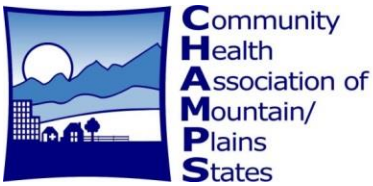
PARTICIPANT HANDOUTS
INSTITUTIONAL STRATEGIES FOR PROMOTING RESILIENCE AND REDUCING BURNOUT



Thank you for attending today's training.
By doing so you are strengthening the ability
of your community-based and patient-directed health center
to deliver comprehensive, culturally competent, high-quality
primary health care services.

PRESENTER
Elizabeth C. Lawrence, MD, FACP, Director of Physician and Student Wellness, University of New Mexico School of Medicine

LIVE BROADCAST DATE/TIME
Monday, August 21, 2017
12:00 – 1:30 PM Mountain Time / 1:00 – 2:30 PM Central Time

TARGET AUDIENCE
Physicians and health care leaders and administrators.

EVENT OVERVIEW
National surveys of US physicians indicate a burnout rate of over 50%. Burnout, a syndrome of emotional exhaustion, cynicism, and low self-efficacy, is associated with medical errors, lower quality of care, lower rates of patient satisfaction, less adherent patients, and impaired professionalism. Individual physicians may engage in strategies to prevent and reduce burnout or improve personal resiliency, but institutions also play a key role in identifying and implementing strategies to improve physician well-being. This webinar will review the evidence-based organizational approaches to reduce physician burnout.

LEARNING OBJECTIVES
By the end of the event, participants will be able to:
1. Define burnout and resiliency
2. Discuss evidence-based organizational strategies to promote provider resiliency and/or reduce burnout
3. Describe obstacles and support to implementing strategies at home institution
4. Identify at least one institutional strategy to promote provider wellness to introduce to home institution

CONTENTS
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Description of CHAMPS
Description of CCHN
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CHAMPS ARCHIVES

This event will be archived online and on CD-ROM. The online version will be available within two weeks of the live event, and the CD will be available within two months. CHAMPS will email all identified participants when these resources are ready for distribution. For more information, visit http://champsonline.org/events-trainings/distance-learning.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-designated Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, policy and funding communications, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.champsonline.org.

DESCRIPTION OF CCHN

Colorado Community Health Network (CCHN) is a non-profit organization representing the 20 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

SPEAKER BIOGRAPHY

Dr. Liz Lawrence is an Associate Professor at the University of New Mexico School of Medicine. She is part of the Department of Internal Medicine's Division of General Internal Medicine, and is also the Director of Physician and Student Wellness. Dr. Lawrence's clinical practice is in Santa Fe at the La Familia Medical Clinic, a Federally Qualified Health Center (FQHC) serving primarily underserved populations. Dr. Lawrence attended medical school at Stanford, and has been practicing in New Mexico since her internal medicine residency at UNM. She has presented on physician wellness at local, national, and international conferences.

Institutional Strategies for Promoting Resilience and Reducing Burnout

LIZ LAWRENCE, MD, FACP

AUGUST 21, 2017, 12:00-1:30 P.M. MOUNTAIN TIME
COLORADO COMMUNITY HEALTH NETWORK

HOSTED BY:

COLORADO COMMUNITY HEALTH NETWORK
Access for All Colorado

www.cchn.org

Community Health Association of Mountain/Plains States

www.champsonline.org

Interactive Poll

Does your organization currently have strategies for promoting provider and staff wellness and resiliency?

- Yes
- No
- Unsure

Interactive Question

How many total people are watching this event at your computer (yourself included)?

Objectives:

By the end of this webinar, participants will be able to:

- Define burnout and resiliency
- Discuss evidence-based organizational strategies to promote provider resiliency and/or reduce burnout
- Describe obstacles and support to implementing strategies at home institution
- Identify at least one institutional strategy to promote provider wellness to introduce to home institution

What is Provider/Staff Wellness?

- Mental health
- Substance use
- Physical illness/Accommodations/Aging providers
- Occupational Hazards
- Wellness practices
- Burnout

What is Burnout?

Burnout is a defined syndrome consisting of 3 factors that results in decreased effectiveness at work.

