Physician Wellness:
Promotion and Prevention

in collaboration with
Mark Linzer, MD, FACP, and Sara Poplau, BS
of Hennepin County Medical Center
on behalf of ACP Wellness Champions
Outline

- Why pay attention
- Research
- Survey tools
- ACP Utah data
- The Hennepin County Medical Center Wellness Model
Physician burnout is in the news

Physician burnout is on the rise

“Burned-out doctors are more likely than other doctors to leave medicine.”

By Barbara Sadick, Chicago Tribune

Time in the bank: A Stanford plan to save doctors from burnout

PALO ALTO, Calif. — It was just before noon on a recent Friday when Greg Gilbert, an emergency room physician at Stanford Hospital, made it home.
Burnout: The Stats

• Burnout rates
  • Residents nationally: 50-75%
  • Physicians nationally: 55%

The majority of people in this room have experienced burnout.
Making the case for a focus on wellness/burnout prevention

- Why should you care? (Stanford)
  - Four Reasons Leaders Should Care:
    - Basic human decency
    - Clinical performance
    - Recruitment and retention
    - Care transformation
Why Burnout Matters

Professional Consequences

- Increased medical errors/worse patient outcomes
- Decreased patient satisfaction/adherence
- Loss of professionalism, disruptive behaviors
- Decreased productivity
- Cost of recruitment/retention
  - Est $250,000 to replace PCP
  - Residency accreditation

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ACP
American College of Physicians
Leading Internal Medicine, Improving Lives
Why Burnout Matters

Personal Consequences

- Physician satisfaction and safety
- Disruption to family
- Higher rates of
  - Divorce
  - Depression
  - Anxiety
  - Substance abuse
  - Suicide
Physician Suicide

- 400 Doctors commit suicide each year
  - The equivalent of one medical school is lost each year to suicide
- Suicide is the 2\textsuperscript{nd} most common cause of death in medical students
- More attempts and higher success than average population
  - Male physicians – 40% higher
  - Female physicians – 130% higher
Symptoms of Burnout

- Emotional exhaustion
- Depersonalization
- Inefficacy

Burnout is a long-term stress reaction

- Prevalent in practicing physicians & medical students
- Associated with perceived errors by medical housestaff
- Contributes to staff turnover
- Mediated by home support, work control, and work home balance
- 1.6x higher in women physicians than male physicians

West C. JAMA. 2009;296:1071-78
Gender differences in burnout

- More burnout in US women MDs due to gendered expectations for listening
  
- US women MDs describe faster pace, less values alignment with leadership

- Less gender difference in burnout in Netherlands due to a) fewer work hours and b) better work control in women vs men MDs
  (Linzer et al. *J Am Med Women’s Assoc* 2002;57:191-3)
Demand-control model of job stress

- Demands balanced by control
- Stress increases if demands rise or control diminishes
- Support can facilitate impact of control
- Bottom line... control and support prevent stress

The Scope of the Problem
## Resident Burnout Nationally

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<tbody>
<tr>
<td>- Literature review 1974-2009</td>
<td>- Prospective cohort study of 740 interns across 13 US hospitals</td>
</tr>
<tr>
<td>- Burnout in medical students 28-45%; residents 27-75% (specialty dependent)</td>
<td>- In first 3 months of intern year:</td>
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<tr>
<td>- Burnout develops cumulatively</td>
<td>- Incidence of depression rose from 3.9% to 27.1%</td>
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<td>- Thoughts of death rose 370%</td>
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<tbody>
<tr>
<td>- 2012 cross Sectional study of medical students, residents and early career (EC) physicians</td>
<td>- Systematic review 1963-2015</td>
</tr>
<tr>
<td>- Burnout prevalence:</td>
<td>- Overall rate of resident depression 28.8% (20.9% to 43.2%)</td>
</tr>
<tr>
<td>- Med students 55.9%</td>
<td>- Rate increased in more recent studies</td>
</tr>
<tr>
<td>- Residents 60.3%</td>
<td>- Median absolute increase in depression among trainees was 15.8% within a year of beginning training (secondary analysis)</td>
</tr>
<tr>
<td>- EC physicians 51.4%</td>
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<tr>
<td>- Depression prevalence:</td>
<td></td>
</tr>
<tr>
<td>- Med students 58.2%</td>
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<td>- Residents 50.8%</td>
<td></td>
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<tr>
<td>- EC physicians 40%</td>
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</table>
Resident Burnout Nationally

