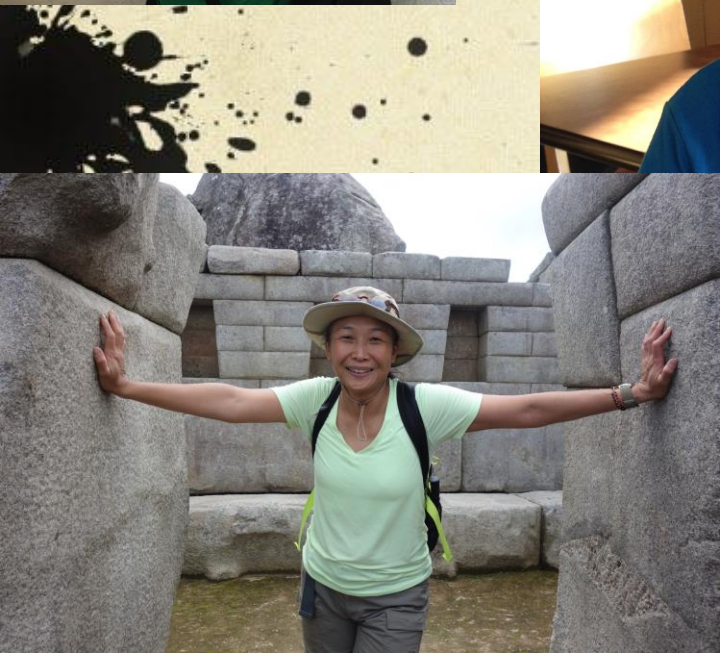


Medicine, field of dreams?



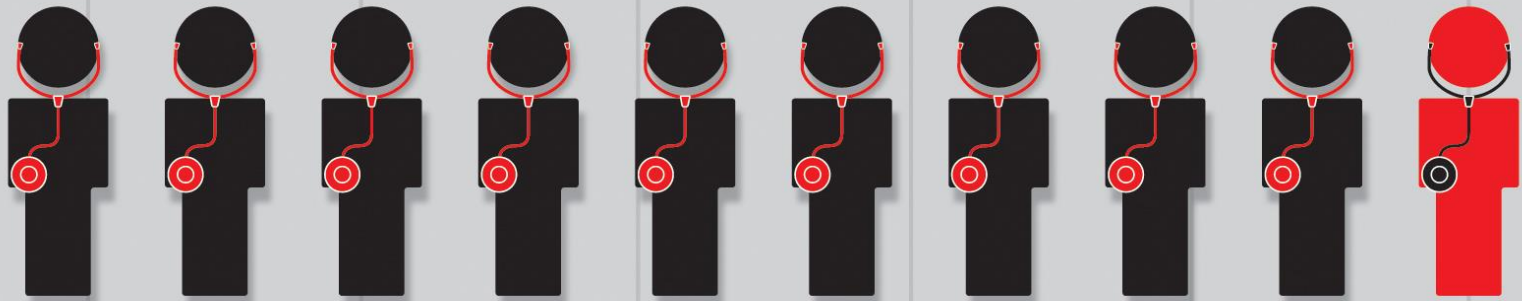
Harvey S. Hahn, MD, FACC
No disclosures.

Dedicated to Joyce



To be or not to be...

Scope of the problem



9 out of 10 physician respondents indicate an unwillingness to recommend health care as a profession to friends and family

Why

- Less money
- Insurance
- Liability
- More power
- EPIC!
- Patient
- Regular
- Pain as
- Opioid



35
Breaking
56
Bad

Opening shots

Why NOT

- Less money
- More Debt
- Insurance issues
- Liability
- More paperwork
- EPIC!
- Patient satisfaction scores
- Pain as the 5th vital sign
- Opioid addiction crisis...

Why

- ??

Dose–Response Relation Between Work Hours and Cardiovascular Disease Risk

Findings From the Panel Study of Income Dynamics

*Sadie H. Conway, PhD, Lisa A. Pompeii, PhD, Robert E. Roberts, PhD,
Jack L. Follis, PhD, and David Gimeno, PhD*



FIGURE 1. Restricted cubic spline model for the relationship between long work hours and incident cardiovascular disease: Panel Study of Income Dynamics, 1986 to 2011.

Medscape

PHYSICIAN DEBT & NET WORTH REPORT 2016

Money Smarts or Money Mistakes?



Medscape

LIFESTYLE REPORT 2016

BIAS AND BURNOUT

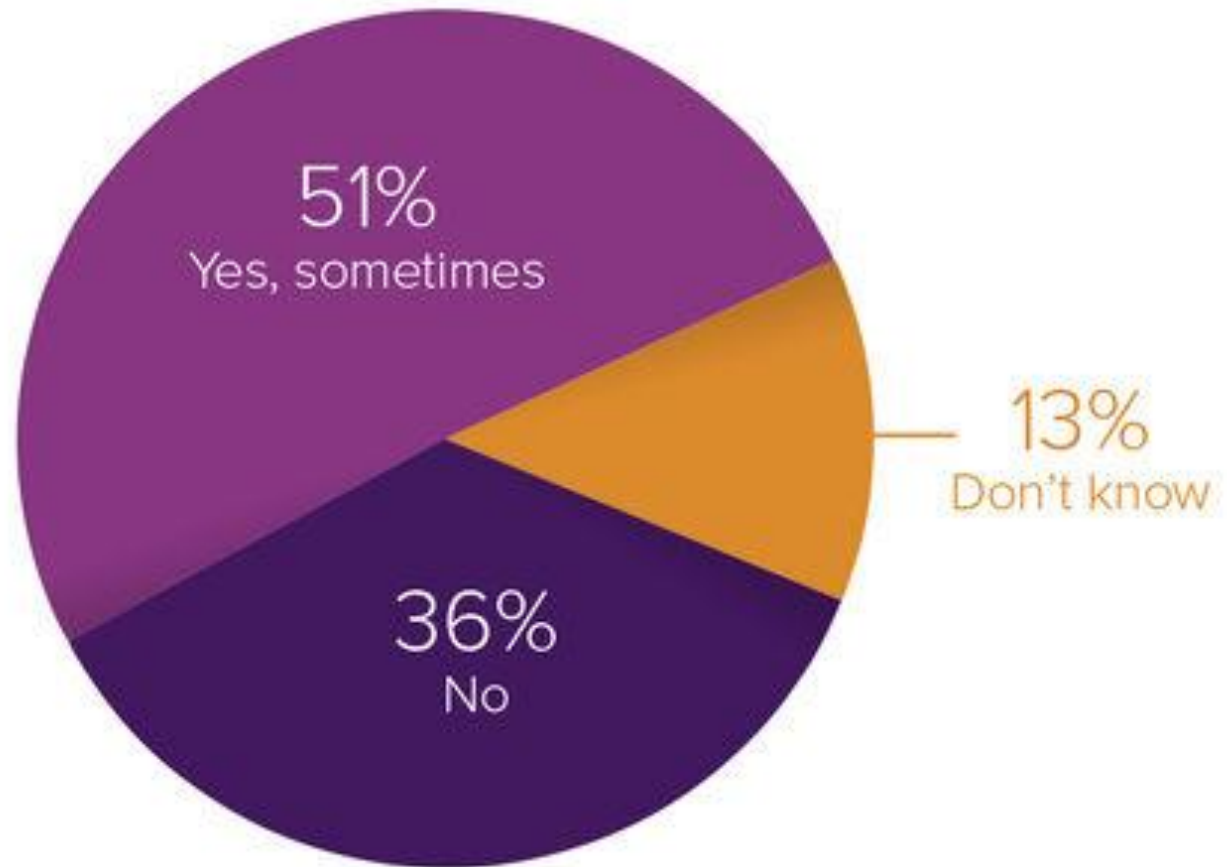


Medical School Debt

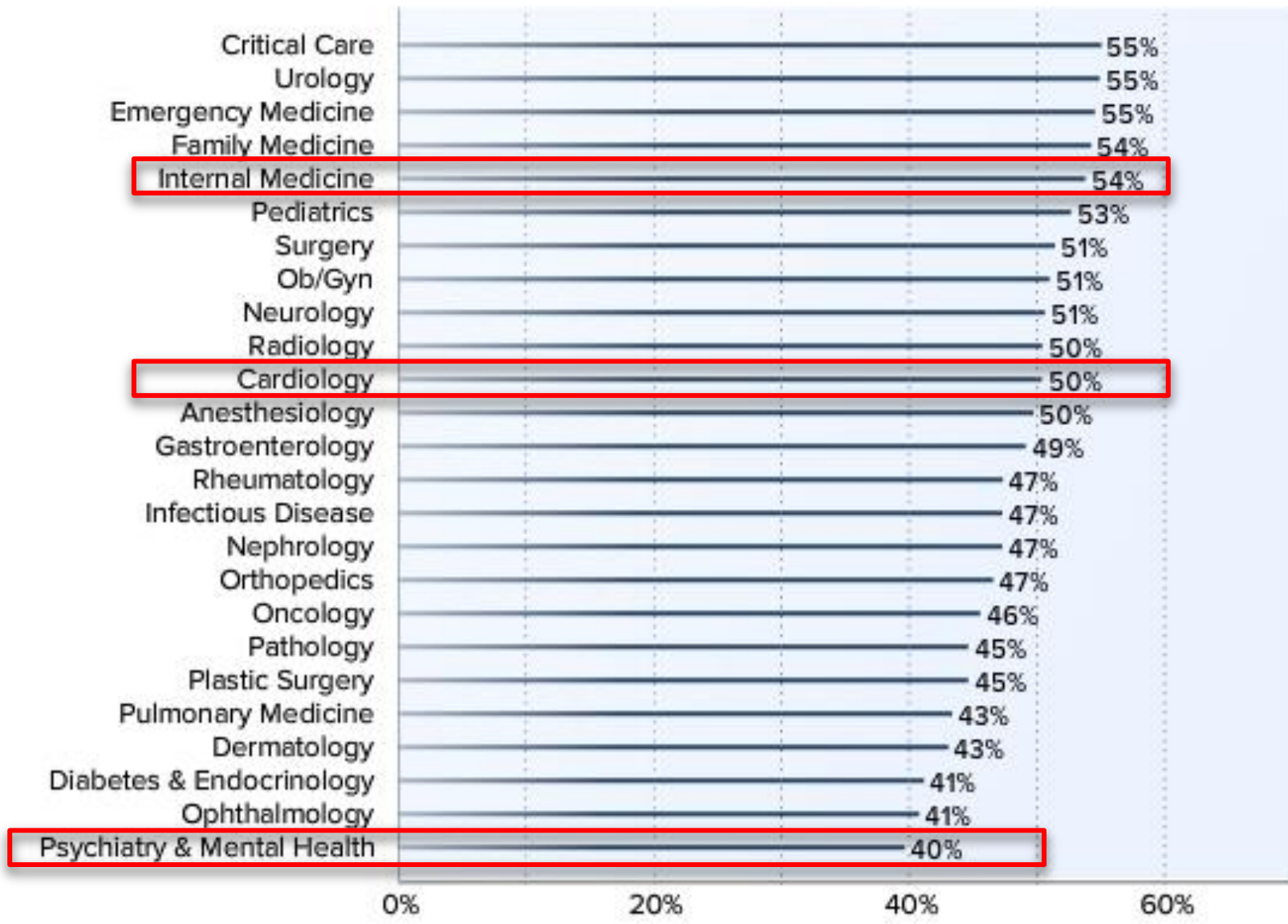
By Gender



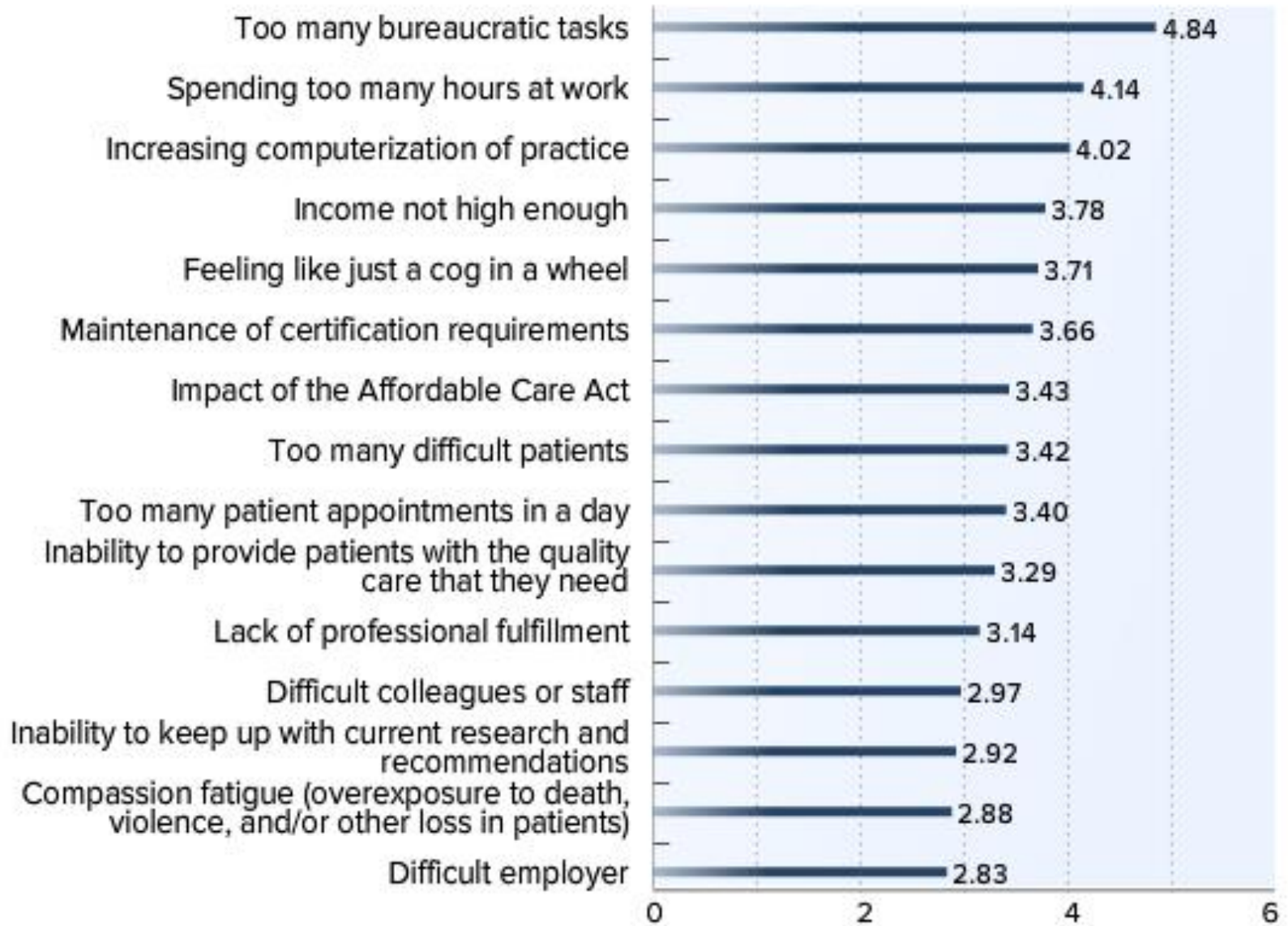
Enough Time for Personal Health/Wellness?



Which Physicians Are Most Burned Out?

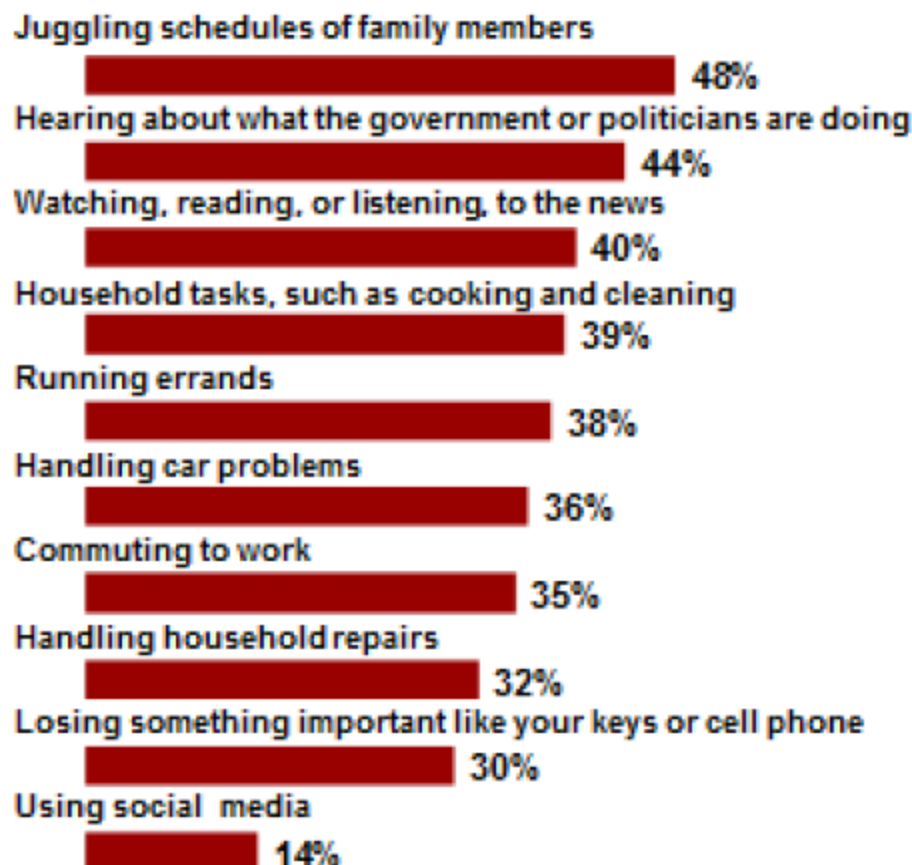


What Are the Causes of Burnout?



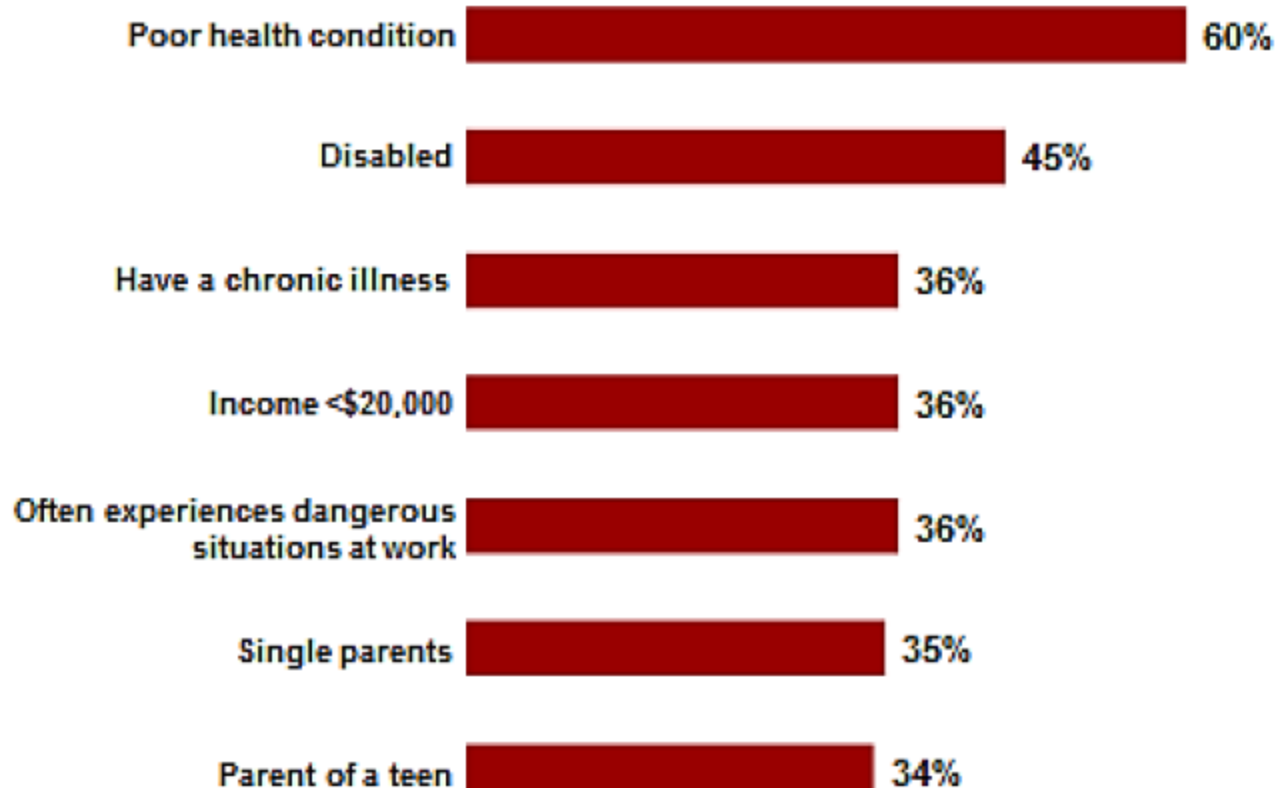
Top 10 Daily Events that Contribute to Stress in the Past Month Among Those Experiencing 'A Great Deal of Stress'

% experiencing 'a great deal of stress in the past month' saying 'yes' contributed to stress...



Groups Experiencing High Stress Levels in the Past Month

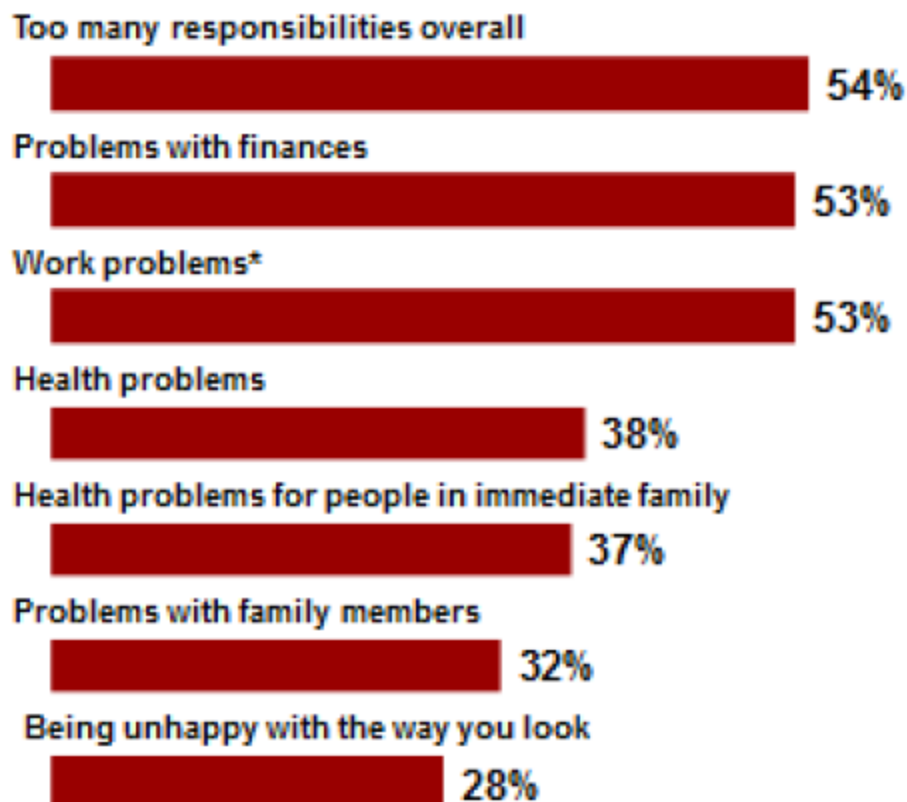
% saying they experienced 'a great deal of stress' in the past month...



Showing groups with more than a third (33%) of respondents reporting 'a great deal of stress' in the past month.

Most Common Experiences That Contributed to Stress Among People with 'A Great Deal of Stress'

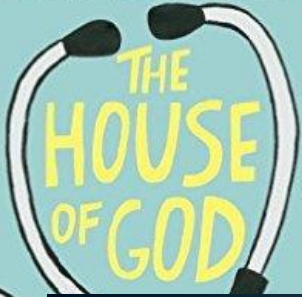
% experiencing 'a great deal of stress in the past month' saying experienced each and 'yes' contributed to stress...



*Asked only of employed, n=308

Who is your “spirit doctor”?

MORE THAN 2 MILLION COPIES IN PRINT



The Classic Novel of
Life and Death in a
American Hospital

"Bawdy, blistering...
this is *caté-zé*
with stethoscopes"
—*Cosmopolitan*

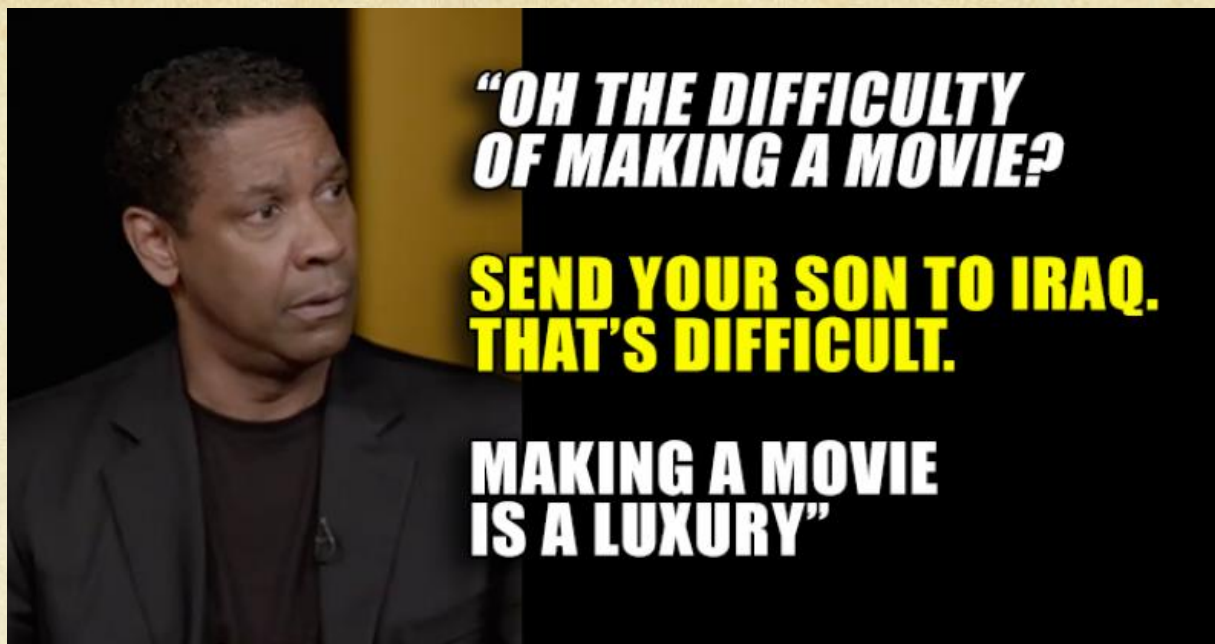


Perception = Reality.

**YOU'RE FOCUSING
ON THE PROBLEM.
IF YOU FOCUS ON
THE PROBLEM,
YOU CAN'T SEE
THE SOLUTION.**

Have some perspective!





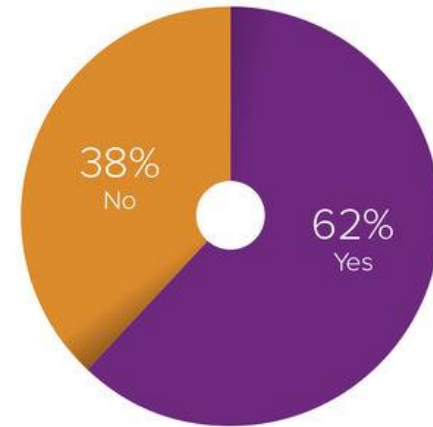
“People say, ‘Oh the difficulty of making a movie.’ I say, ‘Send your son to Iraq. That’s difficult.’ It’s just a movie. It’s like, relax. I don’t play that precious nonsense. Get outta here. Your son got shot in the face? That’s difficult. Making a movie is a luxury. It’s a gift. It’s an opportunity and most importantly it’s a gift. Obviously everybody here is talented enough to do that. *But don’t get it twisted.*”

Median income in the US is \$51,939

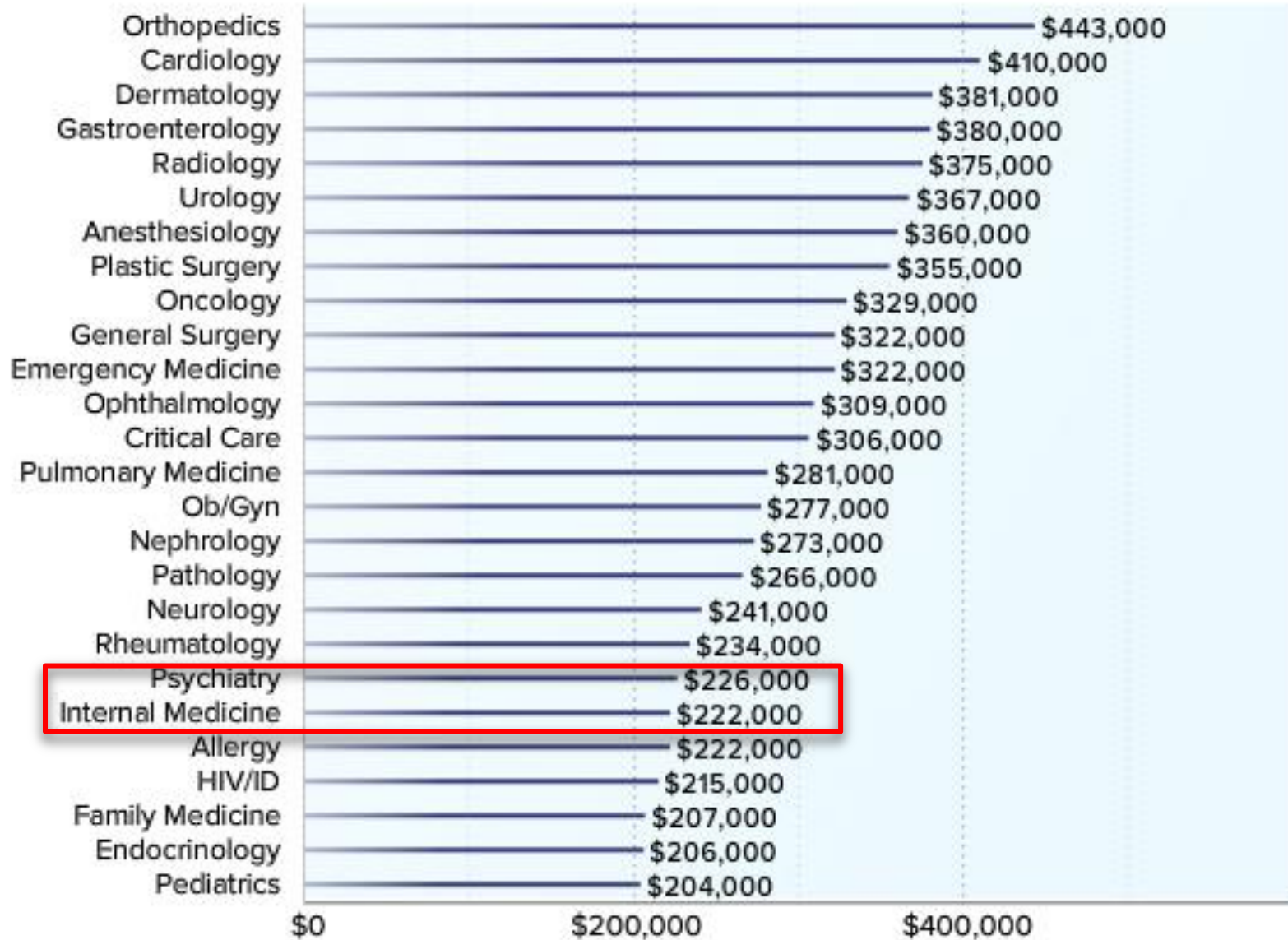
Average Resident Salary

\$55,400

Are You Fairly Compensated?