- Emotional exhaustion
- Depersonalization
- Diminished sense of personal accomplishment

Burnout

- Burn out is not the same as stress
- Burn out is not the same as depression

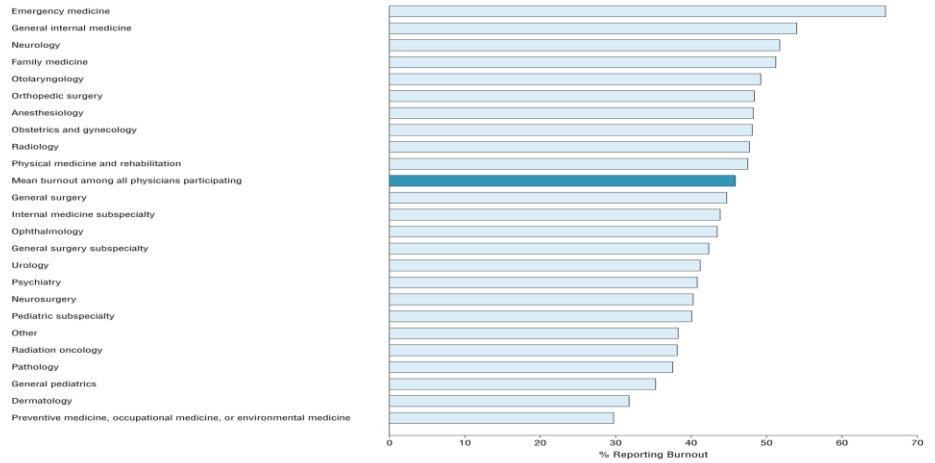
Burnout vs. Depression

- Burnout is related to effectiveness at work
- Depression can be seen in someone without caregiving responsibilities
- Respond to different interventions

The JAMA Network

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199



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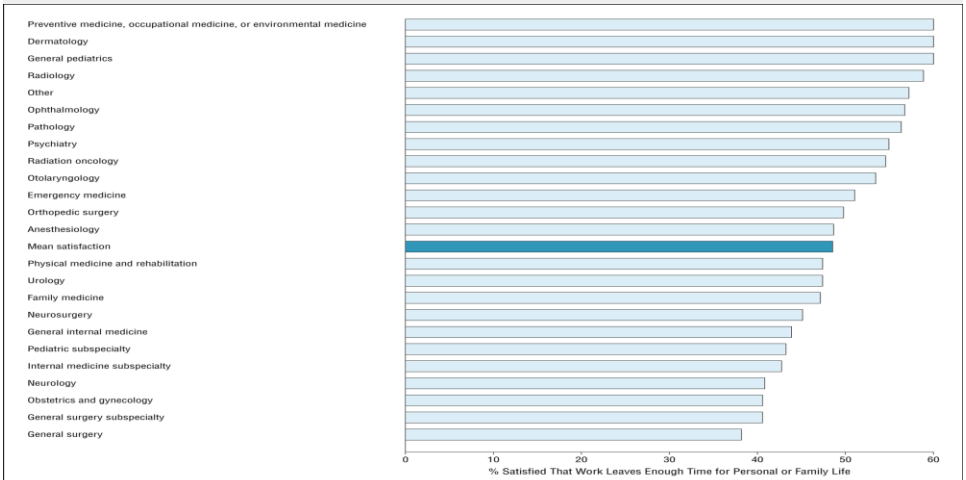

