

Joy of Medicine:

Assessing Physician Well-Being in the Sacramento Region

**Strategies to Promote Physician Well-Being
at the Individual and Organizational Level**

A report prepared by the Sierra Sacramento Valley Medical Society

July 15, 2019



Acknowledgement and Disclaimers

This document was prepared by the Sierra Sacramento Valley Medical Society (SSVMS) and reviewed by its Joy of Medicine Advisory Committee. It was approved by the SSVMS Board of Directors on July 15, 2019

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The Sierra Sacramento Valley Medical Society (SSVMS) is dedicated to bringing together physicians from all modes of practice to promote the art and science of quality medical care, and to enhance the physical and mental health of our entire community.

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Introduction

Since 1860, the Sierra Sacramento Valley Medical Society (SSVMS) has brought together physicians from all specialties and modes of practice to promote the health and well-being of physicians and the patients they serve. With nearly 6,000 physician members in the Sacramento region, SSVMS provides advocacy, programs and services to promote access to quality medical care and to help physicians reclaim the joy of practicing medicine. The leadership of SSVMS, a not-for-profit professional organization, understands the struggles physicians face on a daily basis and is determined to help physicians find joy and fulfillment in the profession of medicine. Our goal is to engage physicians, medical group and health system leaders in a long-term conversation that will help physicians recognize the signs of burnout, build meaningful resilience, and to promote systemic improvements that help physicians thrive.

SSVMS is passionate about shifting individual and organizational culture to help physicians find happiness in their profession. To achieve this goal, SSVMS launched its Joy of Medicine program in 2017. Since program inception, hundreds of physicians in the Sacramento region have accessed Joy of Medicine programs and services including but not limited to educational programs, peer groups, resiliency consultations, podcasts and social events and activities. A full listing of Joy of Medicine programs and services can be found at www.JoyofMedicine.org and in [Appendix: B](#).

This report reflects the results of the SSVMS Joy of Medicine - Sacramento Region Physician Joy Assessment Survey conducted from July 26, 2018 to September 6, 2018 and sent via email to physicians that practice medicine in the Sacramento region. Specifically, this report addresses the following objectives of the survey:

1. To establish a baseline level of burnout that physicians are experiencing in the Sacramento region.
2. To identify professional satisfaction successes and areas of improvement that medical groups and health systems can implement to improve physician wellness.

Background

Physician burnout is complex and has many causes and symptoms. With the unprecedented change in the healthcare delivery system in the United States, many physicians feel that their role as healers, comforters, and listeners is diminished.¹ While many larger, integrated medical groups and medical staffs offer Employee

¹ Shanafelt, T. D., Dyrbye, L. N., & West, C. P. 2017.

Assistance Programs and Well-Being Committees, many physicians confided to SSVMS that they will not seek out assistance within their own group or facility. The culture of physicians that is learned in medical school and continues throughout their careers is, “...the firm belief that more pressure, more hours and more demands must lead to better outcomes...”² This ingrained cultural belief is where burnout begins and perpetuates into both the professional and personal lives of physicians.

Physician burnout and depression affect all areas of the healthcare delivery system. Physicians that experience these symptoms have been linked to increased medical errors, reduced quality of care, and greater patient dissatisfaction.³ High levels of burnout are also attributed to a reduction in the number of working hours of physicians and high employee turnover costing organizations approximately \$7,600 per employed physician each year. The cost to replace a physician that has left the practice of medicine because of burnout ranges between \$500,000 and \$1,000,000 per physician.⁴ The high turnover rate further exacerbates the shortage of physicians, thus affecting patient access to healthcare.^{5,6} Finally, multiple studies over the last 20 years have shown that physicians suicide rates are much higher than members of the general population.⁷ These significant findings show an urgent need for structured and systemic improvements to improve work-life balance and the overall well-being of physicians.⁸

Physician well-being can be broken down into three domains: personal resiliency, culture of wellness and efficiency of practice. While personal resiliency can be managed by physicians on an individual basis, the culture of wellness and efficiency of practice are best addressed at the systemic level, such as at the medical group, hospital or health system.⁹ It is with this knowledge in mind that SSVMS embarked on a mission to create an all-encompassing physician well-being program with the goal of improving physician wellness at both the individual and systemic levels.

Joy of Medicine Program

To address physician well-being and burnout in the Sacramento area’s medical community, SSVMS created the Joy of Medicine program within the Medical Society’s 501(c)3, the Community Service, Education and Research Fund. The vision of the Joy of Medicine program is to relieve physician pain and to help physicians reclaim the joy of practicing medicine through education, advocacy and program services designed to nurture individual well-being and collegiality and to promote systems-wide changes. Joy of Medicine is a multilateral approach to

² Slavin, S. J. 2016.

³ Scheepers, R. A., Boerebach, B. C., Arah, O. A., Heineman, M. J., & Lombarts, K. M. 2015.

⁴ Berg, S. 2018.

⁵ Shanafelt, T. D., Mungo, M., Schmitgen, J., Storz, K. A., Reeves, D., Hayes, S. N., ... & Buskirk, S. J. 2016.

