

# Shifting Physician Burnout to Wellness

College of Medicine Faculty Round Table

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Changing What's Possible | [MUSC.edu](https://www.musc.edu)



# Objectives

- Describe the problem of physician burnout and how it can vary at different stages in practice
- Define wellness and provide a practical approach to achieving
- Analyze what is being done to prevent burnout and promote wellness across MUSC



# Burnout

- Definition: a maladaptive syndrome that results from chronic work stress.
  - Characterized by feeling **emotionally depleted** and/or having a distant or **uncaring attitude** toward patients and work (Maslach 2001, West 2009)
- Burnout should be considered distinct from related constructs such as job dissatisfaction, fatigue, occupational stress and depression (West 2018)
- “Physician burnout is not a mental health issue,” **Tait Shanafelt, MD**, chief wellness officer at Stanford Medicine, said during his presentation.



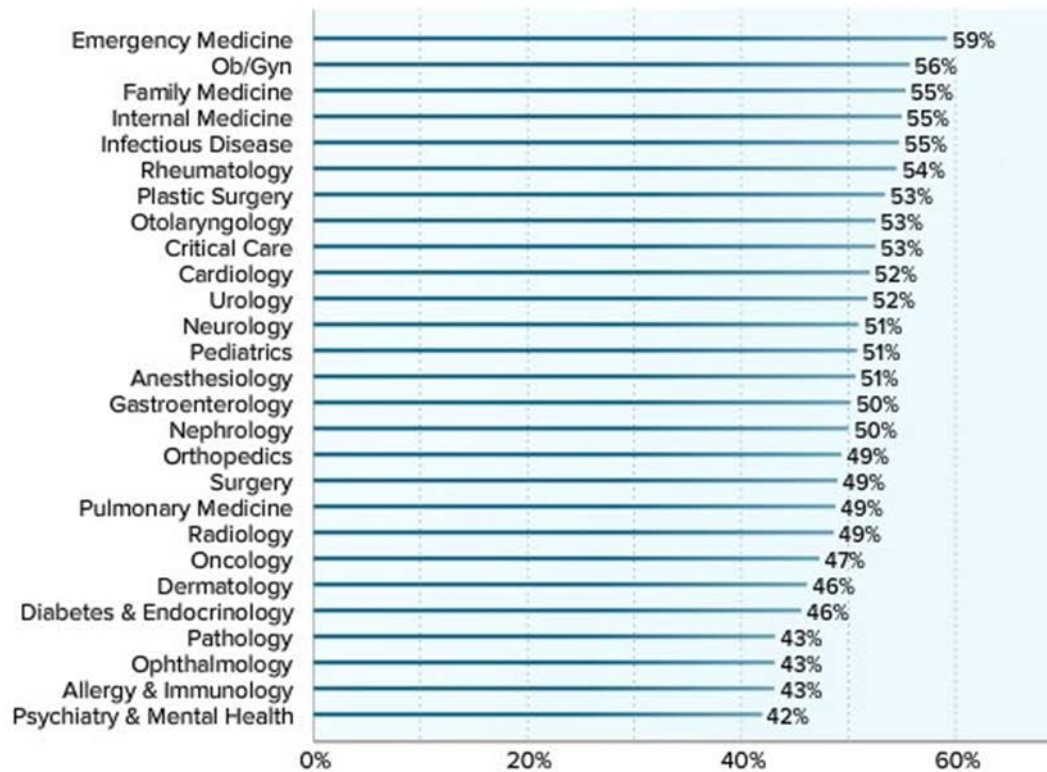
# Incidence of Burnout

- Across multiple studies and multiple specialties, approximately 50% of physicians will meet criteria for burnout at some point during their training or career (West 2011)
- Although internationally, burnout is similar to other professions, it is considerably higher in the US (West 2018)