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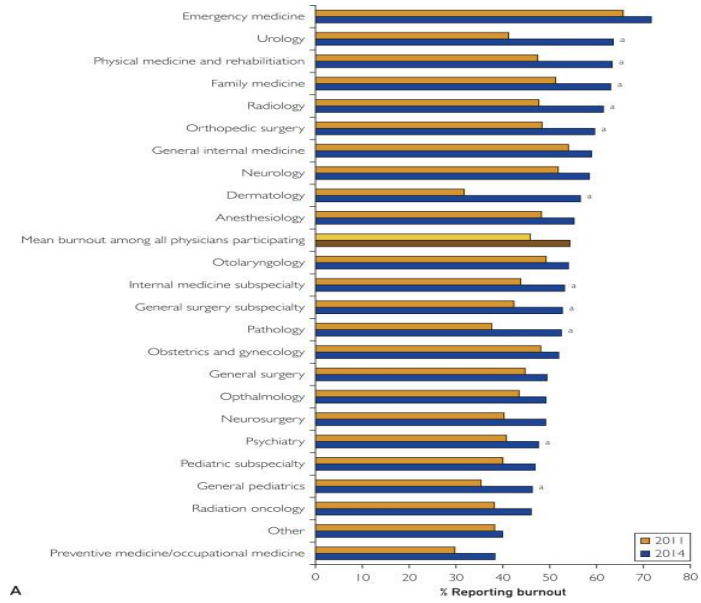
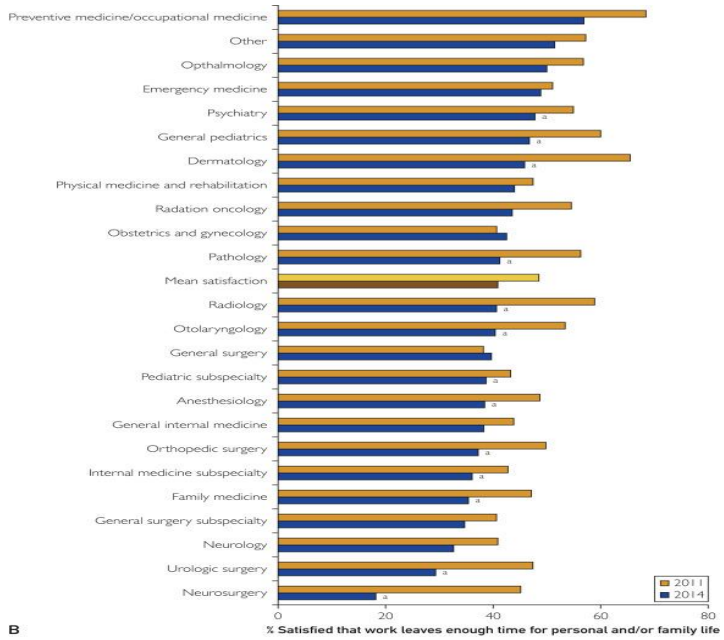
Interactive Poll

The three specialties with the highest rates of burnout in 2014 are:

- Emergency medicine, Urology, Physical Medicine and Rehab
- Emergency medicine, family medicine, general internal medicine
- Obstetrics and Gynecology, General Surgery, Emergency Medicine
- Radiology, Family Medicine, General Internal Medicine
- Physical Medicine and Rehab, Family Medicine, General Internal Medicine



Mayo Clinic Proceedings, Volume 90, Issue 12, 2015, 1600–1613



Mayo Clinic Proceedings, Volume 90, Issue 12, 2015, 1600–1613

Burnout

National physician burnout rate exceeds 54%

Mayo Clinic Proceedings, Volume 90, Issue 12, 2015, 1600–1613

Public Health Crisis

- Burnout in US alone:
- *Data on slide from Colin West– Mayo – 1/5/2017*

Medical students	>40,000
Residents and fellows	>60,000
Physicians	>500,000

Nurses

- Burnout reported in:
- 34% percent of hospital nurses
- 37% of nursing home nurses
- 22% of nurses working in other settings

- *Health Aff.* 2011;30(2):202-210.

Non-Clinicians

Stress high in the health care workplace:

- Workload
- Emotional response to contact with suffering and dying patients
- Organizational problems and conflicts
- Poor flow/chaos
- Salary

Payne 1987; McNeely 2005

Non-Clinicians

A 2013 survey of 508 employees working for 243 health care employers found

- 60% reported job burnout
- 34% planned to look for a different job

Front Line Staff

Receptionists:

- Most receptionists feel that physicians fail to appreciate the complexity of their work.
- 68% of receptionists experience verbal abuse from patients.
- Stressors:
  - Trying to prioritize and protect patients, despite having little time, information, and training
  - Conflicting patient and provider demands/expectations
  - Angry, fearful, frustrated, distressed patients

Why does burnout matter?

