gift or benefit</td>
<td>creative urge to be prosocial</td>
<td>skills for showing care; loyalty; social bonds</td>
<td>grateful, appreciative, or thankful</td>
</tr>
<tr>
<td>Serenity (a.k.a., Contentment)</td>
<td>safe, familiar, low effort</td>
<td>savor and integrate</td>
<td>new priorities; new views of self</td>
<td>serene, content, or peaceful</td>
</tr>
<tr>
<td>Interest</td>
<td>safe, novel</td>
<td>explore, learn</td>
<td>knowledge</td>
<td>interested, alert, or curious</td>
</tr>
<tr>
<td>Hope</td>
<td>fearing the worst, yearning for better</td>
<td>plan for a better future</td>
<td>resilience; optimism</td>
<td>hopeful, optimistic, or encouraged</td>
</tr>
<tr>
<td>Pride</td>
<td>socially valued achievement</td>
<td>dream big</td>
<td>achievement motivation</td>
<td>proud, confident, or self-assured</td>
</tr>
<tr>
<td>Amusement</td>
<td>non-serious social incongruity</td>
<td>share joviality, laugh</td>
<td>social bonds</td>
<td>amused, fun-loving, or silly</td>
</tr>
<tr>
<td>Inspiration</td>
<td>witness human excellence</td>
<td>strive toward own higher ground</td>
<td>motivation for personal growth</td>
<td>inspired, uplifted, or elevated</td>
</tr>
<tr>
<td>Awe</td>
<td>encounter beauty or goodness on a grand scale</td>
<td>absorb and accommodate</td>
<td>new worldviews</td>
<td>awe, wonder, amazement</td>
</tr>
<tr>
<td>Love</td>
<td>any/all of the above in an interpersonal connection</td>
<td>any/all of the above, with mutual care</td>
<td>any/all of the above, especially social bonds</td>
<td>love, closeness, or trust</td>
</tr>
</tbody>
</table>
**Figures**

**Figure 1.** The broaden-and-build theory of positive emotions. (adapted from Fredrickson & Cohn, 2008, Figure 48.1).
Gratitude definition:

grat·i·tude
ˈgratəˌt(y)oʊd/

noun

noun: **gratitude**

the quality of being thankful; readiness to show appreciation for and to return kindness.

Robert A. Emmons, Ph. D., is Professor of Psychology at UC Davis.
I am grateful for........
led to increases in positive affect, as well as reductions in negative affect, mediational analyses showed that gratitude was uniquely responsible for the effect of the intervention on positive affect. In addition, the gratitude intervention improved people’s amount of sleep and the quality of that sleep. Furthermore, the effects on well-being were apparent to the participants’ spouse or significant other.
The Gratitude Letter

Flourish
Martin E. P. Seligman
A Visionary New Understanding of Happiness and Well-being
Positive psychology has flourished in the last 5 years. The authors review recent developments in the field, including books, meetings, courses, and conferences. They also discuss the newly created classification of character strengths and virtues, a positive complement to the various editions of the Diagnostic and Statistical Manual of Mental Disorders (e.g., American Psychiatric Association, 1994), and present some cross-cultural findings that suggest a surprising ubiquity of strengths and virtues. Finally, the authors focus on psychological interventions that increase individual happiness. In a 6-group, random-assignment, placebo-controlled Internet study, the authors tested 5 purported happiness interventions and 1 plausible control exercise. They found that 3 of the interventions lastingly increased happiness and decreased depressive symptoms. Positive interventions can supplement traditional interventions that relieve suffering and may someday be the practical legacy of positive psychology.
The Gratitude Letter

Seligman, Steen, Park & Petersen, 2005
How to be grateful?
Paying attention is a form of love
At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.

Albert Schweitzer (1875-1965; Physician, Philosopher, Theologian and Nobel Peace Prize Winner)
Gratitude

Think of someone who has done something amazing for you, this person can be alive or no longer with us. This person contributed to your well-being in a big way. Spend the next few writing a brief note, telling this person what they did, how it impacted you, and the benefits you have received.
A hundred times a day I remind myself that my inner and outer life depends on the labors of others, living and dead, and that I must exert myself in order to give in the measure as I have received and am still receiving.

--Albert Einstein
Further Reading...
Specific Tools

• Three Good Things
• Active Constructive Responding
• Cultivating Awe
• Gratitude Letters
• WISER
• 3 day Resilience Retreat in May & Nov
• 1 day Resilience Essentials January/April/Sept

www.dukepatientsafetycenter.com
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**Cultivating Gratitude (1-6 times per year):** This BSR provides you with a structured opportunity to learn about and express gratitude toward one or more people of your choosing. Interestingly, expressing gratitude is surprisingly good for our resilience, and this particular BSR can be repeated up to 6 times in a single year. Through expressing gratitude, we learn more about our vital connections to others, often in surprising and meaningful ways, and we see improvements in resilience, sleep quality and depression.