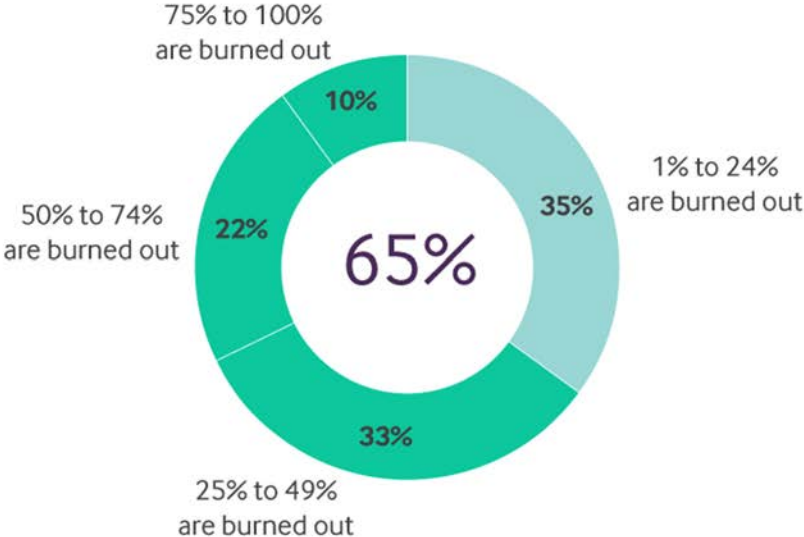


## Which Physicians Are Most Burned Out?



# Percentage of Physicians Burned Out

What percentage of the physicians you personally know are burned out?



Base = 405 (Among those who provided percentage)  
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

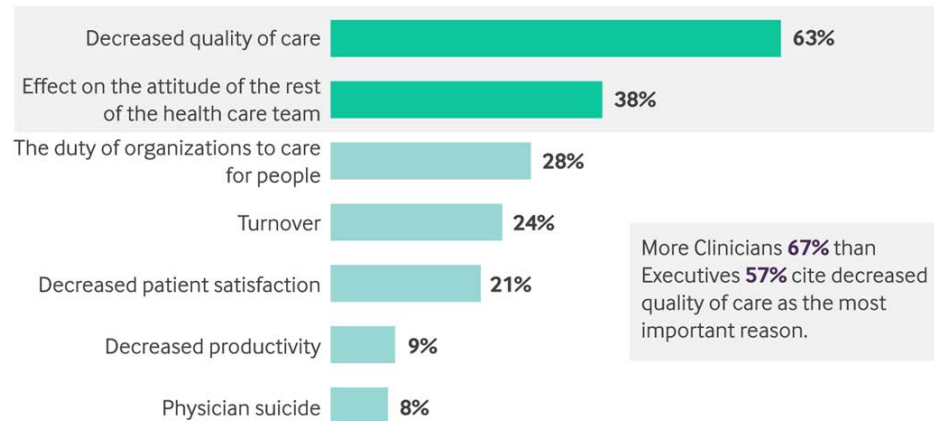


# Impact of Burnout

- Associated with medical errors, decreased adherence to best practices and changes in clinical reasoning (Fahrenkopf 2008)

## Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?