- Burnout prevalence ranges from 27-75% across medical training.
- Depression prevalence ranges from 20-43%.
- Both burnout and depression develop cumulatively
  - Burnout peaks during residency
  - While burnout rates decrease amongst early career physicians, burnout rates among physicians remain higher than the general population.
Dramatic Increase in Physician Burnout from 2011 to 2014

- 6880 physicians (mostly ages 35-65) completed survey
  - **Burnout**
    - 2014—54.4%
    - 2011—45.5%
  - **Satisfaction with work-life balance**
    - 2014—40.9%
    - 2011—48.5%
  - Doctors are more burnt out and less satisfied with work that the general US population

**Conclusion**: “Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.”
FIGURE 1. Burnout (A) and satisfaction with WLB (B) by specialty 2014 vs 2011. For 1A and 1B, specialty discipline is shown on the y axis and burnout (A) and satisfaction with WLB (B) are shown on the x axis. For 1C, satisfaction with WLB is shown on the y axis and burnout on the x axis. GIM = general internal medicine; OB/GYN = obstetrics and gynecology; PM&R = physical medicine and rehabilitation; Prev = Preventive medicine; occupational medicine, or environmental medicine; WLB = work-life balance. *P<0.05 from comparison 2014 to 2011.
Which Physicians Are Most Burned Out?

- Critical Care: 55%
- Urology: 55%
- Emergency Medicine: 55%
- Family Medicine: 54%
- Internal Medicine: 54%
- Pediatrics: 53%
- Surgery: 51%
- Ob/Gyn: 51%
- Neurology: 51%
- Radiology: 50%
- Cardiology: 50%
- Anesthesiology: 50%
- Gastroenterology: 49%
- Rheumatology: 47%
- Infectious Disease: 47%
- Nephrology: 47%
- Orthopedics: 47%
- Oncology: 46%
- Pathology: 45%
- Plastic Surgery: 45%
- Pulmonary Medicine: 45%
- Dermatology: 43%
- Diabetes & Endocrinology: 41%
- Ophthalmology: 41%
- Psychiatry & Mental Health: 40%
What Are the Causes of Internist Burnout?

- Too many bureaucratic tasks: 5.1
- Spending too many hours at work: 4.4
- Increasing computerization of practice: 4.1
- Feeling like just a cog in a wheel: 4.0
- Income not high enough: 4.0
- Maintenance of certification requirements: 3.9
- Too many difficult patients: 3.9
- Too many patient appointments in a day: 3.7
- Inability to provide patients with the quality care that they need: 3.6
- Lack of professional fulfillment: 3.5
- Impact of the Affordable Care Act: 3.4
- Inability to keep up with current research and recommendations: 3.2
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 3.2
- Difficult employer: 3.0
- Difficult colleagues or staff: 2.9
Why is burnout increasing?

- Fundamental changes in healthcare
  - Increased volume/demand on providers
  - Rise of EHRs made to improve billing
    - Increased documentation time
    - Altered patient interaction
  - Rising negative views of doctors
  - Duty hours
    - Same amount of work in less time
Factors leading to burnout nationally

- Time demands
  - Increasing bureaucratic tasks
- Lack of control over schedule
- Lack of autonomy
- Workload/intensity
- Financial strain
- Unmet personal needs
- Feeling overwhelmed at work
- Lack of a voice in important matters
- Poor work environment
Physician Worklife Study

- 1996-98: national survey of >5000 MDs
- Findings:
  - Satisfaction promoted by long term relationships with patients
  - Time pressure diminished satisfaction
  - Stress related to lack of work control
  - Burnout strongly predicted by work-home interference