Burned out providers:

- Are less empathetic
- Are more irritable and angry
- Communicate less effectively with patients
- Are more likely to cut corners

Why does burnout matter?

Burned out physicians:

- Order more tests/procedures
- Make more medical errors
- Have less satisfied and less compliant patients
- Are more likely to leave practice

Economic Impact

- Malpractice:
- Retrospective study 818 physicians enrolled in CO PHP who were insured by the largest medical malpractice carrier in the state
- After participation in CO PHP:
  - 20% lower malpractice risk than the matched cohort
  - physicians' annual rate of claims was significantly lower after program monitoring

Economic Impact

- Medical Error:
- The cost of medical errors to the US in 2008 was $19.5 billion
- Burned out physicians self-report more errors
- Depressed physicians self-report more errors

TABLE 5.

TABLE 5. Factors Independently Associated With Perceived Medical Errors on Multivariate Analysis

Characteristic and Associated Factors	Odds Ratio*	*P*
Positive depression screen	2.217	<0.0001
Burnout	2.016	<0.0001
Age†	0.985	0.001
Otolaryngologist	0.614	0.041
>50% time dedicated to nonpatient care (research, administration)	0.597	0.012
Retired	0.296	0.0400
Plastic surgeon	0.263	<0.0001
Gynecologic surgeon	0.243	0.050

*OR >1 indicates increased risk of perceived medical error; OR<1 indicate lower risk of perceived medical error.
†Each 1 year change.
‡Nonsignificant factors: hours worked per week, number of hours in operating room per week, number of nights on call per week, primary method of compensation (eg, salaried, incentive based pay, mix), years in practice, practice setting, academic rank, relationship status, having children, age of children, gender.

Burnout and Medical Errors Among American Surgeons.
Shanafelt, Tait; Balch, Charles; Bechamps, Gerald; Russell, Tom; Dyrbye, Lotte; Satele, Daniel; Collicott, Paul; Novotny, Paul; Sloan, Jeff; Freischlag, Julie

Annals of Surgery. 251(6):995-1000, June 2010.
DOI: 10.1097/SLA.0b013e3181bfdab3

TABLE 5. Factors Independently Associated With Perceived Medical Errors on Multivariate Analysis

Wolters Kluwer | OvidSP
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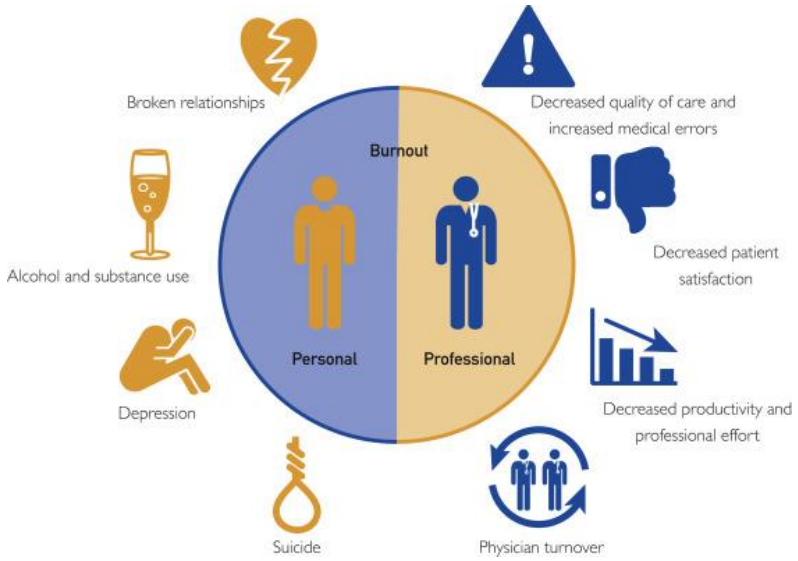


Shanafelt and Noseworthy. Mayo Clinic Proceedings, Volume 92, Issue 1, 2017, 129–146

Figure 1. Personal and professional repercussions of physician burnout.

Maslach Speaks

MGMA/AMA 2017 Collaborate in Practice Conference (as reported in AMA wire 4-24-17)

Workload: The demands of your job exceed the resources available to accomplish it.