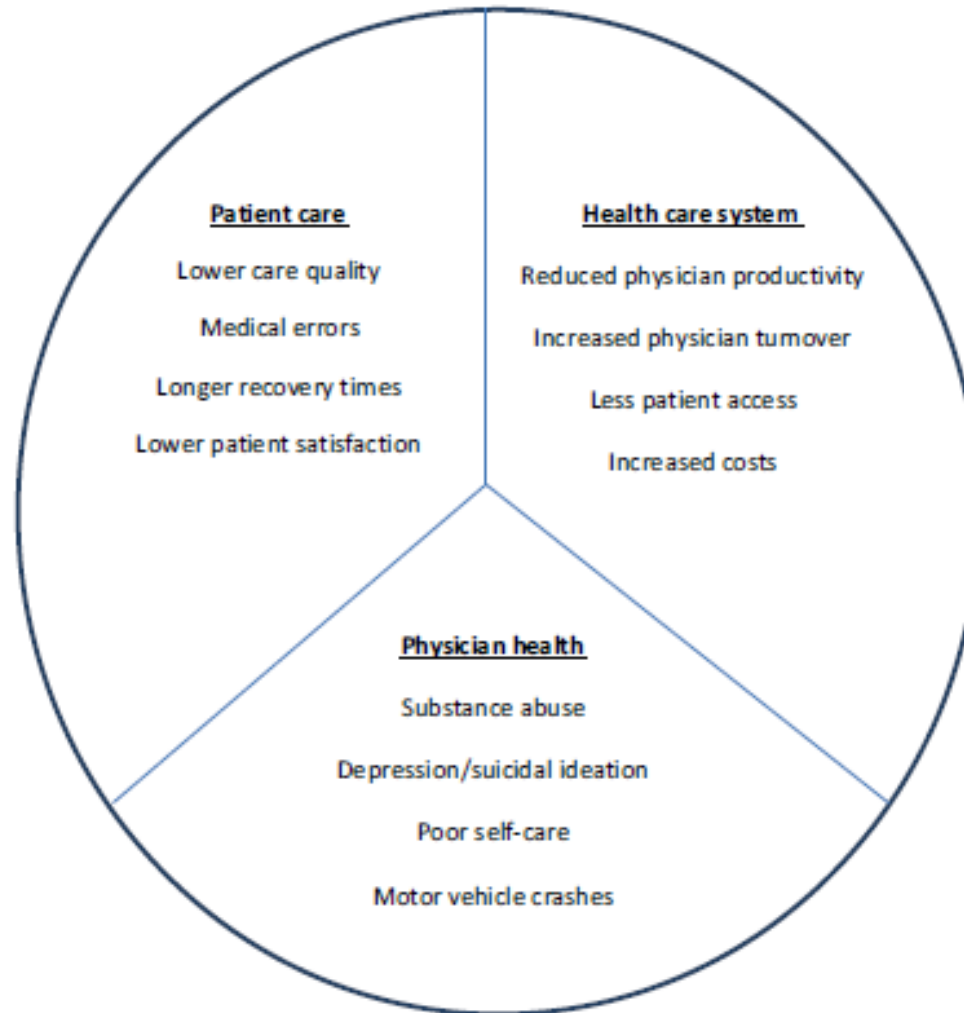


Base = 570 (multiple responses)  
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

- Physicians have a much higher rate of suicide than comparable population
  - 300-400 physician suicides per year (Jennings 2015)



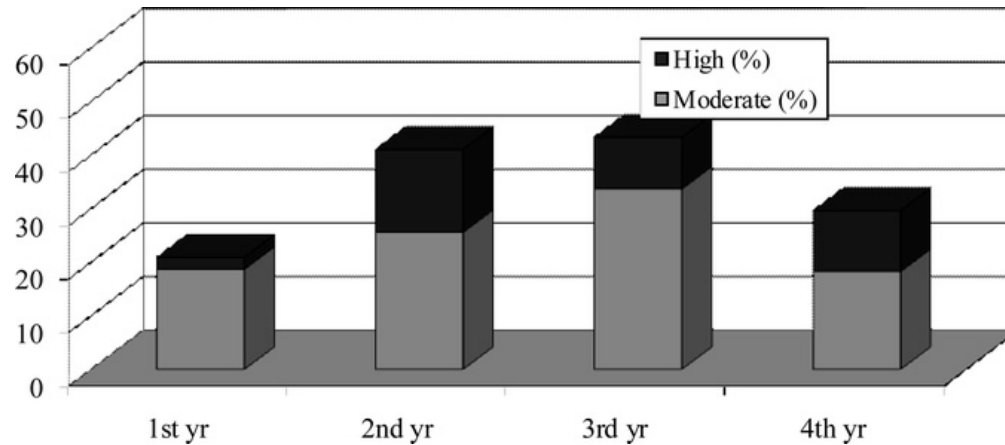
# Consequences of Burnout





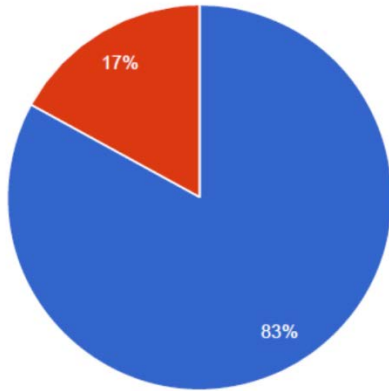
# Burnout in Medical Students

1/3 of medical students had moderate to severe burnout

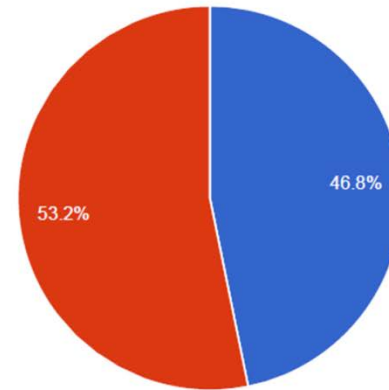


# Medical Student Burnout at MUSC

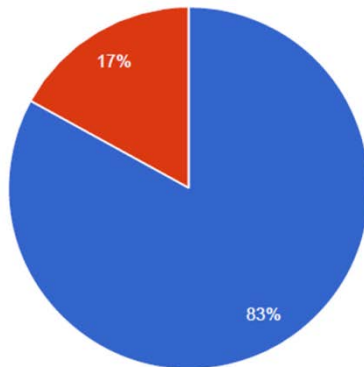
I felt burnt out at some point during 3rd or 4th year?