How Much Do Physicians Earn?



Cash Money!



- RN \$71,000
- PT/OT \$85,000
- PA \$90,000
- NP \$95,000
- CRNA \$157,000

If you make > \$68,000 you are in the top 1% of earners on the PLANET!

Steph Curry



- 4th highest paid player on the Warriors? \$12m/yr.
- Durant gets \$26m/yr.
- "One thing my pops always told me is you never count another man's money. It's what you've got and how you take care of it. And if I'm complaining about \$44 million over four years, then I've got other issues in my life."

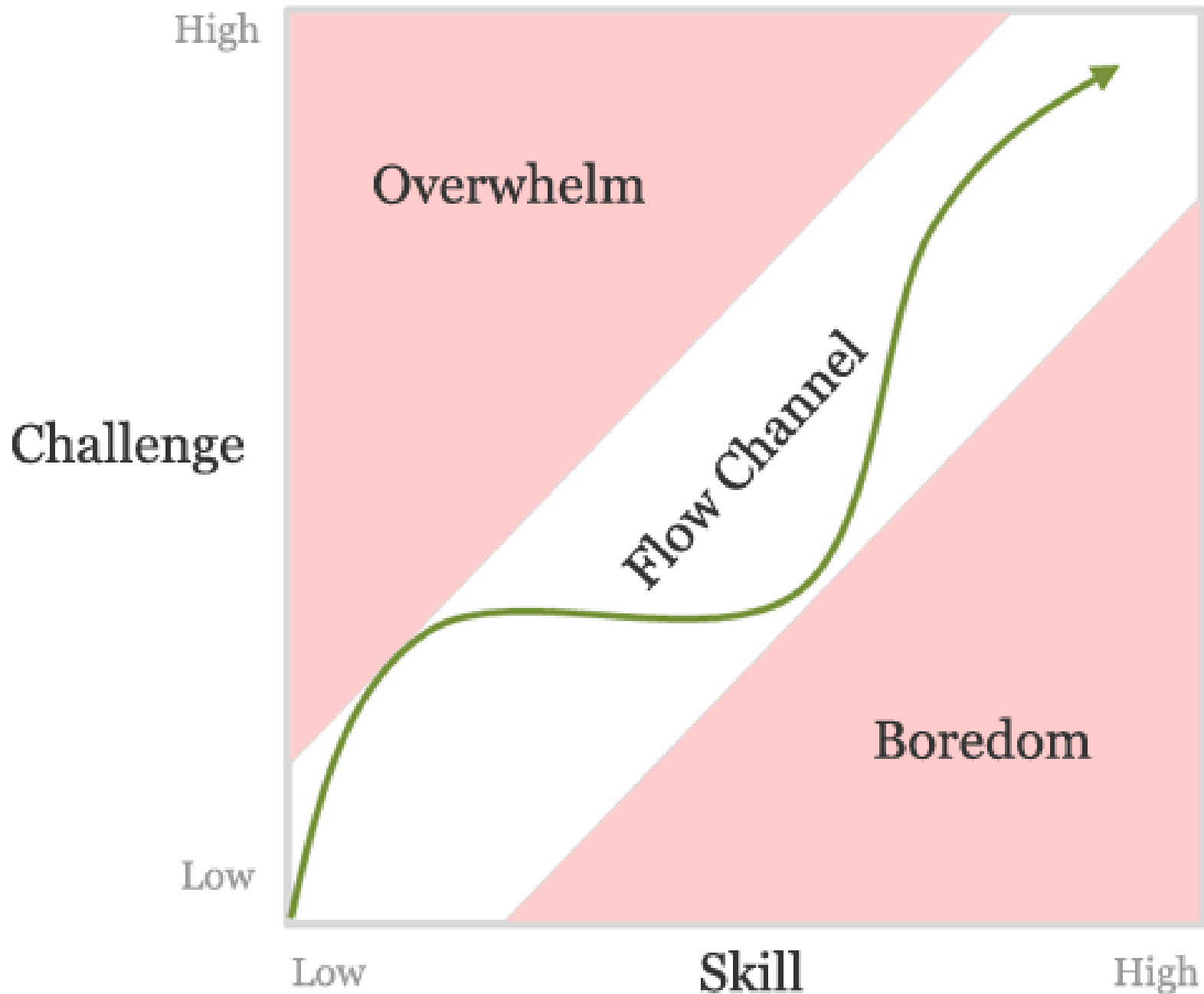
In the ZONE!

- Happiness is...
- NOT the same as pleasure.
- Full engagement/ be present / enjoy the moment.
- Occurs most often at work, rare on vacation.



Flow dynamics

	Work	Leisure
Flow	54%	18%
Apathy	16%	52%



Adapted from Csikszentmihalyi, *Flow: The Psychology Of Optimal Experience*.

“Blessings and burdens are not mutually exclusive.”

Ryan Holiday, *The Obstacle Is the Way*



[L] Geena Davis as Dottie Hinson [R] Tom Hanks as Jimmy Dugan in "A League of Their Own" (1992)

"Of course it's hard. It's supposed to be hard. If it were easy, everyone would do it. Hard is what makes it great"

~ Jimmy Dugan

"A League of Their Own" (1992)

Be IN the moment



Rushing

Doctors

- “I like to be busy”
- “I want to be more productive and not waste time”
- Multi-tasking...

They want to have a fabulous listener, they want sweet tenderness and no sense that you are in a hurry..

QUOTEHD.COM

Patch Adams

Patients

- = “I don’t care”
- Trying to make more \$.
- Chasing RVU’s.

L.S.S.

Luke Skywalker Syndrome



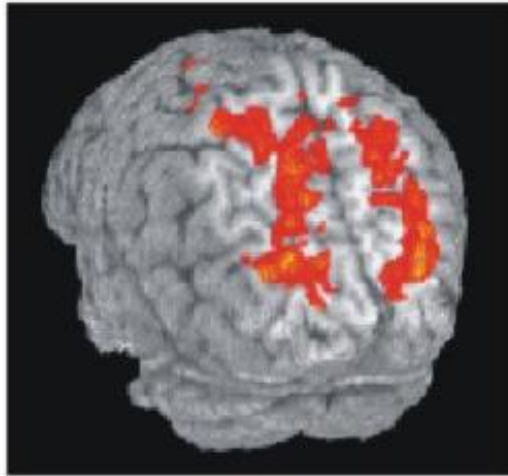
A Jedi must have the deepest commitment, the most serious mind. This one, a long time have I watched. *All his life has he looked away to the future, the horizon. Never his mind on where he was!*

Hmm? *What he was doing.* Adventure. Heh! Excitement. A Jedi craves not these things.

Yoda

Multi-tasking...or why “hands free” laws don’t work...

Driving Alone



Driving with Sentence Listening

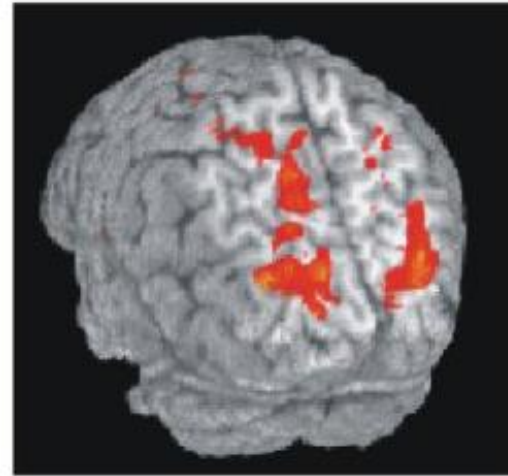


Figure 2. The brain activity associated with driving decreases by 37% when the driver is also listening to someone speak.

Now is that gratitude???

Spirituality in Clinical Practice
2015, Vol. 2, No. 1, 5–17

© 2015 American Psychological Association
2326-4500/15/\$12.00 <http://dx.doi.org/10.1037/scp0000050>

The Role of Gratitude in Spiritual Well-Being in Asymptomatic Heart Failure Patients

Paul J. Mills, Laura Redwine, Kathleen Wilson, Meredith A. Pung, Kelly Chinh,
Barry H. Greenberg, Ottar Lunde, Alan Maisel, and Ajit Raisinghani
University of California, San Diego

Alex Wood
University of Stirling

Deepak Chopra
University of California, San Diego, and
Chopra Center for Wellbeing, Carlsbad, California

Gratitude improved, sleep, mood, self-sufficiency,
and inflammatory biomarkers.

A photograph of a person walking away on a path through a forest with vibrant autumn foliage. The scene is bathed in warm, golden light, with sunlight filtering through the trees. The path is covered in fallen leaves, and the trees have a mix of yellow, orange, and brown leaves. The overall mood is peaceful and contemplative.

**THE STRUGGLE
ENDS WHEN
GRATITUDE
BEGINS!**

NEALE DONALD WALSH

**VALUES
.COM**

Think positive!

TABLE 2 Optimism and Pessimism as Predictors of Clinical Outcomes

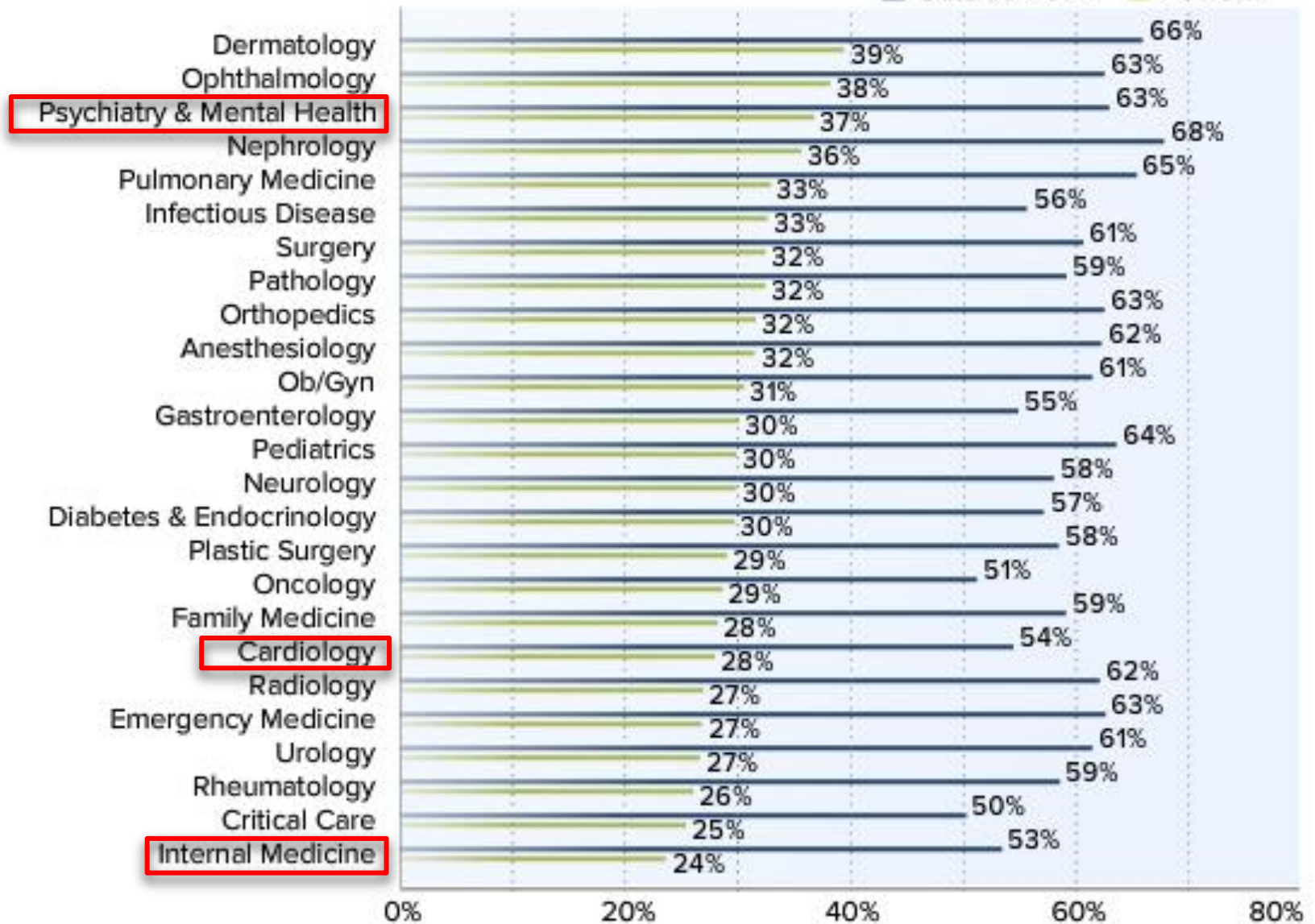
First Author (Ref. #)	Year	n	Follow-Up (yrs)	Endpoints	Adjusted RR (95% CI)*
Pessimism as a risk factor					
Brummet et al. (13)	2006	6,958	40.0	ACM	1.42 (1.13-1.77)
Grossbart et al. (14)	2009	7,216	32.0	ACM	1.32 (1.13-1.77)
Optimism as a buffer					
Kubzansky et al. (15)	2004	1,306	10.0	MI/CV death	0.44 (0.26-0.74)
Giltay et al. (16)	2004	941	9.1	CV death	0.27 (0.12-0.57)
Giltay et al. (17)	2006	554	15.0	CV death	0.45 (0.29-0.68)
Tindle et al. (18)	2009	97,253	8.0	CV death	0.76 (0.64-0.90)
Nabi et al. (19)	2010	23,216	7.0	Stroke	0.52 (0.29-0.93)
Kim et al. (20)	2011	6,044	2.0	Stroke	0.90 (0.84-0.97)†

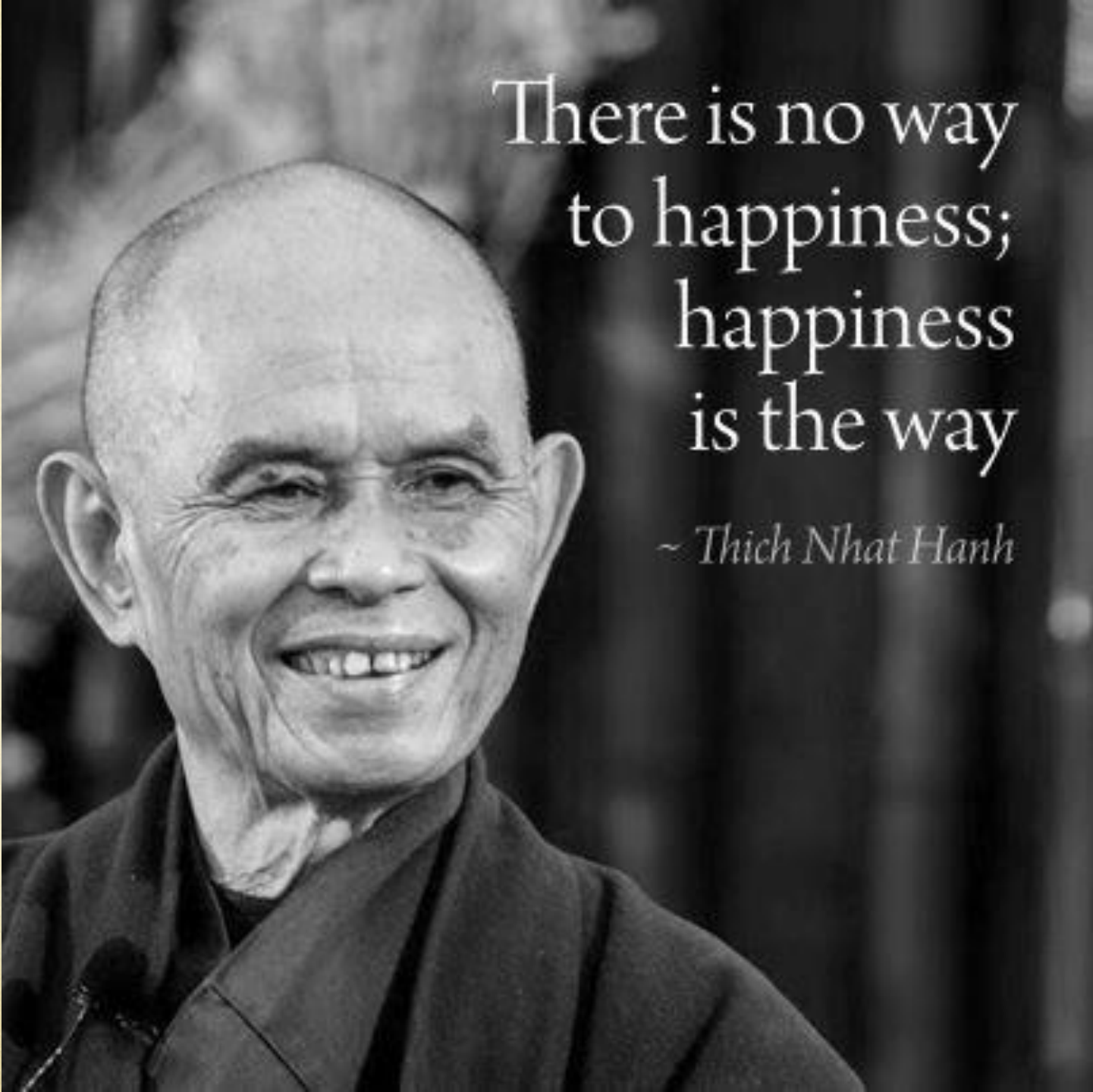
*Risk ratios are primarily for first versus third tercile or fourth quartile. †For each unit increase in optimism.

ACM = all-cause mortality; CI = confidence interval; CV = cardiovascular; RR = risk ratio; MI = myocardial infarction.

Which Physicians Are the Happiest?

■ Outside work ■ At work



A black and white portrait of Thich Nhat Hanh, a Buddhist monk, smiling warmly. He has a shaved head and is wearing a dark, traditional Buddhist robe. The background is dark and out of focus. The image is framed by a light-colored border on the left and right sides.

There is no way
to happiness;
happiness
is the way

~ Thich Nhat Hanh



Outbursts of anger as a trigger of acute cardiovascular events: a systematic review and meta-analysis[†]

Elizabeth Mostofsky^{1,2}, Elizabeth Anne Penner³, and Murray A. Mittleman^{1,2*}

¹Cardiovascular Epidemiology Research Unit, Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, 375 Longwood Avenue, Room 423, Boston, MA 02215, USA; ²Department of Epidemiology, Harvard School of Public Health, Boston, MA, USA; and ³Department of Internal Medicine, New York-Presbyterian Hospital/Weill Cornell Medical Center, New York, NY, USA

Received 9 July 2013; revised 8 January 2014; accepted 20 January 2014

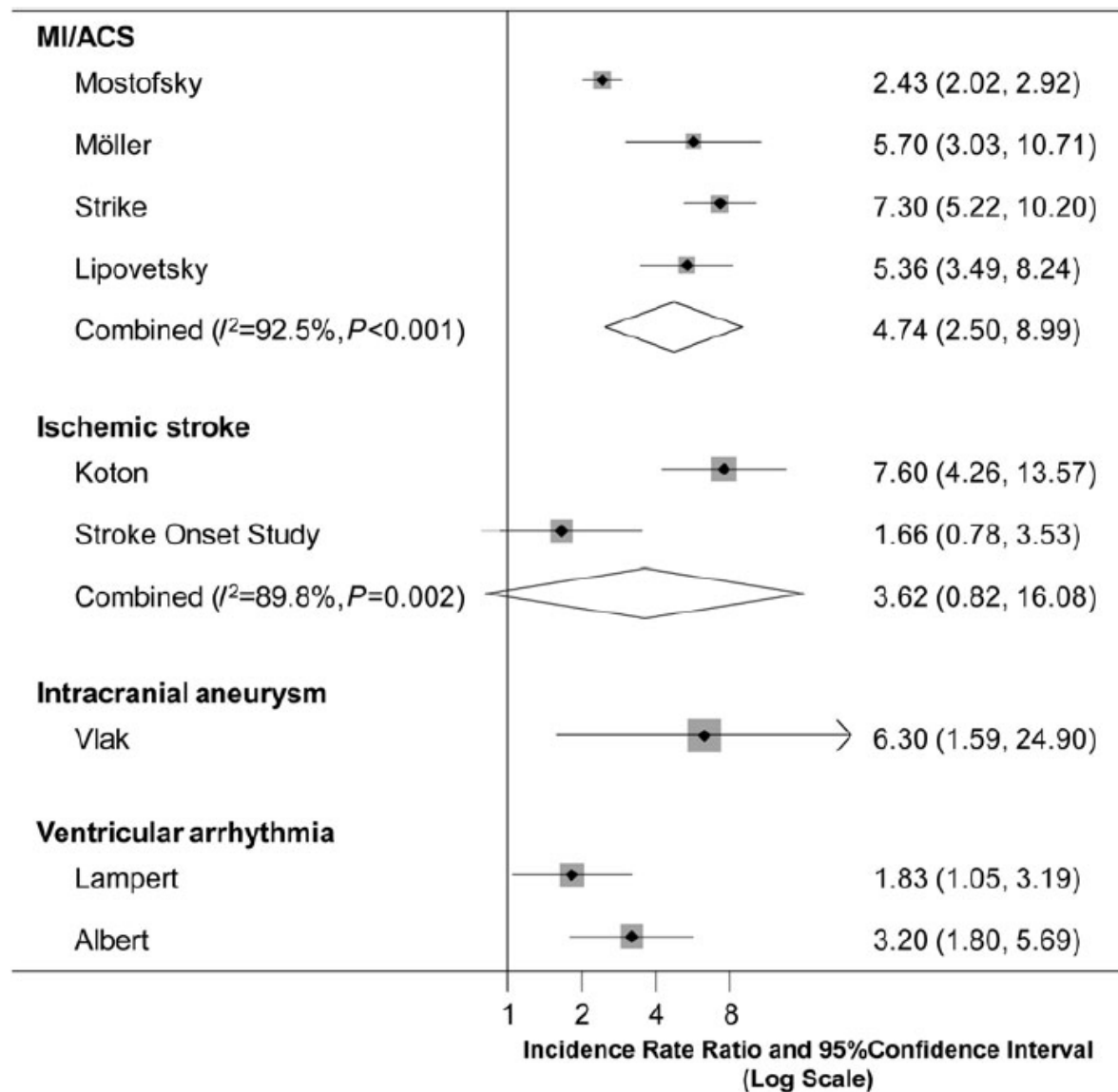
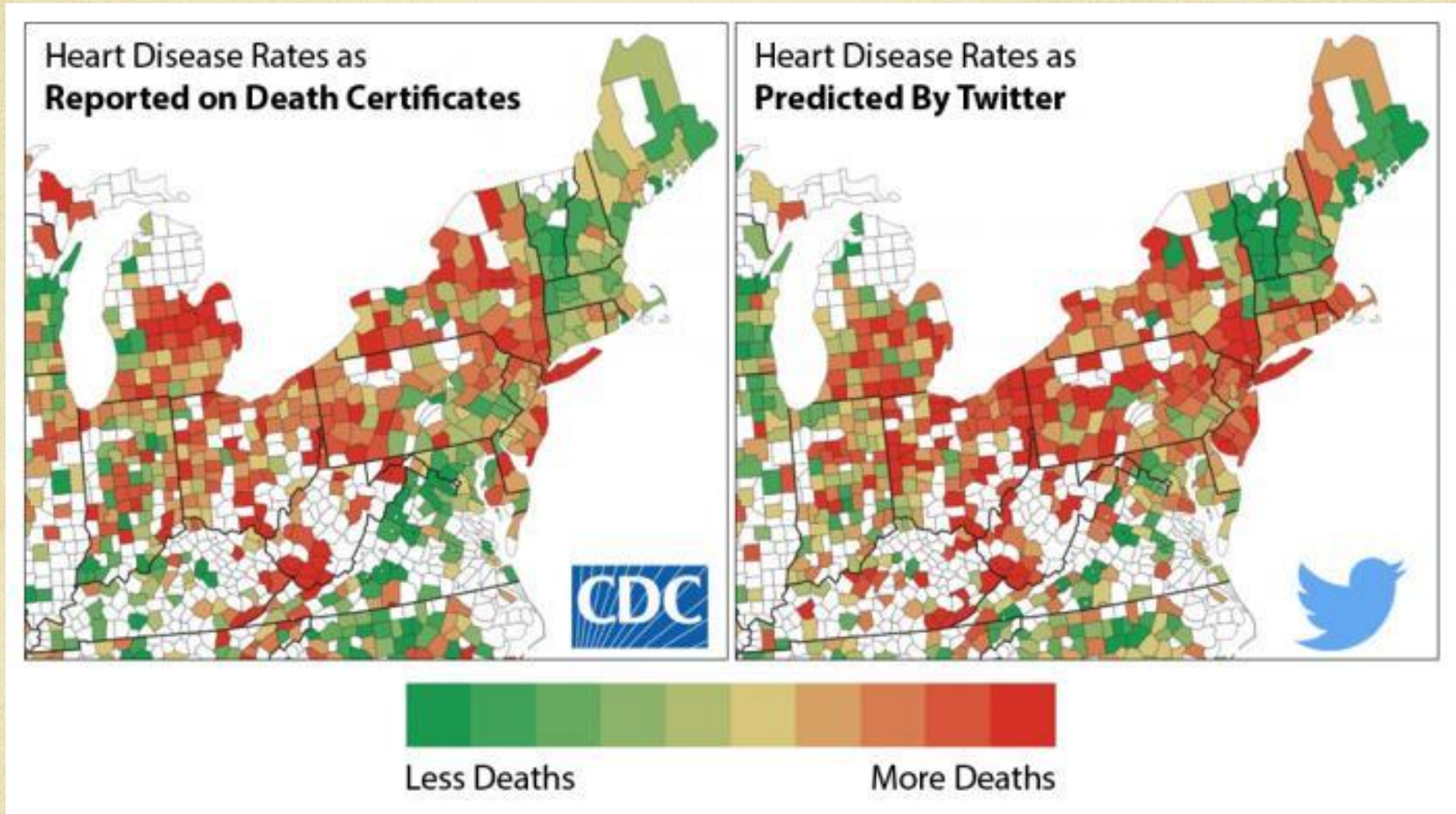


Figure 2 Meta-analysis of the nine studies examining the short-term risk of cardiovascular events in the 2 h* following outbursts of anger. The solid vertical line indicates no association; the diamonds indicate the combined estimates. * = One study (Lipovetzky) reported separate estimates for each hour prior to MI onset. We meta-analyzed these two estimates and included this pooled estimate in our meta-analysis of MI/ACS.

Don't be a troll...

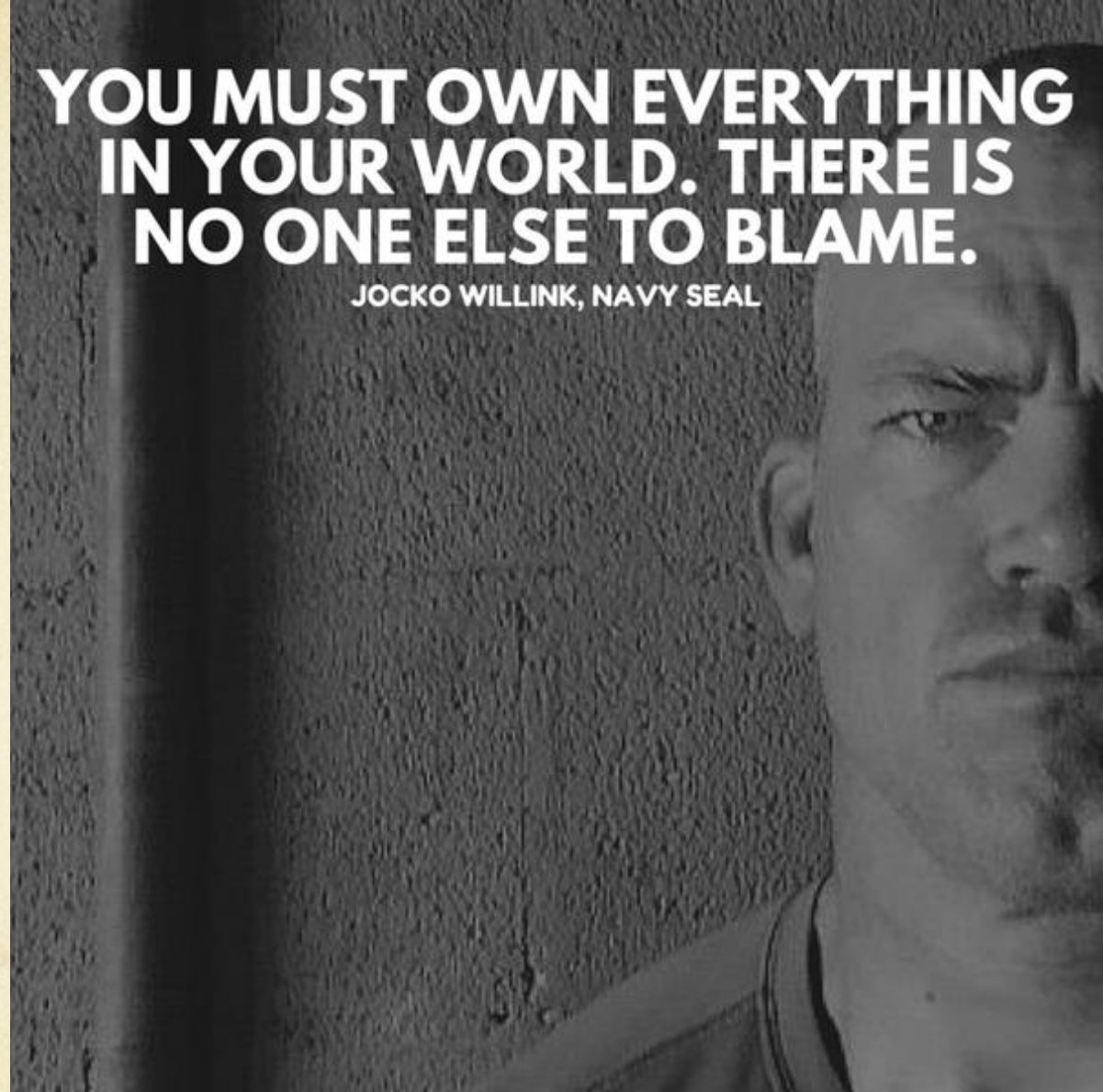


Eichstaedt J, Schwartz H, Kern M, Park G, Labarthe D, Merchant R. "Psychological Language on Twitter Predicts County-Level Heart Disease Mortality." *Psychological Science*, 2015.

