Objectives

- Distinguish mentorship, sponsorship, advisement, and coaching
- Discuss the impact of mentoring relationships on self-efficacy
- Discuss Diversity Mentoring and sharing across difference
- Discuss Positive Psychology, Mental Contrasting, and explore WOOP as a method to set goals

Who is Mentor?

Mentor was the human incarnation of Athena, goddess of wisdom.

Odysseus entrusted the upbringing of his son, Telemachus, to Mentor, his friend and servant.

Athena, disguised as Mentor, supported Telemachus in his emotional and intellectual growth until Odysseus returned 20 years later.

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What is Mentorship?

Manage the relationship

Encourage

Nurture

Teach

Offer mutual respect

Respond to the learner's needs

David Clutterbuck

Supportive Relationships

Mentorship

- Long-term, informal, organic process based on mutual trust and respect
- Mentor has first-hand content experience in area of interest to the mentee.
- Oriented toward a future state of the mentee wants to achieve
- Role modelling is common.
- Advice is often provided once trust is achieved, but value focuses on nature of experience and wisdom imparted.
- Benefits often become bi-directional.

Sponsorship

- Short or long-term advocacy for a protégée which may not require a bidirectional relationship.
- Transfers power or authority to the protégée through the reputation of the sponsor.
  - Role on a committee
  - Ranking / Hiring decision
- Focused on the immediate future

Supportive Relationships

Advisement

- Short to medium-term, formal process, often with informal approach.
- Advisor may or may not have content experience in an area of interest to the mentee, but has perspective on solving a problem in an area of importance.
- Problem-oriented towards a future state the mentee wants to achieve.
- Role modelling is not important
- Advice is typically provided regardless of trust or the presence of a meaningful relationship.

Coaching

- Short-term, focused relationship with a structured, formal approach.
- Coach may not have expertise in line of work, but can facilitate learning of relevant skills, impart focus, modify habits, or improve results.
- Solution-oriented, aiming toward improving performance in a current role.
- Role modelling is not important.
- Providing directed advice is sometimes discouraged. Instead, **focus is on development of intrinsic motivation to change behavior.**
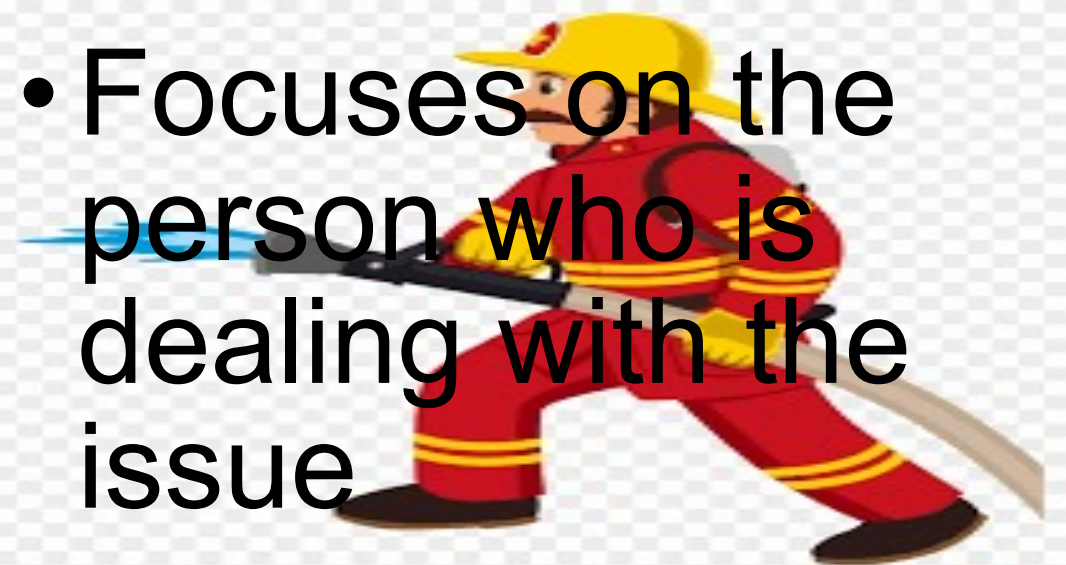
Coaching Subtypes

Performance

- Focuses on addressing a specific challenge or problem

Development

- Focuses on the person who is dealing with the issue

Advisor, Mentor, and Coaching Relationships

- Peer-to-Peer
- "Recent Grad" to Novice
- Mid-Career to Early Career
- Expert-to-Novice, etc...

Advisor, Mentor, and Coaching Domains

Professional

- Academic Milestones
  - Clinical
  - Research
- Leadership Development
  - Time Management
  - Relational Capacity

Personal

- Personal Milestones
  - Family / Friendships
  - Hobbies / Interests
  - Finances
  - Self Image

The Ideal Mentor

Table 1. Characteristics of an Ideal Mentor

Enthusiastic[18,27]
Strong communication skills[17,18,21]
Patient[14]
Sensitivity and compassion[17–19]
Selfless[5,6,18,27]
Robust intellectual, technical, and research capabilities[24]
Approachable and available[7,15,18]
Demonstrates professional, ethical behavior[7,27]
Respectful[15,18,19]
Honest and trustworthy[5–7,15,19,27]
Reliable and committed[10,17,22]

Duties of a Mentor

Table 2. Important Duties of a Mentor: Educational and Professional

Educational	Professional
Teach by example, be a role model for life balance, professionalism[7,12,14,15,27,28]	Help mentee set and achieve career goals[11]
Teach necessary professional skills such as research methods, ethical conduct, and time management[7,10,14]	Provide resources and opportunities for research, networking, and collaboration[7,10,15,18,19]
Transfer technical skills[28]	Help mentee overcome difficulties[15,22]
Give feedback, thoroughly and frequently[15,18,19,22]	Career counseling and planning[3–8,10,15,18,22]
Stimulate mentees, set high expectations, and help them meet their potential[3,5,7,14,27]	Introduce mentee to environment, customs, and leading figures in the field[5,12,18]

Duties of the Mentee

Table 3. Mentee's Responsibilities

Identify a suitable mentor and which areas you require help with[18,19]

Be reliable and committed[15,22]

Prepare for meetings and show the mentor you are dedicated, not wasting his or her time[19]

Periodically self-assess your current skills and relationship to career goals[10]

Be receptive and willing to learn from the mentor[19]

Do not hesitate to bring up topics you want to discuss or to ask for help[8]

Be honest and tell your mentor what you think, not what you think they want to hear[19,22]

(Plast. Reconstr. Surg. 131: 837e, 2013.)