There were times during 3rd or 4th year where I questioned if pursuing medical training was still the right thing for me to be doing? *(question\_2)*



If I felt burnt out or exhausted I was able to recover on my own?



[Download image](#)



# Burnout in Resident Education

- Burnout and depression are higher among residents than college graduates of similar age (Jennings 2015)
- Conflicts unique to trainees:
  - Fatigue and burnout can be seen as weak
  - Residency remains a performance endeavor with constant evaluations
- Residency lays the ground work for practice after residency



# What's being done about resident burnout?

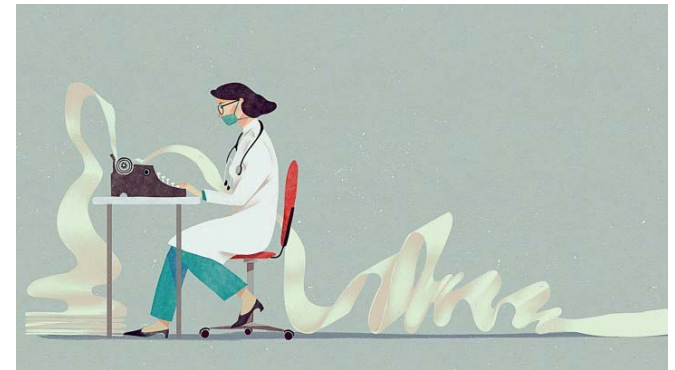
- Duty hours changed (and then changed again)
- ACGME has created a Task Force for Physician Well-Being
- Emphasis on the learning environment with the creation of the Clinical Learning Environment Review (CLER)



# Why does medical training cause burnout?

Maslach and Leiter described 6 aspects of burnout, specific to resident education (Jennings 2015)