⁶ Han S, Shanafelt, T. D., Sinsky, C.A., Awad, K.M., Dyrbye L.N., Fiscus, L.C., Trockel M., Goh, J. 2019.

⁷ Schernhammer, E. S., & Colditz, G. A. 2004.

⁸ Yellowlees P. 2018.

⁹ Bohman, B., Dyrbye, L., Sinsky, C., Linzer, M., Olson, K., Babbott, S., & Trockel, M. 2017.

physician well-being that encourages personal resilience, connecting with colleagues, and collaborating with leaders to foster a culture of wellness in the local physician community. Hallmarks of the program include Medical Society - sponsored confidential Resiliency Consultations with licensed psychologists and life coaches, private peer support groups, a robust online Wellness Resource Center (JoyofMedicine.org), live educational events, podcasts, and socials designed to promote physician collegiality. Currently, program services are available to all physicians, regardless of their membership status with SSVMS. Since the program was launched in 2017, hundreds of local physicians have accessed Joy of Medicine programs and services, including individual resiliency sessions, peer groups, physician and family socials, and learning opportunities.

SSVMS convenes the Joy of Medicine Advisory Committee, which includes the Chief Wellness Officer or equivalent from each of the Sacramento region's integrated medical groups, as well as physicians in private practice, medical students, and residency program representatives to collaboratively shape the goals and activities of the program to benefit all physicians and physicians in training. The Joy of Medicine Advisory Committee meets on a quarterly basis to share best practices, provide guidance on program offerings and to advise SSVMS on the direction and sustainability of the Joy of Medicine program. Participating physician organizations, including The Permanente Medical Group, Sutter Medical Group, UC Davis Health, Mercy Medical Group, Woodland Clinic Medical Group and Sutter Independent Physicians, contribute to the sustainability of the program through charitable contributions. A full list of advisory committee members is available in [Appendix: A](#).

While several medical groups and IPAs have conducted their own internal burnout surveys, the Joy of Medicine Advisory Committee agreed that there was a need to conduct a survey of all physicians practicing in the Sacramento region to assess and benchmark physician attitudes concerning multiple areas of the medical profession. The results of the Sacramento Region Physician Joy Assessment are set forth in this paper and identify potential solutions to mitigate physician burnout.

Methods

The SSVMS Joy of Medicine - Sacramento Region Physician Joy Assessment Survey was deployed to 4,388 practicing physicians in Sacramento, El Dorado, Yolo and Placer Counties (CA) over a 6-week period in 2018. A sample of 502 (11.44%) physicians anonymously completed the survey, and participants were incentivized with a \$20 gift card. Developed by SSVMS staff and a subcommittee of physicians and medical students, the survey was broken down into four categories: Key Drivers of Burnout and Engagement, Validated Burnout Assessment, Organizational Improvement Suggestions and Adverse Childhood Experiences (ACEs). The survey will be deployed every other year through 2022, and results will be compared to assess physician resiliency and professional satisfaction and to identify new opportunities and measure progress.

Survey Design

Key Drivers of Burnout and Engagement

The Sacramento Region is home to many large, integrated medical groups that have differing approaches in company culture and well-being programs for physicians. One goal of the survey was to measure physician wellness specific to each medical group and to identify systemic changes that each medical group may consider to enhance the well-being of their affiliated physicians. The first section of questions was designed to determine the level of burnout and engagement physicians experience at their place of practice. According to T. Shanafelt (2017), “Extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burn out.”¹⁰

Figure 1 categorizes facets of physician burnout and engagement into seven categories: Organizational culture and values, social support and community work, work-life integration, control and flexibility, workload and job demands, efficiency and resources and meaning in work. Survey participants answered 11, 6-point Likert scale questions that reflected attitudes on organizational behavior that fell into these seven categories.