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ACGME Resident as Mentors – A Focus Group Project

1. **Availability** – willingness to provide time

2. **Competence**

3. **Support of the Mentee (Altruism)**

Residents as Mentors: The Development of Resident Mentorship Milestones

Nickalus R. Khan, MD
Kristy L. Rialon, MD
Kate J. Buretta, MD

Jessica R. Deslauriers, MD
Jared L. Harwood, MD
LCDR Dinchen A. Jardine, MD, MS

TABLE
Mentor Competencies

Milestone	Level 1	Level 2	Level 3	Level 4
Availability	Willing to participate in a mentoring program	Dedicates time and schedules mentoring sessions	Has an "open-door" policy and schedules ad hoc meetings with mentee	Mentoring ability transitions to relationships beyond training
Competence	Provides 1-on-1 mentoring to an individual	Mentors multiple individuals	Organizes and teaches other mentors	Considered an expert in the field; often supported by mentoring-related recognitions or awards
Altruism	Focused on the mentee's needs	Gives timely, constructive feedback to the mentee	Provides career advice and assists with networking	Recognizes that own ambitions may differ from mentee's ambitions and supports mentee to succeed regardless

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Mentorship of US Medical Students: a Systematic Review

Amy H. Farkas, MD, MS[1], Jill Allenbaugh, MD, MS[2], Eliana Bonifacino, MD, MS[3], Rose Turner, MLIS[4], and Jennifer A. Corbelli, MD, MS[3]

- The majority of papers describe a Dyad model between faculty and students
  - Combination of Dyad and Group models was second
  - One used a Tiered group model which offers faculty mentorship to senior students, who then serve as one-on-one mentors to junior students
- Program objectives
  - Career development / planning / recruitment
  - Professional development
  - Well-being
  - Specific mentoring of URMs or female medical students

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Mentorship of US Medical Students: a Systematic Review

Amy H. Farkas, MD, MS[1], Jill Allenbaugh, MD, MS[2], Eliana Bonifacino, MD, MS[3], Rose Turner, MLIS[4], and Jennifer A. Corbelli, MD, MS[3]

- Program Evaluation
  - Clerkship grades
    - Clerkship related increases in honors and resident match rates
  - Research Productivity, Papers
  - Pipeline for URM students in surgical subspecialties

- Barriers
  - Faculty schedules, time/cost → relying on residents, etc. to support
  - Mentor skill development → training, guidelines and best practices
  - Small numbers of URM faculty → Using non-URM faculty mentors

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Obstacles to the Mentor-Mentee Relationship

- Network/Regional/National Biases

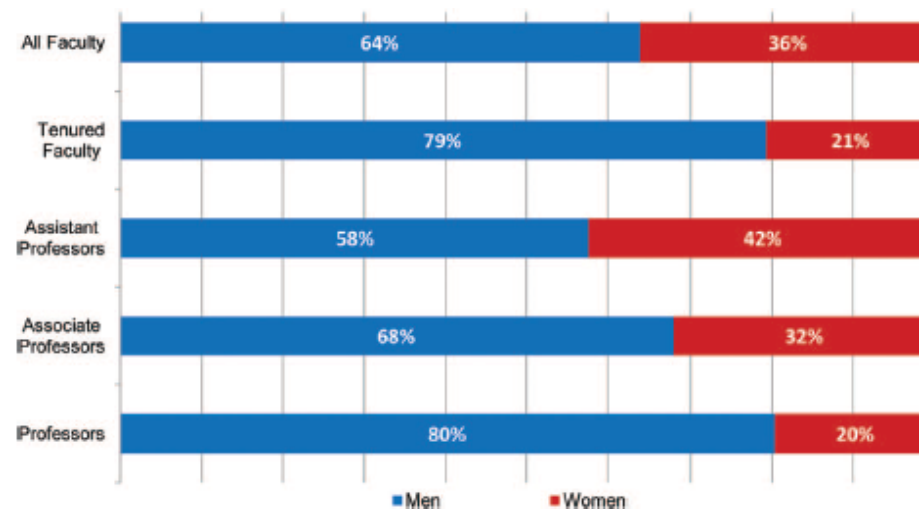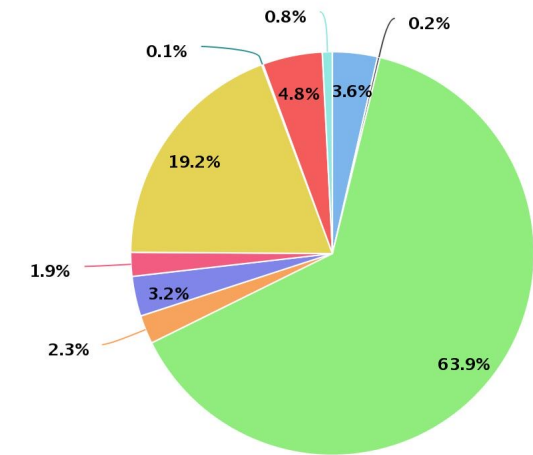- Generational Biases

- Gender Related Biases

- Racial Biases

Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018.

Click on legend item below to add or remove a section from the report.

- ⚫ American Indian or Alaska Native (274)
- 🟡 Asian (34,015)
- 🔵 Black or African American (6,288)
- 🟣 Hispanic, Latino, or of Spanish Origin (5,734)
- 🟠 Multiple Race – Hispanic (3,978)
- 🔴 Multiple Race – Non-Hispanic (3,441)
- 🟢 Native Hawaiian or Other Pacific Islander (141)
- 🔵 Other (1,456)
- 🟢 White (112,894)
- 🔴 Unknown (8,511)

Note: To allow for unduplicated counts of faculty, "Multiple Race – Hispanic" includes all faculty who were reported as Hispanic and at least one other race/ethnicity. "Multiple Race – Non-Hispanic" includes all faculty who were reported as more than one race/ethnicity but who were not reported as Hispanic.

Source: AAMC Faculty Roster as of Dec. 31, 2018.

Fig. 1. Gender discrepancies among full-time medical school faculty in 2011. (Data from www.aamc.org.)

Diversity Mentoring (Clutterbuck)

- Bidirectional relationship where mutual learning, exchange, and growth are achieved through dialogue.

- Difference is positioned within the relationship as a resource of learning rather than a problem or something to be avoided.

- Learning occurs:
  - Directly from mentor (tapping their experience and wisdom)
  - From open dialogue (having assumptions challenged, becoming more aware of self and others, learning how to learn, etc), suspending judgment, and identifying common interests and values.
  - From reflection on the mentoring sessions.

Diversity Mentoring (Clutterbuck)

- Positioning difference and disadvantage in a professional and transparent way.

'As a mentee, it doesn't hurt my feelings if someone acknowledges the [racial] difference between us. In some ways I like those relationships better. It makes me feel more comfortable – we're not dancing around the issues in some artificial way. What's uncomfortable for me is when we have to pretend there isn't a difference.'

The keys, in our experience, are to do the following:

- Agree, between mentor and mentee, what role the mentee wishes difference to play in the relationship.
- Agree that mentor and mentee will challenge each other around the role of difference, where appropriate, so, for example, the mentor might question the mentee's perception that their failure to achieve a promotion is a result of racial bias (or vice versa).
- Educate and support participants in the skills of managing difference.
- Provide avenues for assistance when difference seems to cause difficulties.

How Men Can Excel as Mentors of Women

Janet Bickel, MA

- Women have less social capital… they are often over-mentored and under-sponsored.
  - Social capital is more predictive of career success than actual performance.
- Women are subject to cognitive biases
  - Implicit biases can downgrade their competence, hirability, and salary offers.
  - Stereotype threat can impair women's confidence at acting against norms.
  - Agentic (assertive, decisive) vs. Communal (nurturing, egalitarian) behaviors are polarized
    - Assertive → bossy
    - Confident → conceited
    - Analytic → controlling, nit-picky
    - Open → unsure
  - DOUBLE BIND – being successful as a woman potentially makes one unlikeable

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How Men Can Excel as Mentors of Women

Janet Bickel, MA

- Female medical students are:
  - Less likely to see themselves as leaders.
  - More likely to default to stereotypically feminine behaviors
    - Relational – Over-apologizing
    - Housekeeping – Doing the work of support staff
  - Less capable of negotiating uncomfortable situations with attendings

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How Men Can Excel as Mentors of Women

Janet Bickel, MA

1. Mentors should be ready to boost a mentee's self-efficacy (belief that one can achieve a goal).

2. Mentors can provide feedback on communication styles, recommend approaches to blend agentic and communal behaviors, or at least encourage understanding of these biases.