B.N.S.

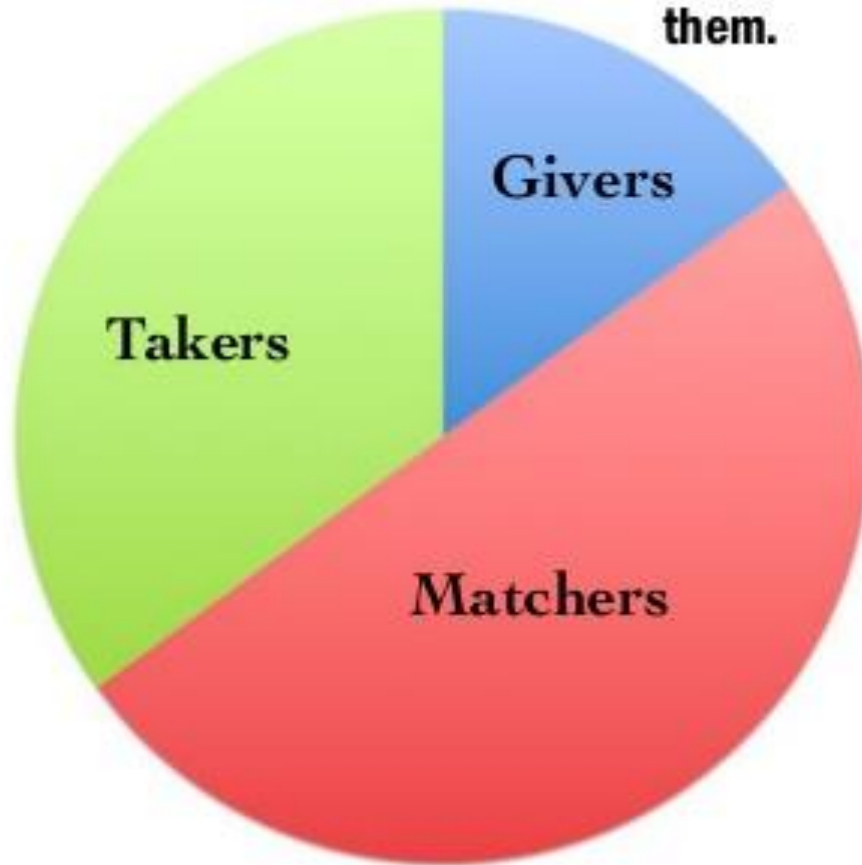
**YOU MUST OWN EVERYTHING
IN YOUR WORLD. THERE IS
NO ONE ELSE TO BLAME.**

JOCKO WILLINK, NAVY SEAL



Battered Nurse Syndrome.

Givers pay the most attention to what others need from them.



Takers put their own interests above the needs of others.

Matchers protect themselves by seeking reciprocity. Many would like to be givers but feel too vulnerable.



“It is not enough to win, but someone must fail.”

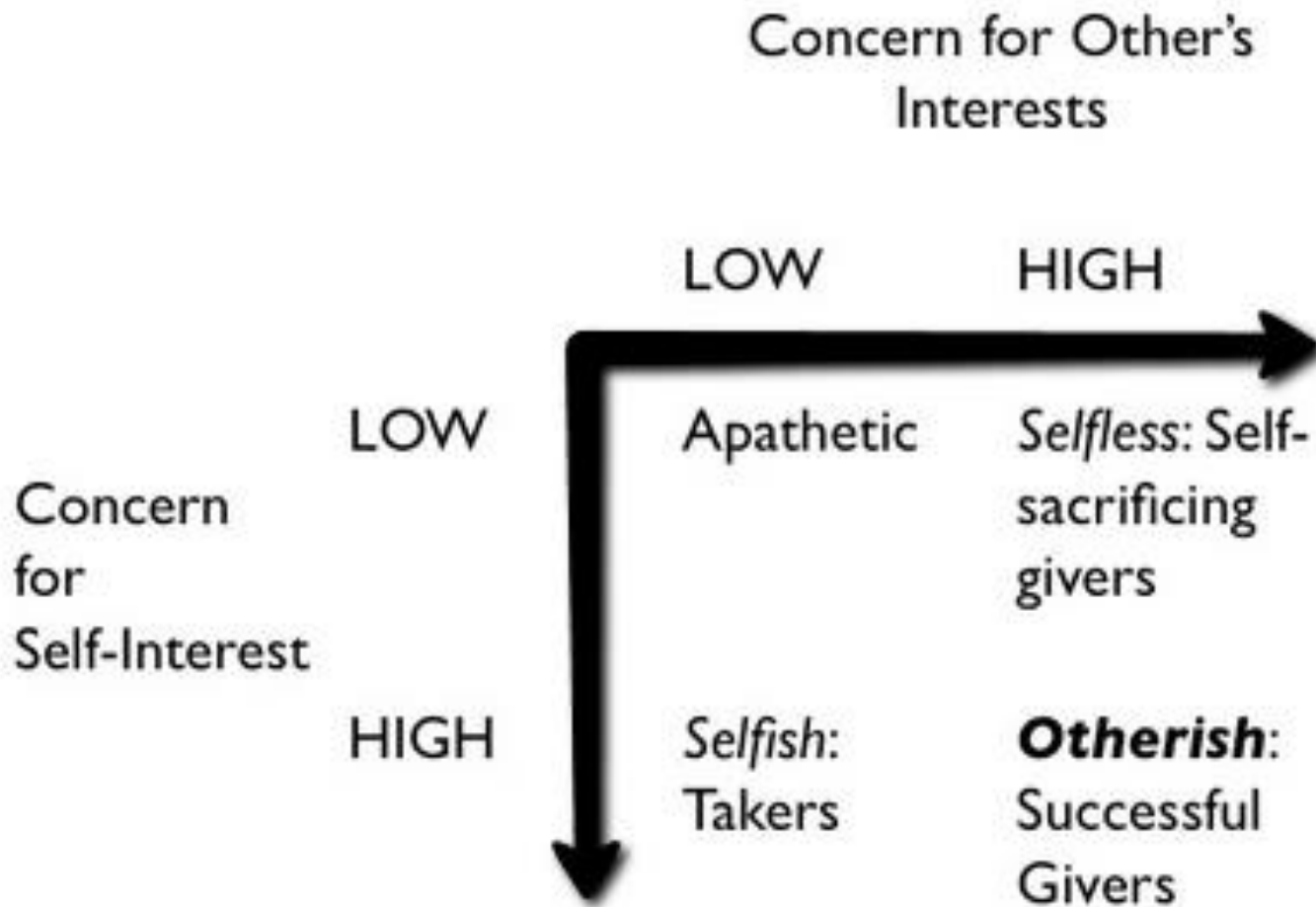


Win-Win scenario.

It is better to give, or is it...



Where are you?



WHO are you?



De-stress

Actually LITERALLY burned out.





NIH Public Access

Author Manuscript

Health Psychol. Author manuscript; available in PMC 2013 September 01.

Published in final edited form as:

Health Psychol. 2012 September ; 31(5): 677–684. doi:10.1037/a0026743.

Does the Perception that Stress Affects Health Matter? The Association with Health and Mortality

Abiola Keller, Kristin Litzelman, Lauren E. Wisk, Torsheika Maddox, Erika Rose Cheng, Paul D. Creswell, and Whitney P. Witt

University of Wisconsin - Madison

Table 1**Frequency of Stress, Perceived Health Impact, and Stress Reduction among U.S. Adults, 1998 NHIS**

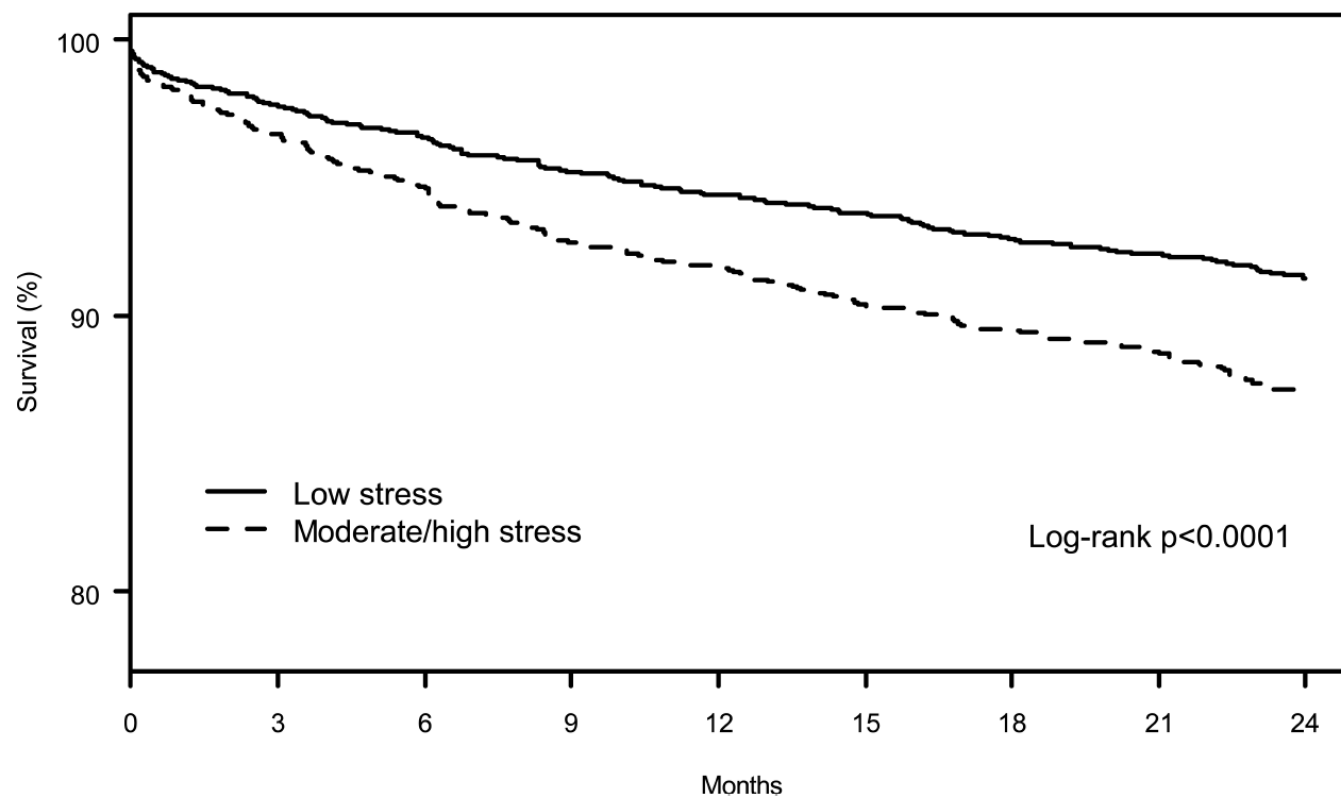
	TOTAL: Weighted N [in thousands] (unweighted N) %
	185,983 (28,753) 100%
Frequency of Stress	
Amount of stress experienced by U.S. adults in the last 12 months	
A lot	37,628 (6,026) 20.2%
Moderate	65,627 (9,663) 35.3%
Relatively little	44,642 (6,871) 24.0%
Almost none	38,087 (6,193) 20.5%
Perceived Health Impact	
How much did stress affect your health?	
A lot	14,500 (2,468) 7.8%
Some	48,176 (7,522) 25.9%
Hardly any, or none	123,306 (18,763) 66.3%
Stress Reduction	
(During the past 12 months), have you taken any steps to control or reduce stress in your life?	
Yes	61,193 (9,489) 32.9%
No	124,790 (19,264) 67.1%

	<u>All-Cause Mortality</u>		
	<u>HR</u>	<u>95% CI</u>	
Almost no stress in last 12 months			
Hardly any, or No perception that stress affects health	1.00	reference	
Some perception that stress affects health	0.96	0.6	1.5
Perception that stress affects health a lot	1.04	0.3	3.7
Little stress in last 12 months			
Hardly any, or No perception that stress affects health	1.00	0.9	1.1
Some perception that stress affects health	0.90	0.7	1.1
Perception that stress affects health a lot	1.10	0.3	3.5
Moderate stress in last 12 months			
Hardly any, or No perception that stress affects health	1.00	0.9	1.1
Some perception that stress affects health	1.15	1.0	1.3
Perception that stress affects health a lot	0.85	0.6	1.2
A lot of stress in last 12 months			
Hardly any, or No perception that stress affects health	0.83	0.6	1.1
Some perception that stress affects health	0.91	0.7	1.1
Perception that stress affects health a lot	1.43	1.2	1.7

Perceived Stress in Myocardial Infarction: Long-Term Mortality and Health Status Outcomes

Suzanne V. Arnold, MD MHA*, Kim G. Smolderen, PhD*, Donna M. Buchanan, PhD*, Yan Li, PhD*, and John A. Spertus, MD MPH*

*Saint Luke's Mid America Heart Institute, Kansas City, Missouri, USA

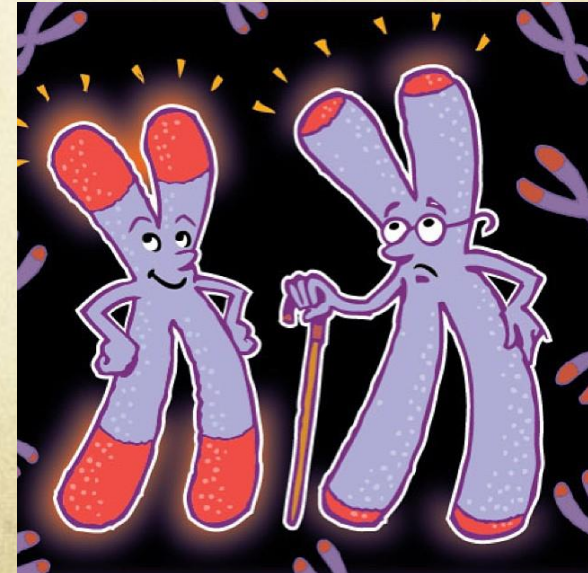


Accelerated telomere shortening in response to life stress

Elissa S. Epel^{*†}, Elizabeth H. Blackburn[‡], Jue Lin[‡], Firdaus S. Dhabhar[§], Nancy E. Adler^{*}, Jason D. Morrow[¶], and Richard M. Cawthon^{||}

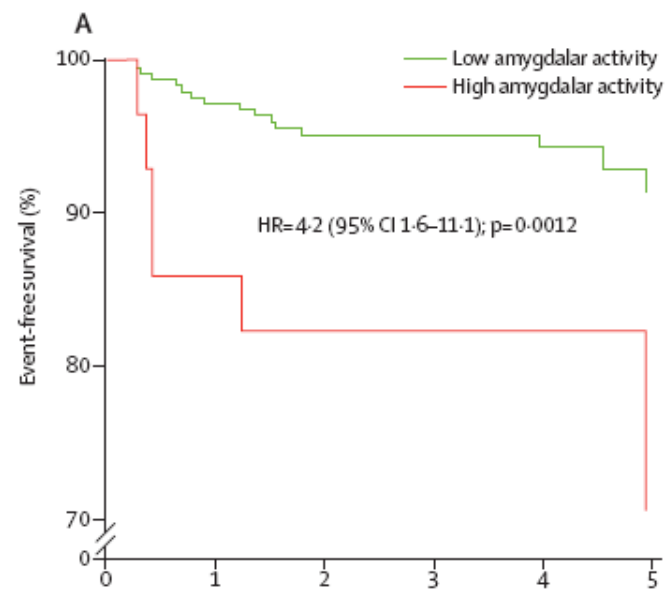
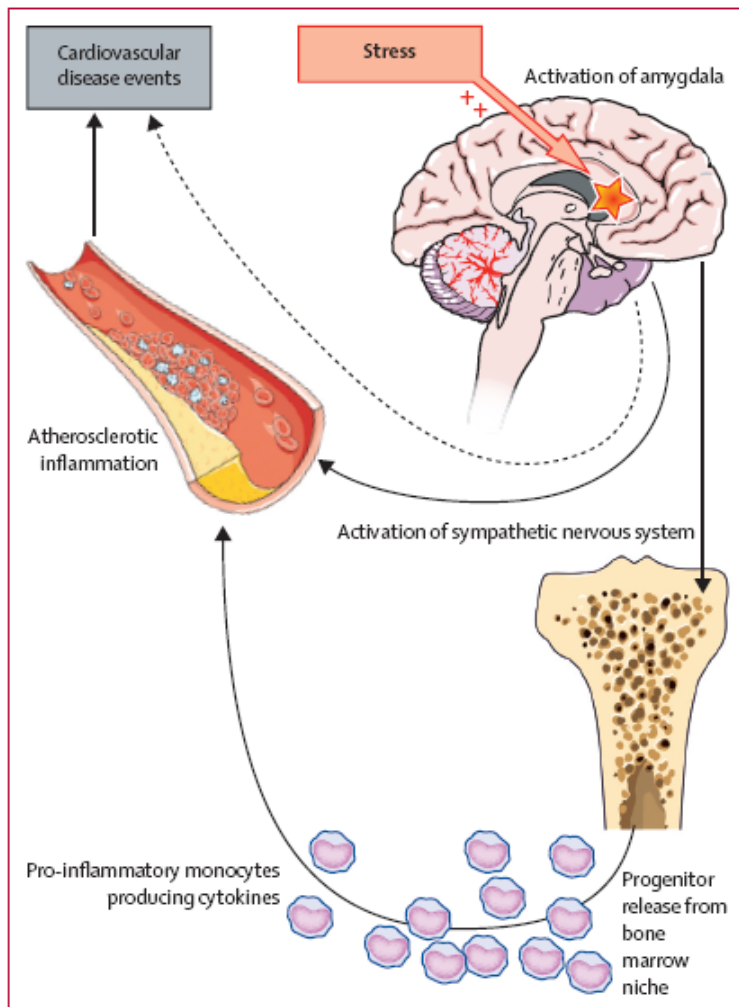
^{*}Department of Psychiatry, University of California, 3333 California Street, Suite 465, San Francisco, CA 94143; [‡]Department of Biochemistry and Biophysics, University of California, San Francisco, CA 94143; [§]Department of Oral Biology, College of Dentistry, and Department of Molecular Virology, Immunology, and Medical Genetics, College of Medicine, Ohio State University, Columbus, OH 43210; [¶]Department of Medicine and Pharmacology, Vanderbilt University School of Medicine, Nashville, TN 37232; and ^{||}Department of Human Genetics, University of Utah, 15 North 2030 E Street, Room 2100, Salt Lake City, UT 84112

Contributed by Elizabeth H. Blackburn, September 28, 2004



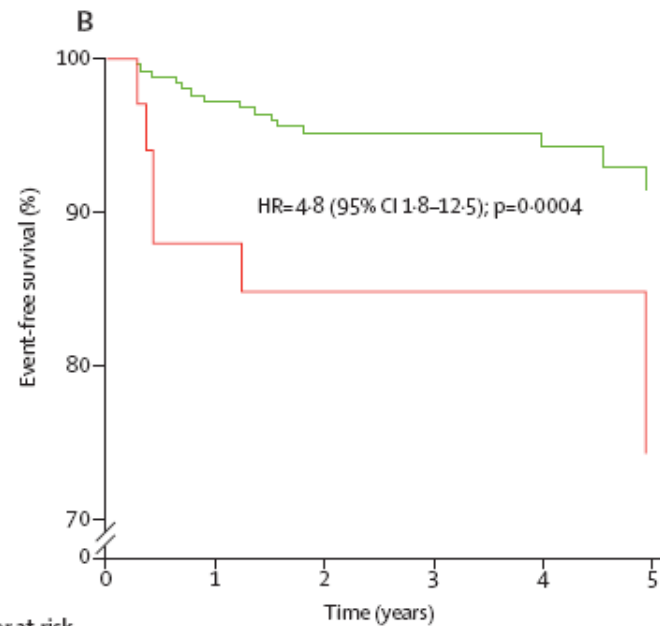
Relation between res cardiovascular events

Ahmed Tawakol*, Amorina Ishai*, Richard AP Tak
Chloe JE Solomon, Claudia Calcagno, Venkatesh M
Matthias Nahrendorf, Lisa M Shin, Zahi A Fayad†,



Number at risk

Low activity	263	246	224	183	102	64
High activity	29	24	23	18	13	6



Number at risk

Low activity	258	249	220	179	104	64
High activity	34	29	26	22	12	6

id
t study

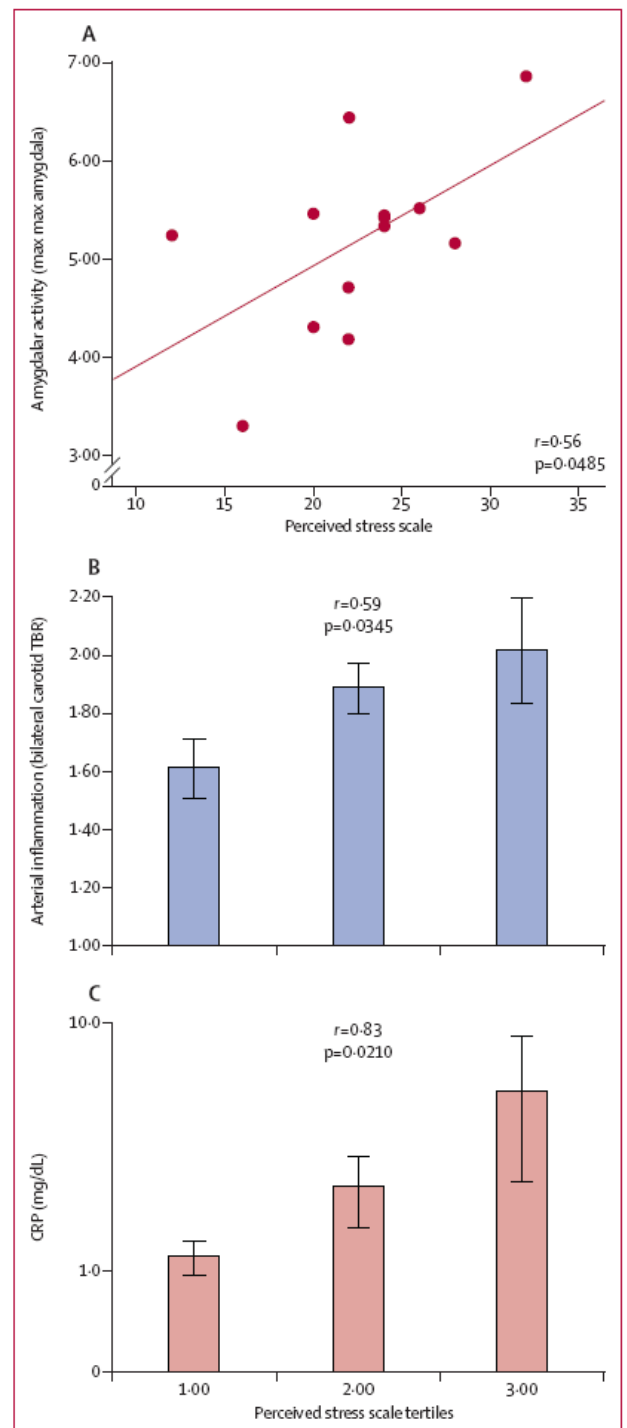
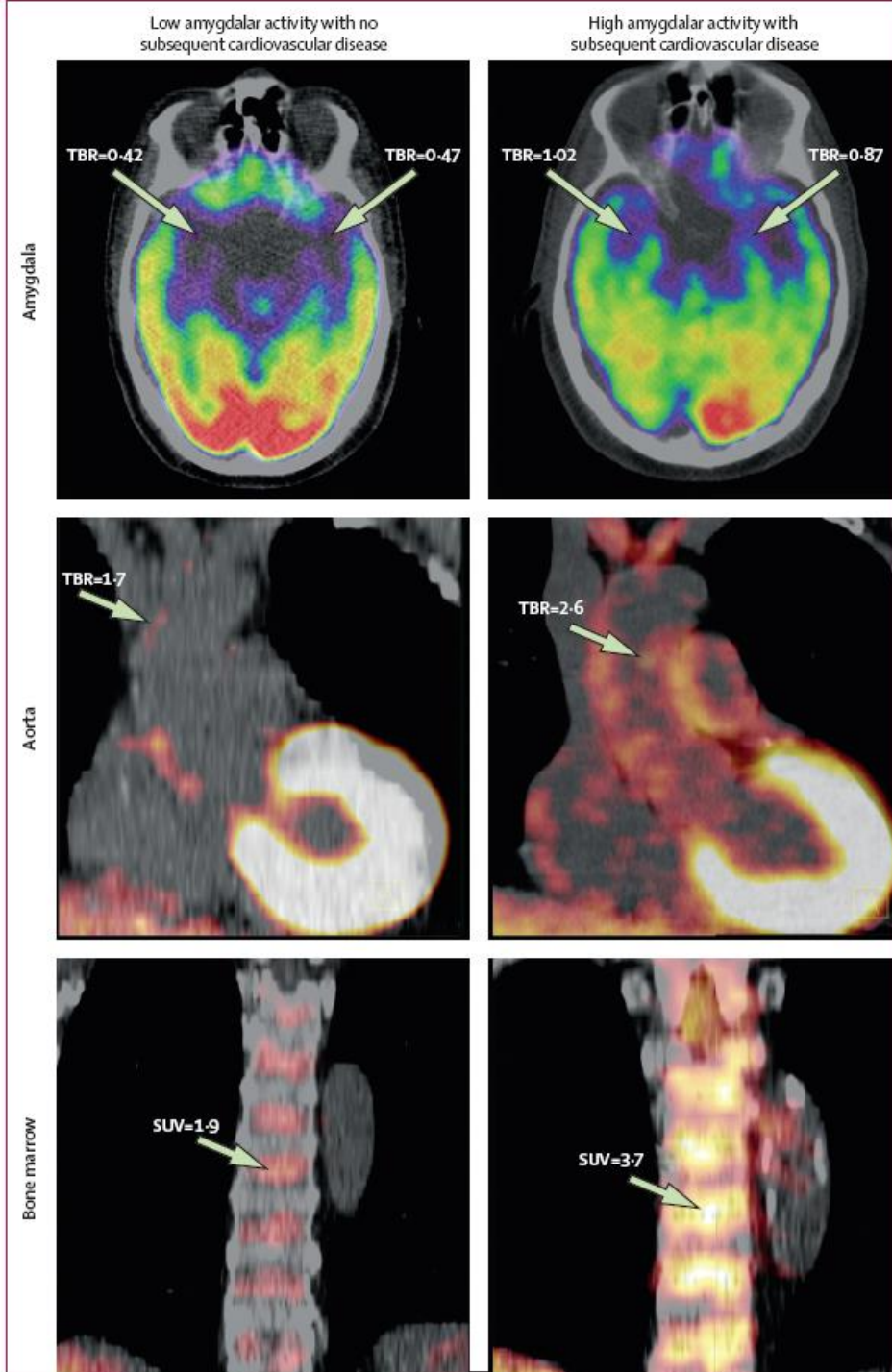
A Truong,
Hoffmann,

Published Online

January 11, 2017

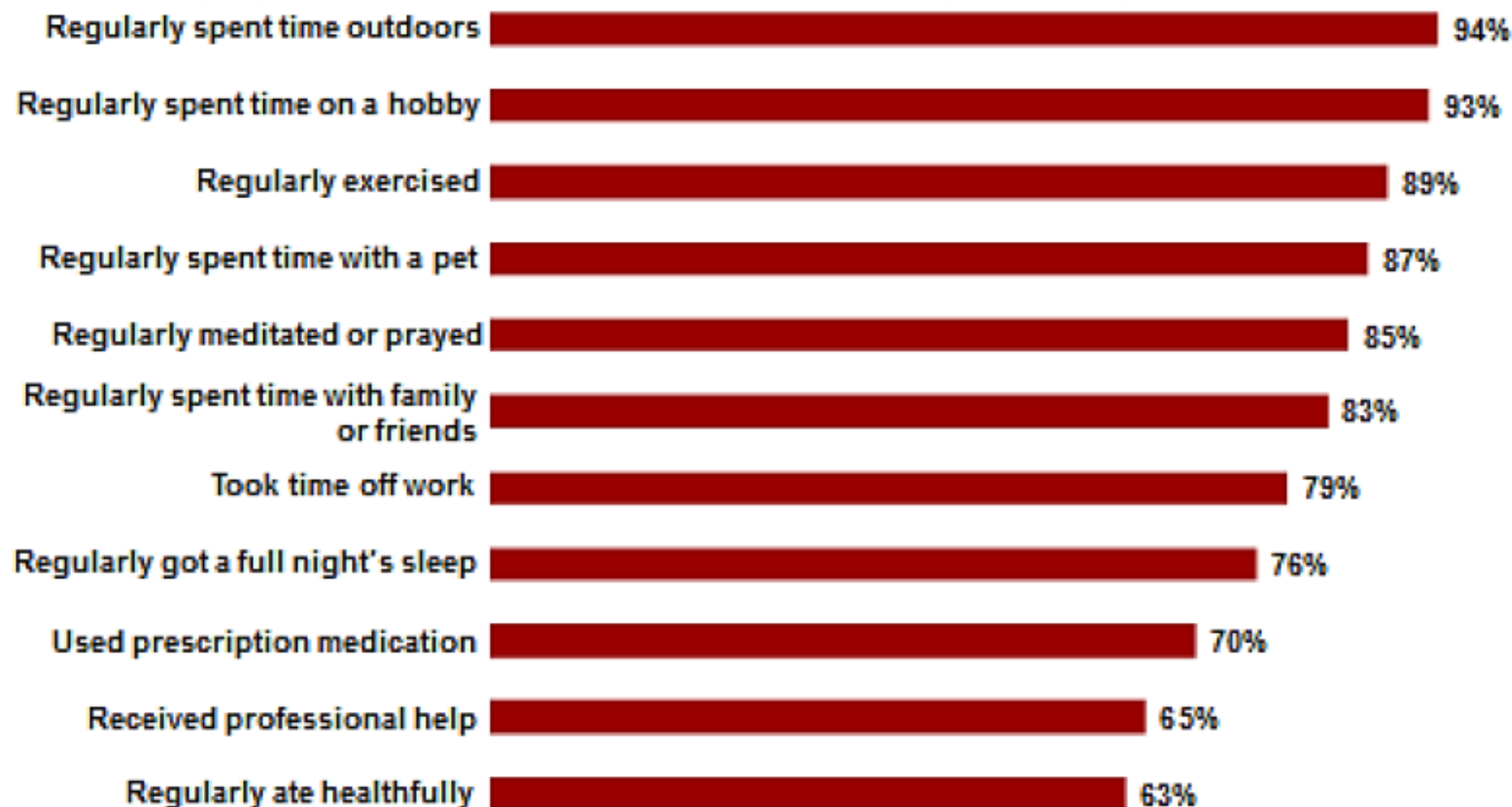
<http://dx.doi.org/10.1016/>

S0140-6736(16)31714-7



Effectiveness of Activities To Reduce Stress Levels Among Those Experiencing 'A Great Deal of Stress' in the Past Month

% experiencing 'a great deal of stress' in the past month and reported doing activity saying 'yes' activity was effective...