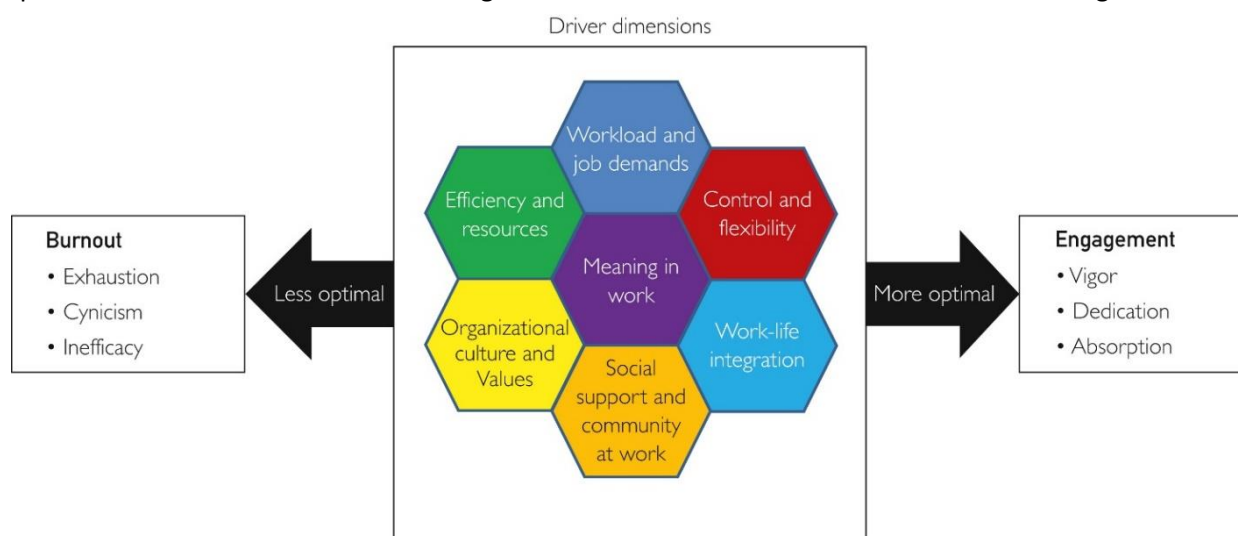


Figure 1: Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. In Mayo Clinic Proceedings (Vol. 92, No. 1, pp. 129-146). Elsevier.

¹⁰ Shanafelt, T. D., & Noseworthy, J. H. 2017.

Validated Burnout Assessments

The next section of the Sacramento Region Physician Joy Assessment Survey included a series of validated questions to assess the levels of burnout experienced by physicians in the Sacramento region. The first question was the Mini-Z, a single non-proprietary burnout measure that has been validated to fully assess levels of burnout in multiple studies.¹¹ Also used were two single items from the Maslach Burnout Inventory (MBI): “I feel burned out from my work” and “I have become more callous toward people since I took this job.” These questions correlate strongly with the emotional exhaustion and depersonalization subscale scores.

Organizational Improvement Suggestions

In the third section of the survey, physicians were given the opportunity to provide suggestions to their medical group leadership on how to effectively address two severe pain points that correlate directly with physician burnout: work-life balance¹² and the electronic health record (EHR)¹³. The top three work-life balance improvement recommendations and the top five EHR efficiency enhancement ideas were ranked, with the option of an open-ended answer for each question.

The last section of the survey was a set of voluntary questions of the validated Adverse Childhood Experience (ACE) questionnaire.¹⁴ The methodology and detailed results of this supplementary questionnaire will be reported separately in conjunction with the University of California, Davis (UCD) Department of Psychiatry and Behavioral Sciences.

Key Survey Takeaways

Participant Demographics

- Percentages of participants in the gender, age and specialty categories accurately mirrored emailed list of 4,388 possible participants.
- The largest participants in the specialty category were general practitioners with family medicine, internal medicine, and pediatrics at 66%.

¹¹ Dolan, E. D., Mohr, D., Lempa, M., Joos, S., Fihn, S. D., Nelson, K. M., & Helfrich, C. D. 2015.

¹² Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. 2015.

¹³ Babbott, S., Manwell, L. B., Brown, R., Montague, E., Williams, E., Schwartz, M., ... & Linzer, M. 2013

¹⁴ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. 1998.

- Most participants were “settled” in their careers with age ranges of 36-45 (33%) and 46-55 (27%).

Key Drivers of Burnout and Engagement

- Overall, physicians felt that they share the same cultural values as their organizations (84%), that workload and job demands were manageable (71%), they had control and flexibility in their organizations (72.1%), they were adequately compensated (72.3%), their organizations were efficient and they had sufficient resources (70%), and that they had social support in their work (65%).
- Older and independent practice physicians felt they had higher control and flexibility in their work but were slightly unhappier with their financial compensation.
- Government employed and physicians in the 66+ age group tended to answer more negatively to the availability of social support within their organizations.
- Family Practice and Internal Medicine physicians were generally engaged with their organizations, but desired greater flexibility and input into administrative decisions. Primary care physicians also responded negatively to the EHR.
- Survey respondents identified two key areas for desired organizational change: allow physicians more flexibility to make administrative decisions and decrease the administrative burdens created by the inefficiencies of their EHR system.

Validated Burnout Assessments

- Respondents were mostly content with 64% self-reporting as happy or only experiencing minimal amounts of stress.
- Some physicians (22%, Mini-Z) experienced one or more symptoms of burnout, but are not at the point of total frustration and exhaustion.
- The survey found no statistically significant correlations between burnout and a physician’s age, specialty, gender or mode of practice.
- The Mini-Z and the MBI scales were significantly correlated.

Organizational Improvement Suggestions

- Respondents felt that improvements to the EHR can be accomplished by in-person scribes (40%), voice recognition software (23%), one-on-one training on the EHR (20%), and additional EHR training (19%).
- Work-life balance afforded to physicians by their medical groups can be improved by fewer work hours (41%), a personal assistant for tasks such as scheduling and responding to emails (41%), more time allotted for self-care (38%), more control over their schedules (37%) and health activity times (34%).