3. Mentors can provide individualized support and not assume career potential is limited if gender-specific obstacles are raised.

4. Mentors should use influence to act as sponsors and provide feedback as appropriate regarding biases and obstacles

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Avoiding gender bias in reference writing

Got a great student? Planning to write a super letter of reference?
Don't fall into these common traps based on unconscious gender bias.

Emphasize accomplishments, not effort

Letters for reference for men are more likely to emphasize accomplishments ('his research', 'his skills', or 'his career') while letters for women are 50% more likely to include 'grind-stone' adjectives that describe effort. 'Hard-working' associates with effort, but not ability.

We all share bias

It is important to remember that unconscious gender bias isn't a male problem. Research shows that women are just as susceptible to these common pitfalls as men.
This is a problem for all of us - let's solve it together!

Mention research & publications

Letters of reference for men are 4x more likely to mention publications and twice as likely to have multiple references to research. Make sure you put these critical accomplishments in every letter!

Don't stop now!

On average, letters for men are 16% longer than letters for women and letters for women are 2.5x as likely to make a minimal assurance ('she can do the job') rather than a ringing endorsement ('she is the best for the job').

Keep it professional

Letters of reference for women are 7x more likely to mention personal life - something that is almost always irrelevant for the application. Also make sure you use formal titles and surnames for both men and women.

Stay away from stereotypes

Although they describe positive traits, adjectives like 'caring', 'compassionate', and 'helpful' are used more frequently in letters for women and can evoke gender stereotypes which can hurt a candidate. And be careful not to invoke these stereotypes directly ('she is not emotional').

Be careful raising doubt

We all want to write honest letters, but negative or irrelevant comments, such as 'challenging personality' or 'I have confidence that she will become better than average' are twice as common in letters for female applicants. Don't add doubt unless it is strictly necessary!

brought to you by:
THE UNIVERSITY OF ARIZONA
Commission on the Status of Women

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Avoiding gender bias in reference writing

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We all share bias

It is important to remember t[...] gender bias isn't a male probl[...] shows that women are just as[...] these common pitfalls as me[...] This is a problem for all of us [...] together!

Mention research &

Adjectives to avoid:

caring
compassionate
hard-working
conscientious
dependable
diligent
dedicated
tactful
interpersonal
warm
helpful

Adjectives to include:

successful
excellent
accomplished
outstanding
skilled
knowlegeable
insightful
resourceful
confident
ambitious
independent
intellectual

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THE UNIVERSITY OF ARIZONA
Commission on the Status of Women

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Advice for Men Who Are Nervous About Mentoring Women

by Wendy Murphy

1. Intentionally seek out women mentees
   - Assume there may be some initial discomfort.

2. Be transparent and professional in your developmental practices
   - If you are willing to golf or have dinner with a man and not a woman in a mentorship, or vice versa, why?
   - If inappropriate, then consider limiting to coffee or lunch or nil with everyone.

3. Listen with empathy to ask good questions

4. Acknowledge gender issues exist

5. Actively sponsor her and help her connect with other sponsors.

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Diversity Awareness Ladder

1. Fear

2. Wariness

3. Tolerance

4. Acceptance

5. Appreciation

TABLE 1.2 Diversity awareness ladder

Stage	The inner conversation	The outer conversation
1. Fear	What do I fear from this person? What do I fear learning about myself? What might I be avoiding admitting to myself?	What do we have in common? What concerns do you have about me and my intentions?
2. Wariness	What if I say the wrong thing? Is their expectation of me negative and/or stereotyped? How open and honest can I be with them?	How can we be more open with each other? How can we recognise and manage behaviours that make each other feel uncomfortable/unvalued?
3. Tolerance	What judgements am I making about this person and on what basis? What boundaries am I seeking/applying in dealing with this person?	How can we exist/work together without friction? How can we take blame out of our conversations?
4. Acceptance	Can I accept this person for who they are? Can I accept and work with the validity of their perspective, even if it's different from mine?	What values do you hold? How do you apply them? How can we make our collaboration active and purposeful?
5. Appreciation	What can I learn from this person? How could knowing them make me a better/more accomplished person?	What can we learn from each other? How will we learn from each other?

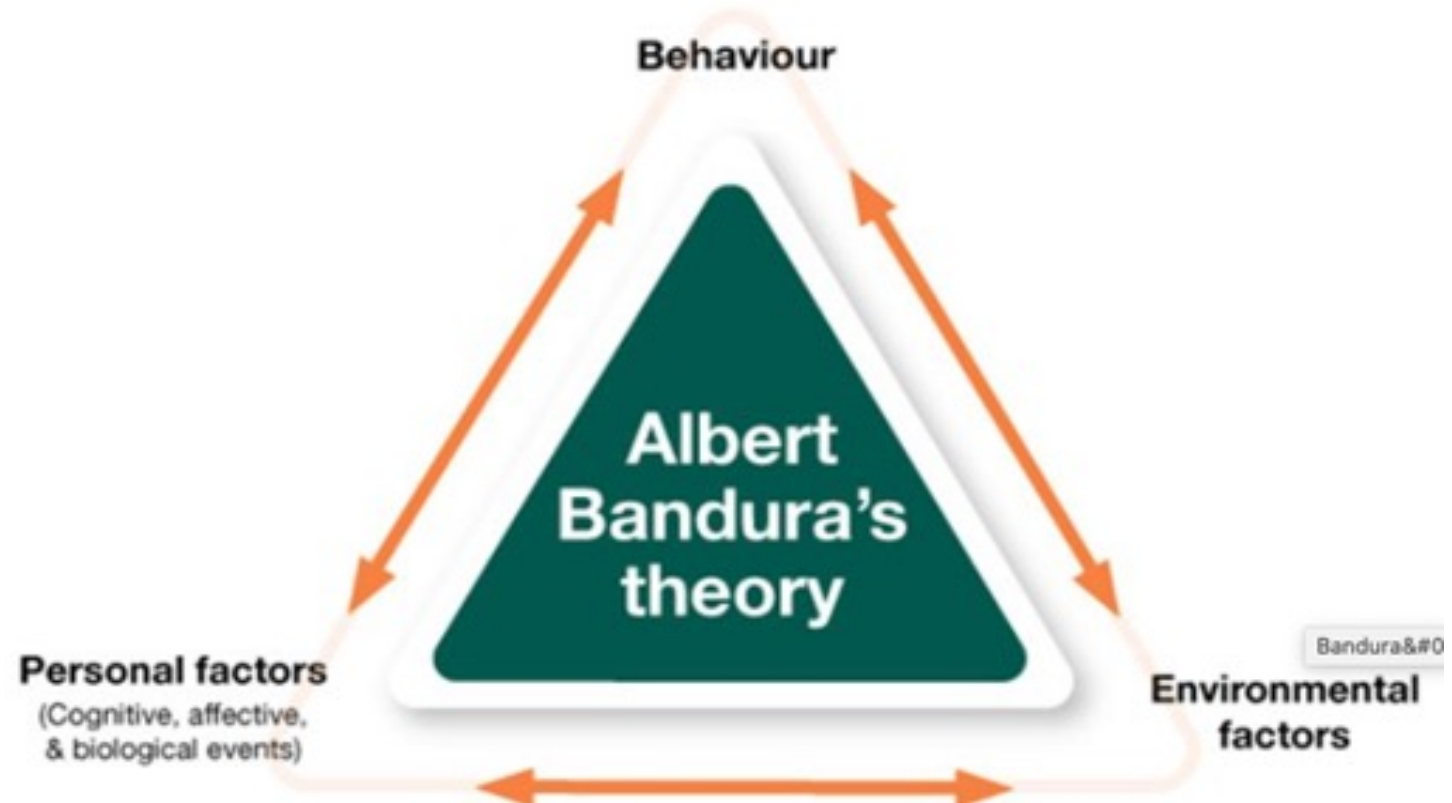UNIVERSITY OF NORTH DAKOTA

Self Efficacy

Albert Bandura

- Belief in one's capabilities to organize and execute the courses of action required to manage prospective situations
- Task oriented → performance