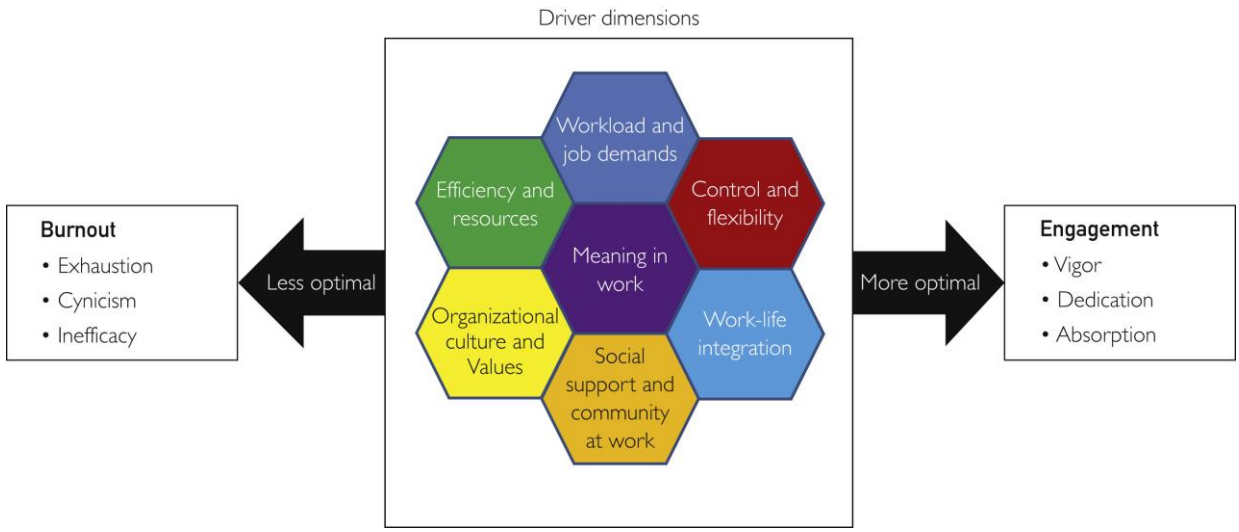
Control: You have very little say over how you do what you do—and no one is interested in your feedback.

Rewards: Rewards are less about salary and benefits and more about recognition for a job well done.

Community: "Unresolved conflicts that fester over time into a socially toxic environment" may lead to anti-social behaviors, such as bullying and rudeness Maslach said.

Fairness: A perceived lack of equity in the workplace—one in which success "depends on who you know" rather than experience and expertise—can result in anger and hostility.

Values Conflicts: A disconnect between the values that give meaning to your life and your day-to-day work realities can chip away at your sense of self, with long-range consequences.



Mayo Clinic Proceedings 2017 92, 129-146DOI: (10.1016/j.mayocp.2016.10.004)
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Burnout: A Way Forward

Burnout: National and State Initiatives

- Documentation requirements
- Payer pre-approval process
- Maintenance of certification requirements
- Questions on state licensing boards about mental health
- Support for research on physician well-being
- ACGME core requirements (and LCME)

Burnout: Individual Initiatives

- Find meaning in work
- Self awareness - knowing values and priorities
- Establish clear boundaries between work and home

Burnout: Individual Initiatives

Evidence supports specific tools to build resiliency in individuals:

- Meditation
- Mindfulness
- Reflective groups or workshops
- On-line web-based cognitive behavioral therapy to decrease anxiety, SI (residents)
- Stress management workshops
- Unique schedules, part-time schedules
- Limiting electronic access
- Career fit
- Skills training: EMR, communication, leadership, stress management

Physician Well-Being: Approach Summary

(Slide presented by Colin West, Plenary Session, ICPH 2016)

Key Driver	Individual	Organizational
Workload	Part-time status	Productivity targets Duty hour requirements Integrated career development
Work Efficiency/ Support	Efficiency/Skills Training	EMR (+/-) Staff Support
Work-Life Integration	Self-care Mindfulness	Meeting schedules Off-hour clinics Curricula during work hours Financial support/counseling
Autonomy/Flexibility/Control	Stress management/Resiliency Mindfulness Engagement	Physician Engagement
Meaning/values	Positive psychology Reflection/self-awareness Mindfulness Small group approaches	Core values Protect time with patients Promote community Work/learning climate

Interventions to prevent and reduce physician burnout

Two recent articles:

- West CP et al. Lancet. 2016;388:2272-2281.
- Panagioti M et al. JAMA Intern Med. 2017;177(2):195-205.