Survey Synopsis

Demographics

The survey was deployed to 4,388 practicing physicians in Sacramento, El Dorado, Placer and Yolo Counties in California. The response rate was 502 participants or 11.4%. The demographic sample of participants accurately reflects the physician population in the Sacramento region. Physicians in the 36-45 age range (34%) were the largest percentage of participants (Figure 2). The gender demographic was 57% male versus 43% female (Figure 3). Most of the sample (78%) were employed by large medical groups (Figure 4). The largest group of participating specialties were Family Medicine, Internal Medicine, Pediatrics and Emergency Medicine (Figure 5).

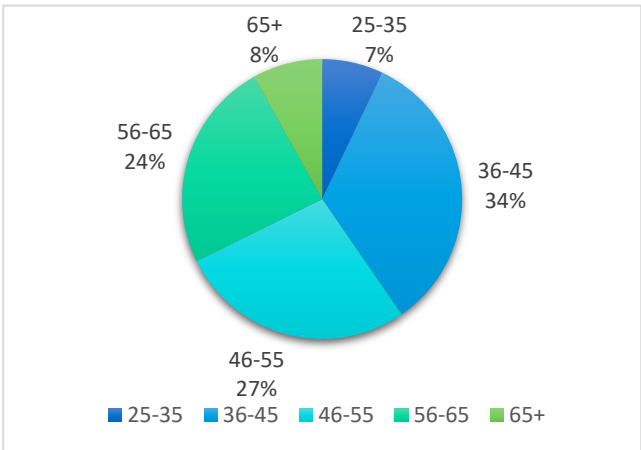


Figure 2 Age Range

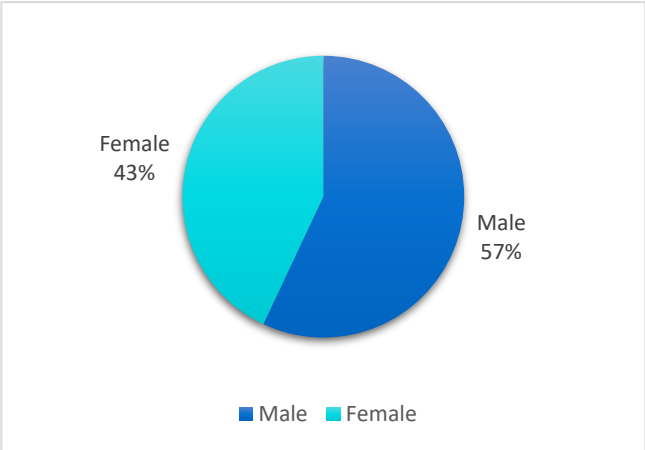


Figure 3 Gender

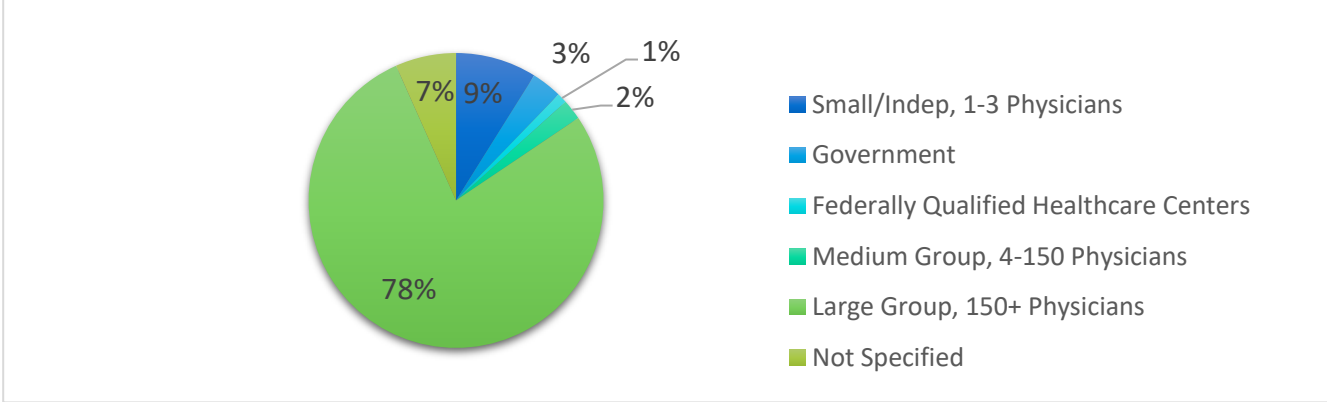


Figure 4 Mode of Practice

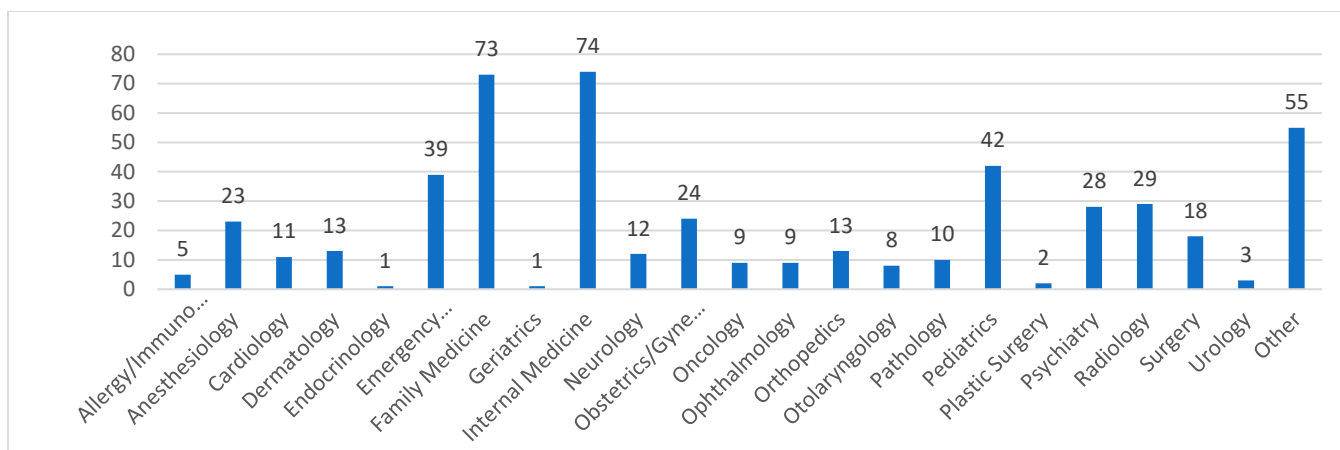


Figure 5 Specialties

Key Drivers of Burnout and Engagement

Overall, physicians reported positively in all areas of Key Drivers of Burnout and Engagement (Figure 6). Positive feelings towards compensation, workload and organizational culture were above 70%. In the other categories (efficiency, social support, work-life integration and control), feelings toward their organizations were not as positive, but still above the 50% threshold for all demographics. Notably, 100% of responding physicians practicing in Federally Qualified Healthcare Centers reported sharing their organization's culture and values. Regarding workload and job demands, older physicians (66+ years old) felt more favorably towards their organizations than their younger colleagues. Private practice physicians' feelings of control and flexibility were significantly higher than those in other modes of practice; however, this demographic also responded most negatively regarding satisfaction with their compensation.

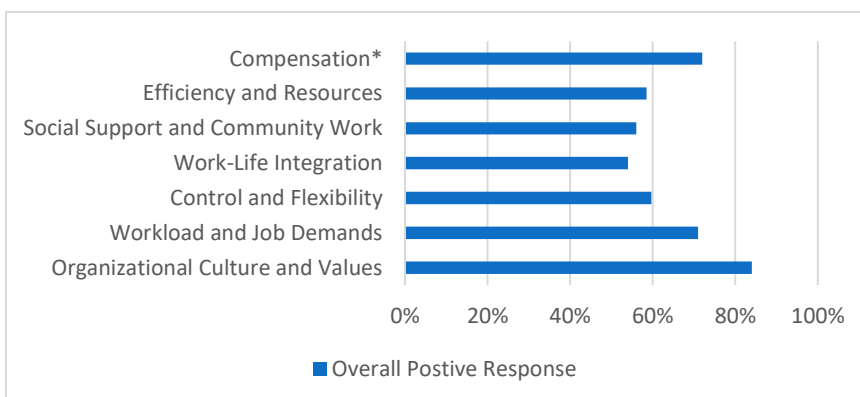


Figure 6 Key Driver Dimensions for Engagement and Burnout

*Compensation is not included as Driver Dimension in Shanafelt, T. D., & Noseworthy, J. H. (2017, January).

Summary of Findings

