

BURNOUT RECOVERY CHECKLIST

Practice: _____ Date: _____
Prepared by: _____

SECTION A: PERSONAL BOUNDARIES

- ☐ Turn off work notifications after hours
- ☐ Block personal time into your weekly schedule
- ☐ Take at least one unplugged weekend day per month

Notes: _____

SECTION B: DELEGATION ACTIONS

- ☐ Identify 2 repetitive tasks to delegate this week
- ☐ Assign clear expectations and deadlines
- ☐ Use an accountability tracker for follow-up

Notes: _____

SECTION C: SYSTEMS FOR STRESSORS

- ☐ Create/update a patient complaint protocol
- ☐ Standardize insurance verification process
- ☐ Automate supply order tracking

Notes: _____

continued...

SECTION D: SUPPORT & RECOVERY

- ☐ Connect with a peer or mentor this month
- ☐ Register for a professional development event/workshop
- ☐ Schedule time for self-care (exercise, reading, etc.)

Notes: _____

SIGN-OFF

Manager: _____ Doctor: _____ Date: _____

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