**Best Possible Selves (1-3 times per year):** This BSR provides you with a structured opportunity to examine what your life will look like if all goes according to your plan. Like setting a goal for yourself, doing this BSR helps you to move toward your best possible future in a deliberate and productive way. By describing and cultivating our vision of our own future, we learn more about ourselves and we see improvements in resilience, memory, sleep quality and depression.

**Cultivating Awe (1-2 times per year):** This BSR provides you with a structured opportunity to learn about the amazing and often underused positive emotions of Awe and Wonder. When we experience awe, our sense of time expands, we are kinder to others, and we prefer experiences over material things. By cultivating awe we see improvements in life satisfaction, kindness, and sense that we have more time to do the important things in life.

**Three Good Things (1-2 times per year):** This BSR provides you with a structured opportunity to cultivate positive experiences by reflecting on them for a couple of minutes just before bedtime. By savoring good moments from earlier that day, we see improvements in resilience, sleep quality, work-life balance, and even depression.

**Identifying and Using Signature Strengths (1 time per year):** This BSR provides you with a structured opportunity to examine what you do well, and to be deliberate about using your strengths in new and more frequent ways. When you use your strengths, you feel engaged and invigorated, and you feel like what you are doing has more meaning to you personally. This works equally well for personal and professional parts of your life. By deliberately choosing to do what we already do well, we see improvements in resilience and depression.
Three Good Things (free)
www.dukepatientsafetycenter.com

Duke Resilience Retreat
(1 day or 3 day)
www.dukepatientsafetycenter.com
Patient Safety Leadership Training & Certification Course
(3 days - Offered in April & September)
- Course Description
- Registration Information; April 13-15, 2015
- Registration Information; September 9-11, 2015
- Registration Information; April 11-13, 2016
- Registration Information; September 12-14, 2016
*Also available upon request. If interested Click Here.

Physician Leadership in Patient Safety & Quality (1 Day)
*CME Credit is available for this course
- Course Description
*Course Available Upon Request

TeamSTEPPS™ Train the Trainer (2 days)
- Course Description
- Registration Information; October 30 & 31, 2014

Want to learn more about 3 Good Things?

Bite Sized Resilience: Three Good Things

To enroll 2014/2015 cohorts please select one of the following:

Nov 10 - 24, 2014
Jan 26 - Feb 9, 2015
Mar 23 - Apr 6, 2015
Apr 13 - Apr 27, 2015
May 18 - June 1, 2015
Sept 14 - Sept 28, 2015
Nov 9 - 23, 2015

TeamSTEPPS™ Essentials - (4 Hours)
- Course Description
- Registration Information; November 7, 2014

Enhancing Caregiver Resilience: Burnout & Quality Improvement Full Course
(3 days: 1 full day plus 2 half days, and a follow-up webinar - Offered in May & November)
- Course Description
- Registration Information; November 5 - 7, 2014
- Registration Information; May 18 - 20, 2015
- Registration Information; November 9 - 11, 2015
- Registration Information; May 9 - 11, 2016
- Registration Information; November 14 - 16, 2016
*Also available upon request. If interested Click Here.

Enhancing Caregiver Resilience Essentials (1 Day)
- Course Description
- Registration Information; January 27, 2015
- Registration Information; April 1, 2015
- Registration Information; September 10, 2015
- Registration Information; January 26, 2016
- Registration Information; April 12, 2016
- Registration Information; September 13, 2016

For additional information on the WISER Study please go to:

WISER Study

Calendar of Courses: For additional information or to request dates and times of training, please call 919-257-3376 or email christen.fullwood@duke.edu
The Story of the Two Monks
Check out resources for yourself beyond this course...

Sotile Center for Resilience

[p] 336-794-0230

P.O. Box 2290
215 S. Main Street
Davidson, NC 28036

www.sotile.com
The Two Wolves Cherokee Legend

An old Cherokee is teaching his grandson about life. "A fight is going on inside me," he said to the boy. "It is a terrible fight and it is between two wolves. One wolf is evil - he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego." He continued, "The other is good - he is Joy, Gratitude, Serenity, Interest, Hope, Pride, Amusement, Inspiration, Awe, Love, and faith. The same fight is going on inside you grandson - and inside every other person, too."

The grandson thought about it for a minute and then asked his grandfather:

"Which wolf will win?"

The old Cherokee simply replied, "The one you feed."
Patient Safety Leadership Training & Certification Course
(3 days - Offered in April & September)
- Course Description
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View all course descriptions

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Autobiography In Five Short Chapters
by Portia Nelson

I
I walk down the street.
There is a deep hole in the sidewalk
I fall in.
I am lost ... I am helpless.
It isn't my fault.

It takes me forever to find a way out.

II
I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place
but, it isn't my fault.

It still takes a long time to get out.

III
I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in ... it's a habit.
my eyes are open
I know where I am.
It is my fault.

I get out immediately.

IV
I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

V
I walk down another street.