The overall positive response to Key Drivers of Burnout and Engagement is encouraging not only for physicians currently practicing in the Sacramento region, but potentially to physicians who may be considering practicing

medicine in the area. To ensure that a greater number of physicians maintain their positive outlook, medical groups and health systems may consider the following opportunities, as identified by survey respondents:

Opportunities for Change

- Overall, physician respondents felt that organizations can improve physician well-being by giving physicians greater control and flexibility (59% positive), improving work-life integration (54% positive), implementing programs and offerings to promote collegiality (52% positive), fostering a sense of community at work (52.2% positive), allowing physicians to make administrative decisions (48% positive) and developing and implementing strategies to lessen the negative impact of the EHR on performance (47% positive).
- Support for women physicians can be improved. A higher percentage of men than women agreed that their employer was supportive (41% vs. 29%). Further exploration of this area is recommended.
- Ophthalmologists, Cardiologists, Dermatologists and Psychiatrists desired more flexibility and control in their clinical decisions.
- Oncologists, Psychiatrists and Anesthesiologists desire allowances for more personal time.
- Cardiologists and Radiologists require targeted efforts to promote collegiality.
- Psychiatrists, Cardiologists and Radiologists have the greatest need to improve their sense of community at work.

Most Significant Areas for Improvement, Impacting Many Specialties

- Physicians from a wide range of specialties disagree they have the flexibility to make the best administrative decisions:
 - Ophthalmology, Oncology, Psychiatry, Internal Medicine, Radiology, Dermatology, Family Practice, Emergency Medicine.
- Physicians from a wide range of specialties disagree that the EHR improves performance:
 - Ophthalmology, Psychiatry, Anesthesiology, Dermatology, Cardiology, Orthopedic, Family Practice, Internal Medicine.