Burnout Model

Background variables
- Sex
- Age
- Children
- Solo practice
- Academic practice
- Work hours

Mediating variables
- Work control
- Work-home interference
- Home support

Variable outcomes
- Stress
- Satisfaction
- Burnout

Subsequent studies in physician satisfaction

- MEMO Study (Minimizing Error, Maximizing Outcome), AHRQ 2002-6
  - 422 primary care physicians, 119 practices, 1785 pts
  - Work, physician stress, and pt care (quality/errors)
  - Key variables that predicted burnout:
    - Time pressure (*ratio time allotted/time needed*)
    - Work control
    - Work pace (*chaos*)
    - Organizational culture
Burnout, Dissatisfaction and the EMR

- MEMO study looked at relationship between EMR functionality and stress, burnout and dissatisfaction.

- Two findings:
  - Burnout and dissatisfaction increased as EMR functions increased; then decreased as EMR became fully functional – but not to original levels.
  - In fully functional EMRs, shorter visits associated with more dissatisfaction, burnout, intent to leave.

(Babbott. JGIM, abstract, 2011)
Measuring Quality

Up to 6 patients per primary care physician with diabetes and/or HTN

Assess:

- Patient satisfaction
- Quality of life
- Disease management

Patient Survey

Chart review

Center for Patient and Provider Experience at Hennepin County Medical Center
Determining Errors

- Confidential chart reviews for errors in processes of care (e.g., wrong medications, missed preventive activities)
MEMO results: physician outcomes

- 50% need more time for visits
- 27% burning out or burned out
- 30% moderately likely to leave job in 2 years
- Strong relationships between work conditions (time pressure, work control, chaos, organizational culture) and physician satisfaction, stress, burnout, intent to leave
- Many patient care outcomes linked to work conditions
**MEMO Results: patient care**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Outcome</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to high work control</td>
<td><strong>Higher diabetes care quality</strong></td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Time pressure</td>
<td><strong>Lower overall quality</strong></td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Poorer care for HTN patients</td>
<td>&lt;0.05</td>
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MEMO Results: patient care

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<tr>
<th>Variable</th>
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<tr>
<td>Information and communication emphasis</td>
<td><strong>Higher overall quality</strong></td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Better HTN quality care</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Values alignment</td>
<td><strong>Better diabetes care quality</strong></td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Fewer prevention errors</td>
<td>&lt;0.01</td>
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AHRQ: Creating Healthy Workplaces

- Randomized trial of QI interventions to improve work conditions and care quality
- 34 clinics in Rural WI; Chicago; NYC
- Use OWL to measure work environment and patient outcomes at baseline and after 6-12 months in intervention and control sites
The power of the data

- Clinics shown their data and comparison clinics data
- Data spurred meaningful conversations and movement towards solutions
- Activated managers may be key link to clinic transformation
## Realistic solutions from HWP

<table>
<thead>
<tr>
<th>Workflow</th>
<th>Communication</th>
<th>QI Projects</th>
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<tbody>
<tr>
<td>MA data entry</td>
<td>Better communication among providers/staff</td>
<td>Prescription mgmt strategies</td>
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<tr>
<td>More time for RN/MA staff to do tasks</td>
<td>Team meetings</td>
<td>Medicine reconciliation project</td>
</tr>
<tr>
<td>Pairing MAs/MDs</td>
<td>Meetings with leadership</td>
<td>Depression screening</td>
</tr>
<tr>
<td>Nurse coordinators</td>
<td>Meetings focus on patient care and cases</td>
<td>Improve diabetic screening (eye, feet)</td>
</tr>
<tr>
<td>Increased visit time (Scribes)</td>
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<td>Presenting data</td>
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One more burnout predictor

Career fit:

- If % time clinicians are able to do what they are most passionate about falls below 10%, burnout rises dramatically (>50%).
- Thus, be sure clinicians have time (at least 10%) to devote to what they care most about ("career fit")

(Shanafelt T. Arch Intern Med. 2009;169(10):990-995.)
## Outcomes of job dissatisfaction

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reference</th>
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Burnout ≠ Weakness
Job satisfaction: business case

- Harvard Business School: stocks rose 147% when employee satisfaction rose
- In 7900 businesses: productivity and income tied to employee satisfaction
- Sears: when employee satisfaction rose 4%, sales increased by $200 million, with a rise in customer satisfaction

(Brown & Gunderman. *Acad Med* 2006;81:577-82)
Setting the dollars aside...

