

Joy of Medicine:

A Regional Approach to Improving Physician Well-Being

**A follow up to the 2019 whitepaper, “Joy of Medicine: Assessing
Physician Well-Being in the Sacramento Region.”**

A report prepared by the Sierra Sacramento Valley Medical Society

March 2021



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 March 8, 2021.

Authors:

Lindsay Coate, Vice President Strategic Operations

Aileen E. Wetzel, Executive Director

Peter Yellowlees, MD

Rajiv Misquitta, MD

Laurie Gregg, MD

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.

This publication was made possible by a grant from The Physicians Foundation. The views expressed in this paper are those of the Sierra Sacramento Valley Medical Society and do not necessarily reflect the policies or official views of The Physicians Foundation.

Contact Information:

Sierra Sacramento Valley Medical Society

Lindsay Coate, Vice President, Strategic Operations

5380 Elvas Avenue, Suite 101

Sacramento, CA 95819

(916) 452-2671

lcoate@ssvms.org

Table of Contents

Acknowledgement and Disclaimers	2
Table of Contents	3
Introduction.....	4
Background.....	4
Methods	5
Survey Design	6
Key Survey Takeaways.....	8
Survey Synopsis	11
Conclusion	21
Appendix: A	22
Appendix: B.....	24
References	25

Introduction

Since 1868, 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 more than 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.

This report reflects the results of the Joy of Medicine - Sacramento Region Physician Joy Assessment Survey conducted from September 3, 2020 through October 7, 2020 and sent via email to physicians that practice medicine in the Sacramento region. These findings are benchmarked against those published in SSVMS's white paper *Joy of Medicine: Assessing Physician Well-Being in the Sacramento Region* (July 2019).

The objectives of the 2020 survey were:

1. To assess the degree of burnout physicians in the Sacramento region are experiencing compared to burnout levels measured in 2018.
2. To measure the impact of physician wellness initiatives implemented by medical groups, health systems, and physician practices subsequent to recommendations made by SSVMS in 2019.
3. To identify professional satisfaction successes and areas of improvement that medical groups, physician organizations, and health systems can implement to continue to improve physician wellness.

Background

Joy of Medicine Program

It is well documented that poor physician well-being impacts not only mental health, but can lead to lower quality, safety, and efficiency in patient care.^{1 2 3} 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 Joy of Medicine program relieves physician pain and helps 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

¹ Van der Heijden, Frank, et al. 2008.

² Welp, Annalena, Laurenz L. Meier, and Tanja Manser. 2015.

³ Frank, Erica, et al. 2013.

is a multilateral approach to 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 social events 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 program and services. A full listing of the Joy of Medicine program and services can be found at www.JoyofMedicine.org and in [Appendix: B](#).

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, Sutter Independent Physicians, and Hill Physicians Medical Group contribute to the sustainability of the program through charitable contributions. A full list of advisory committee members is available in [Appendix: A](#).

Methods

The SSVMS Joy of Medicine - Sacramento Region Physician Joy Assessment Survey was deployed to 5,420 practicing physicians in Sacramento, El Dorado, Yolo, and Placer Counties (CA) over a 5-week period in 2020. A sample of 568 (10.4%) physicians anonymously completed the survey, and participants were incentivized with a \$20 gift card. Developed by SSVMS staff and a subcommittee of physicians, the survey was broken down into five categories: Key Drivers of Engagement to Prevent Burnout, Validated Burnout Assessments, Organizational Improvement Suggestions, COVID-19 Impacts, and Wellness Services Utilized.

Survey Design

Key Drivers of Engagement to Prevent Burnout

The Triple Aim, an approach developed by the Institute for Healthcare Improvement (IHI), includes three core strategies to optimize health system performance: enhancing patient experience, improving population health, and reducing costs. The Quadruple Aim takes this concept further by including physician well-being as a core strategy. Engaged physicians that find joy and fulfillment in their work are the backbone of a successful organization and are a critical component to achieve the Quadruple Aim. ⁴ According to T. Shanafelt (2017), “Extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burned out.” ⁵ As the Sacramento Region is home to many large, integrated medical groups that have differing approaches in institutional culture and well-being programs for physicians, a mechanism to determine the levels of physician engagement was deemed a necessary component to the survey. The Key Drivers of Engagement to Prevent Burnout section of the survey was first used by SSVMS in 2018 to benchmark areas of professional satisfaction and identify areas for improvement for organizations to consider. The questions were not altered for the 2020 version of the survey.