Information not available due to small sample size for the following: paid a person/service to handle household tasks, and followed a formal self-help program.

**I RUN BECAUSE
PUNCHING
PEOPLE IS
FROWNED UPON**

DOC VADER



ON PATIENT SATISFACTION

What is one of the BIGGEST factors in both patient and doctor dissatisfaction?



A 4 lettered word...

What is the real problem with EMR?

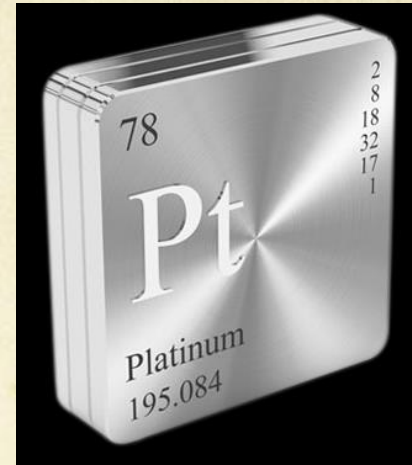
- “The single biggest problem in communication is the *illusion* that it has taken place.”
- George Bernard Shaw



The Rule(s)



Treat others as YOU
want to be treated.

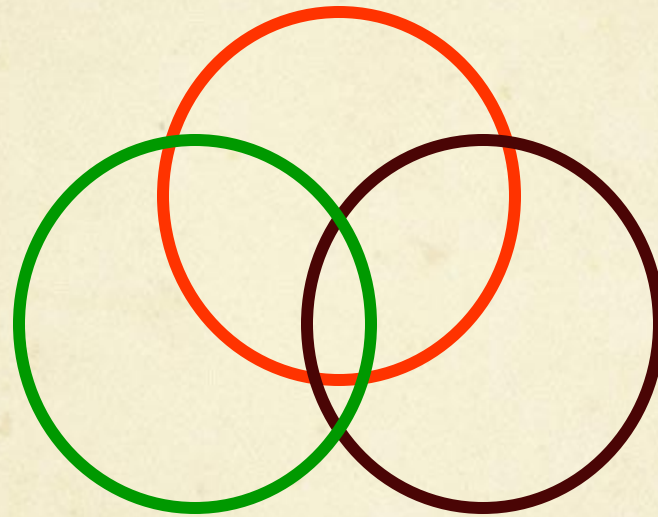


Treat others as THEY
want to be treated.

The Goal of Evidence-Based Medicine

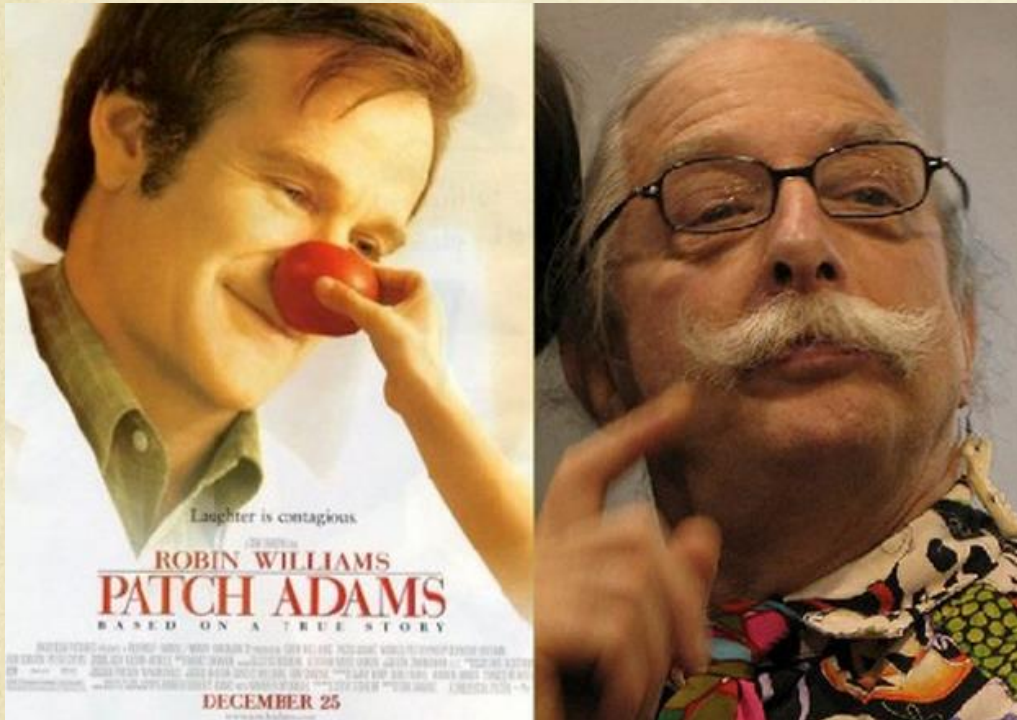
Clinical Expertise

Research
Evidence



Patient
Preference

Are we connecting with our patients?



- Hunter Patch Adams: Last night with Rudy, I connected to another human being. I want more of that. I want to learn about people, help them with their troubles.
- Dr. Prack: That's what I do.
- Hunter Patch Adams: But you suck at it.

Getting sued

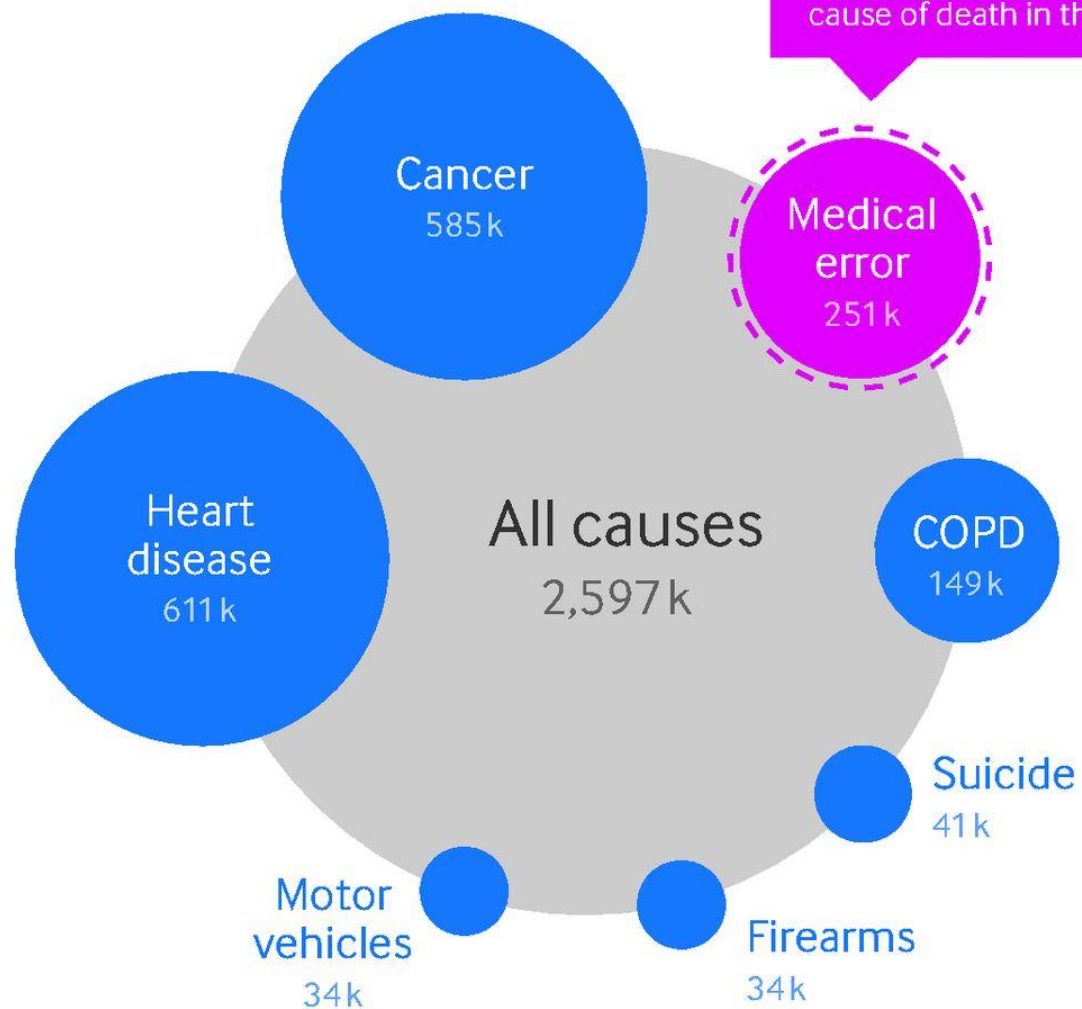
**WE LOVE OUR
PATIENTS AND OUR
PATIENTS LOVE US.
YOU DON'T SUE
SOMEONE YOU
LOVE.**

Patch Adams

QUOTEHD.COM

- Interesting stats...
- % of lawsuits where the doctor was found guilty?
- 3%
- *Least* sued specialty?
- Psych!

Causes of death, US, 2013



Based on our estimate, medical error is the 3rd most common cause of death in the US

We are #3

However, we're not even counting this - medical error is not recorded on US death certificates

© 2016 BMJ Publishing group Ltd.

Data source:

http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

Blink...2 hit hypothesis

- #1 “The overwhelming number of people who suffer an injury due to the negligence of a doctor never file a malpractice suit at all. Patients don’t file lawsuits because they’ve been harmed by shoddy medical care. Patients file lawsuits because they’ve been harmed by shoddy medical care – AND something else happens to them.”
- #2 “What comes up again and again in malpractice cases is that patients say they were rushed or ignored or treated poorly.”
- Malcolm Gladwell



Tone of voice...



- Study of surgeons...
- Based on just 10 second clips.
- Higher dominance = OR of 2.74 of getting sued.
- Concern = OR of 0.46.

MD-Patient Communication

Male vs female...

- Spent more time with the patients. How much?
- 18.3 mins vs 15 mins-just 3 minutes!
- Used more 'orienting' comments.
- Active listeners, not active shooters...
- More likely to laugh.



Which may explain the results of this study?

JAMA Internal Medicine | [Original Investigation](#)

Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD;
Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

Time to talk?

- What is the average length of time before a doctor INTERRUPTS and takes over the interview?
- 18 seconds.*
- Who should talk 1st?
- Why?
- “Are you listening or just waiting for your turn to talk?”



*Beckman and Frankel. Ann Intern Med. 1984

Final Report

Hamilton County Public Defender's Office

Customer Satisfaction Pilot Survey Project

Correlations Between Primary Variables

		Overall Satisfaction	Informed of outcomes	Time used Efficiently	Investigated Case
Informed of outcomes	Pearson Correlation	.669			
	Sig. (1-tailed)	.000			
	Sum of Squares and Cross-products	71.795			
	Covariance	.463			
Time used Efficiently	Pearson Correlation	.740	.719		
	Sig. (1-tailed)	.000	.000		
	Sum of Squares and Cross-products	79.949	66.436		
	Covariance	.516	.429		
Investigated Case	Pearson Correlation	.722	.777	.793	
	Sig. (1-tailed)	.000	.000	.000	
	Sum of Squares and Cross-products	75.449	69.436	71.484	
	Covariance	.487	.448	.461	
Client felt Listened to	Pearson Correlation	.769	.708	.824	.795
	Sig. (1-tailed)	.000	.000	.000	.000
	Sum of Squares and Cross-products	82.030	64.579	75.811	70.666
	Covariance	.529	.417	.489	.456



MACHINES
DO NOT
LISTEN.

I DO.

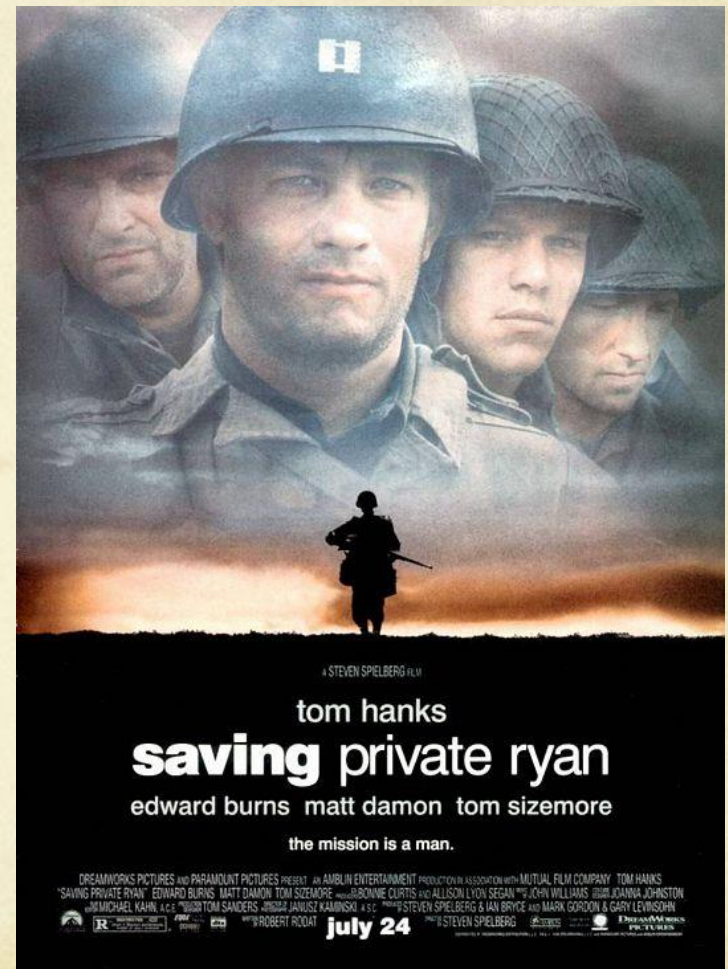
Before you talk to a doctor, choose one trained to listen. Doctors of Osteopathic Medicine practice their distinct philosophy in every medical specialty. A DO is trained to first consider the person within the patient.

DOCTORS ^{OF}
OSTEOPATHIC
MEDICINE



Learn more at DoctorsThatDO.org

Laughter, the best medicine



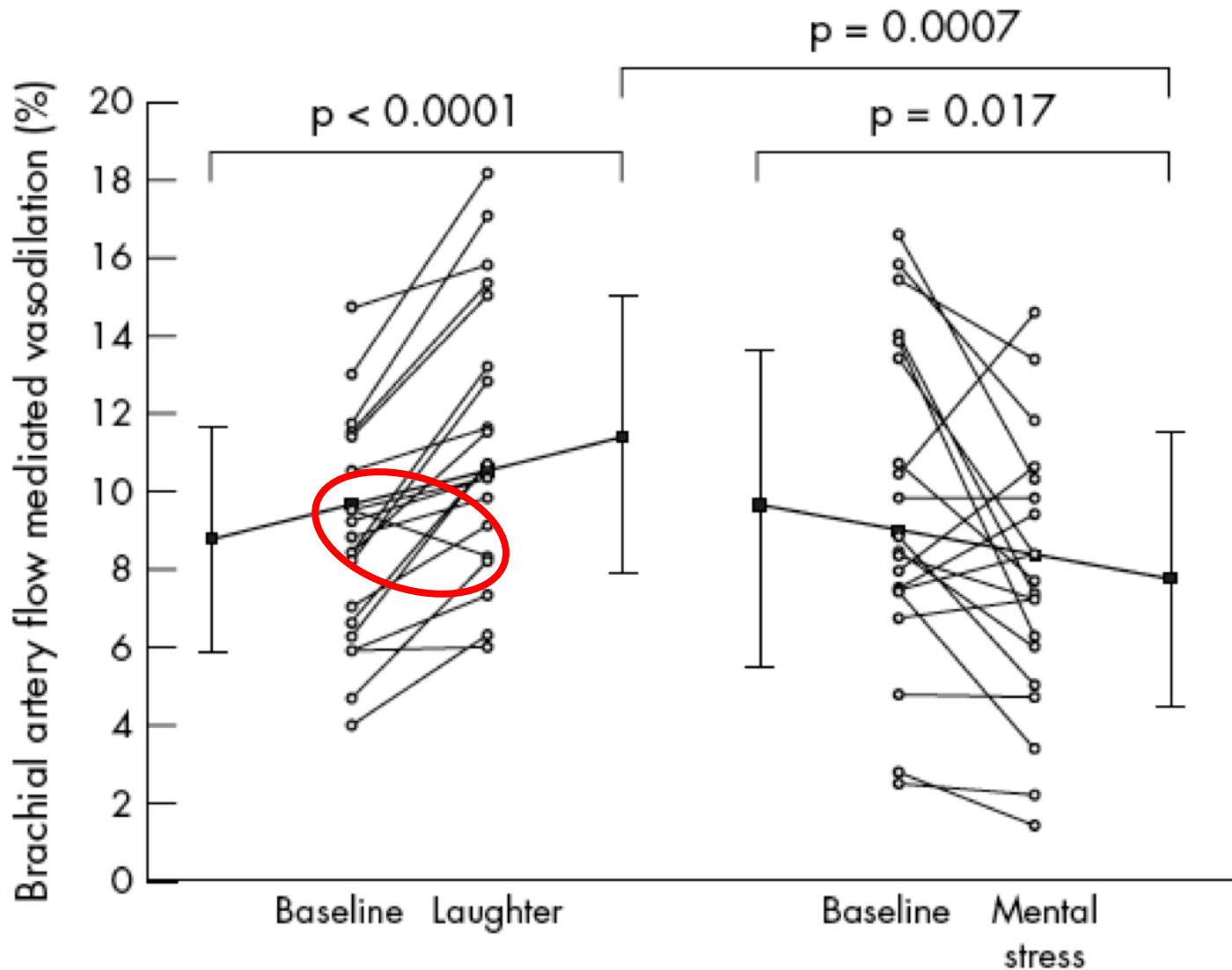


Figure 1 Brachial artery flow mediated vasodilatation at baseline and after a 15–30 minute movie segment causing laughter or mental stress.

How can you communicate MORE?



- “The cave you fear to enter holds the treasure that you seek” Anonymous



- “The cave you fear to enter holds the treasure that you seek” Anonymous

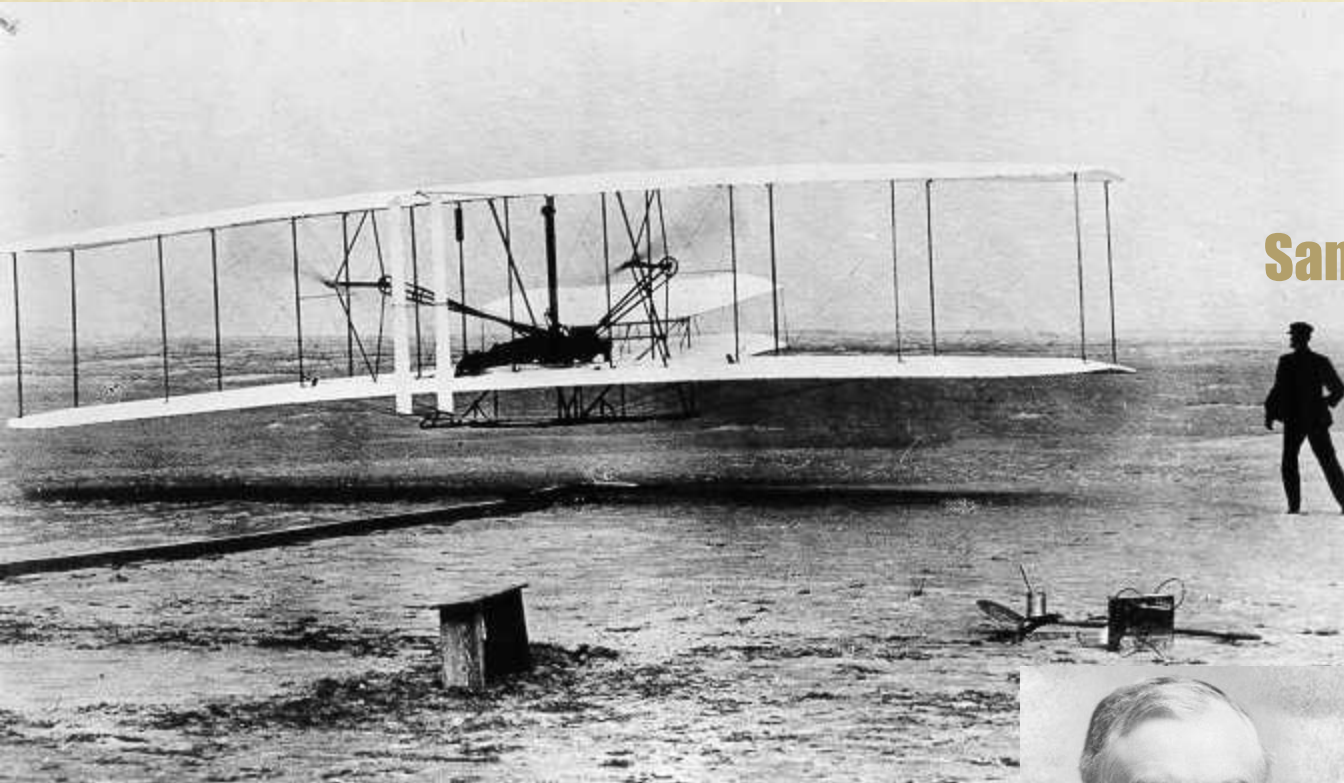




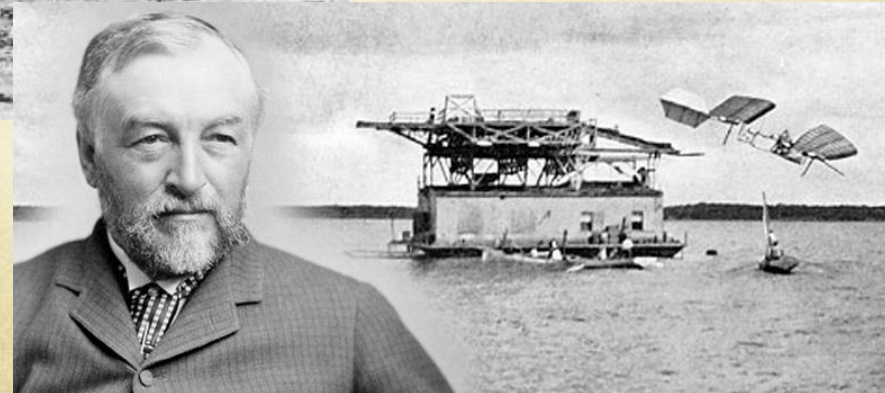
and low sense of the purpose. Adapted with permission from Stone et al. (37).

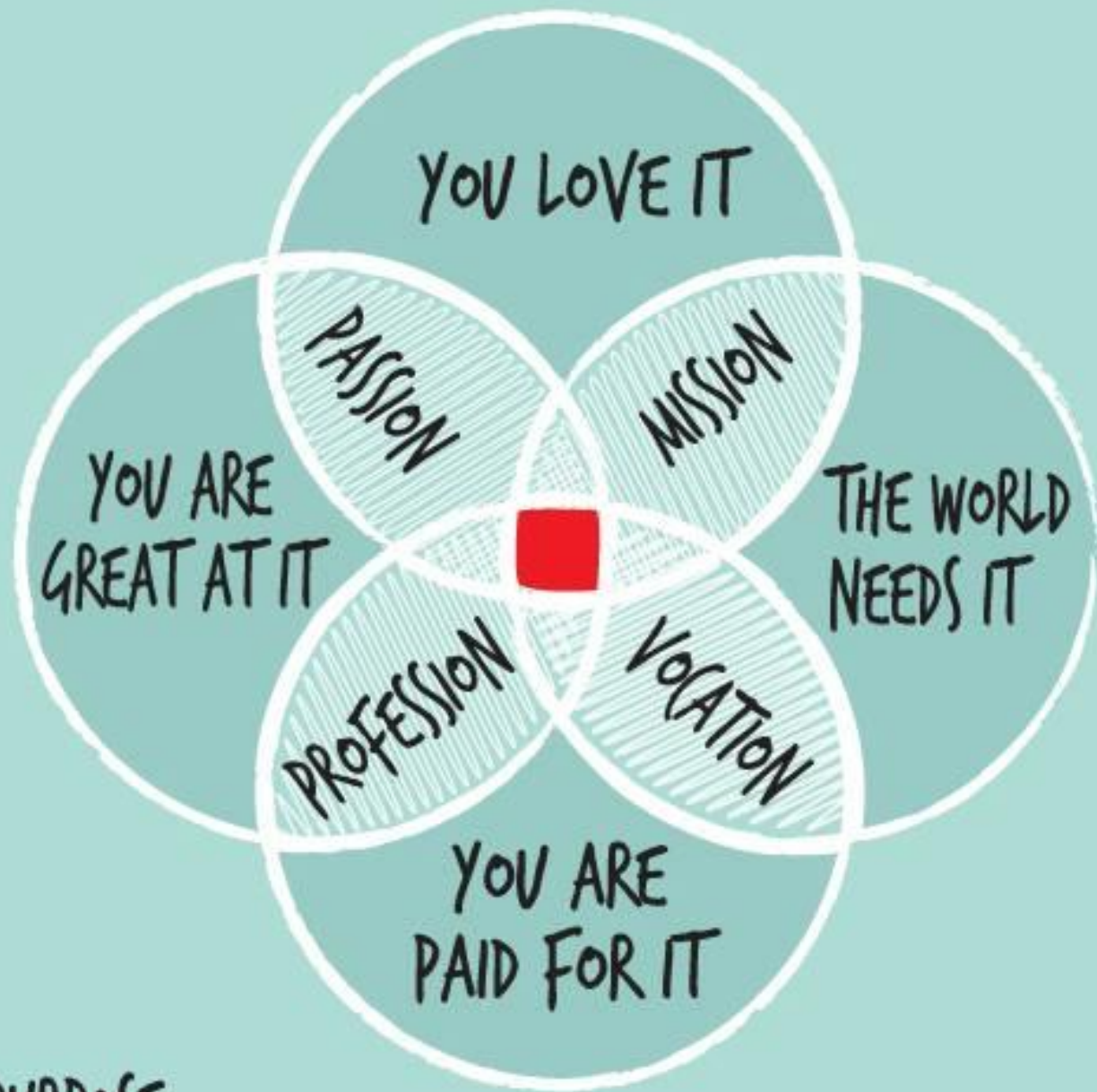
What is your WHY?