- Not the same as:
  - Self-concept (perception of self)
  - Self-esteem (what you think of your value
  - Self-actualization (reaching your potential; Maslow)

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Social Learning Theory

Behavior is learned from observation, imitation, and modelling, and not from conditioning, reinforcement, and punishment.

Behaviour

Albert Bandura's theory

Personal factors
(Cognitive, affective, & biological events)

Environmental factors

Bandura&#0

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# Developing Self-Efficacy through Mentoring Relationships

- Performance Accomplishment
  - Experiencing success leads to an experience of mastery
  - Facing challenges with support leads to growth and further motivation to tackle harder tasks

- Vicarious Learning through Others
  - Role models and peers – we learn from others through observation
    - If they can do it, so can I!
    - Our stories matter!

- Encouragement
  - There is power in positive feedback, encouragement, and affirmation.

- Emotional Intelligence
  - Training our mind to be aware of our own and other's emotions, and knowing that we can manage our own emotions.

Intrinsic Motivation
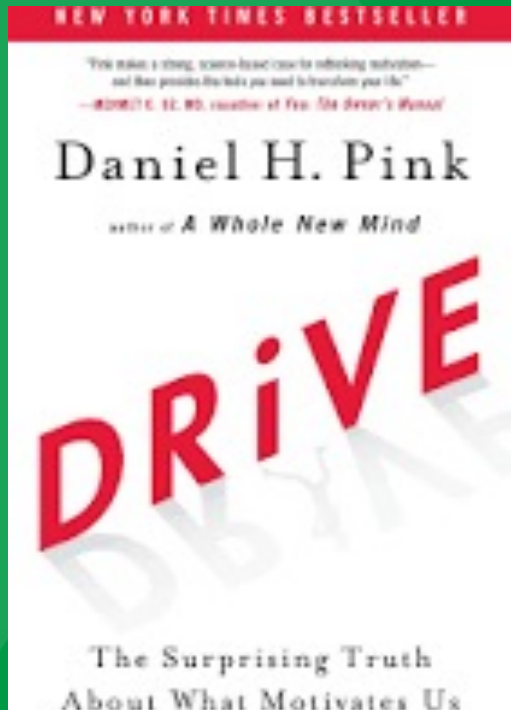
- Autonomy
- Mastery
- Purpose
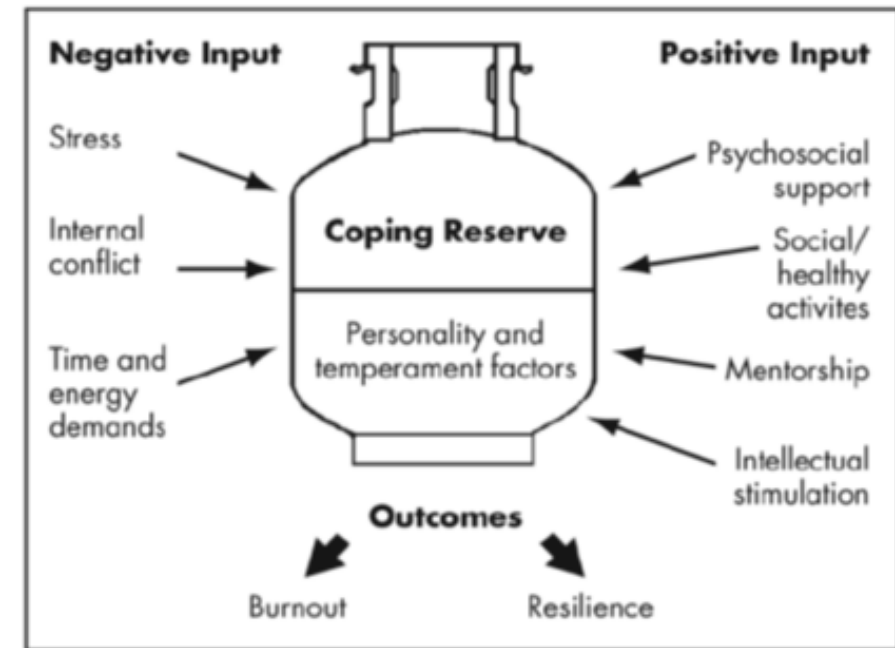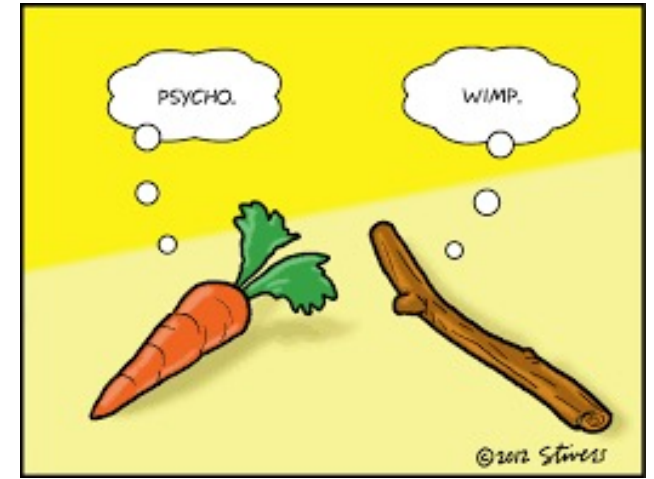
Giving Advice vs. Achieving Goals and Tapping Potential…

Wisconsin Surgical Coaching Program

A Statewide Surgical Coaching Program Provides Opportunity for Continuous Professional Development