Burnout: A Way Forward

Institutional Strategies Group Exercise

What is one strategy you use to promote provider wellness and resiliency at your institution?

Institutional Strategies: Ten Steps

Institutional Metrics

1. Make clinician satisfaction and wellbeing quality indicators.

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Institutional Strategies: Physician Well-Being as Quality Indicator

Mini Z burnout survey

Mini Z burnout survey

Name:	**Role:**
Team/department:	**Date of survey:**

For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.

1. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2. I feel a great deal of stress because of my job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

3. Using your own definition of "burnout," please circle one of the answers below:
   a. I enjoy my work. I have no symptoms of burnout.
   b. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
   c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
   d. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
   e. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
5. Sufficiency of time for documentation is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
6. Which number best describes the atmosphere in your primary work area?	1 Calm	2	3 Busy, but reasonable	4	5 Hectic, chaotic
7. My professional values are well aligned with those of my department leaders:	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
8. The degree to which my care team works efficiently together is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
9. The amount of time I spend on the electronic health record (EHR) at home is:	1 Excessive	2 Moderately high	3 Satisfactory	4 Modest	5 Minimal/none

Institutional Strategies: Ten Steps

Institutional Metrics

2. Incorporate mindfulness and teamwork into practice

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Institutional Strategies: Incorporate mindfulness and teamwork

Meeting with meaning:
- Sets tone/mood of meeting, workshop
- Builds comradery, team
- Levels the playing field
- Demonstrates priorities
- Simple, cheap, time-efficient

Examples:
- A brief meditation - Chair, Department of Family & Community Medicine
- Ask a question of the day - Chief, General Surgery
- Share a poem or quotation on rounds - GIM Attending

Institutional Strategies: Incorporate mindfulness and teamwork

Mayo 2012:

- Provided one hour protected time every other week for group of providers to meet (19 sessions)
- Improvement in meaning from work, burnout
- Sustained benefits at one year

West CP et al. JAMA Int Med. 2014;164:527-533.

Institutional Strategies: Incorporate mindfulness and teamwork

Mayo 2014: Does intensity of small group matter?

- 12 biweekly one-hour meetings of self-formed groups of 6-8 academic internal medicine physicians
- Improvement in multiple domains of well-being, satisfaction, burnout, meaning from work
- Benefits sustained 6 months later
- Mayo now funding **COMPASS** groups (**CO**lleagues **M**eeting to **P**romote and **S**ustain **S**atisfaction)

West CP et al. JGIM. 2015;30:S89.

Institutional Strategies: Ten Steps

Institutional Metrics

3. Decrease stress from electronic health records.

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Institutional Strategies: Decreased Stress from EMR

- EMR Training
- Scribes
- MA, staff order entry
- Desk Slots
- Power Chart icon on desktop, swipe and go

Institutional Strategies: Ten Steps

Work Conditions

4. Allocate needed resources to primary care clinics to reduce healthcare disparities.
5. Hire physician floats to cover predictable life events.
6. Promote physician control of the work environment.
7. Maintain manageable primary care practice sizes and enhanced staffing ratios.

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Can't Afford a Float?: Think Again

Retention of physicians:

- $500,000 to $1,000,000 in order to recruit, hire, and train a replacement physician and in lost revenue during this time
- Does not measure loss of specific clinical, research, administrative, organizational expertise and impact on morale

Institutional Strategies: Promote Physician Control

- Extend appointment times
- Offload non-clinician work
- Build cohesive team - each member works to top of license
- Meetings during work hours
- Reduce chaos
- Implement "desk top" slots
- Ensure providers take earned time off
- Pilot unique schedules
- Time to catch up from vacation

Institutional Strategies: Work Conditions

- Researchers made site-visits to 23 high-performing practices
- Identified 5 classes of innovations