Wright Brothers



Samuel Pierpont Langley





 -PURPOSE

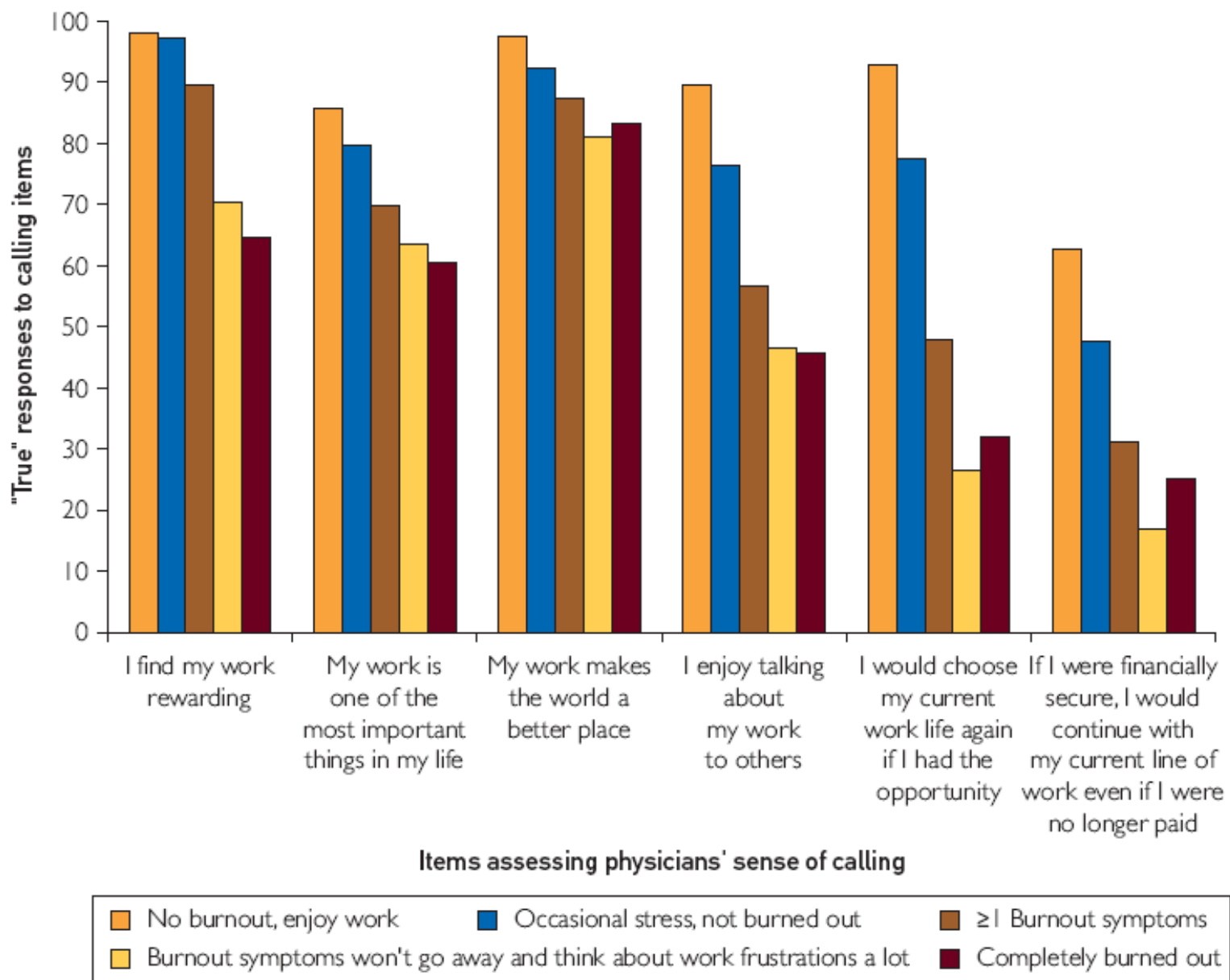


FIGURE. Reporting “true” to survey items assessing physicians' sense of calling by degree of professional burnout.

Purpose=meaning



**“The purpose of a doctor
or any human in
general should not
be to simply delay
the death of the patient,
but to increase the
person's quality of life.”**

- Patch Adams

MEDLINE UNIVERSITY
ADVANCING EDUCATION TO IMPROVE REAL TREATMENT



David Brooks:

Should you live for your résumé ... or your eulogy?

Adam 1

- Richest doctor
- Busiest doctor
- Fastest doctor
- Doctor with the most titles or publications

Adam 2

- Happiest doctor
- Has the deepest relationship with patients
- Most caring doctor
- Doctor with the most meaningful relationships

The almighty RVU!



*“Stop chasing the
money and start
chasing the
passion.”*

– Tony Hsieh, Zappos

#SurviveYourStartup



**“You treat a disease,
you win, you lose.**

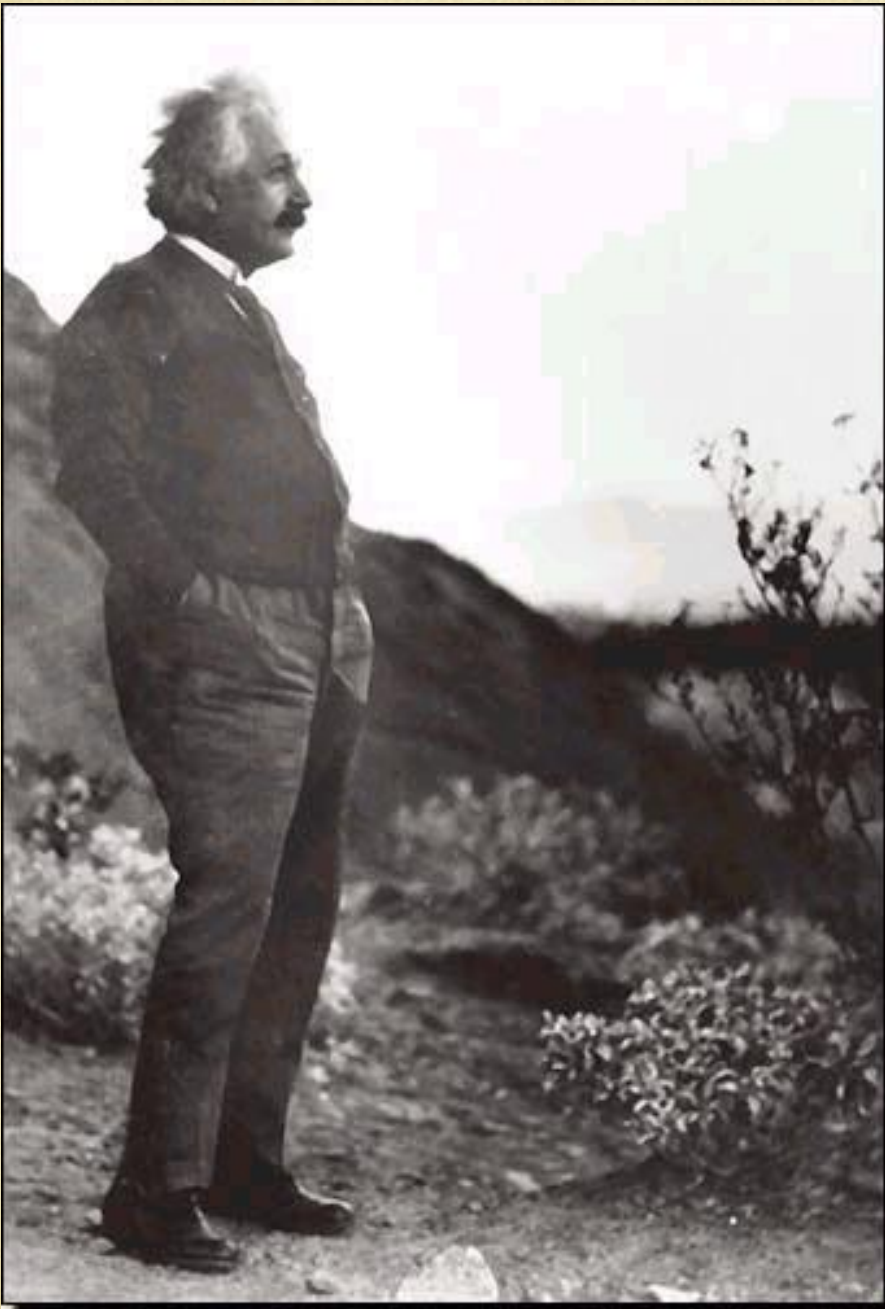
**You treat a person,
I guarantee you,
you’ll win, no matter
what the outcome.”**

- Patch Adams

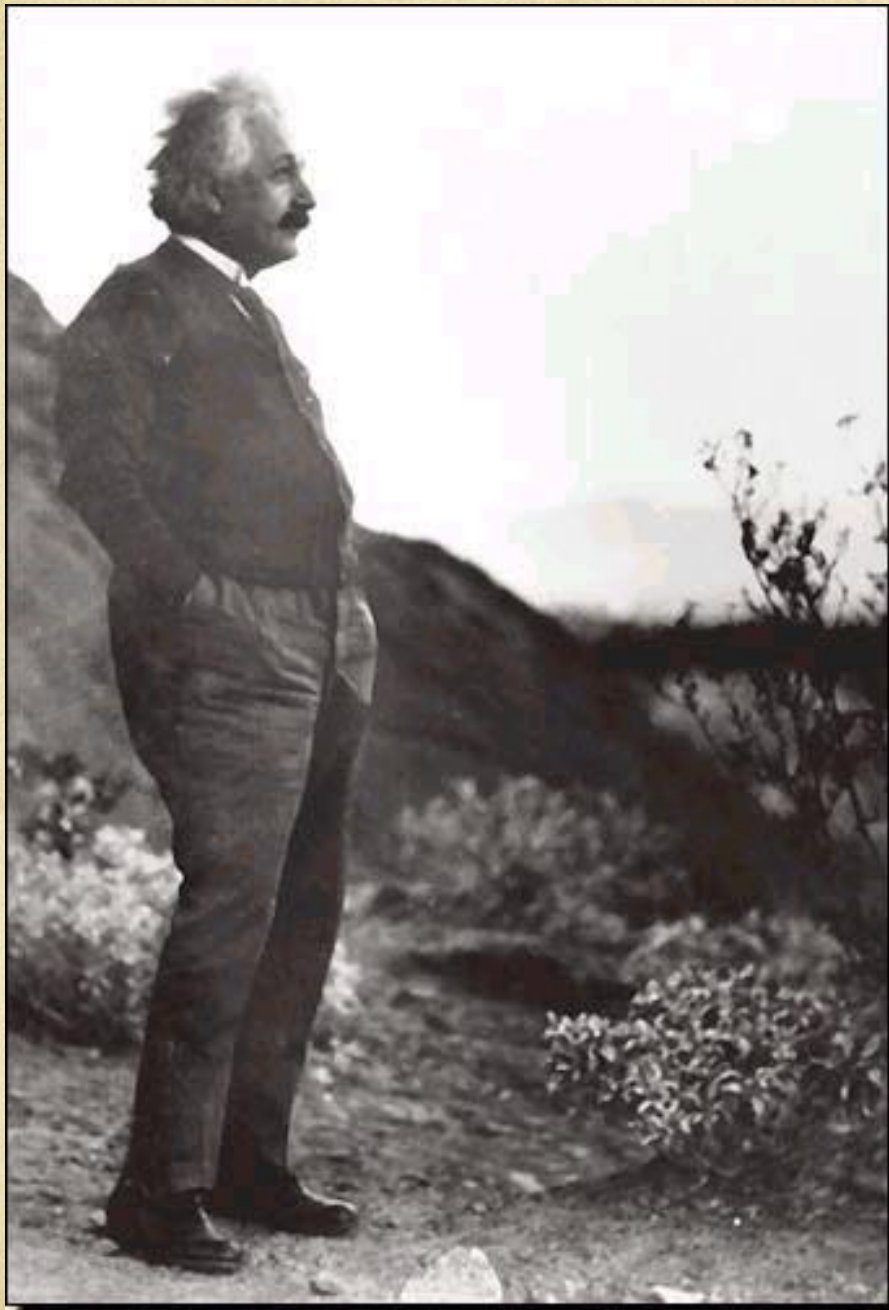
MEDLINEUNIVERSITY
EMBRACING EDUCATION TO IMPROVE HEALTHCARE

How can we do this?

- Treat them like a person, not a test subject
- Compassion / empathy
- Touch them
- Give hope
- Help others
- Be vulnerable
- Pray for them, better yet pray with them



Gedankenexperiment



Thought Experiment

The Dickens Process



- Tony Robbins.
- What are your beliefs **COSTING** you?
- In the past?
- In the present?
- What will they cost you in **YOUR** future?

Summary

- Perspective, have some.
- Positive attitude.
- Choose not to be stressed out.
- Be an active listener.
- Be grateful.
- Exercise.
- Remember your purpose.
- Help others.
- If you hate medicine, please change jobs-for everyone's sake!

Everyone who goes to a job
he doesn't like is a lot
weirder than I am.

Patch Adams

QuoteAddicts

© DESPAIR.COM



IRRESPONSIBILITY

NO SINGLE RAINDROP BELIEVES IT IS TO BLAME FOR THE FLOOD.

Pray, even when there is no hope,
because there is still hope!



He will wipe every tear
from their eyes. There
will be no more death
or mourning or crying
or pain, for the old
order of things has
passed away.

Rev. 21:4



Chase the vision,
not the money, the
money will end up
following you.

Startup Quote!



TONY HSIEH

CO-FOUNDER, ZAPPOS



A slave is one who waits for someone to
come and free him.

(Ezra Pound)

If you can't change the world
at least change your attitude...



A slave is one who waits for someone to
come and free him.

(Ezra Pound)

Givers vs Takers



- Givers, takers, and matchers.
- Givers are typically the bulk of the most, but also the least productive members of the team.
- Givers help the whole team/organization.
- People with “taker” traits-disagreeable, critical, skeptical, challenging are more likely to go to LAW SCHOOL!
- It only takes ONE ‘taker’ to spoil the culture.
- It’s more important to weed out the takers than find givers.

CONCEPT OF GIVERS and TAKERS

3 DIFFERENT MOTIVES

- 1 GIVERS: Enjoy helping others... no strings attached
- 2 TAKERS: Take without contributing much back
- 3 MATCHERS: Keep an even balance of give and take



I did it!

LEAST SUCCESSFUL and MOST SUCCESSFUL ARE GIVERS... BE IN UPPER ECHELONS

SELFLESS GIVERS: sacrifice themselves; very costly

OTHERISH: As helpful as you can without losing sight of own goals & responsibilities

ROLE of SOCIAL MEDIA IN ENGAGEMENT with GIVERS & TAKERS

NETWORKS: BACK to HOW IT USED to BE
Visible to others, like it or not



RECONNECT with DORMANT TIES
Old ties → Novel information

MOVING BEYOND STRONG TIES



DOESN'T HAVE TO BE AN EXTRAORDINARY EFFORT!

WHAT ARE KEY THINGS THAT WOULD MAKE US MORE SUCCESSFUL

5 MINUTE FAVORS

GIVERS LOOK FOR POTENTIAL in PEOPLE
Create self-fulfilling prophecies that motivate

Knowledge-sharing & innovation
High value to others & low personal cost

SET BOUNDARIES
Quiet time windows balanced with doing things for others



GIVE and TAKE

Adam Grant Wharton

CREATING A CULTURE of GIVING... and Productivity

HIRING... KEEP the WRONG PEOPLE OFF the BUS

Careful selection
RECOGNIZE & PROMOTE GIVERS



BEYOND GIVING to SEEKING

Starts with a request
Leaders model help seeking for others



VULNERABLE
Humility

ARE THERE WAYS to SUPPORT INDIV. SUCCESS

BUILD IN to OUR DNA... NOT 'PLAYERS of the MONTH'

INCORPORATE IN SO WE HAVE CONSISTENCY

that would support your own success & the company's success?

FORMS of GIVING ALREADY CONSISTENT with the ORGANIZATION
Volunteering... Mentoring
LEADERS DISCUSS
What types of Giving are important & part of our culture?

How BECOMING a GIVER HAS AN IMPACT



CUSTOMER SATISFACTION
INNOVATION
KNOWLEDGE SHARING



FIND THOSE WHO'VE GONE UNNOTICED... and RECOGNIZE THEM!

LEAN IN / Sheryl Sandberg
CHALLENGES FACING WOMEN in PERSONAL & PROFESSIONAL LIVES

MEN and WOMEN EQUALLY HELPFUL... just different kinds of help

Help strangers while
Help close friends & colleagues
WE NEED MORE of THIS!

NEGOTIATION
Become an ADVOCATE for others... consistent with caring

NOW TOUGH & ASSERTIVE is GOOD!

'WALK the TALK' CULTURE SHAPED by LEADERS WHO ARE GIVERS

MODEL HELP SEEKING
It's okay to ask for help
Hard for people to know what you need

MATCHERS or TAKERS WHO WANT to BECOME GIVERS

ASK MORE QUESTIONS... WHAT DO PEOPLE NEED?
Listen to others

BUILD IN MORE 5 MINUTE FAVORS
What's my unique expertise?
Who do I want to help?

TEST YOUR SELF-AWARENESS
Seek feedback
energize & exhaust

ACTUALLY Give!
Make it VISIBLE

He said, "There are only two days in the year that nothing can be done. One is called yesterday and the other one is called tomorrow, so today is the right day to love, believe, do, and mostly live."

- *Dalai Lama*



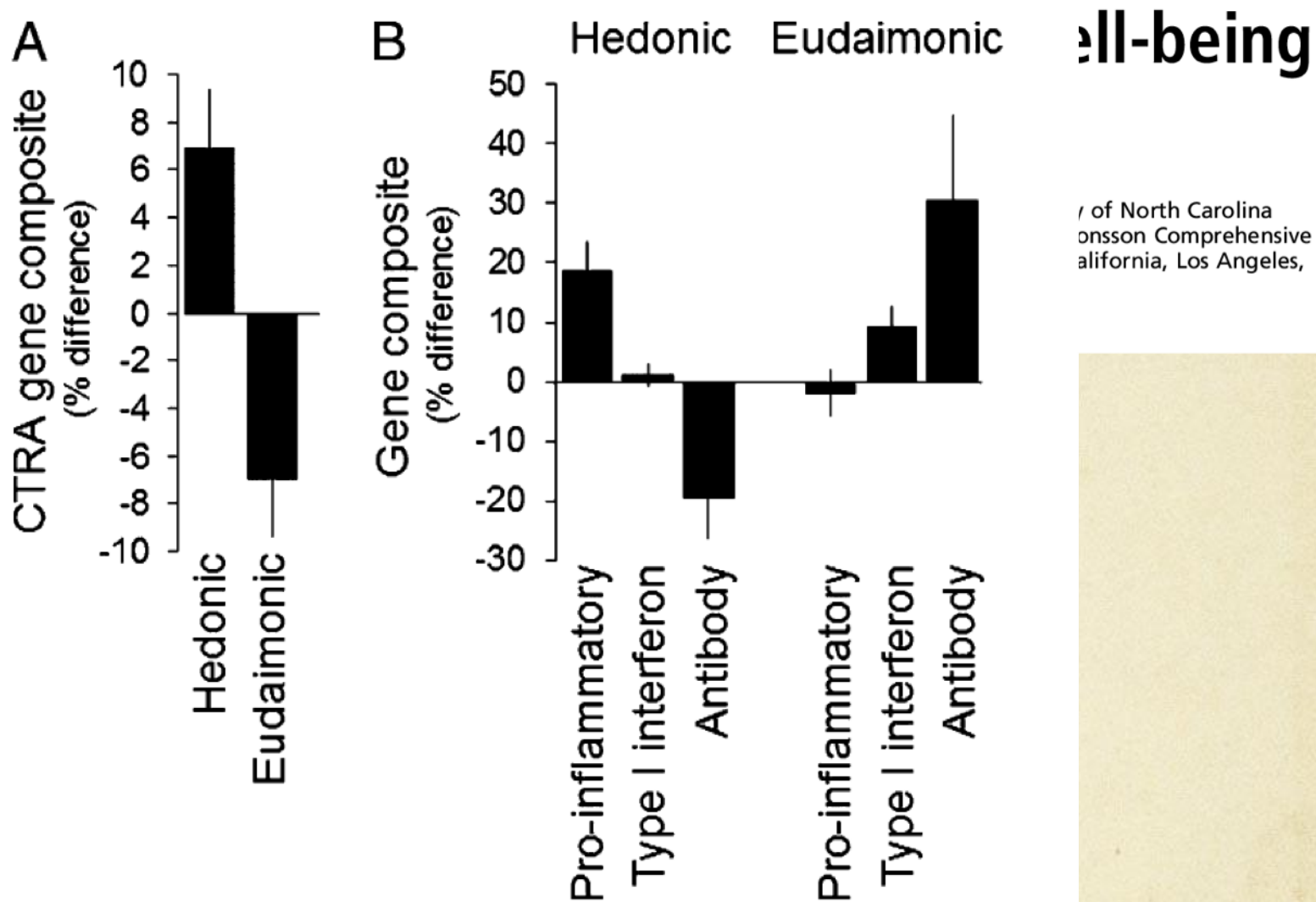


Fig. 2. Expression of the CTRA gene set. (A) Linear model-based estimates of mean difference (\pm SEM) in expression in a 53-gene CTRA contrast score in PBMCs from individuals with low levels (-2 SD relative to sample mean) vs. high levels ($+2$ SD) of hedonic well-being and eudaimonic well-being (each adjusting for the other and for demographic and behavioral covariates). (B) Differential expression of CTRA subcomponents: 19 proinflammatory genes, 31 type I IFN response genes, and three antibody synthesis genes.



scrubsmag.com

Work for a cause,
not for applause.
Live life to express,
not to impress.
*Don't strive to make
your presence noticed,
just make your absence felt.*

**I WANT TO
INSPIRE
PEOPLE.**

**I WANT SOMEONE TO
LOOK AT ME AND SAY
“BECAUSE OF YOU
I DIDN'T GIVE UP.”**

WE ARE WHAT WE
REPEATEDLY DO.
EXCELLENCE,
THEN, IS NOT
AN ACT, BUT A
HABIT.

-ARISTOTLE



Acute (money) therapy



- NTG for pain. »Viagra?
- β -blocker to decrease HR. Ca^{2+} blockers are 2nd line.
- IV heparin is ok.
- ASA to stabilize plaque.
- Statins to also stabilize.
- GP IIb/IIIa only if going to the lab.
- If the person is very likely for PCI think 600 mg Plavix load.

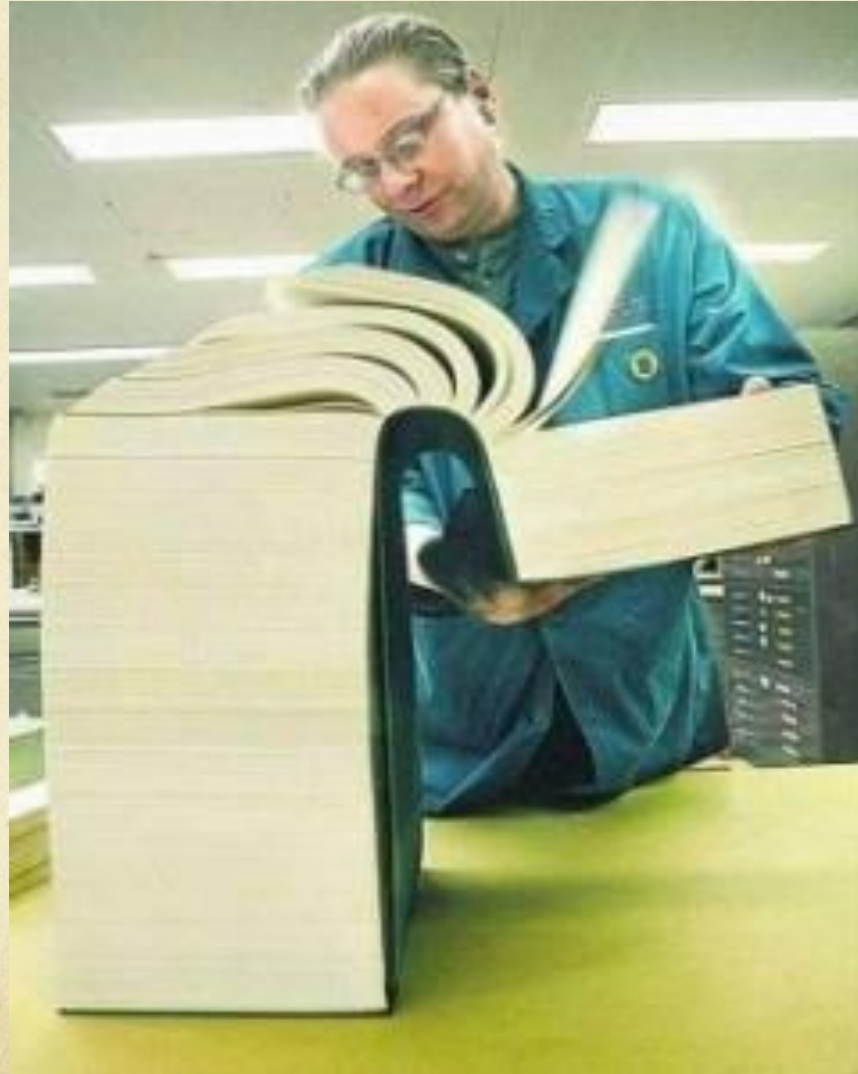
Diagnostic strategies

“To cath or not to cath, that is the question?”

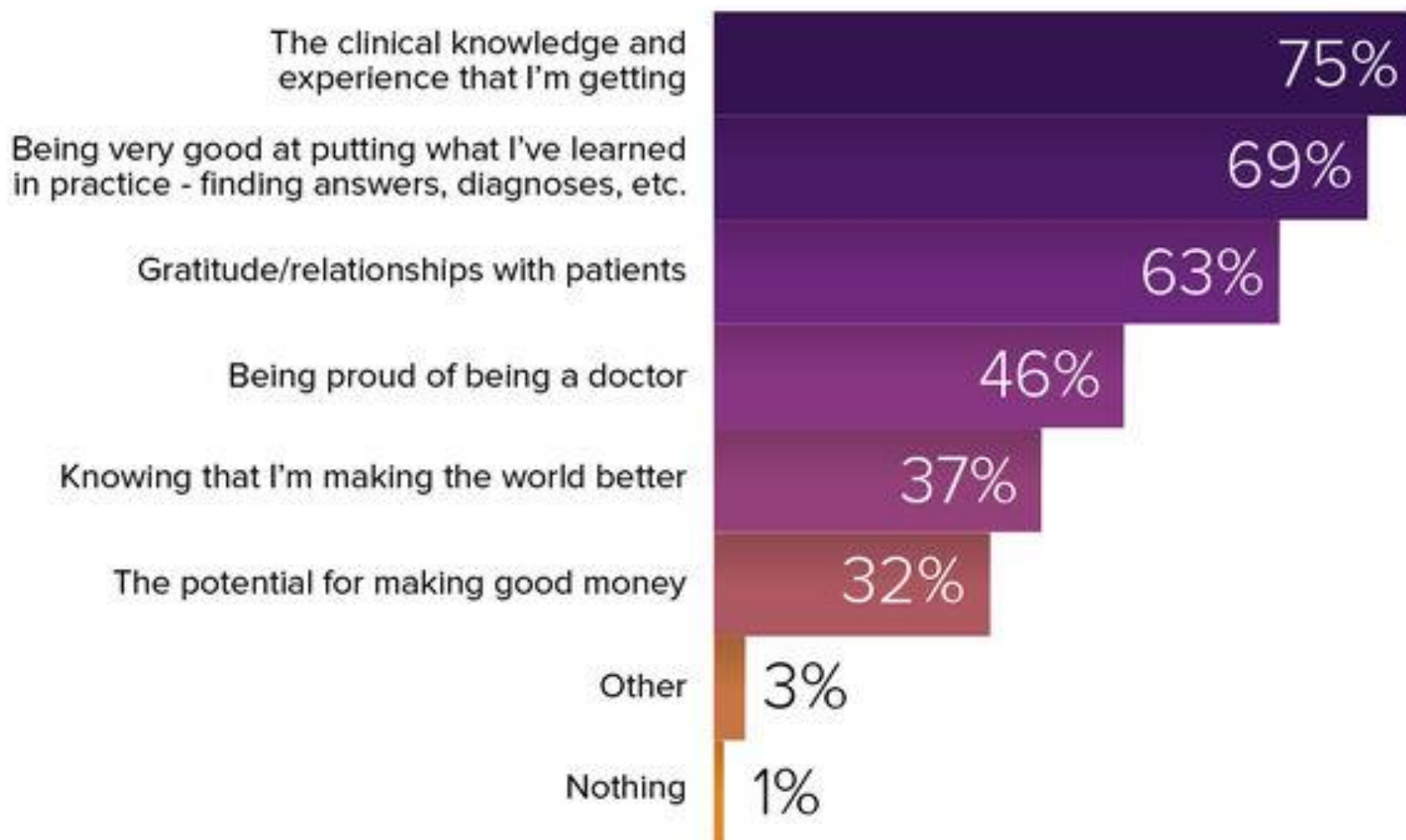
Hi, I think I
need to cath
you.



Rules and regulations!



Most Rewarding Part of My Job



Changes in the Professional Lives of Cardiologists Over 2 Decades



Sandra J. Lewis, MD,^a Laxmi S. Mehta, MD,^b Pamela S. Douglas, MD,^c Martha Gulati, MD, MS,^d Marian C. Limacher, MD,^e Athena Poppas, MD,^f Mary Norine Walsh, MD,^g Anne K. Rzeszut, MA,^h Claire S. Duvernoy, MD,ⁱ on behalf of the American College of Cardiology Women in Cardiology Leadership Council

Discrimination

TABLE 4 Discrimination

	1996			2006			2015		
	Women (n = 518)	Men (n = 546)	Women vs. Men p Value	Women (n = 667)	Men (n = 442)	Women vs. Men p Value	Women (n = 964)	Men (n = 1,349)	Women vs. Men p Value
Experienced discrimination	71 (368)	21 (115)	≤0.001	69 (458)	22 (96)	≤0.001	65* (624)	23 (309)	≤0.001
Affected activities with colleagues	61	16	≤0.001	45*	39*	NS	58†	45*	≤0.001
Affected activities with patients	30	11	≤0.001	14*	17	NS	21*†	22*	NS
Affected activities within ACC	18	4	≤0.001	9*	9	NS	13	14*	NS
Types of Discrimination Experienced									
Sex	81	4	≤0.001	95*	5	≤0.001	96*	8*	≤0.001
Race	5	31	≤0.001	12*	46	≤0.001	18*	59*	≤0.001
Parenting responsibilities	8	1	≤0.01	39*	4	≤0.001	37*	8	≤0.001
Religion	<1	18	≤0.001	6*	25	≤0.001	5*	22	≤0.001
Sexual orientation	–	–		2	0	NS	1	2	NS

Values are % (n) or %, unless otherwise indicated. *p ≤ 0.05 compared with same sex in 1996. †p ≤ 0.05 compared with same sex in 2006.

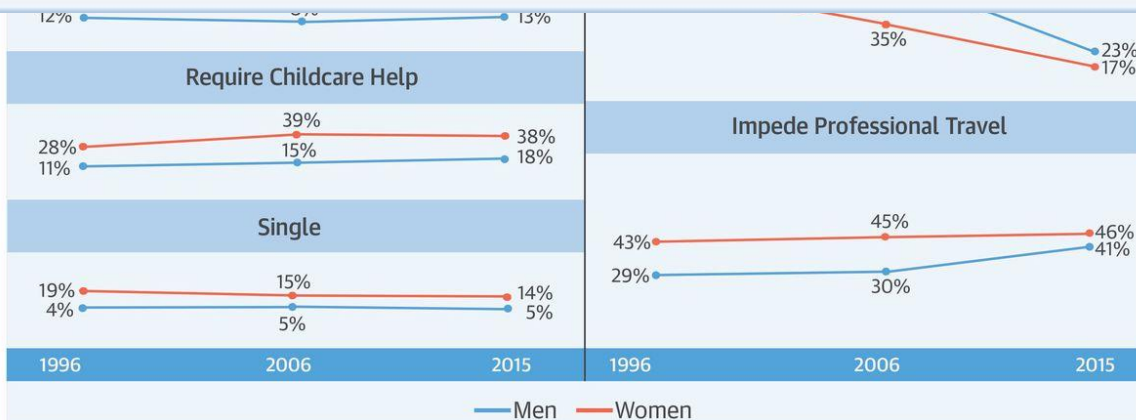
ACC = American College of Cardiology.