Caprice C. Greenberg, MD, MPH,*† Hala N. Ghousseini, PhD,‡ Sudha R. Pavuluri Quamme, MD, MS,* Heather L. Beasley, PhD,*‡ Lane L. Frasier, MD, MS,* Nicole A. Brys, MPH,* Janet C. Dombrowski, MHSA,* and Douglas A. Wiegmann, PhD*†, for the Wisconsin Surgical Coaching Program
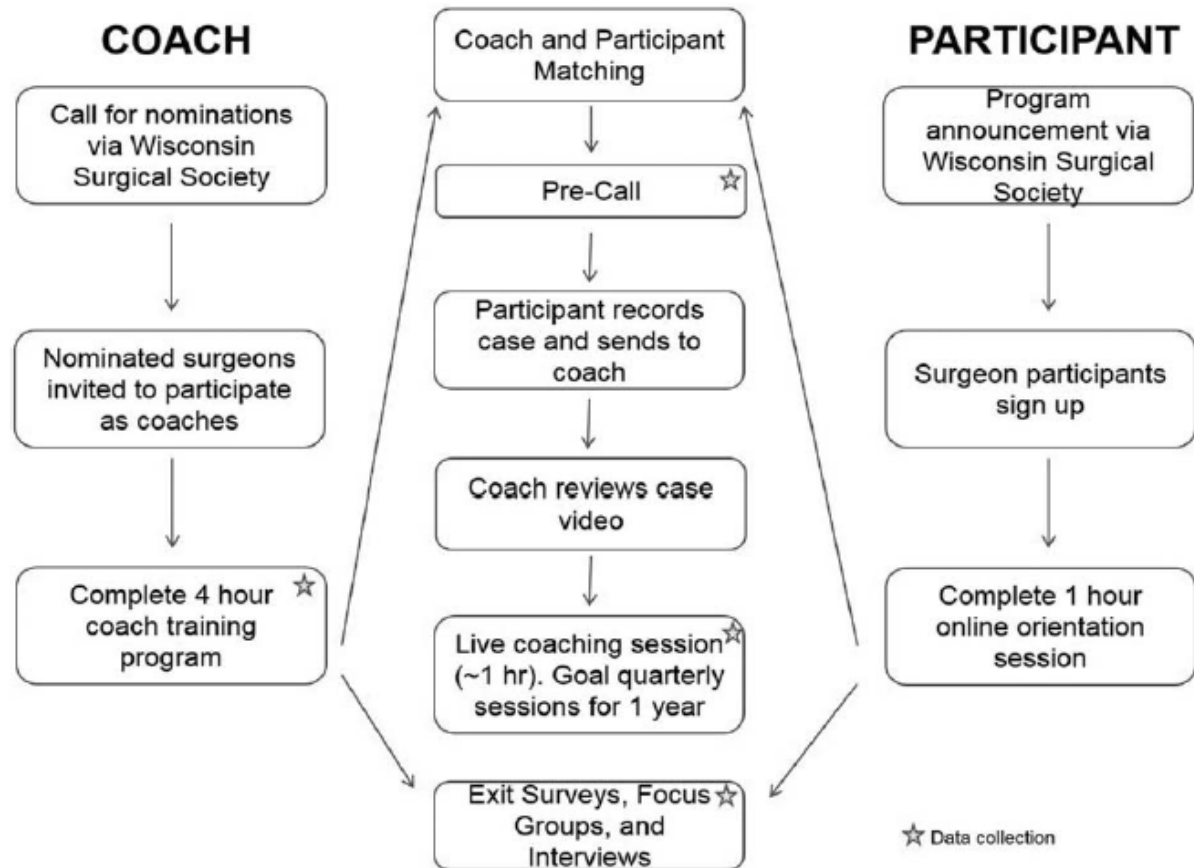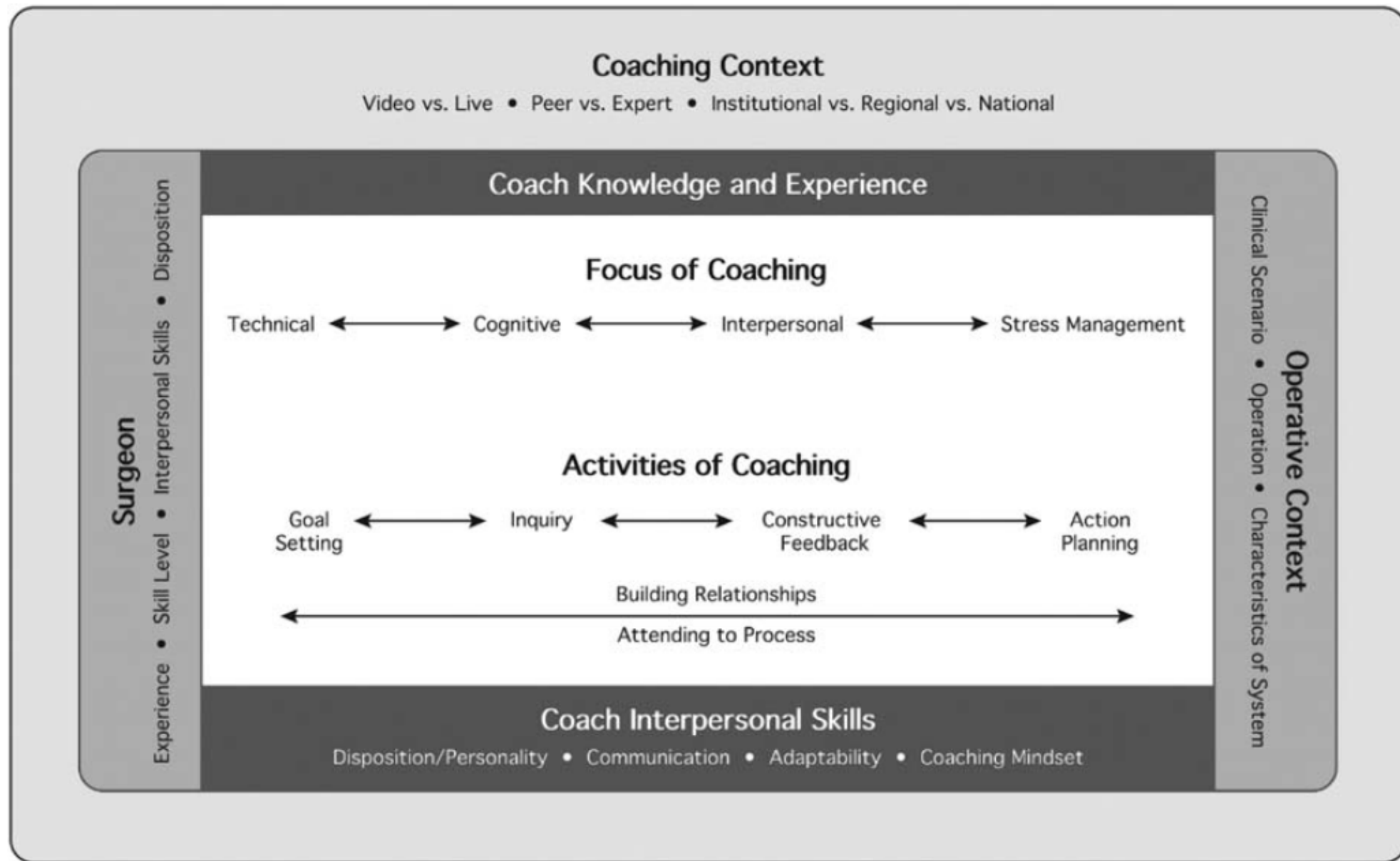
TABLE 2. Participating Surgeon Evaluation of Coach Effectiveness at the Completion of the Program (5 = Agree, 1 = Disagree)