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 eleven, 6-point Likert scale questions that reflected attitudes on organizational behavior that fell into these seven categories.

⁴ Sikka, Rishi, Julianne M. Morath, and Lucian Leape. 2015.

⁵ Shanafelt, T. D., & Noseworthy, J. H. 2017.



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.

Validated Burnout Assessments

The next section of the survey included a series of validated questions to assess the levels of burnout experienced by physicians. 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.⁶ 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

As physician burnout is responsible for costing the U.S. healthcare system approximately \$4.6 billion annually,⁷ the third section of the survey was dedicated to giving physicians the opportunity to provide suggestions to their medical group leadership on how to effectively address severe pain-points that correlate directly with physician burnout: work-life balance⁸ and the electronic health record (EHR).⁹ Like the 2018 survey, 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.

⁶ Dolan, E. D., Mohr, D., Lempa, M., Joos, S., Fihn, S. D., Nelson, K. M., & Helfrich, C. D. 2015.

⁷ Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., ... & Goh, J. 2019.

⁸ Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. 2015.

⁹ Babbott, S., Manwell, L. B., Brown, R., Montague, E., Williams, E., Schwartz, M., ... & Linzer, M. 2013

The effects of the COVID-19 pandemic have caused telemedicine to become an important tool for patient care. From January to June 2020 in the United States, telemedicine was reportedly used for 30.1% of all visits and the number of visits increased 23 times over.¹⁰ Due to this unprecedented increase in the use of telemedicine, physicians were asked a new series of questions related to telemedicine and its impact on workflow and patient care.

COVID-19 Impacts

The fourth section of the survey contained seven questions regarding the affects the COVID-19 pandemic had on physicians' personal and professional well-being. Some physician specialties had worked non-stop and were treating COVID-19 patients directly. Inversely, other physician specialties found their practices temporarily shuttered and their ability to perform procedures suspended. It was hypothesized that the consequences of the pandemic would affect the level of burnout that physicians were experiencing.

Wellness Services Utilized

Finally, the survey asked physicians what, if any, wellness services (self-pay/insurance, employer-sponsored, and/or SSVMS's Joy of Medicine) were utilized to improve their mental health. If any improvement in the level of physician burnout was recorded, it was hypothesized that a significant number of physicians would have utilized at least one of the wellness services.

Key Survey Takeaways

Participant Demographics

- Percentages of participants in the gender, age, and specialty categories accurately mirrored the emailed list of 5,420 possible participants.
- The largest participants in the specialty category were general practitioners with family medicine, internal medicine, and pediatrics at 52%.
- Most participants were "settled" in their careers with age ranges of 36-45 (32%) and 46-55 (31%).

¹⁰ Patel, S. Y., Mehrotra, A., Huskamp, H. A., Uscher-Pines, L., Ganguli, I., & Barnett, M. L. (2021).

Key Drivers of Engagement to Prevent Burnout

- Overall, physicians felt that they share the same cultural values as their organizations (85%, ↑ 1% from 2018), that workload and job demands were manageable (75%, ↑ 4% from 2018), and that they were adequately compensated (73%, ↑ 1% from 2018). Notably, each of these categories increased compared to the 2018 study.
- Survey respondents identified four key areas for desired organizational change: greater work/life integration (64%, ↑ 10% from 2018), increase in efficiency and resources (61%, ↑ 2% from 2018), better social support and community (58%, ↑ 2% from 2018), and finally more flexibility to make administrative decisions (55%, ↑ 1% from 2018). While advancements in these categories are still needed, notably, each was an improvement compared to the 2018 study.
- Other notable areas:
 - Independent and older physicians had higher control and flexibility but were slightly unhappier with financial compensation.
 - Physicians in the 55-65 age group tended to answer much more negatively to the Social Support and Community Work category. This is a group that needs targeted efforts in social connection.