1. Workload
2. Control
3. Balance between effort and reward
4. Community
5. Fairness
6. Values














This is not easy work, physically, mentally and emotionally

Shift from patient centered care to EHR centered care





# What drives burnout after training?

Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> <li>• Specialty</li> <li>• Practice location</li> <li>• Decision to increase work to increase income</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity expectations</li> <li>• Team structure</li> <li>• Efficiency</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity targets</li> <li>• Method of compensation                             <ul style="list-style-type: none"> <li>- Salary</li> <li>- Productivity based</li> </ul> </li> <li>• Payer mix</li> </ul>	<ul style="list-style-type: none"> <li>• Structure reimbursement                             <ul style="list-style-type: none"> <li>- Medicare/Medicaid</li> <li>- Bundled payments</li> <li>- Documentation requirements</li> </ul> </li> </ul>
 Efficiency and resources	<ul style="list-style-type: none"> <li>• Experience</li> <li>• Ability to prioritize</li> <li>• Personal efficiency</li> <li>• Organizational skills</li> <li>• Willingness to delegate</li> <li>• Ability to say "no"</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of support staff and their experience</li> <li>• Patient check-in efficiency/process</li> <li>• Use of scribes</li> <li>• Team huddles</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Use of patient portal</li> <li>• Institutional efficiency:                             <ul style="list-style-type: none"> <li>- EHR</li> <li>- Appointment system</li> <li>- Ordering systems</li> </ul> </li> <li>• How regulations interpreted and applied</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Requirements for:                             <ul style="list-style-type: none"> <li>- Electronic prescribing</li> <li>- Medication reconciliation</li> <li>- Meaningful use of EHR</li> </ul> </li> <li>• Certification agency facility regulations (JCAHO)</li> <li>• Precertifications for tests/treatments</li> </ul>
 Meaning in work	<ul style="list-style-type: none"> <li>• Self-awareness of most personally meaningful aspect of work</li> <li>• Ability to shape career to focus on interests</li> <li>• Doctor-patient relationships</li> <li>• Personal recognition of positive events at work</li> </ul>	<ul style="list-style-type: none"> <li>• Match of work to talents and interests of individuals</li> <li>• Opportunities for involvement                             <ul style="list-style-type: none"> <li>- Education</li> <li>- Research</li> <li>- Leadership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Organizational culture</li> <li>• Practice environment</li> <li>• Opportunities for professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Evolving supervisory role of physicians (potentially less direct patient contact)</li> <li>• Reduced funding                             <ul style="list-style-type: none"> <li>- Research</li> <li>- Education</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>
 Culture and values	<ul style="list-style-type: none"> <li>• Personal values</li> <li>• Professional values</li> <li>• Level of altruism</li> <li>• Moral compass/ethics</li> <li>• Commitment to organization</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior of work unit leader</li> <li>• Work unit norms and expectations</li> <li>• Equity/fairness</li> </ul>	<ul style="list-style-type: none"> <li>• Organization's mission                             <ul style="list-style-type: none"> <li>- Service/quality vs profit</li> </ul> </li> <li>• Organization's values</li> <li>• Behavior of senior leaders</li> <li>• Communication/ messaging</li> <li>• Organizational norms and expectations</li> <li>• Just culture</li> </ul>	<ul style="list-style-type: none"> <li>• System of coverage for uninsured</li> <li>• Structure reimbursement                             <ul style="list-style-type: none"> <li>- What is rewarded</li> </ul> </li> <li>• Regulations</li> </ul>
 Control and flexibility	<ul style="list-style-type: none"> <li>• Personality</li> <li>• Assertiveness</li> <li>• Intentionality</li> </ul>	<ul style="list-style-type: none"> <li>• Degree of flexibility:                             <ul style="list-style-type: none"> <li>- Control of physician calendars</li> <li>- Clinic start/end times</li> <li>- Vacation scheduling</li> <li>- Call schedule</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling system</li> <li>• Policies</li> <li>• Affiliations that restrict referrals</li> <li>• Rigid application practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Precertifications for tests/ treatments</li> <li>• Insurance networks that restrict referrals</li> <li>• Practice guidelines</li> </ul>
 Social support and community at work	<ul style="list-style-type: none"> <li>• Personality traits</li> <li>• Length of service</li> <li>• Relationship-building skills</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality in practice environment</li> <li>• Physical configuration of work unit space</li> <li>• Social gatherings to promote community</li> <li>• Team structure</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality across the organization</li> <li>• Physician lounge</li> <li>• Strategies to build community</li> <li>• Social gatherings</li> </ul>	<ul style="list-style-type: none"> <li>• Support and community created by Medical/specialty societies</li> </ul>
 Work-life integration	<ul style="list-style-type: none"> <li>• Priorities and values</li> <li>• Personal characteristics                             <ul style="list-style-type: none"> <li>- Spouse/partner</li> <li>- Children/dependents</li> <li>- Health issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call schedule</li> <li>• Structure night/weekend coverage</li> <li>• Cross-coverage for time away</li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Vacation policies</li> <li>• Sick/medical leave</li> <li>• Policies                             <ul style="list-style-type: none"> <li>- Part-time work</li> <li>- Flexible scheduling</li> </ul> </li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements for:                             <ul style="list-style-type: none"> <li>- Maintenance certification</li> <li>- Licensing</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>



# What can be done about burnout?

Needs to be addressed at all levels, national to individual



# National Level

ACGME addressing in bylaws

SHM had Shanefelt as keynote speaker at 2019 meeting

Widely recognized and written about



# Health System Level

Multiple studies showing reducing burnout and improving physician wellness should be addressed the institutional level (Swenson 2016)

Strong business case for addressing burnout and improving provider engagement (Shanefelt 2017)



# Individual Level

Many approaches have been studied (West 2018)

Mindfulness

Stress management training

Communication skills training

Exercise programs

Self care efforts

Small group-efforts to promote community





# Wellness

- What is 'Physician Wellness'?
  - Absence of burnout?
  - Shorter duration or less severe of episodes of burnout
  - Resilience in the face of challenges?
- **Being challenged, thriving and successfully achieving personal and professional goals**
- Must be addressed on national, program/institution and individual level (Eckleberry-Hunt 2009)