Burnout Assessment

Burnout symptoms were assessed by analyzing scores from the validated Mini-Z questionnaire, and two questions from the Maslach Burnout Inventory (MBI) that correlate to emotional exhaustion and depersonalization. The burnout scores for participants were computed using STATA Software and based upon the cutoff scores provided in the literature for each scale and were coded either a 0= no-burnout or a 1= burnout. The Mini-Z is a single item scale: “Using your own definition of “burnout,” please circle one of the answers 1. I enjoy my work. I have no symptoms of burnout. 2. I am under stress, and don’t always have as

much energy as I did, but I don't feel burned out. 3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion. 4. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot. 5. I feel completely burned out. I am at the point where I may need to seek help. Responses to number 3-5 = burnout and responses 1-2 = no burnout. The MBI, is a 22 item survey rated on a 6-point Likert scale (1 "Never", 2 "A few times a year or less", 3 "Once a month or less", 4 "A few times a week", 5 "Once a week", 6 "Every day"). The SSVMS survey included two items from the MBI: Item 8 ("I feel burned out from my work") and Item 10 ("I have become more callous toward people since I took this job"). A response of "a few times a week" or more on either item 8 or item 10 indicates a high degree of burnout.¹⁵

Notably, physician responses to the both the Mini-Z burnout assessment (Figure 7) and the MBI questions (Figure 8) indicate that 64% of physicians are generally content or experience slight amounts of stress in their work. The Mini-Z results revealed that burnout symptoms somewhat affect 22% of physicians, an additional 10% experienced grave burnout indicators, and an additional 3% of physicians experienced critical levels of burnout. While these negative indicators are numerically small, there is major concern for what can be done to assist those physicians experiencing symptoms of severe burnout.

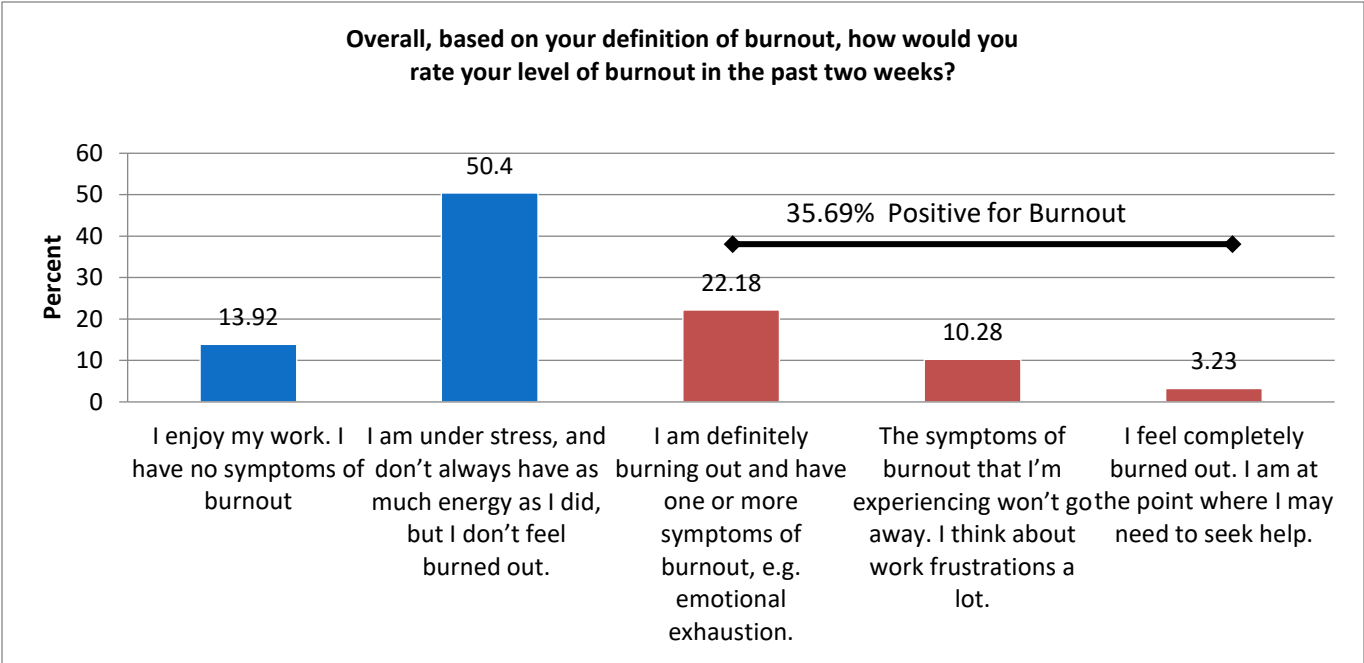


Figure 7 – Mini-Z Overall Burnout Scores

¹⁵ National Academy of Medicine, n.d. <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/#purpose>

