Hernando, FL
Small Medical Clinic
(35 Years Established)

Setting
Internal Medicine
Co-Practicing Physiciain
Year 1

Context Strengths

- Established patient base
- Strong community reputation
- Experiencad staff
- Referral relationships
- Opportunity for long-term career
- Stable clinic foundation

TOP EVENT

New Internal Medicine MD becomes discouraged, believes they are failing, and considers relocating.

Levels of the Top Event

Discouraged
Frustration, disappointment, reduced enthusiasm

→

Thinking "I'm Failing"
Self-doubt, loss of confidence, negative self-talk

→

Relocation Thoughts
Exploring other jobs, considering moving, evaluating other practices

OR

A. Practice Environment Breakdown

Difficult to operate within

A1. Workflow Overload

- High patient volume
- Excessive admin burden
- Tight scheduling
- Unfinished work
- Unclear task ownership
- Taking work home

A2. Resource Mismatch

- Staff shortage
- EHR/IT friction
- Referral delays
- Diagonstic support gaps
- Prior authorizations
- Insufficient escalation pathway

A3. Cultural / Leadership Friction

- Low voice in decisions
- Seniority dynamics
- Resistance to change
- "We've always done it this way"
- Limited authority
- Informal expectations

OR

B. Professional Identity & Expectations Breakdown

Normal difficulty interpreted as personal failure

B1. Unrealistic Expectations

- Expecting rapid success
- Immediate panel growth
- Quick recognition
- Expecting hospital-like support
- Underestimating learning curve
- Comparing to ideal

B2. Loss of Clinical Autonomy

- Micromanagement
- Limited control over schedule
- Decisions without input
- Restricted protocols
- Responsibility without authority

B3. Confidence Erosion

- Repeated friction
- Limited feedback
- Little recognition
- Negative self-attribution
- Increasing self-doubt
- Normal uncertainty seen as inadequacy

OR

C. Personal / Lifestyle Strain

Stress exceeds recovery capacity

C1. Work–Home Conflict

- Long workdays
- After-hours work
- Unpredictable demands
- Family strain
- Relocation adjustments
- Difficulty protecting personal time

C2. Insufficient Recovery

- Sleep disruption
- Reduced exercise
- No real days off
- Using time off to catch up
- Persistent mental load
- Unable to switch off

C3. Emotional Isolation

- Hard to ask for help
- Fear of appearing weak
- Limited peer network
- No trusted confidant
- Feeling alone
- Comparing to physicians

OR

D. Financial / Career Mismatch

Does not deliver expected outcome

D1. Income Uncertainty

- Slow panel growth
- Unclear compensation
- Collections lag
- Unclear overhead
- Effort-to-reward mismatch

D2. Career Development

- No clear path to partnership
- Limited professional development
- No protected time for interests
- Unclear role in growth

D3. Future Uncertainty

- Unclear first-year performance
- Unclear long-term role
- No visible trajectory
- "Maybe I chose the wrong place"

OR

E. Relationship & Belonging Breakdown

Never fully becomes a co-practitioner

E1. Physician Partnership

- Existing physicians retain control
- Clinical disagreements
- Not included in decisions
- Schedule treated as secondary
- Lack of constructive feedback

E2. Staff Integration

- Staff loyalty to established physicians
- Different communication styles
- Instructions inconsistently followed
- Repeatedly proving legitimacy

E3. Patient Acceptance

- Long-term patients prefer other doctors
- Patients request transfers
- Compared to predecessor
- Slower panel growth
- Feels like rejection

F. Accumulation & Escalation

Multiple moderate problems become one large psychological event

Moderate workload + EHR friction + Income uncertainty + Lack of feedback + Patient-panel frustration + Family strain + Reduced recovery + No intervention → **Cumulative stress load**

Timeline: First-Year Progression

Months 0–3 Orientation Shock

- New environment
- Unfamiliar systems
- High expectations
- Limited relationships
- Adjustment stress

Months 3–6 Reality Gap

- Initial enthusiasm fades
- Operational inefficiencies
- Slow panel growth
- Unclear feedback
- Expectation-reality gap

Months 6–9 Identity Risk

- Unresolved problems
- Reduced energy
- Lack of visible progress
- Self-doubt increases
- Considering alternatives

Months 9–12 Decision Point

- Assess overall experience
- Evaluate future trajectory
- Stay / renegotiate / relocate
- Emotional and professional clarity
- Intervention or transition needed

Escalation Flow

Repeated unresolved friction → Reduced sense of control → Reduced satisfaction → Negative interpretation of events → "I am failing here" → Emotional withdrawal → Search for alternatives → Relocation thoughts

Possible Outcomes

Thriving	Supported, satisfied, optimistic
Surviving	Remains but strained
Renegotiating	Adjust workload / role / compensation
Relocating	Concludes another environment may fit better
Leaving Medicine	Broader professional distress

Early Warning Indicator Dashboard

Workload	Clinical Confidence	Feedback	Autonomy	Staff Support	Belonging	Compensation	Recovery	Future Outlook
• Manageable	• Appropriate	• Regular & specific	• Can influence	• Reliable	• Feels included	• Clear & fair	• Protected time	• Clear path
• Frequent after-hours	• Increasing doubt	• Vague or limited	• Some constraints	• Repeated friction	• Feels peripheral	• Questions unresolved	• Increasing depletion	• Uncertain
• Unsustainable	• Feels incompetent	• Only criticism	• No control	• Chronic issues	• Feels unwanted	• Perceived unfairness	• No meaningful recovery	• Planning exit

Key Interventions (Barriers)

- Define First-Year Success
- 90-Day Integration System
- Structured Feedback
- Increase Autonomy
- Monthly Operating Review
- No Silent Struggle Policy
- 12-Month Stay/Change/Exit Review

Critical Combinations

- ○ High workload + Low autonomy
- ○ Slow growth + Poor feedback
- ○ Clinical responsibility + Weak support
- ○ Cultural inertia + New physician expectations
- ○ Work stress + No recovery
- ○ Discouragement + Attractive alternative

Goal: Prevent ordinary first-year difficulty from escalating into a sustained perception of failure.

A well-designed practice integrates, supports, and empowers new physicians.

Better Systems. Healthier Physicians. Stronger Communities.

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