CENTRAL ILLUSTRATION: The Lives of Cardiologists: 2 Decades of Change

Little/No Change	Significant Change
<ul style="list-style-type: none"> • Career satisfaction remains high • Women are more likely to: <ul style="list-style-type: none"> -Experience discrimination -Not have children -Require paid/unpaid childcare help -Be single 	<ul style="list-style-type: none"> • Aging workforce • Practice setting • Men now balancing career and family; less likely to travel professionally

Little to No Change Over 2 Decades

Career Satisfaction



Lewis, S.J. et al. J Am Coll Cardiol. 2017;69(4):452-62.

The **PRINCIPLES**
and **PRACTICE of**
NARRATIVE MEDICINE

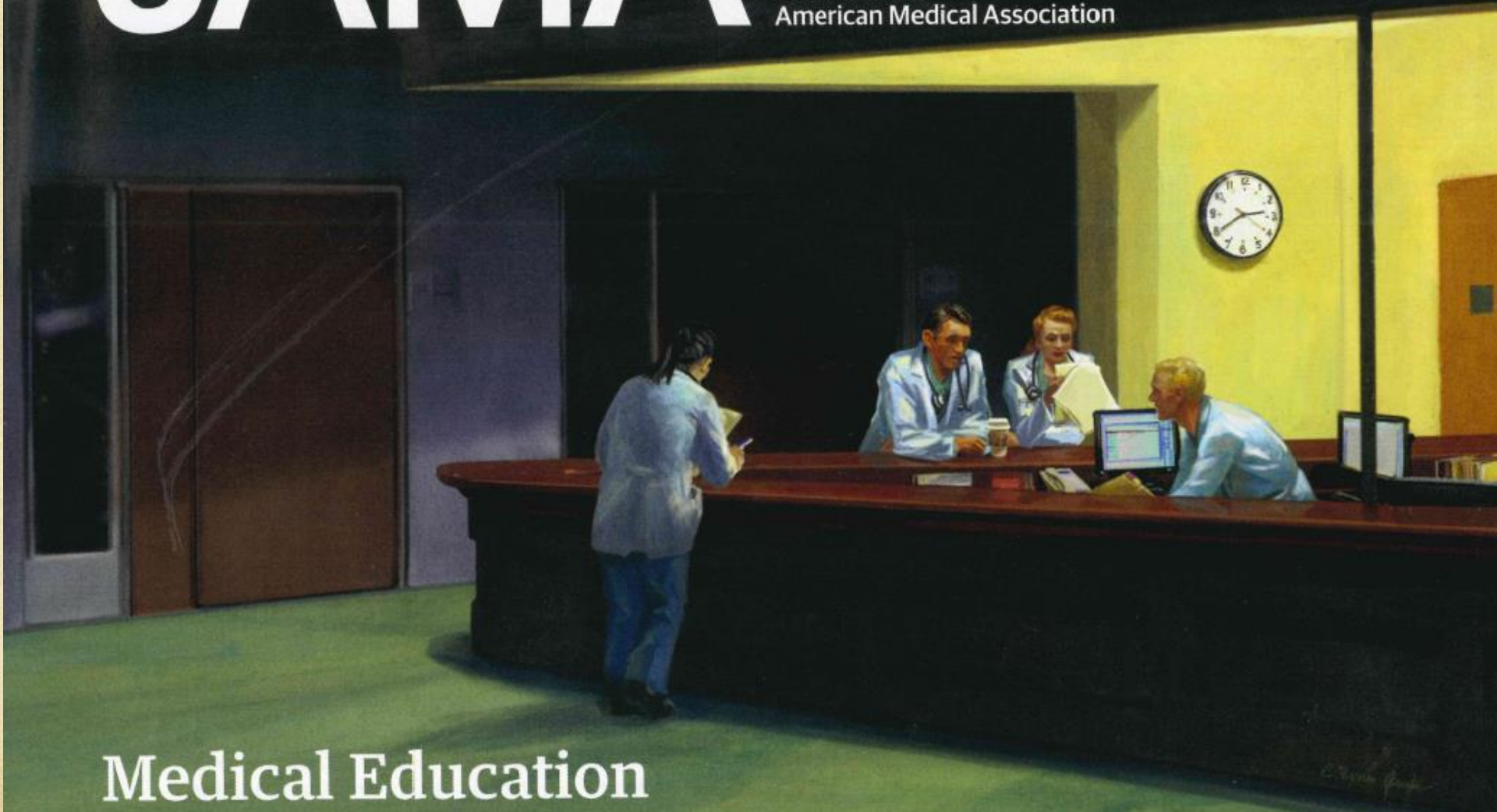


Rita Charon, Sayantani DasGupta, Nellie Hermann,
Craig Irvine, Eric R. Marcus, Edgar Rivera Colón,
Danielle Spencer, Meena Spiegel

OXFORD

JAMA[®]

Journal of the
American Medical Association



Medical Education





PC or Mac

- “Choose not to be harmed—and you won’t feel harmed. Don’t feel harmed—and you haven’t been.”

Marcus Aurelius

- “Blessings and burdens are not mutually exclusive.”

Ryan Holiday, *The Obstacle Is the Way: The Timeless Art of Turning Adversity to Advantage*

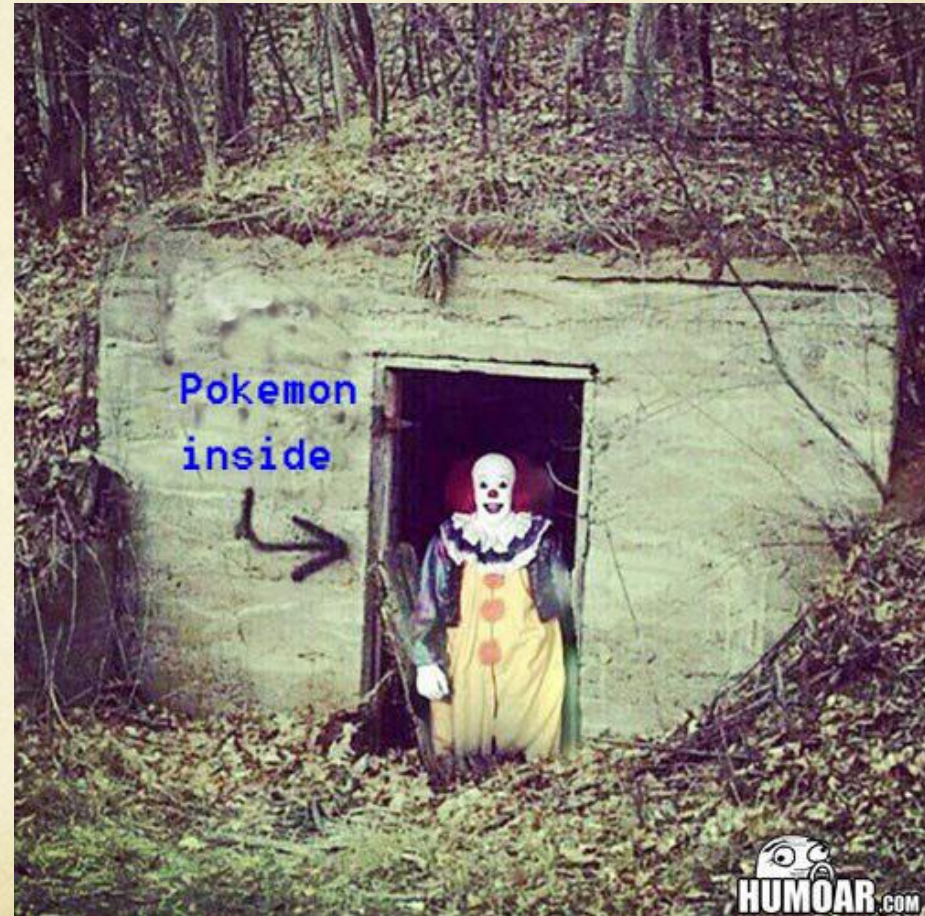
Zen mantra

- Sit, sit. Walk, walk. Don't wobble'.
- Single focus.
- No multitasking.



- **There can be no courage unless you're scared."**
- Eddie Rickenbacker,
fighter pilot and business leader

- “The cave you fear to enter holds the treasure that you seek” Anonymous



Medicine & Science IN Sports & Exercise

The Official Journal of the American College of Sports Medicine

www.acsm-msex.org

... Published ahead of Print

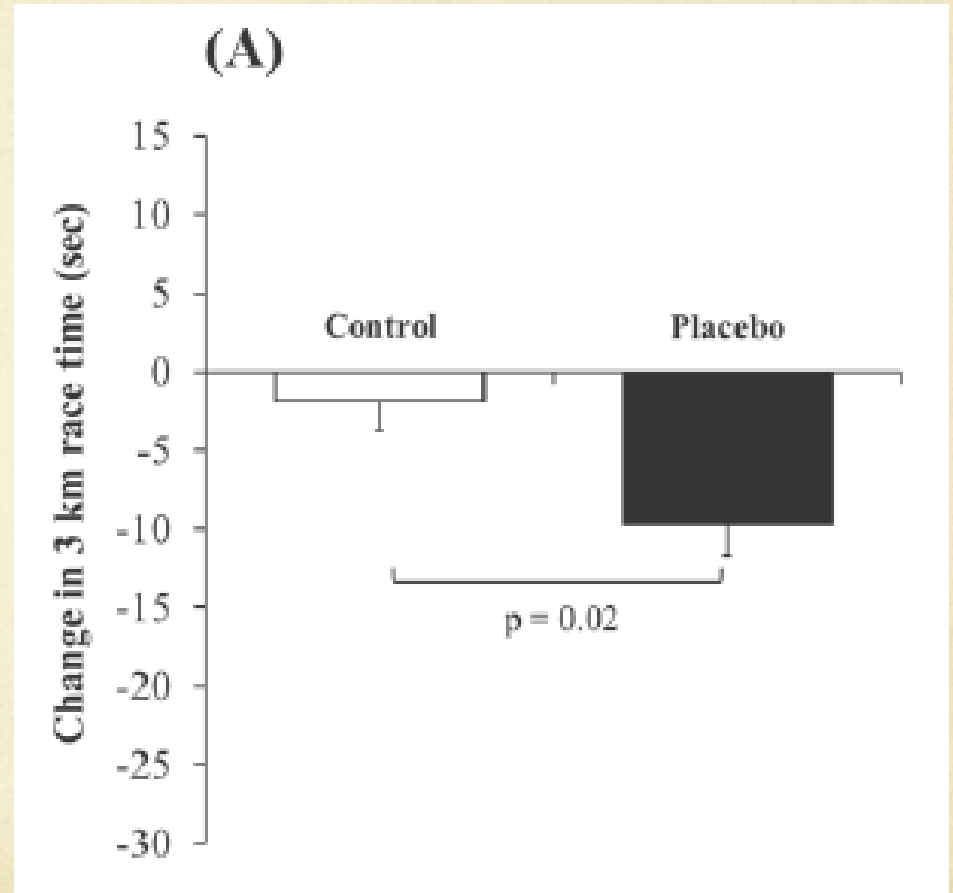
The Effects of an Injected Placebo on Endurance Running Performance

Ramzy Ross¹, Cindy M. Gray², and Jason M. R. Gill¹

¹Institute of Cardiovascular and Medical Sciences, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow, United Kingdom; ²Institute of Health and Wellbeing, College of Social Sciences, University of Glasgow, Glasgow, United Kingdom

Placebo effect! Jedi mind tricks?

- OxyRBX placebo trial.
- Told it was a weak EPO analog.
- It was just saline.
- Self injected.



The Unburdening Effects of Forgiveness: Effects on Slant Perception and Jumping Height

Xue Zheng¹, Ryan Fehr², Kenneth Tai³, Jayanth Narayanan⁴, and Michele J. Gelfand⁵

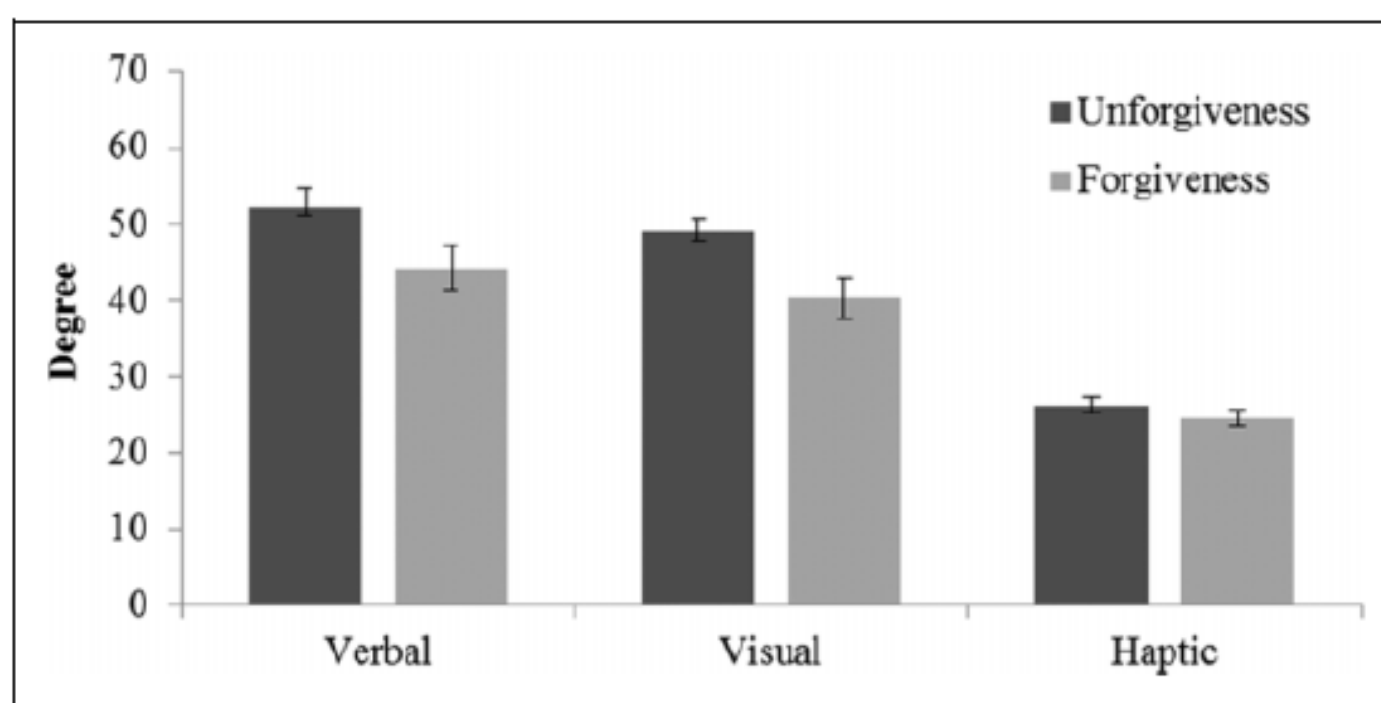


Figure 3. Mean slant estimates in the two conditions in Study I. Error bars indicate standard errors of means.

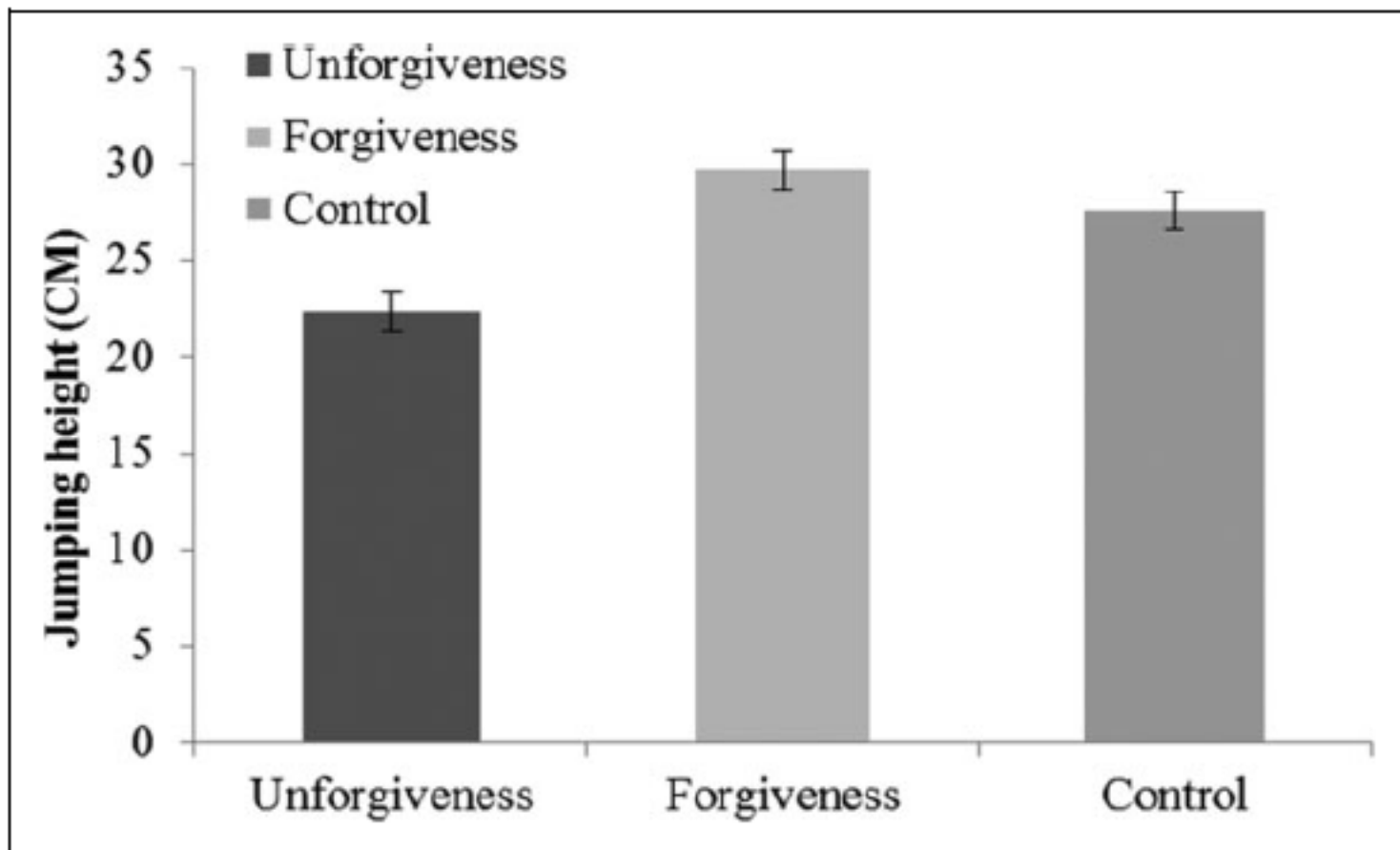


Figure 4. Mean jumping height in the three conditions in Study 2. Error bars indicate standard errors of means.

Effect of Low Perceived Social Support on Health Outcomes in Young Patients With Acute Myocardial Infarction: Results From the VIRGO (Variation in Recovery: Role of Gender on Outcomes of Young AMI Patients) Study

Emily M. Bucholz, Kelly M. Strait, Rachel P. Dreyer, Mary Geda, Erica S. Spatz, Hector Bueno, Judith H. Lichtman, Gail D'Onofrio, John A. Spertus and Harlan M. Krumholz

J Am Heart Assoc. 2014;3:e001252; originally published September 30, 2014;
doi: 10.1161/JAHA.114.001252

The *Journal of the American Heart Association* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Online ISSN: 2047-9980

Table 6. Unadjusted Association of Social Support With 12-Month Outcomes (Mean±SE) With Missing Values Imputed*

	Overall			United States			Spain		
	Low Social Support (N=709)	Moderate/High Social Support (N=2656)	<i>P</i> Value	Low Social Support (N=621)	Moderate/High Social Support (N=2243)	<i>P</i> Value	Low Social Support (N=88)	Moderate/High Social Support (N=413)	<i>P</i> Value
Physical functional status (SF-12 PCS)	42.4±0.5	44.5±0.2	0.0002	42.4±0.5	44.1±0.3	0.0035	43.0±1.2	46.7±0.5	0.0040
Mental functional status (SF-12 MCS)	47.9±0.4	50.5±0.2	<0.0001	48.0±0.4	50.7±0.2	<0.0001	47.1±1.4	49.9±0.6	0.0716
Depressive symptomatology (PHQ-9)	5.8±0.2	4.8±0.1	<0.0001	5.7±0.2	4.6±0.1	0.0002	6.9±0.6	5.9±0.3	0.1186
Disease-related quality of life (SAQ-QoL)	67.1±1.0	72.7±0.5	<0.0001	68.4±1.0	74.5±0.5	<0.0001	57.6±2.5	63.1±1.1	0.0389

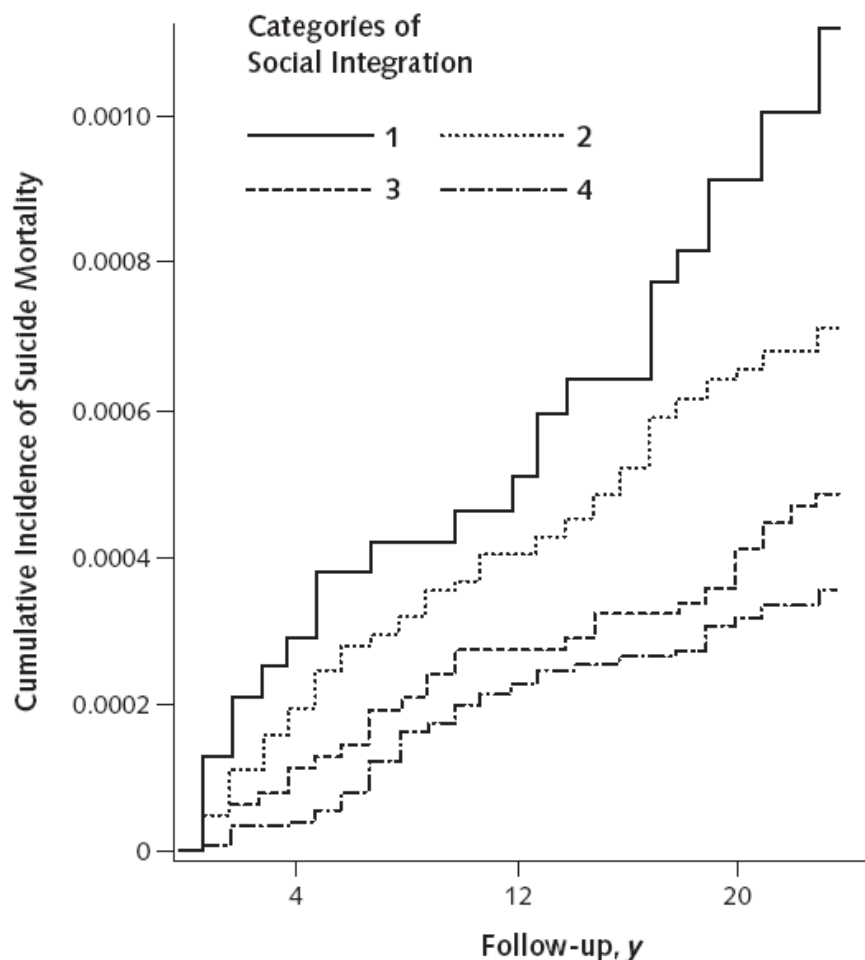
MCS indicates mental component score; PCS, physical component score; PHQ, Patient Health Questionnaire; SAQ-QoL, Seattle Angina Questionnaire quality of life; SF-12, Short Form-12. *Twelve-month health status scores are adjusted for baseline health status.

Social Integration and Suicide Mortality Among Men: 24-Year Cohort Study of U.S. Health Professionals

Alexander C. Tsai, MD, PhD*; Michel Lucas, PhD, RD*; Ayesha Sania, PhD; Daniel Kim, MD, DrPH; and Ichiro Kawachi, MD, PhD

34k x 24 yr

Figure. Cumulative incidence of suicide, by social integration category measured in 1988.



At risk, <i>n</i>			
Category 1	2839	2520	2063
Category 2	9668	8662	7126
Category 3	7310	6541	5398
Category 4	14 124	12 807	10 687

Table 5. Relative Hazard Ratios for Suicide During 1988–2012, by Social Integration Components Measured in 1988

Variable	Relative Hazard Ratio (95% CI)	
	Adjusted for Social Integration Components and Age	Adjusted for Social Integration Components, Age, and Other Variables*
Marital status		
Not married	Referent	Referent
Married	0.56 (0.36–0.87)	0.60 (0.38–0.94)
Relatives and friends score†		
1 (lowest)	Referent	Referent
2	0.56 (0.35–0.90)	0.57 (0.35–0.92)
3	0.47 (0.25–0.88)	0.46 (0.24–0.87)
4 (highest)	0.49 (0.27–0.92)	0.50 (0.27–0.92)
Relatives and friends frequency index†		
1 (lowest)	Referent	Referent
2	1.18 (0.72–1.95)	1.23 (0.74–2.04)
3 (highest)	1.31 (0.71–2.40)	1.39 (0.75–2.57)
Religious service attendance		
Less than once per week	Referent	Referent
At least once per week	0.47 (0.32–0.70)	0.49 (0.33–0.73)
Social group participation		
None	Referent	Referent
Any (>0 h)	0.99 (0.70–1.40)	1.04 (0.74–1.47)

* Baseline occupation; history of hypertension, hypercholesterolemia, diabetes, or renal failure self-reported in 1988 (yes or no for each); time-updated employment status (full-time, part-time, retired, or disabled); smoking status (never, former, or current [1 to 14, 15 to 24, or ≥ 25 cigarettes/d]); daily alcohol intake (none or current [0.1 to 9.9, 10 to 29.9, or ≥ 30 g/d]); quintile of daily caffeine intake; antidepressant medication use; body mass index (<21, 21 to 22.9, 23 to 24.9, 25 to 27.4, 27.5 to 29.9, or ≥ 30 kg/m²); having had a routine physical examination in the previous 2 y (yes or no); and weekly physical activity (<3, 3 to 8.9, 9 to 17.9, 18 to 26.9, or ≥ 27 metabolic equivalent tasks/wk).

† Constructed using data on the self-reported number and frequency of contact with close friends and relatives (19). Score increases with the number and frequency of contacts.

Table 3. Relative Hazard Ratios for Suicide During 1988–2012, by Social Integration Category Measured in 1988

Variable	Relative Hazard Ratio (95% CI)	
	Adjusted for Age	Adjusted for Age and Other Variables*
Social integration category†		
1 (lowest)	Referent	Referent
2	0.70 (0.43–1.15)	0.76 (0.47–1.24)
3	0.47 (0.27–0.82)	0.52 (0.30–0.91)
4 (highest)	0.35 (0.21–0.59)	0.41 (0.24–0.69)
<i>P</i> for trend	<0.001	<0.001

* Baseline occupation; history of hypertension, hypercholesterolemia, diabetes, or renal failure self-reported in 1988 (yes or no for each); time-updated employment status (full-time, part-time, retired, or disabled); smoking status (never, former, or current [1 to 14, 15 to 24, or ≥ 25 cigarettes/d]); daily alcohol intake (none or current [0.1 to 9.9, 10 to 29.9, or ≥ 30 g/d]); quintile of daily caffeine intake; antidepressant medication use; body mass index (<21, 21 to 22.9, 23 to 24.9, 25 to 27.4, 27.5 to 29.9, or ≥ 30 kg/m²); having had a routine physical examination in the previous 2 y (yes or no); and weekly physical activity (<3, 3 to 8.9, 9 to 17.9, 18 to 26.9, or ≥ 27 metabolic equivalent tasks/wk).

† Construction of the social integration index is described in the Appendix.

Table 4. Relative Hazard Ratios for Suicide During 1996–2012, by Social Integration Trajectory From 1988 to 1996

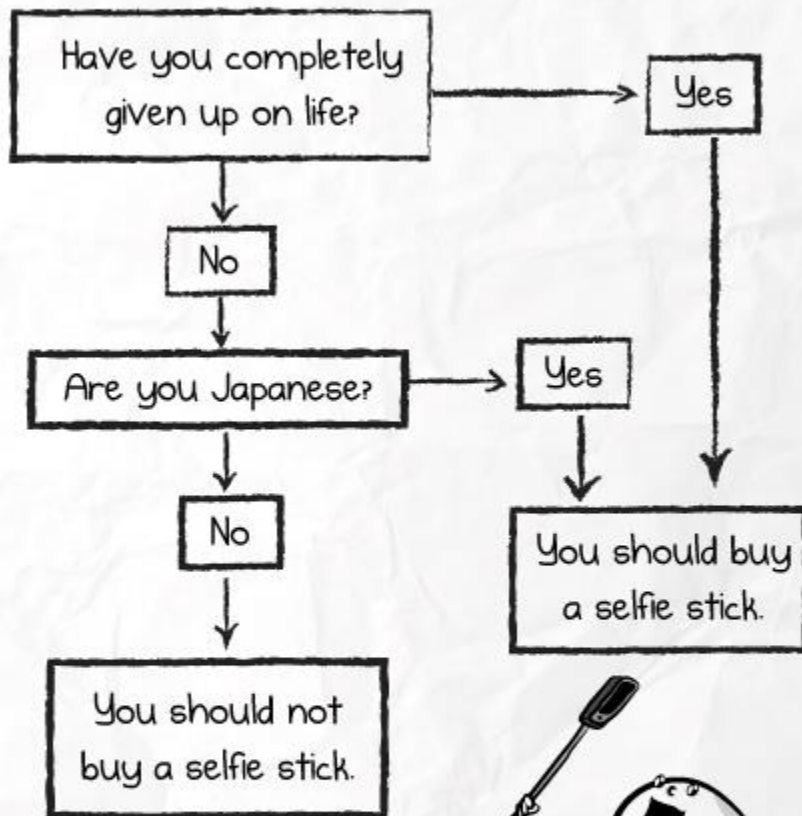
Variable	Relative Hazard Ratio (95% CI)	
	Adjusted for Age	Adjusted for Age and Other Variables*
Social integration trajectory from 1988 to 1996†		
Remained in category 1 (lowest)	Referent	Referent
Decrease	0.73 (0.31–1.81)	0.86 (0.35–2.10)
Remained in category 2 or 3	0.69 (0.28–1.70)	0.80 (0.32–1.99)
Increase	0.35 (0.12–0.98)	0.41 (0.14–1.16)
Remained in category 4 (highest)	0.30 (0.11–0.80)	0.36 (0.13–0.99)
<i>P</i> for trend	0.003	0.008

* Baseline occupation; history of hypertension, hypercholesterolemia, diabetes, or renal failure self-reported in 1988 (yes or no for each); time-updated employment status (full-time, part-time, retired, or disabled); smoking status (never, former, or current [1 to 14, 15 to 24, or ≥ 25 cigarettes/d]); daily alcohol intake (none or current [0.1 to 9.9, 10 to 29.9, or ≥ 30 g/d]); quintile of daily caffeine intake; antidepressant medication use; body mass index (<21, 21 to 22.9, 23 to 24.9, 25 to 27.4, 27.5 to 29.9, or ≥ 30 kg/m²); having had a routine physical examination in the previous 2 y (yes or no); and weekly physical activity (<3, 3 to 8.9, 9 to 17.9, 18 to 26.9, or ≥ 27 metabolic equivalent tasks/wk).