# Teach Resilience

- Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost (Epstein 2013)
  - Self awareness (mindfulness) and self care
- Formally teach coping skills and stress management (Sood 2014)
- Discussion groups amongst residents (+/- faculty) (West 2014)



# Cultivate Meaning

- Go back to why you signed up in the first place
  - Find your medical school (or residency) personal statement, print it and reflect back on it
- Spend more time with patients
  - Take the time to optimize your documentation/EPIC use, to grant more time seeing patients
- Celebrate clinical wins as much or more then you commiserate bad outcomes



# Cultivate Meaning

- What's the meaning and mission of the work I do?
- Taking real stock in professional AND personal priority list
- Protecting time to address both lists realistically



# Self Awareness, Self Regulation and Self Care

- Take time to understand your present emotional and physical experience
- Acknowledge being overwhelmed, anxious, tired, etc.
- Find time to slow down and breath
  - Before entering a patients room, washing you hands, before logging into the medical record
- Consider open discussion with peers and/or supervisors (chief residents).
  - Balint groups: society in UK where healthcare workers meet and debrief on challenging cases





# Mindfulness

- Being aware of ones physical and emotional state
  - Paying attention on purpose in the present moment, nonjudgmentally
- Mindfulness-based stress reduction has demonstrated to help individuals effectively manage stress, pain and other health conditions





# Institute *for* Healthcare Improvement



Use the 10 exercises below to begin incorporating mindfulness into your daily life. Each exercise is quick and can be done at work. Try spacing them throughout the day.

**1. Pause when you first arrive at your computer.** Feel the weight of your legs in the chair and the pressure of your feet as they contact the floor. Take a few calming breaths. Gently deepen your inhale and lengthen your exhale. Try counting to three on the inhale and on the exhale. Adjust the timing so that it feels most calming for your body.

**2. As you approach a patient's room,** let your attention move to your feet walking down the hallway. Pay attention to each foot as it comes in contact with the floor, one step at a time. Slow down, and let your breath and movement connect. Let your attention rest there. Check in with your overall state of being. Ask yourself, "What does it feel like in my feet right now?" Whatever you notice in your feet or in your body, bring acceptance to that experience. Take a clearing breath: breathing in for four, pausing for two, and exhaling slowly.

**3. During hand-washing,** stand still and pause. Pay attention to the moment: reaching for the soap, spreading it on your hands; the motion, the feel of the soap, the temperature, the texture. Stay with the experience and not your thoughts. Take a clearing breath, and allow the physical sensations in your hands to remind you to be present for the next interaction.

**4. When you first approach someone,** notice some details about this person, such as the color of their eyes, the expression on their face, or how they are standing. As you are noticing these details, take a few breaths and feel sensations in your body as you arrive in the connection of the interaction. Then bring your full attention to the interaction. If your mind wanders to another experience, notice that with acceptance, and bring it back to the person or the people you are with and the feelings in your own body.

**5. If there is time before an important interaction,** intentionally pause for 30 seconds or so. Take some calming breaths and feel your body. Then establish an intention to come to the interaction with presence and care.



**6. When you are doing a focused task for an extended period** (e.g., reading, working on the computer, handling samples), look up periodically and allow your peripheral vision to become wide. Take a few calming breaths and notice any feelings of rest in your body.

**7. Periodically throughout your day**, pause, close your eyes, open your ears, and listen to sounds in the distance. This is like widening your peripheral vision: Just use your hearing instead. Allow the sounds to come and go without engaging in the story of what the sounds are. In particular, notice and enjoy any pleasant experience of spaciousness as you listen to sounds in the distance.

**8. When you notice yourself feeling tense**, if possible, remove yourself from the situation for a minute or two. (Bathrooms are a great place to do this.) Validate your experience with compassion, telling yourself, “It’s understandable that I would feel this way.” Place your hand on your heart or in a soothing position, breathe, and repeat your compassionate phrase a few times.

**9. Before, during, or after a difficult situation**, pause. Feel your feet firmly grounded and repeat this phrase as you link it to your breath. Come up with a calming phrase, such as “Breathing in I calm my body, breathing out I relax.”

**10. At least once or twice throughout your day**, look at something simple that you find beautiful. This could be the sky, a flower, or a picture of a loved one. Intentionally take a few moments to notice this beauty and savor the enjoyment for at least a few moments.