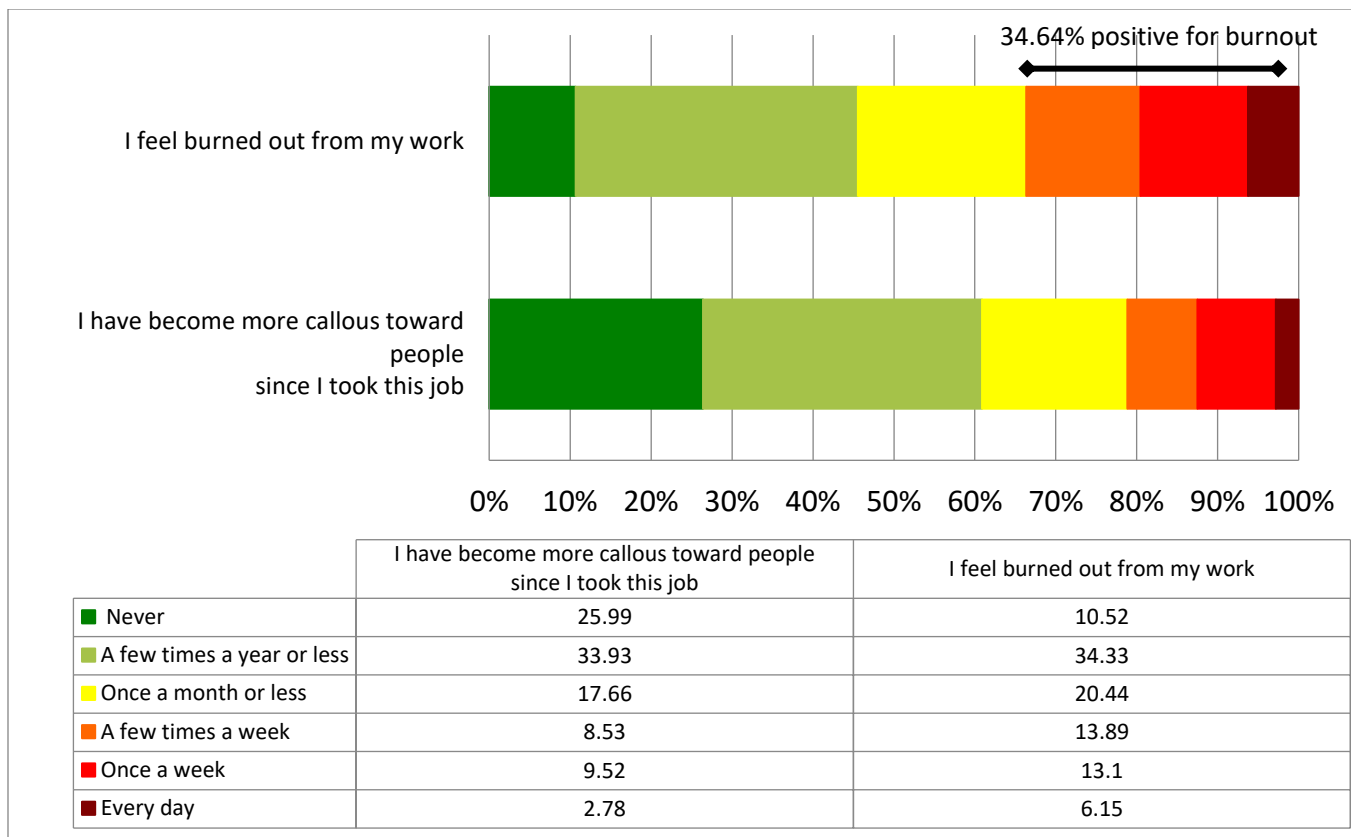


Figure 8 – Percent of Endorsement on the MIB Two-Item Burnout Scale Items

The Mini-Z and MBI scales were correlated using the Phi Coefficient test which represents the correlation between two dichotomous variables with -1 or 1 representing a perfect correlation and 0 representing no correlation. The Mini-Z and the MBI scales were significantly correlated $\chi^2(1) = 240.2879, p = 0.000$ phi = 0.6960, $p = 0.000$.

Organizational Improvement Suggestions

Physicians were asked to rank suggested improvements to make the EHR more efficient in their practice. The option for in-person scribes received the largest support with 40%. Voice recognition software to enhance the EHR had the next highest appeal at 23%. Rounding out the top three answers was the desire for more one-on-one training (20%) to increase proficiency with EHR navigation. Notable open-ended comments that appeared multiple times were that physicians desired increased time with patients and the adaptability of the EHR to specialty-specific tasks.

Respondents were also asked to rank strategies to improve work-life balance. Access to a personal assistant and fewer work hours were the highest rated improvement at 41% each. These were followed closely by more time

allotted for self-care (38%) and more control over their schedules (37%). Rounding out the top five was health activity times at 34%.

Conclusion

Findings from the SSVMS Sacramento Region Physician Joy Assessment Survey indicates that physicians practicing medicine in the Sacramento region report lower rates of burnout compared to the national average (35% vs. over 50%).¹⁶ However, the level of distress reported by physicians is still notable. These findings, coupled with the high level of physician engagement in SSVMS' Joy of Medicine program indicates a desire of local physicians to reconnect with themselves, with colleagues, and to engage with their organizations and health systems to develop strategies to improve physician well-being.