Validated Burnout Assessments

- According to the Mini-Z, overall, 66.3% of physicians in the Sacramento Region are content. However, 33.7% of physician respondents were positive for burnout, signifying a 2% improvement in burnout levels from the 2018 survey.
- Females accounted for 55% of physicians experiencing burnout but were only 46% of the survey respondents (Mini-Z).
- According to the Mini-Z, 47 respondents indicated they are experiencing burnout symptoms that will not go away and 14 respondents indicated that they feel completely burned out and wonder if they can go on.
- The MBI survey indicated that 27% of physicians were positive for burnout, an improvement of 8% compared to the 2018 survey.

Organizational Improvement Suggestions

- Electronic Health Record (EHR)
 - Respondents felt that improvements to the EHR can be accomplished by in-person scribes (40%), voice recognition software (22%), a health information exchange integration (22%), and remote scribes (21%). Notably in “other”, 5% of respondents answered that changes were needed in the design, workflow, and/or customization of the EHR.

- Work/Life Balance
 - Respondents felt that improvements to work-life balance can be achieved by providing physicians with more control over their schedules (40%), more time allotted for self-care (37%), fewer work hours (35%), and a personal assistant for tasks such as scheduling and responding to emails (35%, skewed 25-45 age).
- Telemedicine
 - Most respondents, 76%, utilize telemedicine and 78% of those that do have telemedicine integrated with their EHR.
 - Most physicians, 72%, agreed that telemedicine increases access to care.
 - However, most of the physicians felt that telemedicine is not user friendly (47%), does not improve work/life balance (56%), does not improve patient care (61%), and does not attract new patients (64%).

Impact of COVID-19

- 84% of physicians believe that COVID-19 will affect the way they practice medicine in the future, with the majority of physicians stating that use of telemedicine and enhanced PPE protocols are going to be permanent fixtures in the practice of medicine.
- 46% of physician participants reported feeling obligated to work even when the risks of contracting COVID-19 were great.
- A reported increase in work hours per week was significantly associated with higher burnout on both the Mini-Z and MBI burnout scales.
- A reported decrease in quality of life was significantly associated with burnout on both the Mini-Z and MBI burnout scales.

Wellness Services Utilized in the Last Year

- For the 12-month period ending September 2020, 56% of survey participants accessed professional wellness services through self-pay or through their medical group, health system, hospital, and/or SSVMS' Joy of Medicine program.
- Of the 33% of physicians who were burned out according to the Mini-Z:
 - 23% accessed their medical group or hospital services.
 - 19% accessed Joy of Medicine services.
- At least 4% of physicians who utilized a professional wellness service used all three (self-pay, group or health system, and SSVMS Joy of Medicine sponsored) in the 12 months ending September 2020.

Survey Synopsis

Demographics

The survey was deployed to 5,420 practicing physicians in Sacramento, El Dorado, Placer, and Yolo Counties in California. The response rate was 568 participants or 10.4%. The demographic sample of participants accurately reflects the physician population in the Sacramento region. Physicians in the 36-45 age range (32%) were the largest percentage of participants (Figure 2). The gender demographic was 54% male versus 46% female (Figure 3). Most of the sample (83%) were employed by large medical groups (Figure 4). The largest group of participating specialties were internal medicine, family medicine, pediatrics, and emergency medicine (Figure 5).