- “...we need to feel that we have made a real difference in the lives of others.”

- Anything that can facilitate our feeling this way will increase satisfaction, loyalty, longevity and, potentially, quality of care.

Physician burnout is associated with

- Increased mistakes
- Decreased adherence
- Less empathy
- Less patient satisfaction

Drybe JAMA 2000
Murray JGIM 2001
Landon Med Care 2006
ACP Utah Data
Q1) Overall, I am satisfied with my current job
Q2) I feel a great deal of stress because of my job
Q3) Using your own definition of “burnout,” please select one of the answers below

- I enjoy my work, I have no symptoms of burnout
- I am under stress, and don’t always have as much energy as I did, but I don't feel burned out.
- I am definitely burning out and have one or more symptoms of burnout.
- The symptoms of burnout I am experiencing won't go away.
Q4) My control over my workload is
Q5) Sufficiency of time for documentation is
Q6) Which number best describes the atmosphere in your primary work area?

0% 10% 20% 30% 40% 50%

Calm In between Busy, but reasonable In between Hectic, chaotic
Q7) My professional values are well aligned with those of my department leaders

![Bar chart showing responses]

- Strongly Agree: X%
- Agree: 60%
- Neutral: 10%
- Disagree: 20%
- Strongly Disagree: 0%
Q8) The degree to which my care team works effectively together is
Q9) The amount of time I spend on the electronic health record (EHR) at home is
Q10) My proficiency with EHR use is
Widespread Problem

- About half of practicing clinicians burned out:
  - Not a few vulnerable individuals:
    - Look to the role of the environment and health care delivery system
Remember PT physicians:

- Hard workers; usually at more than their FTE
- Loyal, connected, good morale
- Patient satisfaction is high
- Full time clinicians may wish to go part time (e.g. for children, end of career)!

How can we prevent burnout?

- How can we promote wellness?
How can we promote wellness?

- Flexible/part-time work
  (Linzer et al. Acad Med 2009;84:1395-1400)

- Leaders model work-home balance; value well-being

- Understand and promote work control

- Alter our “culture of endurance”

- Wellness focus – reflection, exercise, share concerns with colleagues
  (LeMaire J. BMC HSR. 2010; 10:208)
A healthy work environment

- **Less time pressure, more control**
  - Extend appt times, or offload non-clinician work
  - Time to catch up (2 hrs?) after vacation/leave

- **More order, less chaos**
  - Maximally utilize space
  - Pilot unique schedules: “7 on, 7 off”

- **Support for work-home balance**
  - Support part-time practice and practice styles supportive of parents of young children
Strategies to promote wellness

- Align leadership **values** with clinicians’ values
  - Leaders model work-home balance; value well-being
  - Understand and promote work control
  - Alter our “culture of endurance”

- Wellness focus – reflection, exercise, share concerns with colleagues

Wellness in work life

- Time to:
  - Reflect together on challenging cases
  - Exercise 3-4 x per wk
  - Eat all meals
  - Complete work at work
  - See a patient, listen, provide empathy, attend to quality measures, and use the EMR
  - Huddle with your team (who can help with all of the above)
  - Meet with leaders and discuss values, direction and purpose
Creating healthy work environments

Build forms work into practice flow
Don’t wait until the end of the day

Respect the lifecycle
Hire float clinicians to cover parental/sick leaves

Build workplace teams
Address work flow and quality measures
MDs, APPs, MAs, RNs, Pharm Ds

Supportive Culture
Be sure values are aligned (between clinicians and leaders)