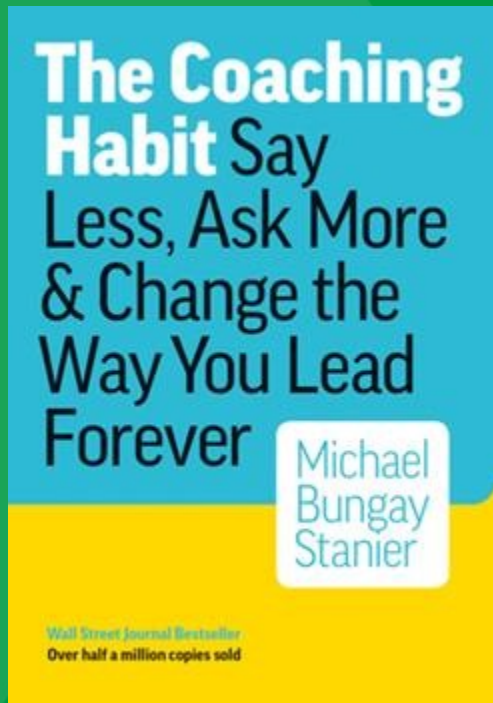|	Mean	SD	Min, Max
Treated me as a peer	4.7	0.7	3, 5
Maintained a focus on my stated goals	4.4	0.7	3, 5
Used questions skilfully to help me analyze my own performance	4.3	0.9	3, 5
Provided constructive feedback related to my goals	4.3	0.7	3, 5
Made valuable suggestions for alternative approaches, techniques, and solutions for me to try out in practice	4.6	0.7	3, 5
Encouraged me to identify potential solutions/alternatives to try out in practice	4.0	1.2	2, 5
Helped me develop a concrete action plan to implement changes in my practice moving forward	3.9	1.0	2, 5

TABLE 3. Rubric-based Assessment of Coach Effectiveness on 4 Domains of Coach Activity (5 = Agree, 1 = Disagree)

	Mean	SD	Min, Max
Shared responsibility/treat participating surgeon as a peer	3.2	1.0	1, 5
Effective use of inquiry	2.8	0.8	1, 4
Provide constructive feedback	3.2	0.8	1, 5
Setting goals and action planning	2.6	0.7	2, 5
Overall effectiveness	3.1	0.8	2, 5

SD indicates standard deviation.

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Problem solving via Inquiry

The Coaching Habit Say Less, Ask More & Change the Way You Lead Forever — Michael Bungay Stanier — Wall Street Journal Bestseller, Over half a million copies sold

- Kickstart question – What's on Your Mind?
  - Expand on Projects/People/Patterns
- AWE question – and *what* else?
  - Don't ask why questions!
- Focus question – What is the real challenge here for you?
  - Help them figure out what the Real Problem is…
- Foundation question – What do you Want?
  - Get comfortable with silence
- Lazy question – How can I help?
  - Use this when conversations enter the "Drama Triangle" (victim, persecutor, rescuer)
- Strategic question – If you are saying Yes to this, what are you saying No to?
- Learning question – What was most useful for you?

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The New Wave of Positive Psychology

- Eudaimonia as a Goal
  - Growth mindset
  - Grit and Resilience
  - Optimism
  - Gratitude
  - Signature Strengths
  - Well-Being
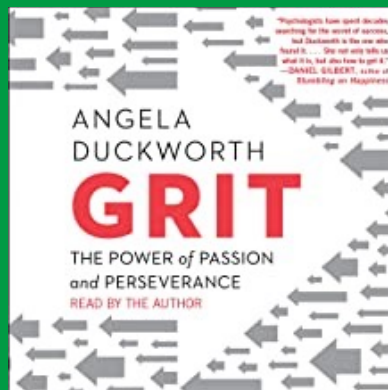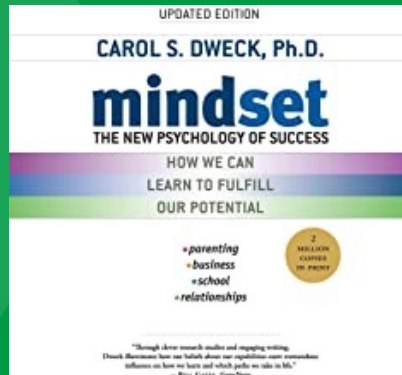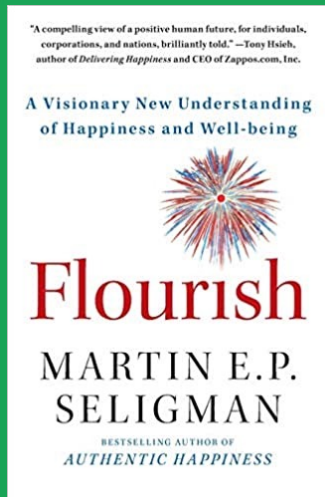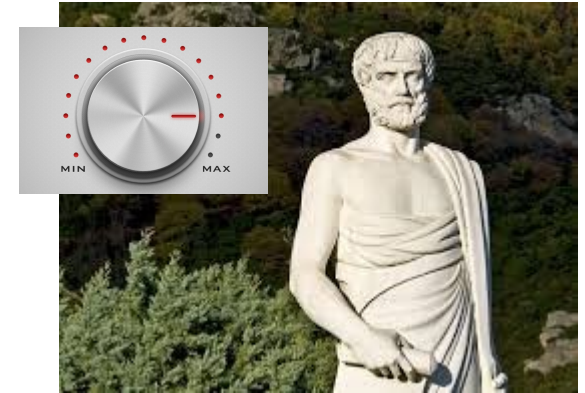
AWS Coaching Project

Positive Psychology

Focus on growth mindset via reflections and inquiry with a goal to explore feelings, attitudes, and behaviors

5 Steps to Any Coaching Session

1. **Check-in/Agenda Setting**
   How am I finding you today? What would be useful for us to talk about today?

2. **Positive Story**
   Tell me about a good story since the last time I saw you.

3. **Positive Psychology Coaching Exercise**
   Included in session guides, practiced in training.
   Attempt to link to areas they want to explore, if appropriate.

4. **"10 out of 10"**
   Initial meeting: Imagine it's the end of the year and it went perfectly. What does that look like? What have you accomplished? What are you capable of now that you weren't before?
   Subsequent meetings: Let's revisit your "10 out of 10" and see how you are progressing toward your goals. How do you want to adjust your goals to move towards your vision for a perfect year?

5. **½ Step Forward**
   What do you want to accomplish between now and the next time I see you? What are the first steps forward to achieve those goals? How will you know you did it?

AWS Coaching Project

Positive Psychology

Focus on growth mindset via reflections and inquiry with a goal to explore feelings, attitudes, and behaviors