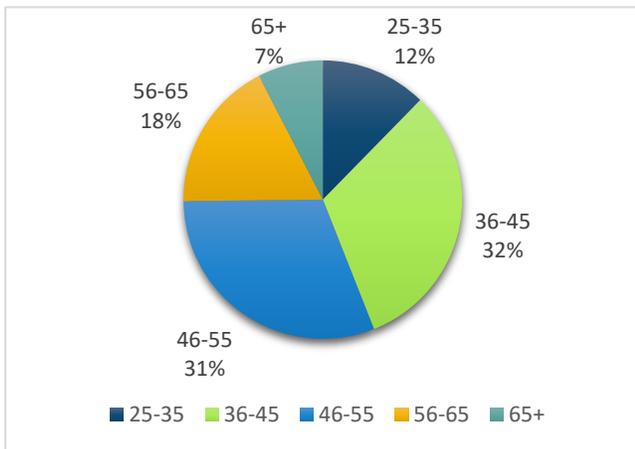


Figure 2 Age Range

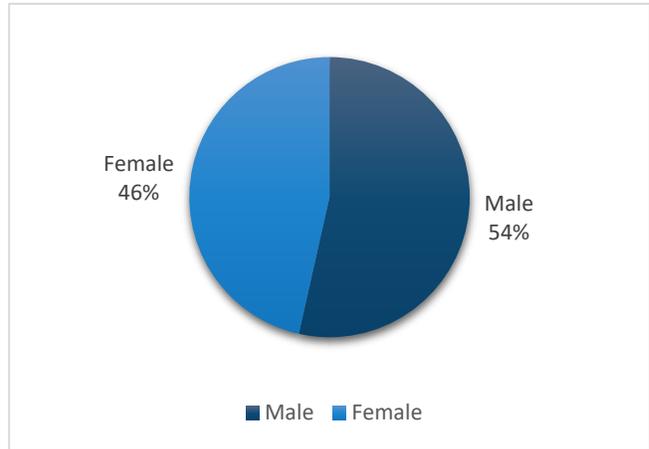


Figure 3 Gender

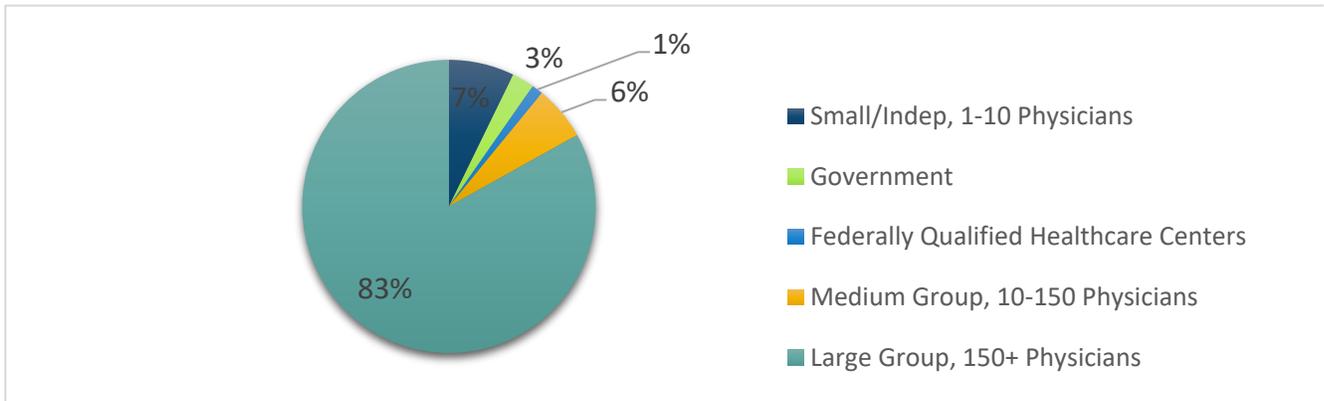


Figure 4 Mode of Practice

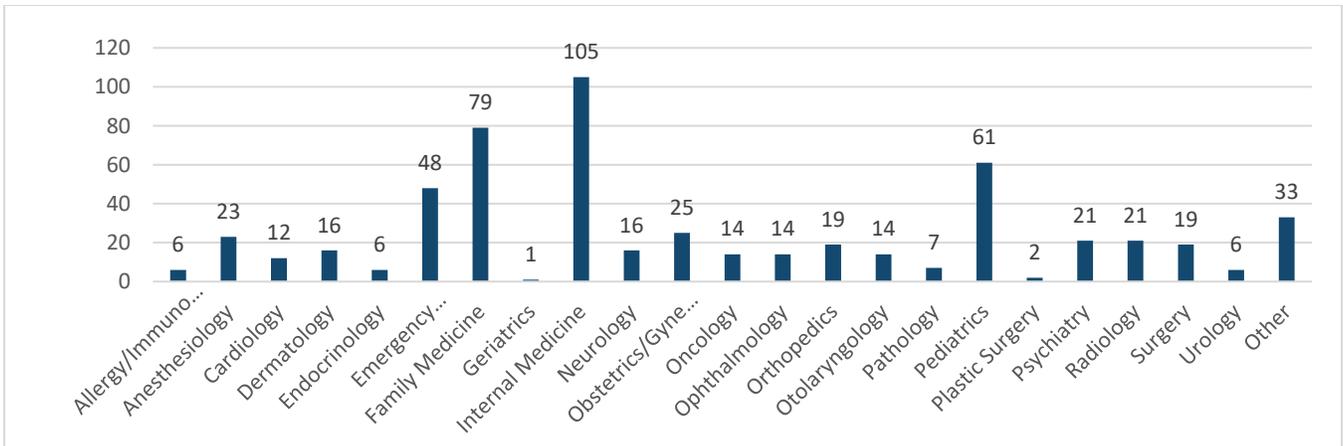


Figure 5 Specialties

Key Drivers of Engagement to Prevent Burnout

Overall, physicians reported mostly positive assessments in all areas of the Key Drivers of Engagement to Prevent Burnout categories (Figure 6). All seven categories grew by at least one percentage point compared to the 2018 survey. Positive