# Mindfulness Training

- Study of Family Med, Psych and Anesthesia residents at Duke using two to three 1-hour sessions of mindfulness-based resilience activities
  - Introduced mindful-awareness and included practical exercises for nurturing resilience
  - Before, after and 1 year follow up surveys showed benefit in female PGY1/2 who perceived residency to be stressful (Goldhagen 2015)
- Pilot study looking at effect of abbreviated mindfulness course
  - Significant reduction in burnout, depression and anxiety, and an increase in job satisfaction (Fortney 2014)
- Study of 148 residents using eight weekly 2.5hour mindfulness base stress reduction curriculum
  - Limited impact across the board, but did benefit those with perceived higher stress (Verweij 2018)



# What is MUSC doing about burnout?

- Investigation and intervention happening at many levels
  - COM-Student level
  - GME-Resident level
  - DOM-Faculty level
  - MUSCH-Health system level



# Student Wellness

Emphasis On Now

Clinical Years focus group

COM CUP

Internship 101



# GME Wellness Initiatives

Formation of GME Wellness committee

Dr. Whitney Marvin and Dr. Ben Kalivas

Survey of all residency and fellowship's wellness and burnout investigations and interventions

Specific inquiry on actionable items (currently underway)

Compiling ACGME survey results specific to burnout and wellness





# DOM Results – May 2018

- Maslach Burnout Inventory – Human Services Survey for Medical Personnel (MBI-HSS(MP))
- Areas of Worklife Survey (AWS)
- Broken down in DOM by:
  - Clinical Providers (n=145)
  - Advanced Practice Providers (n=45)
  - Research Faculty (n=20)



# DOM Results May 2018 Clinical Providers - Strengths

- Sense of *Personal Accomplishment*
- Lower *Depersonalization*
- High *Community* scores
  - Members of my work group cooperate with one another
  - I am a member of a supportive work group
  - Members of my work group communicate openly
  - People trust one another to fulfill their roles



# DOM Results May 2018 Clinical Providers – Areas for improvement

- Higher *burnout* item:
  - **Emotional exhaustion**
    - I feel frustrated by my job
    - I feel used up at the end of the workday
- *Areas of Worklife* scores:
  - **Workload**
    - I leave my work behind when I go home at the end of the workday
  - **Control**
    - I can influence management to obtain the equipment and space I need for my work
  - **Reward**
    - My efforts usually go unnoticed
  - **Fairness**
    - Resources are allocated fairly here
    - Opportunities are decided solely on merit
  - **Values**
    - My values and the Organization's values are alike



# DOM Action Plan to Address Results

- Small group reviewed DOM results
- Task Force convened and given charge from Dr. Rockey
- Members:
  - Don Rockey, MD – Dept Chairman
  - Thomas DiSalvo, MD - Cardiology
  - Jim Oates, MD - Rheumatology
  - Kim Davis, MD – Gen Int Med/Geri
  - Ben Kalivas, MD – Gen Int Med/Geri\*
  - Rachel Sturdivant, MD - Nephrology
  - Young Lee, MD – Heme/Onc
  - Michele Taffoar-Neskey, PA – Heme/Onc
  - Faye Hant, MD - Rheumatology
  - Elisha Brownfield, MD – Gen Int Med/Geri
  - Joe Gough, - Med Administration
- Survey to Clinical Faculty and APP's – October 2018



# DOM Survey on Causes of Burnout

Survey Area N = 124/261 (47.5%)	Degree item contributes to burnout 0-3 scale (Not at all; slightly; moderately; highly)
RVU pressure	2.16
Concerns not heard by leadership	1.8
Lack of work-life balance	1.79
Uncertainty about contracts	1.77
Patient throughput vs quality of care	1.72
Documentation required for billing/regulatory	1.68
Lack of necessary staff	1.66



# DOM Survey on Causes of Burnout

Survey Area N = 124/261 (47.5%)	Degree item contributes to burnout 0-3 scale (Not at all; slightly; moderately; highly)
Inefficiency of Epic	1.54
Admin/paperwork – not “top of license”	1.47
Lack of alignment in values with organization	1.3
Lack of recognition	1.18
Lack of necessary space	0.97
Lack of career advancement/leadership activities	0.96
Lack of necessary equipment	0.81