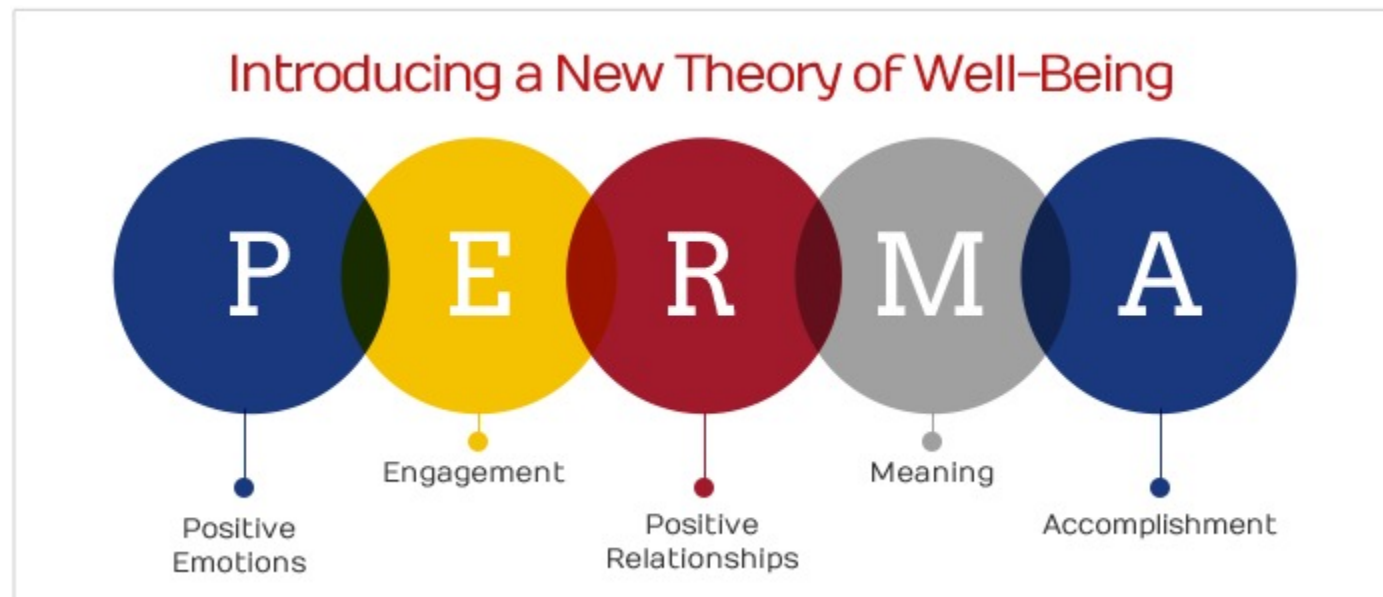| Reflection Type	Description	Example
Simple	repeat/rephrase what they are saying	"It sounds like you are feeling like no one is supporting you"
Reframing	Puts a positive frame around their story; involves affirmations	"You continue to find meaning in patient care, despite your frustrations with the OR schedule. Your patients must be very important to you."
Feeling Reflections	Name the emotion and why they are feeling it	"You're feeling burned out because taking good care of your patients and spending time with your family is becoming harder to juggle."
Goal Reflections	Say what it seems they are reaching for, trying to do	"You want to be a doctor who represents advocacy in your life too."
Process Reflections	Matter of fact, state the patterns you are noticing in their behaviors/actions	"You've noticed that when you stay focused during clinic and turn off your email, you finish earlier and have less work to do at home."
Double-sided	Reflect both sides of their ambivalence	"On one hand, you really want to apply for this position; and on the other hand, you realize it will mean a lot of changes for your family."

AWS Coaching Project

Positive Psychology

Focus on growth mindset via reflections and inquiry with a goal to explore feelings, attitudes, and behaviors

The AWS Coaching Project

P	Positive Emotion	What are the people, events, or moments that give you the most pleasure?
E	Engagement	What was the most compelling and interesting experience this year? When do you lose track of time because you are deep in the moment?
R	Relationships	What are your most supportive and positive relationships within and outside of work?
M	Meaning	What components of your work and personal life keep you connected in a way that feels bigger than yourself?
A	Accomplishment	What accomplishment(s) are you the proudest of?

Introducing a New Theory of Well-Being

P E R M A

Positive Emotions   Engagement   Positive Relationships   Meaning   Accomplishment

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The SECOND Trial – Learning and Wellness for Residents

The FIRST Trial randomized surgical residents to strict versus flexible work-hours but failed to improve burnout (it worsened over time in both arms).

A cross-sectional survey at the ABSITE revealed well-being may be influenced by relational issues including mistreatment.

The SECOND Trial aims to influence well-being using QI principles. Part of the wellness toolkit (intervention) will include Zoom mentorship.

Discrimination, Abuse, Harassment, & Burnout in Surgical Residency Training

Surgical Outcomes & Quality Improvement Center
SOQIC
Northwestern University

American Board of Surgery In-Training Examination (ABSITE) Survey
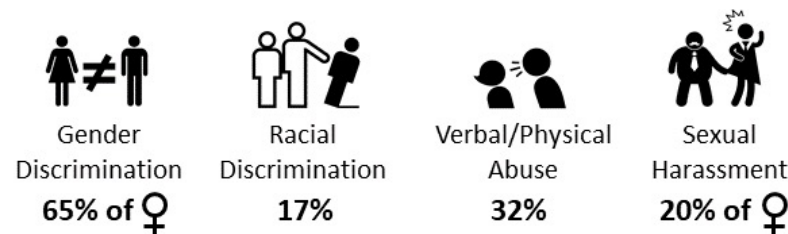
99% response rate for residents in all 262 ACGME accredited general surgery programs. Overcomes non-response bias of prior studies.
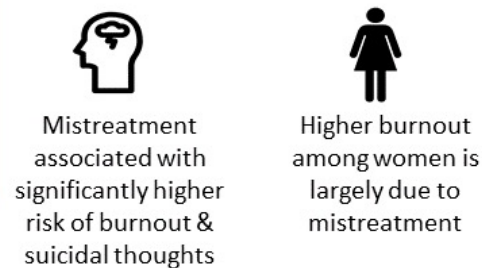
39% Burned Out

Mistreatment Frequently Reported

Gender Discrimination
65% of ♀

Racial Discrimination
17%

Verbal/Physical Abuse
32%

Sexual Harassment
20% of ♀

Impact of Mistreatment

Mistreatment associated with significantly higher risk of burnout & suicidal thoughts

Higher burnout among women is largely due to mistreatment

Next steps

The SECOND Trial

SECOND Trial to address resident well-being in >200 residency programs
TheSECONDTrial.org

Hu* and Ellis*, Hewitt, Yang, Cheung, Moskowitz, Potts, Buyske, Hoyt, Nasca, & Bilimoria. *NEJM* October 31, 2019 (*co-first authors)

The NEW ENGLAND JOURNAL *of* MEDICINE

The AMERICAN BOARD *of* SURGERY
Promoting surgical excellence since 1937

AMERICAN COLLEGE *of* SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes

Accreditation Council for Graduate Medical Education
ACGME

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Sample Wellness Toolkit Interventions

EMORY UNIVERSITY SCHOOL OF MEDICINE | **Department of Surgery**

Chair: John Sweeney, MD
PD: Keith Delman, MD
      (kdelman@emory.edu)

<u>Half-Weekday Off per Month</u>

- How we did it
- Arranging coverage
- Mitigating safety issues
- Keys to success

Stanford MEDICINE

Chair: Mary Hawn, MD
PD: David Spain, MD
      (dspain@stanford.edu)

<u>High Performance Team Training</u>

- How we did it
- Identifying a psychologist who understands surgical training
- Convincing surgeons to go
- Arranging coverage
- What did it cost?
- Keys to success

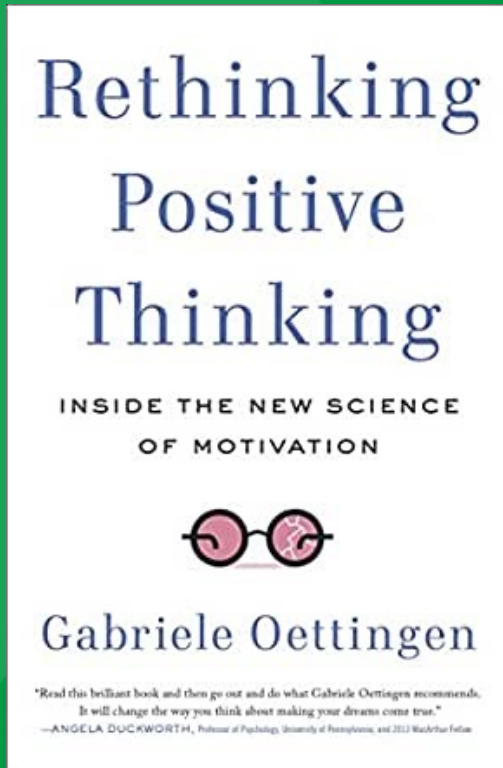**WISCONSIN** UNIVERSITY OF WISCONSIN–MADISON