† Construction of the social integration index is described in the Appendix.

Should you buy a selfie stick?

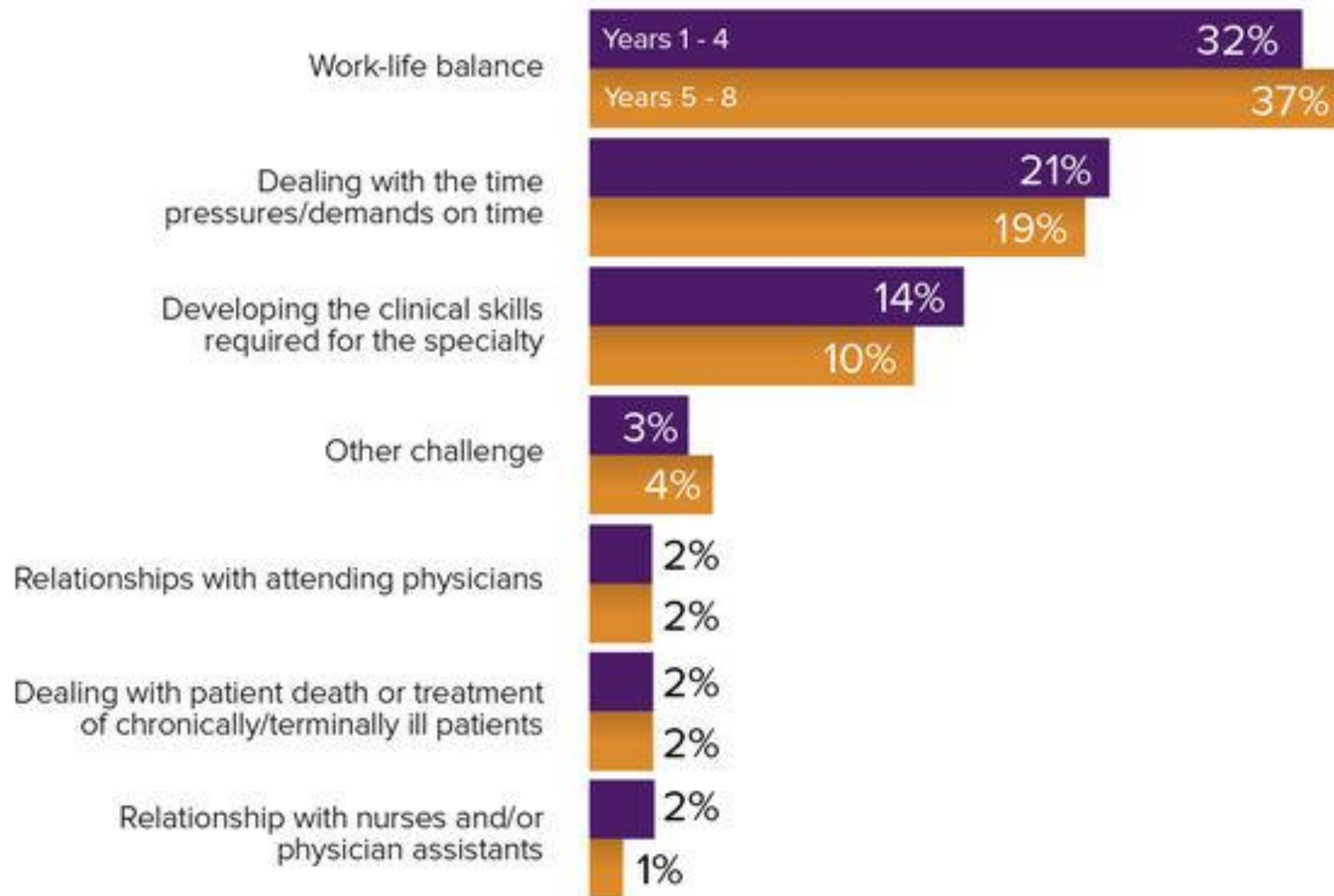
A handy guide for shoppers.



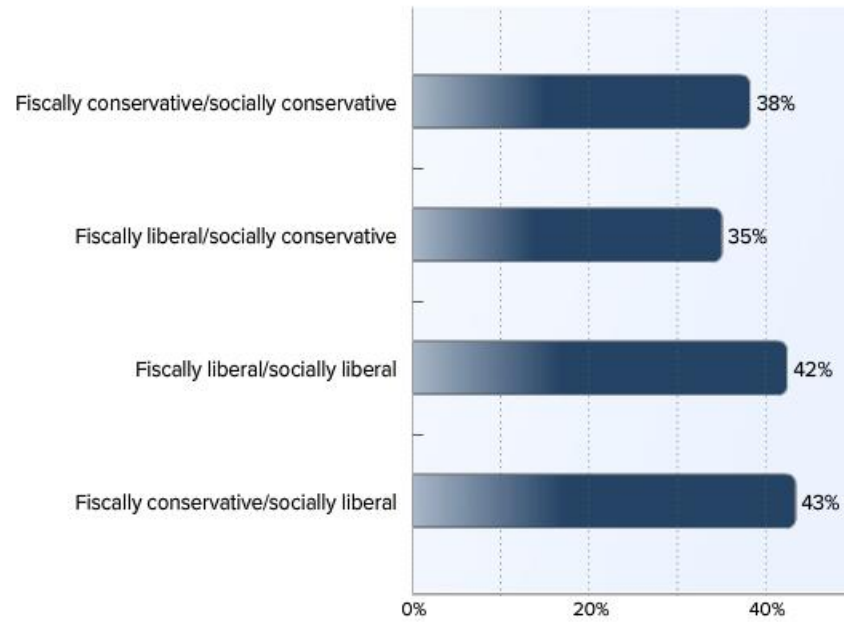
Cross. →



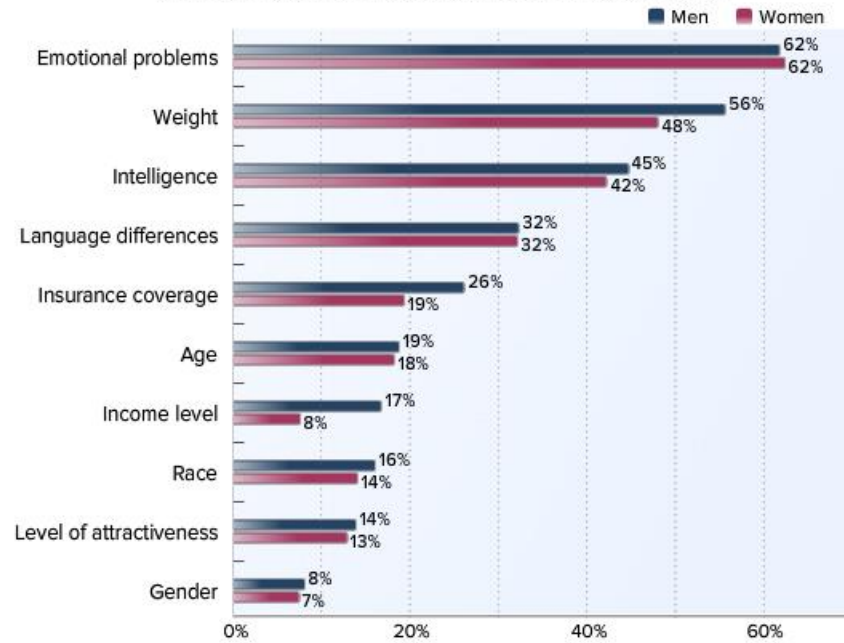
Big Challenges Faced in Residency



Are Your Biases and Politics Related?



Which Patient Characteristics Trigger Bias?



IN LIGHT OF NEW EVIDENCE THAT HAPPY PEOPLE DON'T LIVE longer than their grumpy peers, one might be tempted to drop the pursuit altogether. A recent study published in the *Lancet* followed nearly 720,000 middle-aged women for several years and reported that while those who were happier tended to be healthier, they had no edge when it came to longevity. (Similarly, while unhappiness may be a side effect of illness, research shows that it is not alone capable of making you sick.) On the other hand, evidence shows that attitude can have meaningful—and in some cases measurable—effects on health, even if it can't outright extend one's life. Here's the latest on the mind-body connection.

Surprising effects of mindset on the body

MOOD AND SURGERY OUTCOMES:

If a person is in a bad mood, their medical procedure may not go as smoothly, a December 2015 study showed. In the study, the researchers looked at 230 people who underwent procedures in which a catheter was inserted into a blood vessel. Before the procedure, people filled out a questionnaire that asked them to rate various adjectives describing how they felt emotionally. The study authors found that people with more negative feelings had a greater incidence of adverse events from the procedure, like slow heart rate or abnormal blood pressure. The research is early, but it's not the first time scientists have seen physical changes from a negative mood.



ANGER AND HEART-ATTACK RISK:

A 2015 study found having an episode of intense anger was associated with an 8.5 times greater likelihood of having a heart attack in the next two hours. Exactly how anger could contribute to a heart attack remains unknown, but the researchers speculate that stress triggers increased heart rate and blood pressure, blood-vessel constriction and clotting, which raise risk.



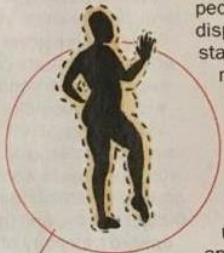
AWE AND REDUCED INFLAMMATION:

Awe was found in a January 2015 study to reduce compounds that promote inflammation, which is linked to diseases ranging from Type 2 diabetes to arthritis. In the small study, college students filled out questionnaires about how often they experienced certain emotions. They found that happy moods in general were associated with lower inflammation, but the students who experienced awe most often had especially lower levels.



MINDFULNESS AND BODY FAT:

In an October 2015 study, researchers found that people with mind-focused dispositions—those who stay focused on the moment—were healthier and had less body fat. The study found that men and women levels of mindfulness were inversely related to levels of obesity. People with mindfulness had a 34% higher chance of being leaner. The researchers suggest people aware of their bodies may be healthier and exercise more.



OUTLOOK AND ALZHEIMER'S DISEASE:

The stereotypes a person holds about old age can affect how their brain ages, a new Yale School of Public Health study found. Men and women who viewed aging negatively had a greater loss of hippocampus volume and significantly higher scores of plaques—both indicators of Alzheimer's disease. The researchers say it's the first time this type of risk factor has been linked to the development of brain changes associated with Alzheimer's.



OUTLOOK AND ALZHEIMER'S DISEASE:

The stereotypes a person holds about old age can affect how their brain ages, a new Yale School of Public Health study found. Men and women who viewed aging negatively had a greater loss of hippocampus volume and significantly higher scores of plaques—both indicators of Alzheimer's disease. The researchers say it's the first time this type of risk factor has been linked to the development of brain changes associated with Alzheimer's.

to reduce
rate
s linked to
n Type 2
In the

set on the body

MOOD AND SURGERY OUTCOMES:

If a person is in a bad mood, their medical procedure may not go as smoothly, a December 2015 study showed. In the study, the researchers looked at 230 people who underwent procedures in which a catheter was inserted into a blood vessel. Before the procedure, people filled out a questionnaire that asked them to rate various adjectives describing how they felt emotionally. The study authors found that people with more negative feelings had a greater incidence of adverse events from the procedure, like slow heart rate or abnormal blood pressure. The research is early, but it's not the first time scientists have seen physical changes from a negative mood.



MINDFULNESS AND BODY FAT:

In an October 2015 study, people with mindful dispositions—an ability to stay focused on the present moment—were found to have less body fat. Men and women with lower levels of mindfulness had a 34% higher prevalence of obesity compared with people with high levels of mindfulness. Though it's only an association, researchers suggest people who are more aware may be more likely to eat healthier and exercise more.



OUTLOOK AND ALZHEIMER'S DISEASE:

The stereotypes a person holds about old age can affect how their brain ages, found a new Yale School of Public Health study. Men and women who viewed aging negatively had a greater loss of hippocampus volume and significantly higher scores of plaques—both indicators of Alzheimer's disease. The researchers say it's the first time this type of risk factor has been linked to the development of brain changes associated with Alzheimer's.



ANGER ATTACK

A 2015 study found that a 2-hour episode of anger is associated with a greater likelihood of a heart attack within two hours.

INDUCED ON:

In a study to reduce anger, researchers promoted a heart rate that is linked to anger from Type 2 diabetes. In the study, students filled out questionnaires about their anger levels. They found that in general, students with lower anger levels had a lower heart rate. The students who were most angry had a higher heart rate.

long
purs
near
that
no e
be a
of m
that
case
can't
lates

**Sur
effe
set**

**MOC
SUR
OUT**

If a p
in a b
their
proce
not g
a Dec
show
resea
peopl
proce
cathe
a bloc
proce
a que
them
descri
emoti
found
negati
incide
from t
heart
pressi
early, l
scient
chang

MINDFULNESS AND BODY FAT:

In an October 2015 study, people with mindful dispositions—an ability to stay focused on the present moment—were found to have less body fat. Men and women with lower levels of mindfulness had a 34% higher prevalence of obesity compared with people with high levels of mindfulness. Though it's only an association, researchers suggest people who are more aware may be more likely to eat healthier and exercise more.





OPEN ACCESS

ORIGINAL ARTICLE

Stress resilience and physical fitness in adolescence and risk of coronary heart disease in middle age

Cecilia Bergh,¹ Ruzan Udumyan,¹ Katja Fall,¹ Henrik Almroth,² Scott Montgomery^{1,3,4}

Table 3 Stress resilience and coronary heart disease (CHD) divided by diagnoses and fatality

	Event rates/ 1000 person-years (95% CI)	Unadjusted	Adjusted		
		Model 1 HR (95% CI)	Model 2 HR (95% CI)	Model 3 HR (95% CI)	Model 4 HR (95% CI)
Acute myocardial infarction (n=5820)					
Stress resilience					
High 7–9	0.86 (0.81 to 0.92)	Reference	Reference	Reference	Reference
Moderate 4–6	1.08 (1.04 to 1.12)	1.24 (1.16 to 1.33)	1.19 (1.11 to 1.27)	1.10 (1.03 to 1.18)	1.03 (0.96 to 1.11)
Low 1–3	1.44 (1.38 to 1.51)	1.68 (1.56 to 1.81)	1.56 (1.45 to 1.69)	1.32 (1.22 to 2.43)	1.18 (1.08 to 1.28)
Fatal myocardial infarction (n=766)					
Stress resilience					
High 7–9	0.09 (0.08 to 0.11)	Reference	Reference	Reference	Reference
Moderate 4–6	0.14 (0.13 to 0.15)	1.48 (1.20 to 1.81)	1.39 (1.13 to 1.71)	1.25 (1.02 to 1.55)	1.17 (0.95 to 1.45)
Low 1–3	0.22 (0.19 to 0.25)	2.32 (1.86 to 2.89)	2.13 (1.71 to 2.66)	1.68 (1.33 to 2.12)	1.49 (1.16 to 1.90)
Angina pectoris (n=6171)					
Stress resilience					
High 7–9	0.92 (0.86 to 0.97)	Reference	Reference	Reference	Reference
Moderate 4–6	1.15 (1.11 to 1.19)	1.26 (1.22 to 1.35)	1.20 (1.12 to 1.28)	1.10 (1.03 to 1.18)	1.05 (0.97 to 1.12)
Low 1–3	1.52 (1.45 to 1.59)	1.67 (1.56 to 1.80)	1.55 (1.44 to 1.67)	1.29 (1.19 to 1.40)	1.18 (1.08 to 1.28)
Fatal CHD (n=1280)					
Stress resilience					
High 7–9	0.17 (0.15 to 0.19)	Reference	Reference	Reference	Reference
Moderate 4–6	0.23 (0.21 to 0.24)	1.35 (1.15 to 1.58)	1.28 (1.09 to 1.50)	1.15 (0.98 to 1.35)	1.10 (0.93 to 1.29)
Low 1–3	0.38 (0.34 to 0.42)	2.29 (1.94 to 2.71)	2.11 (1.79 to 2.50)	1.66 (1.39 to 1.98)	1.52 (1.27 to 1.83)

Model 1. Unadjusted.

Model 2. Adjusted for childhood factors (birth year, region, parents SEI, household crowding).

Model 3. Adjusted for 2+characteristics in adolescence (cognition, systolic and diastolic blood pressure, CVD diagnosis at conscription).

Model 4. Adjusted for 2+3+ physical fitness and body mass index in adolescence.

CVD, cardiovascular disease; SEI, socioeconomic index.

Public's Report about Most Stressful Event/Experience in the Past Year

% saying, in their own words, they had a major stressful event in the past year and it was related to...

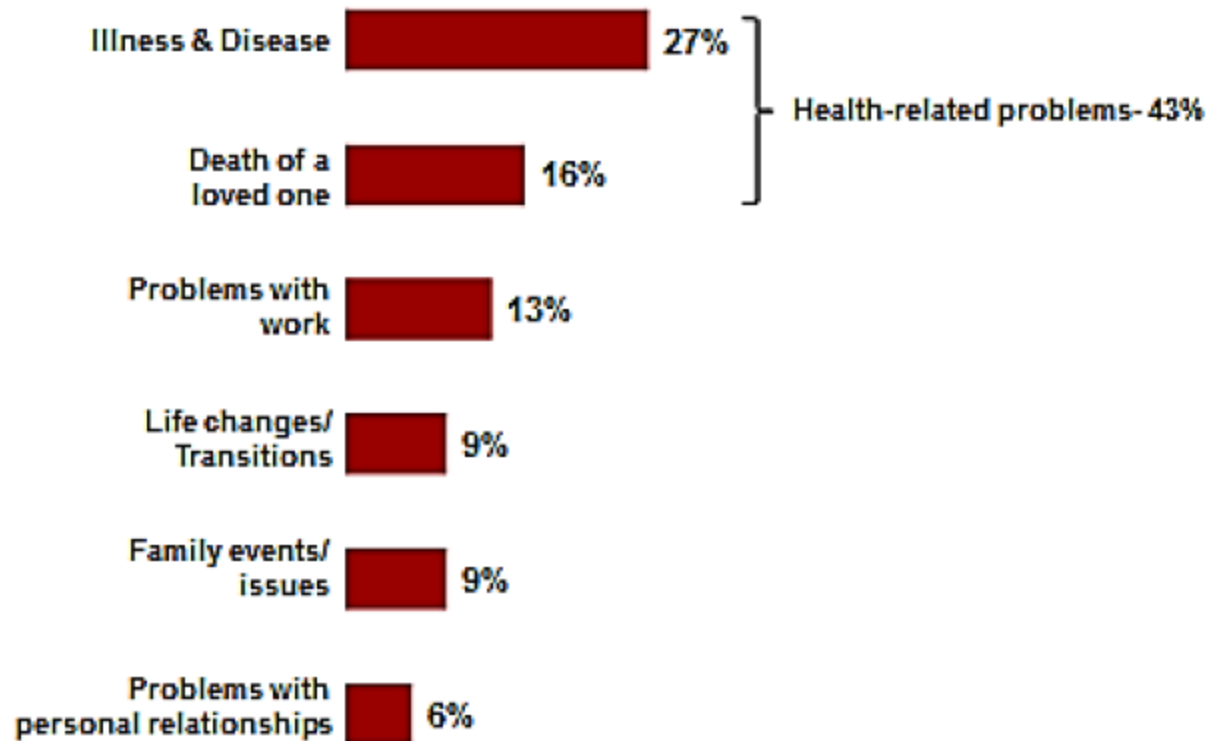


Table 2

AMI presentation and treatment characteristics of patients with various levels of chronic perceived stress

	<u>Perceived Stress Level</u>			P-Value
	Low Stress n=2582	Moderate Stress n=1027	High Stress n=595	
Clinical presentation				
ST-elevations	45.2%	39.5%	39.0%	<0.001
Peak troponin	29.2 ± 76.3	26.5 ± 64.8	28.0 ± 72.2	0.607
GRACE risk score	102.4 ± 29.9	98.9 ± 30.2	93.3 ± 28.7	<0.001
Left ventricular systolic function				0.158
Normal	61.5%	64.0%	60.2%	
Mild dysfunction	20.6%	17.2%	18.3%	
Moderate dysfunction	10.7%	11.0%	12.8%	
Severe dysfunction	7.2%	7.8%	8.7%	
Initial heart rate	81.9 ± 21.8	82.7 ± 21.7	85.3 ± 24.0	0.003
Initial systolic blood pressure	142.9 ± 30.3	143.5 ± 29.3	143.4 ± 31.5	0.813
HS-CRP levels	3.8 ± 5.1	3.5 ± 4.7	3.5 ± 4.4	0.471
Length of stay	5.3 ± 5.7	5.8 ± 7.4	5.9 ± 6.5	0.02
Hospital procedures				
Cardiac catheterization	93.6%	89.2%	90.6%	<0.001
PCI	67.2%	60.1%	63.5%	<0.001
Bypass graft surgery	9.5%	9.3%	9.1%	0.941
Medications at discharge				
Aspirin	94.9%	93.1%	94.1%	0.107
Beta-Blocker	90.8%	90.0%	88.3%	0.165
ACE-Inhibitor or ARB	74.2%	73.3%	76.4%	0.372
Statin	88.5%	86.5%	88.6%	0.226
% of QOC indicators	90.6 ± 14.8	89.0 ± 16.3	88.9 ± 16.1	0.004

Abbreviations: AMI, acute myocardial infarction; PCI, percutaneous coronary intervention; GRACE, Global Registry of Acute Coronary Events; HS-CRP, high sensitivity C-reactive protein; ACE, angiotensin converting enzyme; ARB, angiotensin receptor blocker; QOC, quality of care

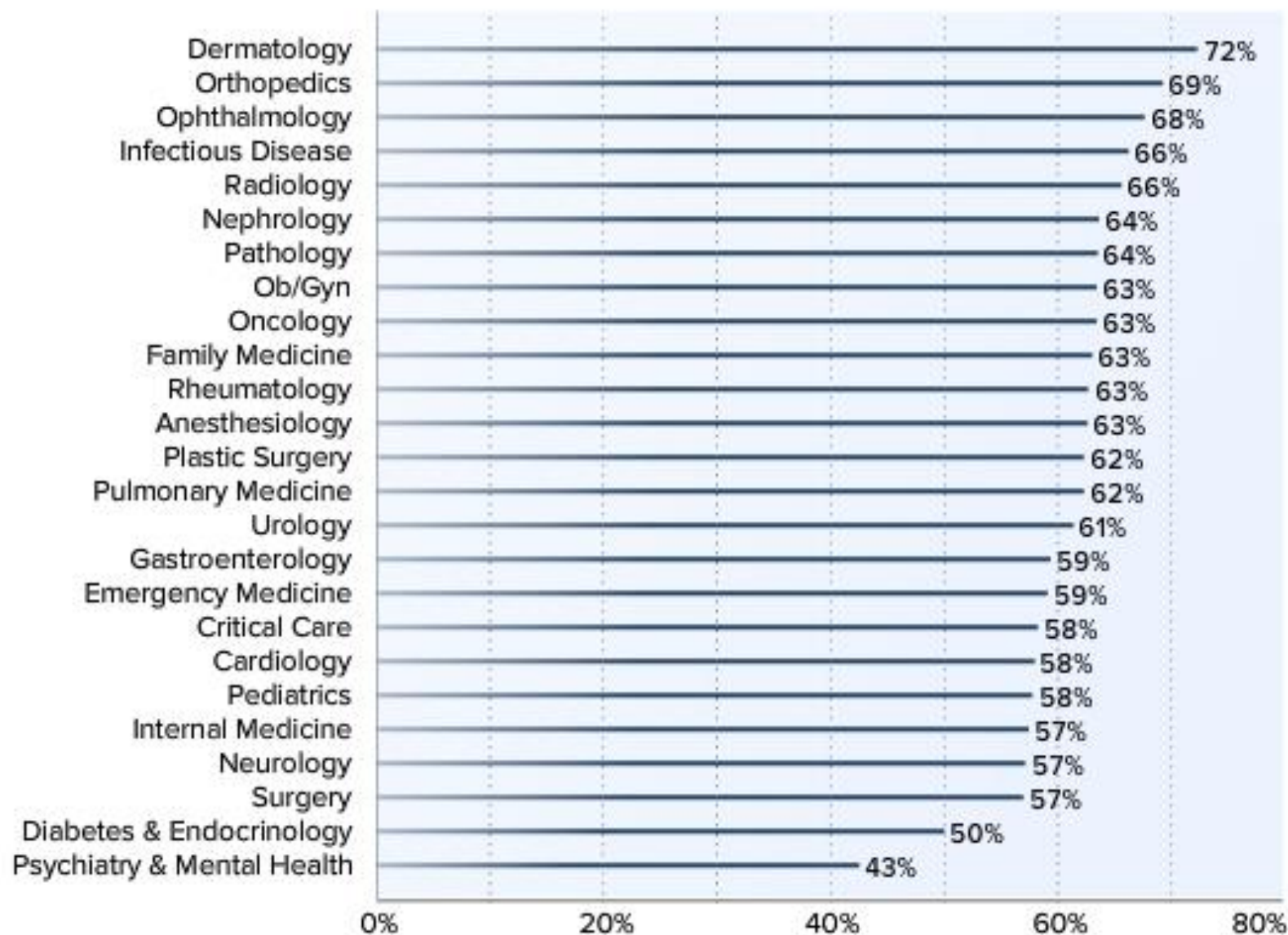
Table 3

Long-term post-AMI outcomes of patients with various levels of chronic perceived stress

	<u>Perceived Stress Level</u>			P-value
	Low Stress	Moderate Stress	High Stress	
Mortality (2 year)	8.6%	13.0%	12.8%	<0.001
Health status outcomes (1 year)				
SAQ angina frequency	94.6 ± 13.9	91.6 ± 16.7	87.0 ± 22.1	<0.001
SAQ physical limitations	94.2 ± 15.2	91.6 ± 19.0	82.8 ± 26.3	<0.001
SAQ quality of life	85.2 ± 18.6	79.3 ± 20.9	68.6 ± 26.5	<0.001
EuroQol visual analog scale	78.7 ± 18.5	71.9 ± 20.4	63.1 ± 24.4	<0.001
SF-12 physical health	45.1 ± 11.7	42.0 ± 11.9	38.6 ± 12.7	<0.001
SF-12 mental health	54.4 ± 8.8	49.9 ± 10.0	43.2 ± 12.6	<0.001

Abbreviations: AMI, acute myocardial infarction; SAQ, Seattle Angina Questionnaire; SF-12, Short-Form-12

Which Physicians Exercise the Most (at Least Twice a Week)?