feelings towards compensation, workload, and organizational culture continued to be above 70%. The remaining categories of efficiency and resources, social support, and control and flexibility

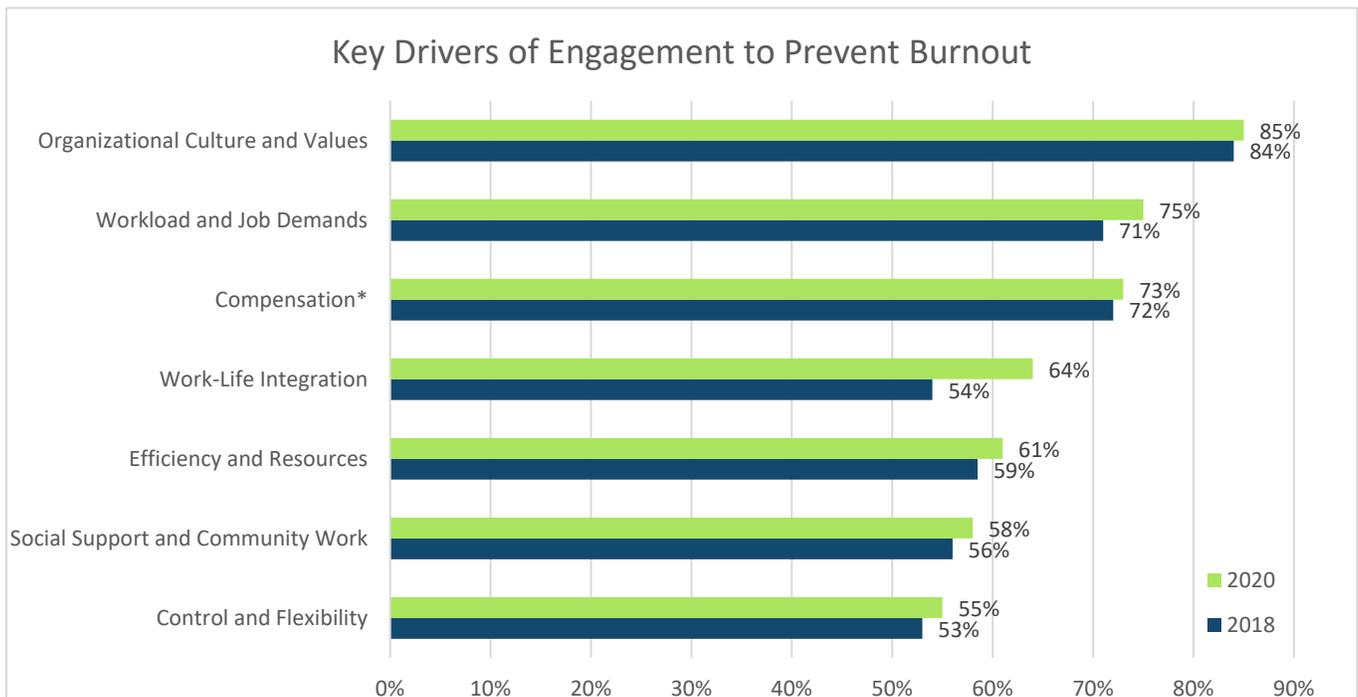


Figure 6 – Percent of Endorsement on the Key Drivers of Engagement to Prevent Burnout

rated between 53% and 64%; however, the positive assessment for each of these categories increased by at least 2% points. Significantly, the work-life integration category scored a 10% higher positive assessment compared to 2018.