Chair: Rebecca Minter, MD
PD: Jacob Greenberg, MD
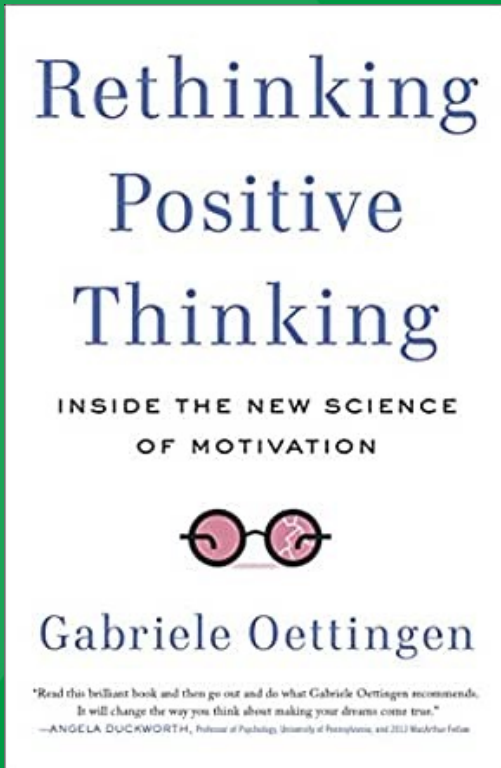   (jgreenberg@uw.edu)

<u>Lactation Policy</u>

- How we did it
- Finding appropriate space at each clinical site
- Training faculty/residents
- Keys to success

Staying on Track with Goals – WOOP

Rethinking Positive Thinking

INSIDE THE NEW SCIENCE OF MOTIVATION

Gabriele Oettingen

"Read this brilliant book and then go out and do what Gabriele Oettingen recommends. It will change the way you think about making your dreams come true."
—ANGELA DUCKWORTH, Professor of Psychology, University of Pennsylvania, and 2013 MacArthur Fellow
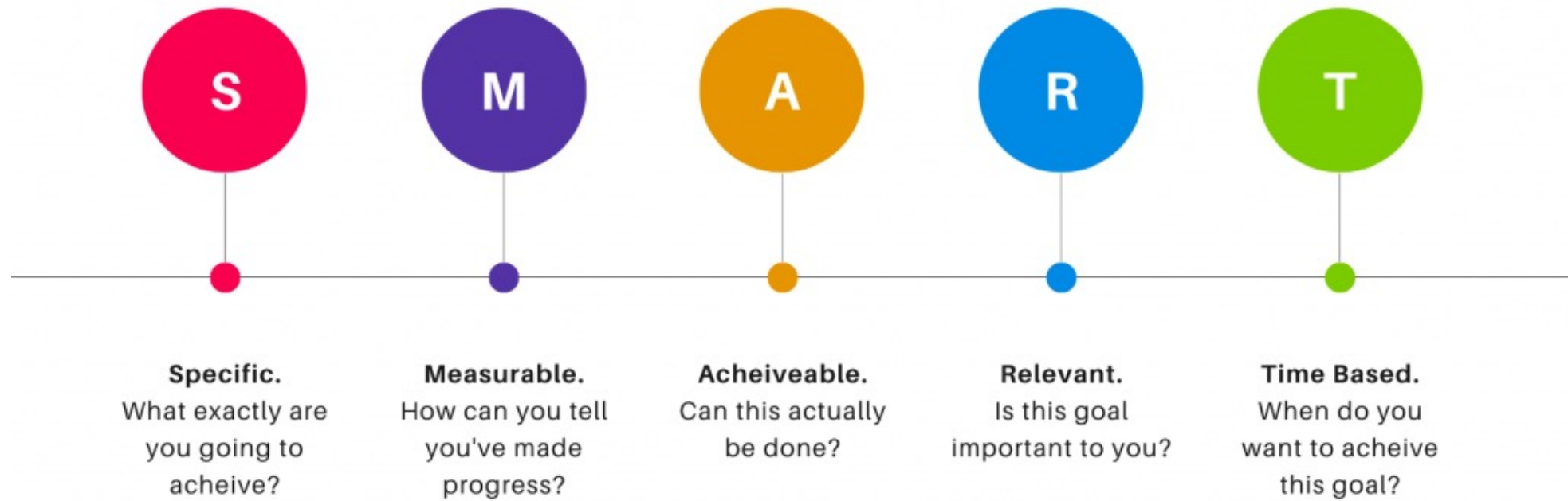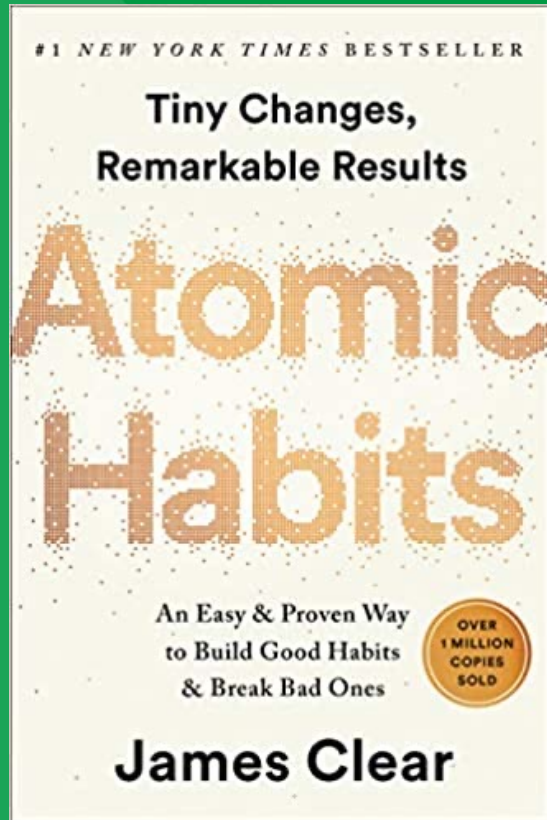
- Blind optimism does not motivate people – it creates a sense of relaxation complacency

- Mental contrasting (imagining winning and behaviors/barriers that could prevent one from winning) leads to better performance than wishful thinking

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Staying on Track with Goals – WOOP

- Mental Contrasting

  - WISH
  - OUTCOME
  - OBSTACLE
  - PLAN

Rethinking Positive Thinking

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S — **Specific.** What exactly are you going to acheive?

M — **Measurable.** How can you tell you've made progress?

A — **Acheiveable.** Can this actually be done?

R — **Relevant.** Is this goal important to you?

T — **Time Based.** When do you want to acheive this goal?

- **Make it Obvious**
  - "Motivation is Overrated, Environment Matters More"
- **Make it Attractive**
  - Social norms can shape your habits
- **Make it Easy**
  - Set up habits that can take 2 minutes to do. (Activation energy)
    - 'I will run 3 miles three times a week' becomes 'I will put on my running shoes three times a week.'
  - Make good habits inevitable.
- **Make it Satisfying**

" Winning is a habit.
Watch your thoughts, they become your beliefs.
Watch your beliefs, they become your words.
Watch your words, they become your actions.
Watch your actions, they become your habits.
Watch your habits, they become your character. "

- Vince Lombardi, arguably the greatest
football coach of all time.

Aim for excellence, not perfection...

"We are what we repeatedly do.
Excellence then, is not an act, but a habit."
~ Aristotle