# Burnout Drivers by Division – DOM 2018

Division	EPIC	Clin Doc	RVU	1 yr Contract	Work life	Patient Throughput	Recognition	Equip	Space	Staff Support	Top License	Career adv.	Not Heard	Aligned values
CARDS	1.81	1.75	2.50	2.38	2.19	2.06	1.81	1.31	1.75	2.38	1.38	1.63	2.25	1.44
ENDO	0.88	1.25	2.88	1.88	2.00	1.50	1.75	0.50	0.75	1.63	1.25	1.13	2.13	1.00
GI	1.09	1.36	2.00	1.73	1.55	1.55	1.18	1.00	0.73	1.27	0.91	0.82	1.45	1.18
GIM	1.66	2.09	2.14	0.97	1.60	1.87	0.91	0.88	0.17	1.74	1.56	0.41	1.86	1.23
HEM/ONC	1.44	1.96	2.05	1.59	1.94	1.71	0.97	0.75	0.84	1.91	1.63	1.00	1.98	1.19
ID	1.38	1.76	2.26	1.69	1.88	1.76	1.27	0.84	0.85	1.82	1.43	1.00	1.97	1.22
NEPH	1.64	2.00	2.18	1.73	2.00	1.82	0.45	1.18	0.91	1.18	1.55	1.18	1.55	1.55
PULM	2.09	1.64	1.73	1.45	1.45	1.73	1.09	0.45	1.45	2.10	1.40	0.80	2.10	1.00
RHEUM	1.43	2.14	2.00	1.57	2.00	1.86	1.00	0.57	0.86	2.00	1.86	1.00	2.14	1.29
Overall	1.49	1.77	2.19	1.66	1.85	1.76	1.16	0.83	0.92	1.78	1.44	1.00	1.94	1.23
		#5	#1		#3	#6				#4			#2	



# MUSC Health

- Group led by Dr. Peter Zwerner and Dr. Gene Hong
  - Personal Resilience
  - Provider efficiency
  - Culture of Wellness
- Wellness retreat
- RVU solutions being proposed to compensation committee
- Scribes being piloted





# Can it be done?

Can the current financial vs value driven care paradigm and burnout prevention co-exist?

Division	EPIC	Clin Doc	RVU	yr Contract	Work life	Patient Throughput	Recognition	Equip	Space	Staff Support	Top License	Career adv.	Not Heard	Aligned values
CARDS	1.81	1.7	2.50	2.38	2.19	2.06	1.81	1.31	1.75	2.38	1.38	1.63	2.25	1.44
ENDO	0.88	1.2	2.88	1.88	2.00	1.50	1.75	0.50	0.75	1.63	1.25	1.13	2.13	1.00
GI	1.09	1.3	2.00	1.73	1.55	1.55	1.18	1.00	0.73	1.27	0.91	0.82	1.45	1.18
GIM	1.66	2.0	2.14	0.97	1.60	1.87	0.91	0.88	0.17	1.74	1.56	0.41	1.86	1.23
HEM/ONC	1.44	1.9	2.05	1.59	1.94	1.71	0.97	0.75	0.84	1.91	1.63	1.00	1.98	1.19
ID	1.38	1.7	2.26	1.69	1.88	1.76	1.27	0.84	0.85	1.82	1.43	1.00	1.97	1.22
NEPH	1.64	2.0	2.18	1.73	2.00	1.82	0.45	1.18	0.91	1.18	1.55	1.18	1.55	1.55
PULM	2.09	1.6	1.73	1.45	1.45	1.73	1.09	0.45	1.45	2.10	1.40	0.80	2.10	1.00
RHEUM	1.43	2.1	2.00	1.57	2.00	1.86	1.00	0.57	0.86	2.00	1.86	1.00	2.14	1.29
Overall	1.49	1.7	2.19	1.66	1.85	1.76	1.16	0.83	0.92	1.78	1.44	1.00	1.94	1.23
		#5	#1		#3	#6				#4			#2	



# Conclusions and summary

- Burnout is a systemic issue that has impact on all physicians
- The individual (or division or department) is not powerless in combating and preventing symptoms of burnout
- Ultimately, policy and system change is needed to significantly reduce incidence and impact



# Questions? Comments? Solutions?



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