Take time to listen
Action often not needed

Kenny C. Transforming Health Care: Virginia Mason Medical Center’s Pursuit of the Perfect Patient Experience, CRC Press; 1 edition (November 8, 2010).
A call to action

1. Must never lose another provider (APP, MD, DO, PhD, Resident, other) to burnout
2. Work to better understand and prevent this from happening again
Using the Mini-Z to Reduce Burnout

- Administer the Mini-Z
- Report the results with leaders and to the group
- Implement changes based on the results
  - Look to interventions that will intervene on the biggest predictors of burnout:
    - Time pressure, promoting work control, reducing chaos, affecting organizational culture
  - No intervention is too small!
- Re-administer the Mini-Z to determine effect
- Repeat the cycle to reduce burnout

Mini-Z Survey (Zero Burnout Program)

1. Overall, I am satisfied with my current job:
   Strongly disagree          Disagree          Neither agree nor disagree          Agree          Agree strongly

2. I feel a great deal of stress because of my job
   Strongly disagree          Disagree          Neither agree nor disagree          Agree          Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:
   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.

4. My control over my workload is:
   1 – Poor          2 – Marginal          3 – Satisfactory          4 – Good          5 – Optimal

5. Sufficiency of time for documentation is:
   1 – Poor          2 – Marginal          3 – Satisfactory          4 – Good          5 – Optimal

6. Which number best describes the atmosphere in your primary work area?
   Calm          Busy, but reasonable          Hectic, chaotic
   1          2          3          4          5

7. My professional values are well aligned with those of my department leaders:
   Strongly disagree          Disagree          Neither agree nor disagree          Agree          Agree strongly

8. The degree to which my care team works efficiently together is:
   1 – Poor          2 – Marginal          3 – Satisfactory          4 – Good          5 – Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:
   1 – Excessive          2 – Moderately high          3 – Satisfactory          4 – Modest          5 – Minimal/none

10. My proficiency with EMR use is:
    1 – Poor          2 – Marginal          3 – Satisfactory          4 – Good          5 – Optimal

*This survey was developed by Dr. Mark Linzer (Division Director, General Internal Medicine) and his team at Hennepin County Medical Center in Minneapolis MN as part of his ongoing research in Clinician Worklife and Satisfaction.

Disclaimer: this is adapted from the OWL (Office and Work Life™ measure); more detailed surveys are often needed for second stage work.
Goals: decrease burnout, increase retention, improve staff and patient experience, improve quality of care

1. Visible space dedicated to wellness, worklife, listening
2. Responsive, action oriented
3. Periodic, brief surveys of stress, burnout and remediable predictors
4. Focused departmental or clinic-based plans
5. Work with Wellness Champions
6. Interface with departments and leadership (ombuds)
Hennepin County Medical Center Provider Wellness Committee

- Reports to executive leadership
- Approved charter
- Many departments represented – faculty, NPs, PAs, residents, Psychologists
- Monthly meetings
- Fields annual Provider Wellness Survey
One way to get there – Create an Office of Professional Worklife and Wellness

1. Visible site for clinician wellness
2. Wellness Champions in each setting
3. Periodic, brief surveys of stress, burnout and remediable predictors
4. Focused action plans to promote wellness
5. Role for managers – oversee the wellness focus and transformation
Systemic Solutions: Promoting Physician Wellness

- **Promote engagement**
  - Maslach: The opposite of burnout is engagement
  - Working at the height of your degree

- **Reduce volume of bureaucratic work**
  - Resident assistants
  - Pharmacists
  - Scribes

- **Reduced # patients per resident**
  - Midlevels
  - Significant increase in pt complexity
  - Service vs education

- **Coaching (direct observation)**
  - Improve efficiency/outcomes
  - Atul Gawande 2011

No matter how well trained people are, few can sustain their best performance on their own. That’s where coaching comes in.
Solutions: Other Program Initiatives

**Stanford Emergency Medicine:**
- Time Banking (attendings rewarded with meals, laundry services, life coaching)

**Children’s Hospital Boston:**
- “Candy Rounds”
- “Favorites survey”
- Psych services
- Humanism curriculum
- Free weekly resident spin class