Sinsky CA, et al. Ann Fam Med. 2013 11(3)272-8

Institutional Strategies: Work Conditions

Problem	Innovation
Unplanned visits with overfull agendas	Previsit planning Preappointment laboratory tests
Inadequate support to meet the patient demand for care	Sharing the care[a] Expanded nurse or medical assistant rooming protocol Standing orders Extended responsibility for health coaching, care coordination, and integrated behavioral health to nonphysician members of the team Team responsibility for panel management

Sinsky CA, et al. Ann Fam Med. 2013 11(3)272-8

Institutional Strategies: Work Conditions

Great amounts of time spent documenting and complying with administrative and regulatory requirements	Scribing Assistant order entry Standardized prescription renewal
Computerized technology that pushes more work to the physician	In-box management Verbal messaging
Teams that function poorly and complicate rather than simplify the work	Improving team communication through Co-location Huddles Regular team meetings Improving team functioning Systems planning Work flow mapping

Sinsky CA, et al. Ann Fam Med. 2013 11(3)272-8

Institutional Strategies: Ten Steps

Career Development

8. Preserve physician "career fit" with protected time for meaningful activities.

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Institutional Strategies: Ten Steps

Career Development

9. Promote part-time careers and job sharing.

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Institutional Strategies: Ten Steps

Self Care

10. Make self-care a part of medical professionalism

Linzer M et al. J Gen Intern Med. 2014;29(1):18-20

Institutional Strategies: Prioritize Self Care

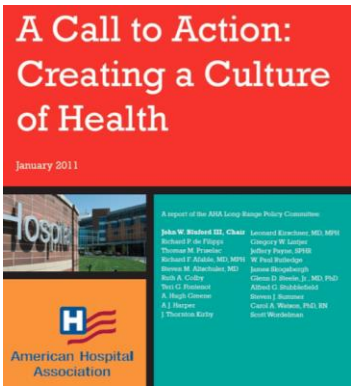
- Protected time for reflection
- Debriefing sessions and focus groups on work stressors, resiliency strategies
- Resiliency training
- Peer support
- Healthy foods
- Improve the physical environment
- Incentivized exercise program

Institutional Strategies: Prioritize Self Care

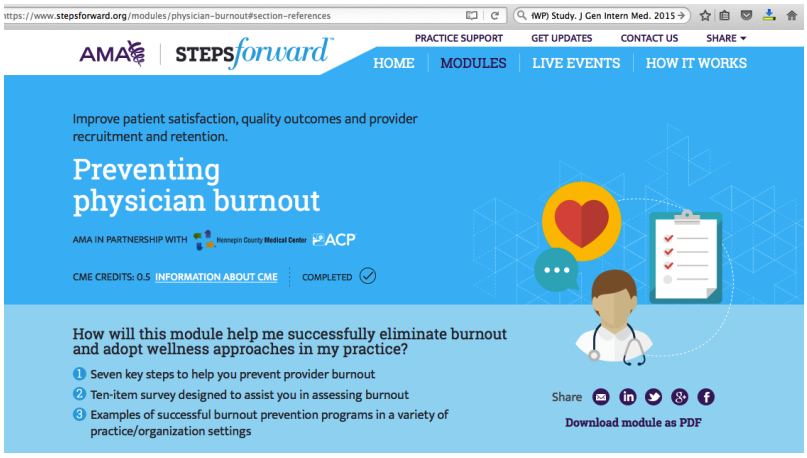
- the UCLA plastic surgery: https://www.uclahealth.org/plasticsurgery/resident-wellness-resources
- https://www.med.unc.edu/medicine/education/residency/residents/resident-wellness

Institutional Strategies: Resources

A Call to Action: Creating a Culture of Health: A report of the American Hospital Association. January 2011.
http://www.aha.org/advocacy-issues/healthforlife/culture.shtml



Institutional Strategies: Resources



Institutional Strategies
Leadership Support

Promote shared values

- Leaders model work-home balance & value well-being
- Understand and promote work control
- Meetings with meaning
- All healthcare organizations should have a wellness committee
- Ensure that organizational metrics for success include clinician satisfaction and well-being

Institutional Strategies:
Making The Case For Change

Burned out physicians:

- Order more tests/procedures
- Make more medical errors
- Have less satisfied and less compliant patients
- Are more likely to leave practice

Institutional Strategies: Making The Case For Change

Small changes→ Big results:

- Preserve career fit (1 day/week)
- Pay for dinner
- Meetings with meaning
- Acknowledge successes

Interactive Poll

If you were to introduce additional organzational strategies to promote provider/staff well-being and reduce burnout, what support would you have for your initiative?