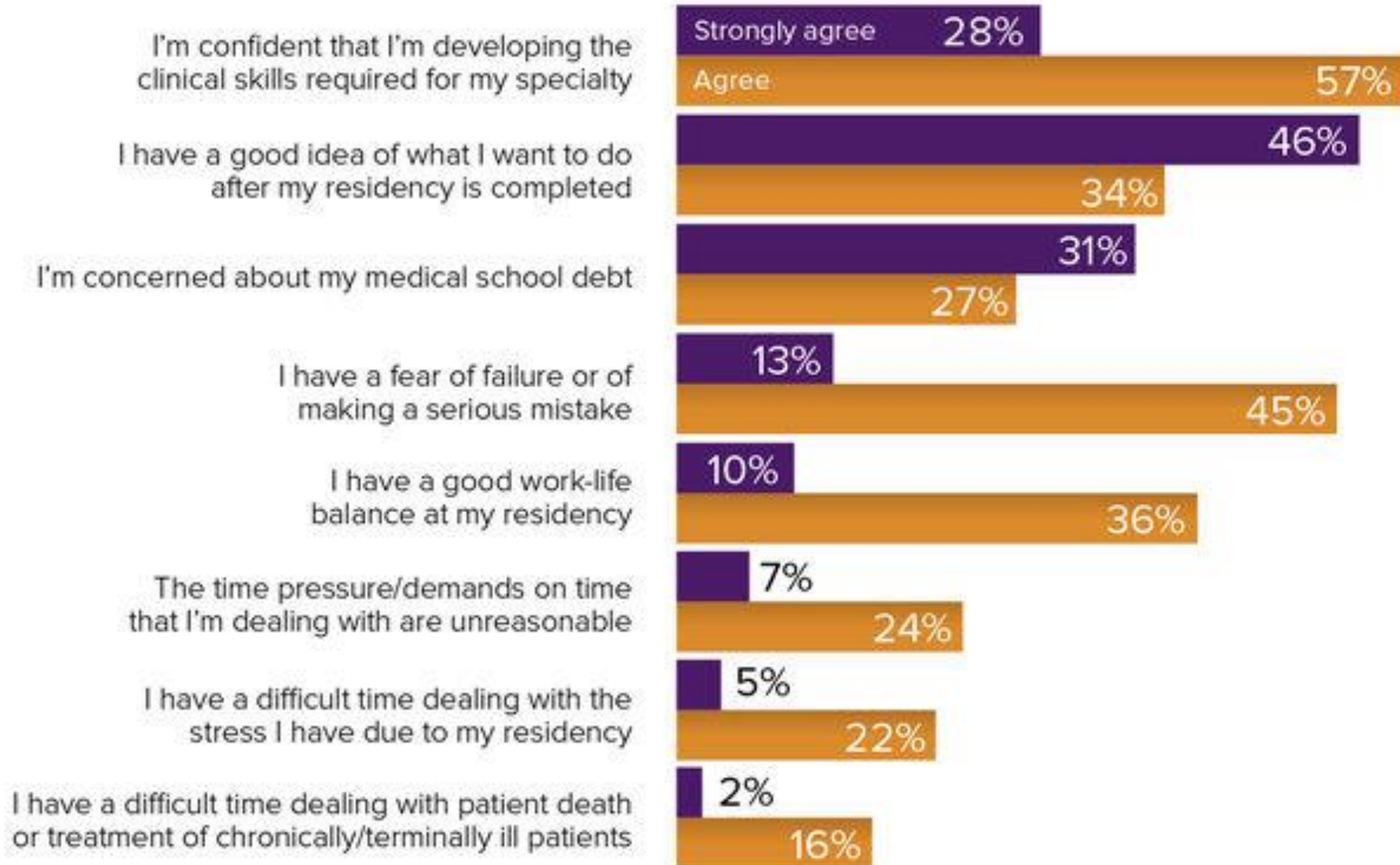
THE REAL REASON FOR FAILURE:



**NOT
HUMBLE**

**DOES NOT ACCEPT
RESPONSIBILITY**

Emotional Aspects of Resident Life



Bermuda Triangle

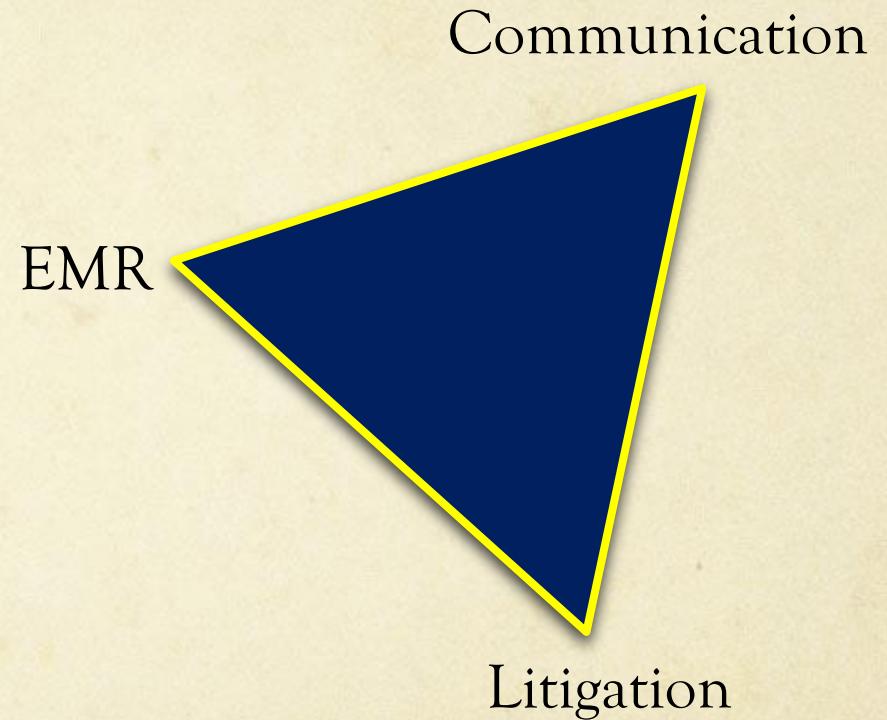


Table 1

Baseline characteristics of patients with various levels of chronic perceived stress

	<u>Perceived Stress Level</u>			P-Value
	Low Stress n=2582	Moderate Stress n=1027	High Stress n=595	
Sociodemographics				
Age	60.5 ± 12.3	57.6 ± 11.9	54.2 ± 11.0	<0.001
Male sex	70.4%	64.2%	57.0%	<0.001
Caucasian race	69.8%	63.5%	63.7%	<0.001
Married	56.8%	49.8%	38.9%	<0.001
Low social support	9.4%	24.1%	39.3%	<0.001
Lives alone	23.2%	25.4%	28.4%	0.024
High school education	82.0%	75.0%	74.7%	<0.001
Avoids care due to cost	18.4%	30.7%	48.6%	<0.001
Comorbidities				
Hypertension	64.2%	69.4%	71.4%	<0.001
Prior bypass graft surgery	11.4%	11.8%	10.8%	0.822
Diabetes mellitus	27.5%	34.8%	36.5%	<0.001
Current smoking	34.8%	44.1%	51.7%	<0.001
Anemia on admission	19.7%	23.4%	25.6%	0.001
Chronic lung disease	6.7%	7.2%	9.7%	0.032
History of heart failure	7.1%	9.3%	12.9%	<0.001
GFR <60mL/min	24.4%	24.4%	25.5%	0.843
Body mass index (kg/m ²)	29.2 ± 6.2	29.8 ± 6.8	30.5 ± 6.8	<0.001
Stroke or TIA	6.7%	7.1%	8.1%	0.492
Depressive symptoms	6.9%	24.4%	60.6%	<0.001

Abbreviations: GFR, glomerular filtration rate; TIA, transient ischemic attack

Mortality

1.42 (1.15, 1.76)

Disease-Specific Health Status

SAQ Angina Frequency

1.41 (1.14, 1.75)

SAQ Physical Limitations

1.30 (0.94, 1.79)

SAQ Quality of Life

1.41 (1.13, 1.77)

Generic Health Status

EuroQol Visual Analog Scale

1.79 (1.45, 2.20)

SF-12 Physical Health

1.43 (1.14, 1.78)

SF-12 Mental Health

2.34 (1.87, 2.93)



Figure 2. Association between moderate/high vs. low perceived stress levels and long-term outcomes

Why worry?

He who suffers before it is necessary suffers MORE than is necessary.

Seneca

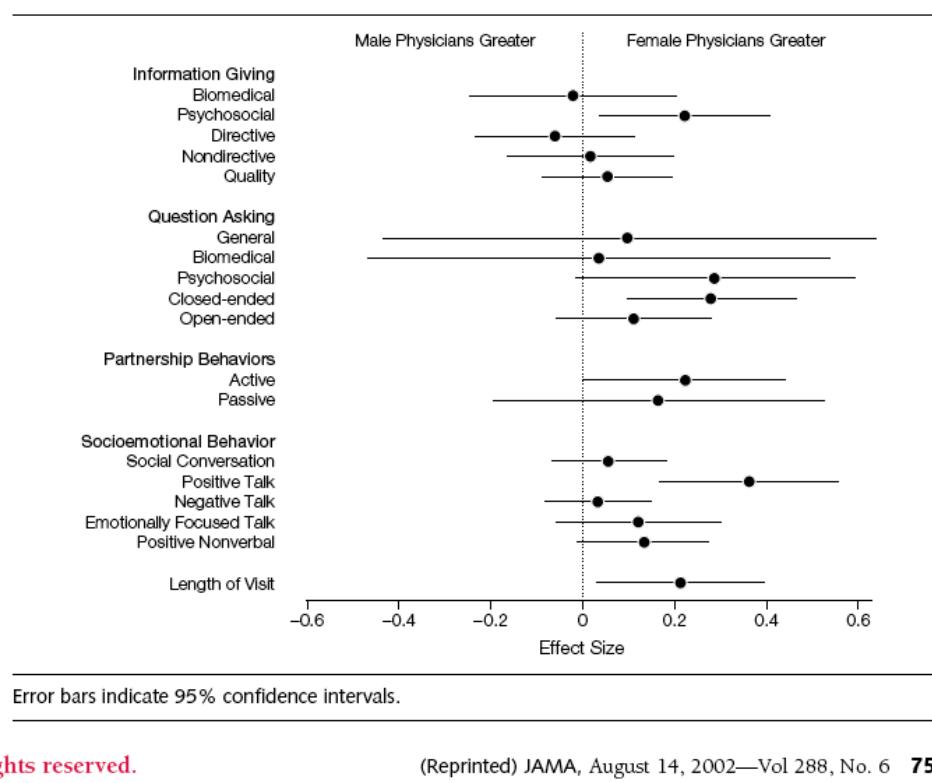
I am an old man and I have known a great many troubles, but most of them never happened.

Mark Twain

“Therefore I tell you, do not be anxious about your life, what you will eat or what you will drink, nor about your body, what you will put on. Is not life more than food, and the body more than clothing? Look at the birds of the air: they neither sow nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not of more value than they? And which of you by being anxious can add a single hour to his span of life? Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own. Matt 6:25-27, 34

Physician Gender Effects in Medical Communication.

Figure. Estimated Pooled Gender Effect Sizes for Categories of Patient-Physician Communication

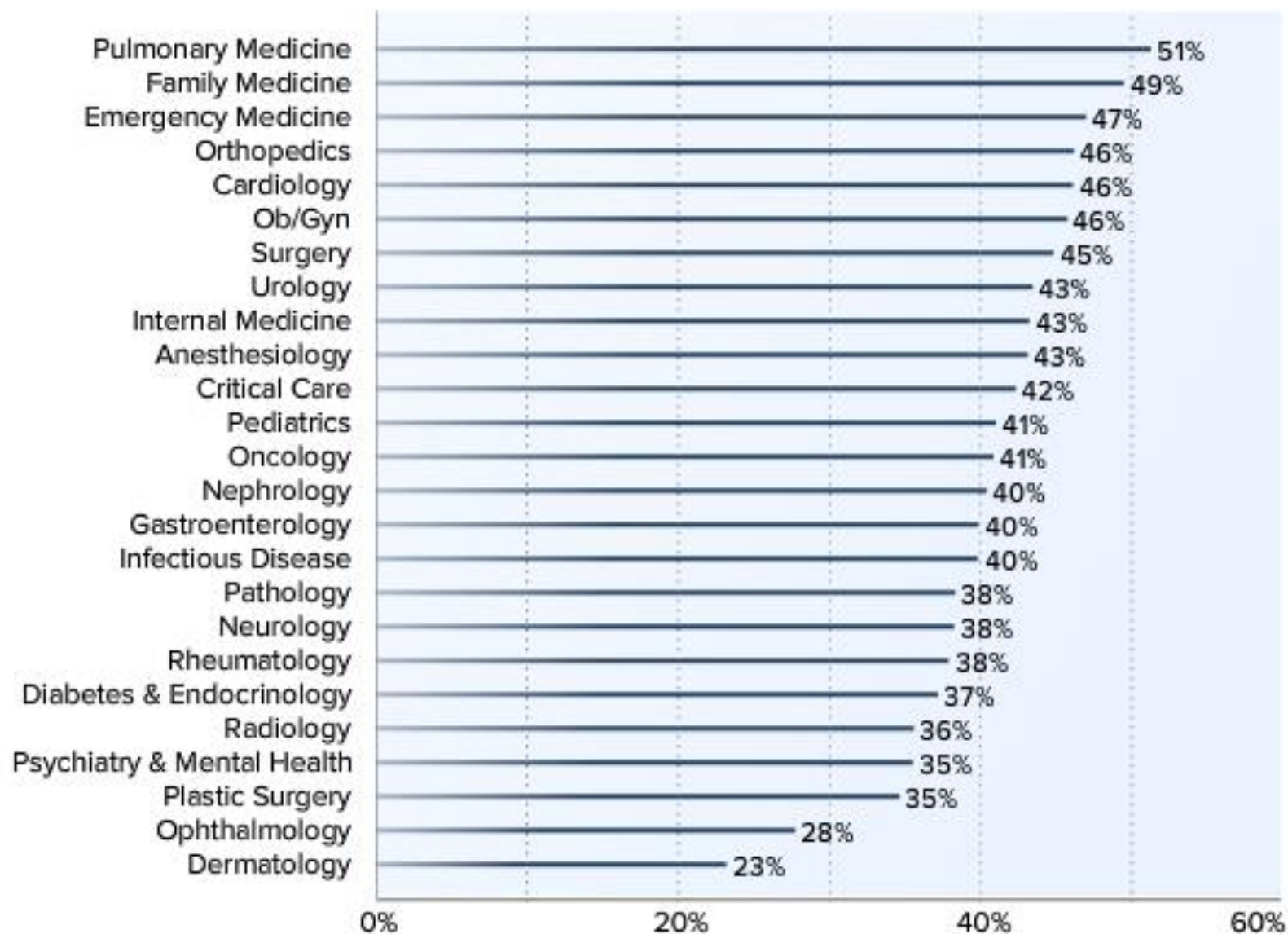


rights reserved.

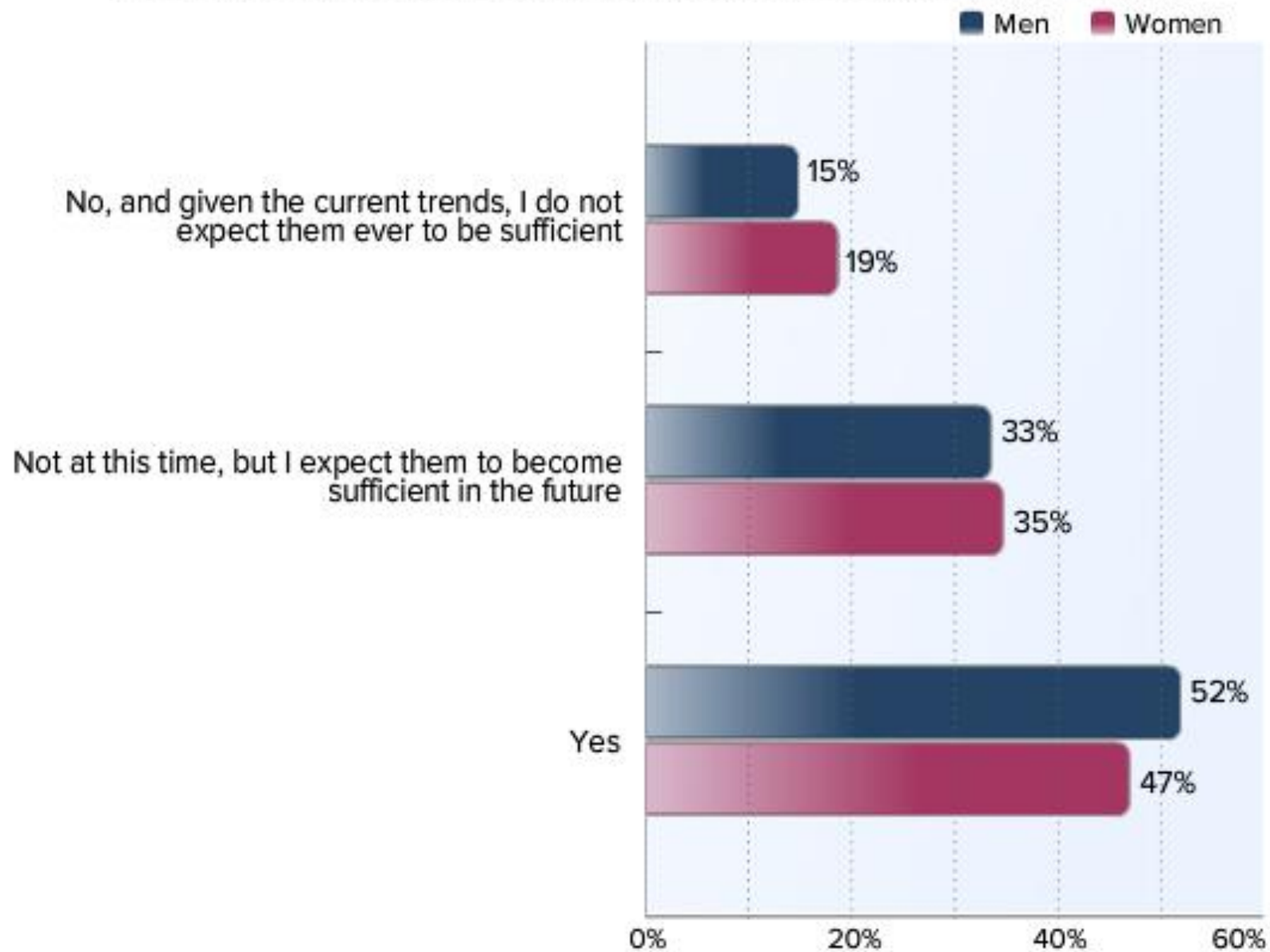
2.05 minutes longer.

Roter et al. JAMA. 2002;288: 756-764.

Which Physicians Are the Most Overweight?



Are Income and Assets Sufficient to Support Life Goals?



**YOU MUST OWN EVERYTHING
IN YOUR WORLD. THERE IS
NO ONE ELSE TO BLAME.**

JOCKO WILLINK, NAVY SEAL

“What makes a great leader?

Humility. Coachable.

The arrogant guys , who lacked humility, they couldn't take criticism from others-and couldn't even do an honest self-assessment because they thought they already knew everything.

Stay humble or get humbled. “

What is BNS?

Battered Nurse Syndrome!

The Dunning-Kruger Effect

Journal of Personality and Social Psychology
1999, Vol. 77, No. 6, 1121–1134

Copyright 1999 by the American Psychological Association, Inc.
0022-3514/99/\$3.00

Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessments

Justin Kruger and David Dunning
Cornell University

People tend to hold overly favorable views of their abilities in many social and intellectual domains. The authors suggest that this overestimation occurs, in part, because people who are unskilled in these domains suffer a dual burden: Not only do these people reach erroneous conclusions and make unfortunate choices, but their incompetence robs them of the metacognitive ability to realize it. Across 4 studies, the authors found that participants scoring in the bottom quartile on tests of humor, grammar, and logic grossly overestimated their test performance and ability. Although their test scores put them in the 12th percentile, they estimated themselves to be in the 62nd. Several analyses linked this miscalibration to deficits in metacognitive skill, or the capacity to distinguish accuracy from error. Paradoxically, improving the skills of participants, and thus increasing their metacognitive competence, helped them recognize the limitations of their abilities.

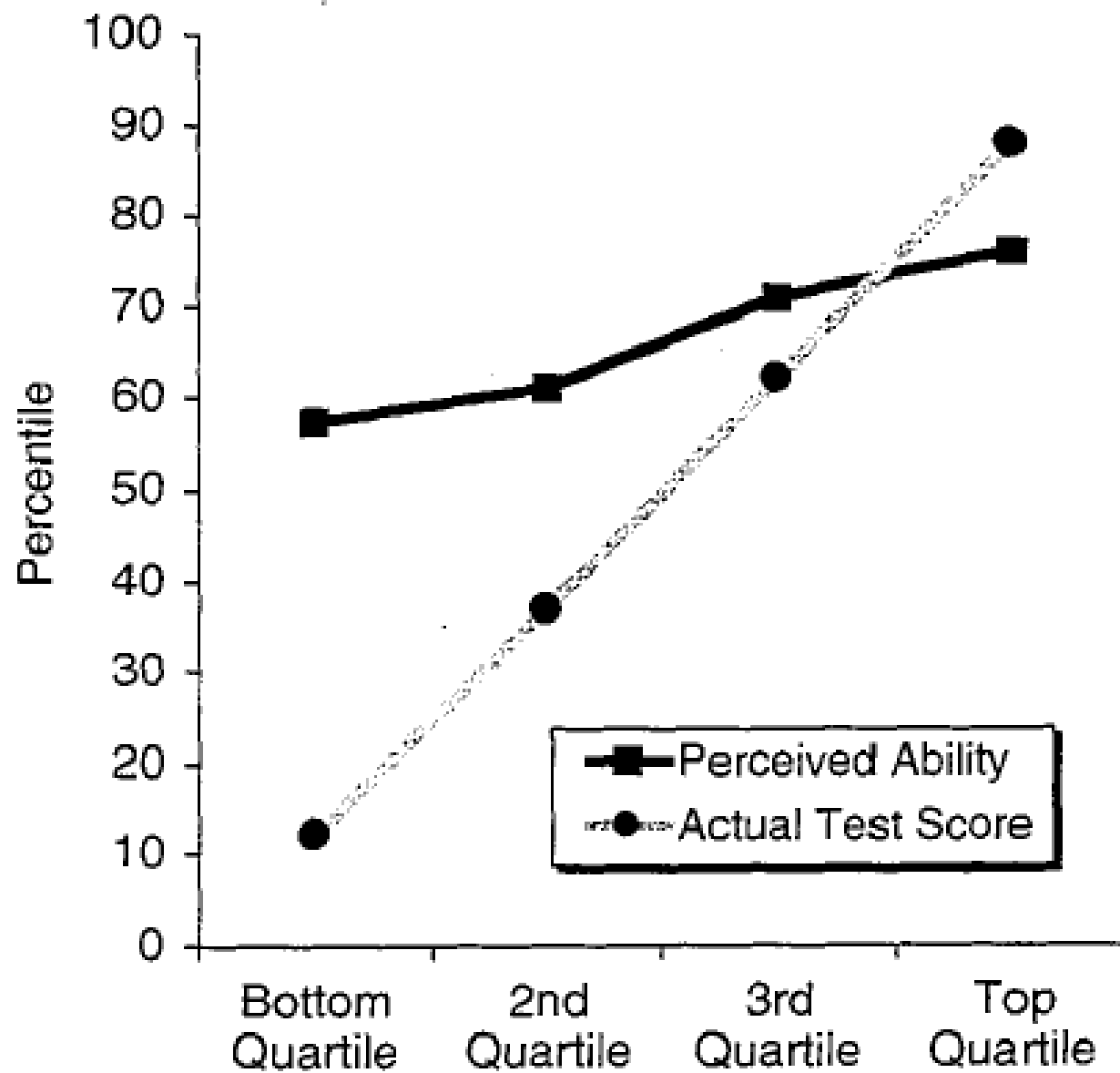


Figure 1. Perceived ability to recognize humor as a function of actual test performance (Study 1).

The “above average effect”

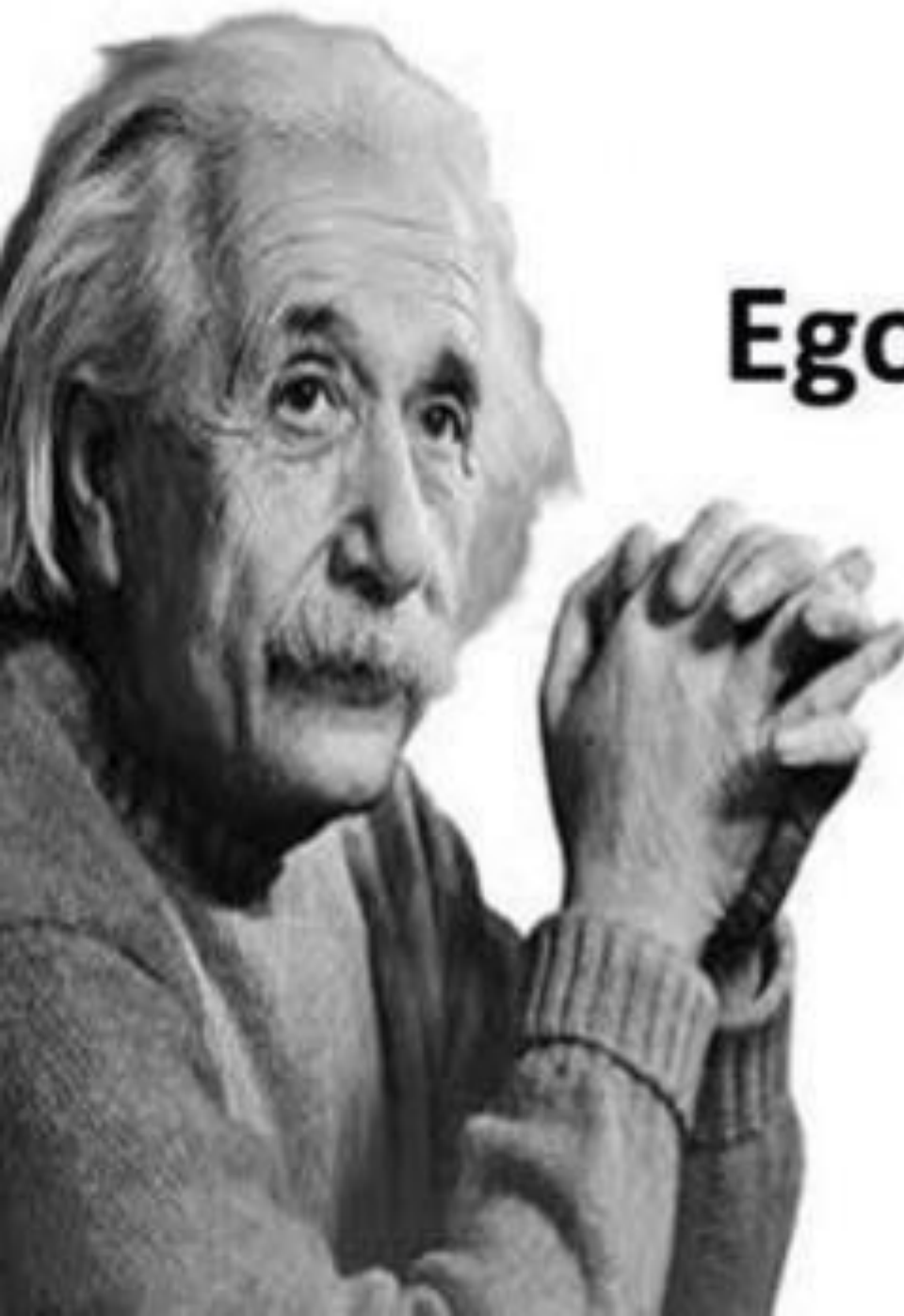
Journal of Personality and Social Psychology
1999, Vol. 77, No. 6, 1121–1134

Copyright 1999 by the American Psychological Association, Inc.
0022-3514/99/\$3.00

Unskilled and Unaware of It: How Difficulties in Recognizing One’s Own Incompetence Lead to Inflated Self-Assessments

Justin Kruger and David Dunning
Cornell University

People tend to hold overly favorable views of their abilities in many social and intellectual domains. The authors suggest that this overestimation occurs, in part, because people who are unskilled in these domains suffer a dual burden: Not only do these people reach erroneous conclusions and make unfortunate choices, but their incompetence robs them of the metacognitive ability to realize it. Across 4 studies, the authors found that participants scoring in the bottom quartile on tests of humor, grammar, and logic grossly overestimated their test performance and ability. Although their test scores put them in the 12th percentile, they estimated themselves to be in the 62nd. Several analyses linked this miscalibration to deficits in metacognitive skill, or the capacity to distinguish accuracy from error. Paradoxically, improving the skills of participants, and thus increasing their metacognitive competence, helped them recognize the limitations of their abilities.



$$\text{Ego} = \frac{1}{\text{Knowledge}}$$

*"More the Knowledge
Lesser the Ego,
Lesser the Knowledge
More the Ego..."*

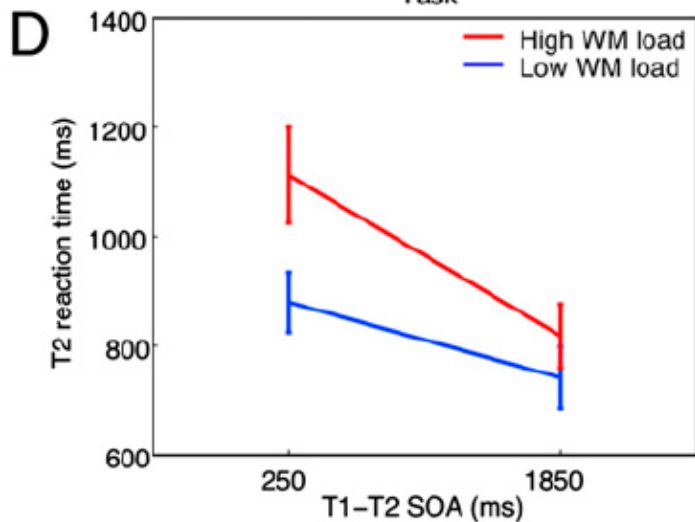
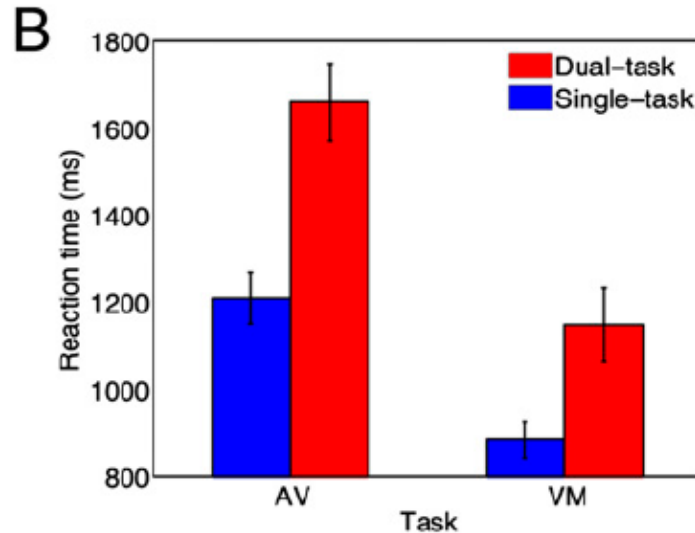
-Albert Einstein.

A Unified attentional bottleneck in the human brain

Michael N. Tombu^{a,1}, Christopher L. Asplund^{a,b}, Paul E. Dux^{a,c}, Douglass Godwin^a, Justin W. Martin^a, and René Marois^{a,1}

^aDepartment of Psychology, Vanderbilt Vision Research Center, Center for Integrative and Cognitive Neurosciences, and ^bGraduate Neuroscience Program, Vanderbilt Brain Institute, Vanderbilt University, Nashville, TN 37240; and ^cSchool of Psychology, University of Queensland, Brisbane, QLD 4072, Australia

Edited by Edward E. Smith, Columbia University, New York, NY, and approved July 19, 2011 (received for review March 5, 2011)



1,002 adults for Associated Press- NORC Center for Public Affairs Research

- TOP 5 factors making for a **high-quality physician**, according to respondents:
 - • Listens and is attentive – 18 percent
 - Ability to accurately diagnose – 11 percent
 - Is caring – 8 percent
 - Has a good bedside manner and relationship with patients – 8 percent
 - Is knowledgeable – 8 percent
- TOP 5 factors making for a **poor-quality physician**, according to respondents:
 - • Doesn't listen and is inattentive – 17 percent
 - Does not spend enough time with patients – 10 percent
 - Misdiagnoses or is incompetent – 9 percent
 - Not accessible or is overbooked – 9 percent
 - Bad personality traits – 6 percent