**Colorado Pediatrics**
- Longitudinal small groups (5x per year for 3h, protected time)
- Free gym access at hospital, discounted access to Wellness Center (nice gym, classes)
- Medical clinic specifically for health students and residents
- Quarterly ice cream social
- Halfway High-Five
- HeartMath and Mindfulness training
- Resiliency council (facilitates critical debriefings, counseling)
Steps to wellness

- Local: Provider Wellness Committee, Office of Professional Worklife, mindfulness training.
- National:
  - AMA – Steps Forward modules
  - ACP – Wellness Champions
  - ACLGIM – Worklife & Wellness for GIM Divisions
  - Resident wellness - Stanford-Kansas-Utah-HCMC collaboration
Conclusions: Policy suggestions to eliminate burnout

- **Zero**: The number of clinicians who need to burn out
  - Burnout is a long term stress reaction
  - Predictors of stress are well known (time pressure, control, work-home interference, support, chaos, values alignment)
  - Burnout is predictable, and thus preventable

![Diagram showing predictors, stress, burnout, and interventions]

Suggestion #1

- Develop clinician “float pools” for life events
  - Workforce usually 10% short
  - Covering is cost effective to prevent turnover

Suggestion #2

- “Right size” EMR-related work
  - Clinicians are overwhelmed
  - Longer visits are needed*
  - Studying impact of scribes**
    - An n of 2 anecdote – discovering what we did not realize we had lost...

Suggestion #3

- Ensure that metrics for success include clinician satisfaction and well-being
  - Wellness is the missing quality indicator

Suggestion #4:

- Prioritize clinician self care as part of medical professionalism
  - Coping strategies
  - Eating healthy meals; exercise
  - Reasonable work hours
  - Building resiliency
Suggestion #5:

- Develop schedules with flexibility and clinician control
  - If you standardize, customize
  - Complex lives require flexibility
  - Humanism can thrive if stress is managed
Suggestion #6:

- Assure 10% FTE for clinicians to do what they are passionate about
- This could be key to humanism preservation
- Cost effective to support 10%; turnover costs $250,000/FTE

Suggestion #7:

- Incorporate mindfulness and teamwork into medical school, residency and clinical practice
  - Build resilience training
    - Awareness
    - Self care
    - Support systems
Importance of this work

- First line of alert for **serious** issues
- The survey provides early identification, awareness and prevention of depression
- Depression and stress can result in suicide
- Aim is to prevent **any** doctors leaving the profession due to burnout and reduce depression due to burnout
Conclusions

- Burnout is pervasive and increasing.
- Burnout results in poor outcomes for patients, doctors, and hospitals.
- Most of your residents are struggling.
- Individual approaches (stress management, wellness) are part of the solution.
- Systemic changes are needed to cope with changing healthcare landscape.
- Faculty play key roles in recognizing burnout, talking to residents, and knowing resources for treatment.
For a more sustainable system...

- Measure burnout, intervene and reduce it
- Make wellness a quality indicator
- Take care of each other – we need all of us to make the world a better place
- Thank you for the tremendous honor of being here today
Individual Solutions: Promoting Physician Wellness

- Resiliency training
- Stress reduction/self care
  - Exercise
  - Hobbies
- Reflection/mindfulness
  - Shanafelt RCT 2014
- AMA Steps Forward Modules
Acknowledgements

- Dr. Dick Wardrop
- Dr. Samantha Meltzer-Brody
- Dr. AnnaMarie Connolly
- Dr. Eric Zwemer
- Dr. Ashmita Chatterjee
- Dr. Michael Lukela (PD University of Michigan)

YOU, the attendings, program directors, administrators, GME.
Resources

- Nyssen AS. Occupational stress and burnout in anaesthesia. *Br J Anaesth.* 2003;90:
Resources

- Sen, S. A Prospective Cohort Study Investigating Factors Associated with Depression during Medical Internship. *JAMA Psychiatry,* 2010; 67, 557-565.

THANK YOU!!!