- Leaders in the organization
- Colleagues
- Patients
- Financial support from any of the above groups /other sources
- All of the above
- None of the above

Interactive Poll

If you were to introduce additional organzational strategies to promote provider/staff well-being and reduce burnout, what barriers would you face?

- Leaders in the organization
- Colleagues
- Patients
- Financial support from any of the above groups /other sources
- All of the above
- None of the above

Institutional Strategies: Reflect

- Identify one change you would like to bring home to your institution to address risk factor for burnout
- What resources do you need to implement this change?
- How will you access those resources?
- What obstacles do you anticipate to making this change?
- What time line do you have in mind?

Maslach Speaks

MGMA/AMA 2017 Collaborate in Practice Conference
(as reported in AMA wire 4-24-17)

Workload
Control
Rewards
Community
Fairness
Values Conflicts

Can We Really Change?

Shanafelt TD and Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. Mayo Clin Proc. 2017;92(1):129-146.

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions[a]
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science

Mayo Clinic Proceedings 2017 92, 129-146DOI: (10.1016/j.mayocp.2016.10.004)
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Interactive Poll

Does your organization currently have strategies for promoting provider and staff wellness and resiliency?

- Yes
- No
- Unsure

Can We Really Change?

- "Our experience demonstrates that deliberate, sustained, and comprehensive efforts by the organization to reduce burnout and promote engagement can make a difference. Many effective interventions are relatively inexpensive, and small investments can have a large impact. Leadership and sustained attention from the highest level of the organization are the keys to making progress."

Shanafelt TD and Noseworthy JH. Mayo Clin Proc. 2017;92(1):129-146.

Objectives:

By the end of this webinar, participants will be able to:

- Define burnout and resiliency
- Discuss evidence-based organizational strategies to promote provider resiliency and/or reduce burnout
- Describe obstacles and support to implementing strategies at home institution
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Questions?

Thank you!

Liz Lawrence, MD, FACP
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Associate Professor, Department of Internal Medicine
UNM School of Medicine
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Thank You For Joining Us!

Your opinions are very important to us.

Please complete the Evaluation for this event. Those attending the entire event and completing the Evaluation questions will receive a Certificate of Participation.

Each person should fill out their own Evaluation Survey.

Please refer to the SurveyMonkey link provided under the "Handouts" tab of the online event. The same link was provided in the reminder email sent out in advance of the event, and will be included in a follow-up email to those logging onto the live event. Please pass the link along to others viewing the event around a shared computer.

To learn more about trainings offered by CHAMPS and CCHN, please visit:

- www.CHAMPSonline.org/Events/
- www.CCHN.org/training-and-events

COLORADO COMMUNITY HEALTH NETWORK
Access for All Colorado

Community Health Association of Mountain/Plains States

ADDITIONAL RESOURCES

American Hospital Association "A Call to Action: Creating a Culture of Health"
http://www.aha.org/research/cor/content/creating-a-culture-of-health.pdf

American Medical Association Steps Forward Program
https://www.stepsforward.org/modules/physician-wellness

CHAMPS Retaining CHC Staff Webpage
http://champsonline.org/tools-products/rrresources

CCHN Retention Resources Webpage
http://cchn.org/retention-resources/

The Doctor Paradox Podcast Series
http://thedoctorparadox.com/

National Academy of Science Perspectives on Clinician Well-Being & Resilience
http://nam.edu/perspectives-on-clinician-well-being-and-resilience/

Resident Doctors of Canada Resiliency Curriculum
http://residentdoctors.ca/wellness/resiliency/

Star^{2}Center Burnout Resource Bundle
http://chcworkforce.org/burnout

University of Colorado Work & Well-Being Toolkit for Physicians
https://www.bhwellness.org/resources/toolkits/physicians/