Significant Actions Taken

Based on the results of the survey, the following program elements were added to SSVMS' Joy of Medicine program:

- With 35.69% of respondents positive for burnout on the Mini-Z and an alarming 13.51% of physician respondents experiencing severe and critical levels of burnout, SSVMS quickly implemented, in partnership with the U.C. Davis Health Department of Psychiatry, the ability for physicians in crisis to self-refer directly to a team of psychiatrists experienced with helping physicians navigate debilitating burnout. Like the SSVMS-sponsored Resiliency Consultations, this self-referral program is entirely confidential. The program is available to all physicians in the Sacramento region, regardless of medical group affiliation.
- To assist medical groups and health systems with their physician wellness efforts, SSVMS encouraged Joy of Medicine Advisory Committee members to collaborate and share best practices from their respective physician well-being programs.
- To support the development of local physician wellness leaders, SSVMS provides a partial scholarship to eligible physicians to participate in the UC Davis Physician Health and Well-Being (PHWB) Fellowship. The fellowship is a "train the trainer" program that provides fellows with knowledge and expertise to support physician wellness initiatives throughout the medical community.
- To increase access to physician wellness programs and services, SSVMS staff has trained multiple medical societies in California and across the United States and helps them develop their own version of

¹⁶ Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015).

SSVMS' Joy of Medicine program. These trainings have been implemented via in-person presentations, zoom meetings, one-on-one consultations and best practice resources.

Based on responses from physicians participating in the survey, the following recommendations to improve physician well-being at the organizational level should be considered:

Recommendation 1: That medical groups, health systems and other stakeholders take immediate steps to make the Electronic Health Record (EHR) more efficient, user friendly and less burdensome for physicians through the deployment of in-person scribes, voice recognition software and personalized EHR training.

Recommendation 2: That medical groups, health systems and other stakeholders support physician work-life balance by providing physicians with greater flexibility over their schedules, assistance with administrative tasks, and designated time for self-care and health-related activities.

Recommendation 3: That medical groups, health systems and other stakeholders provide and promote opportunities, such as SSVMS' Joy of Medicine program, for physicians to connect, network, and support each other in a culture of wellness.

Recommendation 4: That medical groups, health systems, and other stakeholders support and promote physician access to competent, convenient, and confidential care through non-proprietary community-based physician wellness programs, such as SSVMS' Joy of Medicine.

Appendix: A

Advisory Committee Members

Chair: Rajiv Misquitta, MD, The Permanente Medical Group
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Appendix: B

Joy of Medicine Program Elements



Resiliency Consultations

Resiliency Consultations are confidential counseling sessions with a licensed psychologist or life coach vetted by SSVMS. Physicians, regardless of membership status with the Medical Society, are eligible to receive up to six (6) sponsored, lifetime Resiliency Consultations with a SSVMS approved mental health provider or life coach. After the maximum sponsored sessions have been reached, the physician may continue to pay for their sessions privately. In the first 18 months of the program, over 70 physicians completed over 210 resiliency sessions. To learn more about this resource, visit <http://joyofmedicine.org/building-resiliency/>.

Physician Peer Groups

Peer groups provide physicians with the opportunity to meet with a group of colleagues that understand and identify with what it means to be a physician. Physician Peer Groups are not group therapy, but a means for physicians to connect with one another to discuss personal and professional successes and challenges. Facilitated by a psychologist or a life coach, there are six (6) Physician Peer Groups that meet once a month at a physician's home. Host sites are located throughout the Sacramento region to maximize participation. To learn more about this resource, visit <http://joyofmedicine.org/physician-peer-group/>.

Annual Summit

Occurring in the fall, the Annual Joy of Medicine Summit gives physicians tools and resources to cope with the stressors that are part of practicing medicine. The half-day summit features a keynote speaker, several breakout sessions, opportunities for group interactions and CME credits. To learn more about this event, visit <http://joyofmedicine.org/joysummit/>.

Podcast

Joy of Medicine – On-Call is a podcast that aims to promote and increase access to physician wellness by focusing on topics of mindfulness, burnout, stress management, and joy. The podcast consists of local physicians interviewing their colleagues about their pathways and philosophies of practicing medicine with joy. To learn more about the podcast, visit <http://joyofmedicine.org/joy-of-medicine-on-call-podcast/>.

Online Wellness Resource Library

SSVMS' Joy of Medicine website features an online wellness resource library that includes books, articles, studies, videos, podcasts and upcoming conferences regarding physician burnout, stress, depression and general wellness tips. To learn more, visit <http://joyofmedicine.org/wellness-library/>.

Gratitude Pop-Ups

Gratitude Pop-Ups are a way to show physicians that they are appreciated by SSVMS, their medical groups, hospital administration and by their patients. The pop-up booths are hosted in physician lounges or other designated areas in hospitals or office sites. Each physician that visits the pop-up booth is thanked for the work they do and receives a wellness themed goody bag. Gratitude Pop-Ups serve as a communication tool to promote the free resources available through SSVMS' Joy of Medicine program.

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