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 7-point Likert scale (1 "Never", 2 "A few times a year or less", 3 "Once a month or less", 4 "A few times a month", 5 "A few times a week", 6 "Once a week", 7 "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.¹¹

Responses to the Mini-Z burnout assessment (Figure 7) indicate that 66% of physicians are generally content or experience slight amounts of stress in their work, which is up 2% compared to the 2018 survey. The Mini-Z results revealed that 22% of physicians experienced minimal burnout, 8.3% indicated serious burnout, and an additional 2.5% of physicians experienced critical levels of burnout. The overall burnout rate for physicians in the Sacramento region was 33.7%, a reduction of 2% compared to 2018. The MBI (Figure 8) indicates that 27% of physicians are burned out, which is a reduction of 8% compared to 2018. It is important to note that the MBI scale tends to have more conservative numbers than the Mini-Z scale. While these negative indicators are numerically small, there is still major concern for what can be done to assist those physicians experiencing symptoms of severe burnout.

¹¹ National Academy of Medicine, n.d. <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/#purpose>

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 $p = 0.000$, $\phi = 0.6498$.

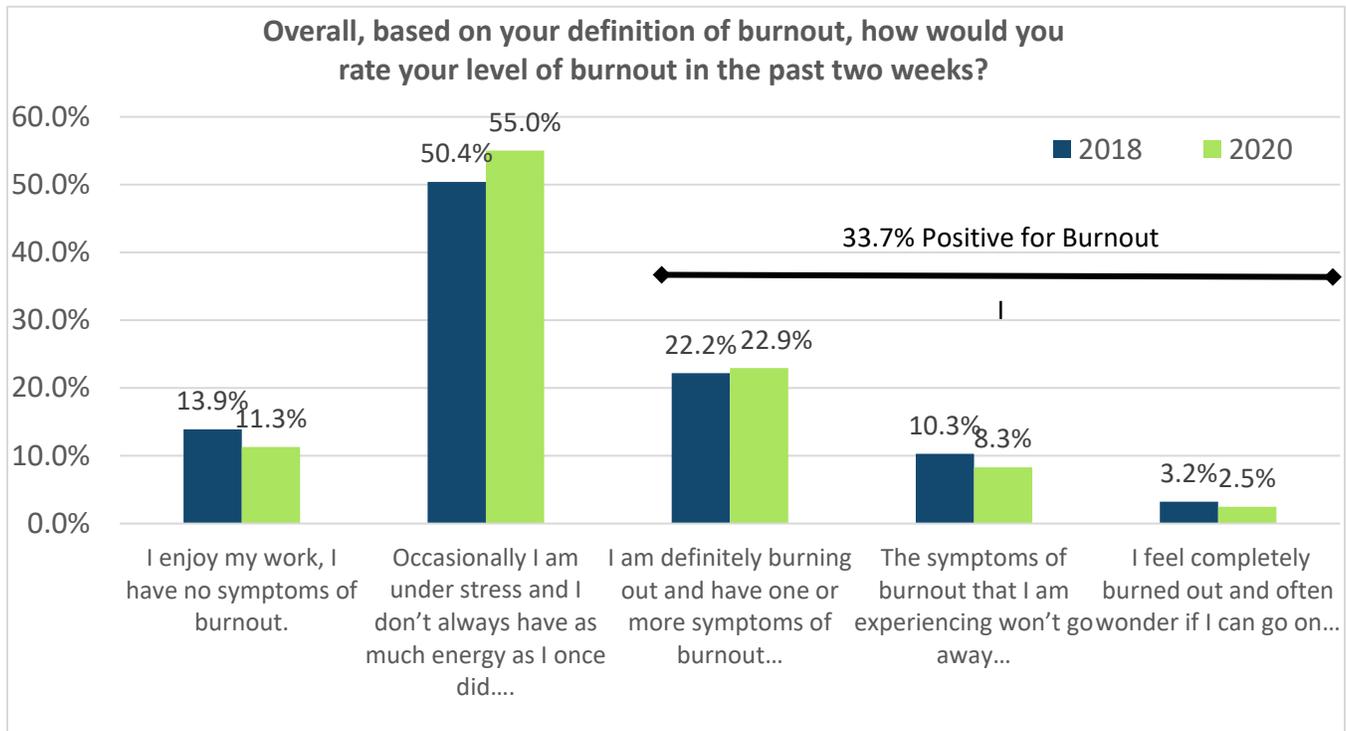


Figure 7 Percent of Endorsement on the Mini-Z Overall Burnout Scores

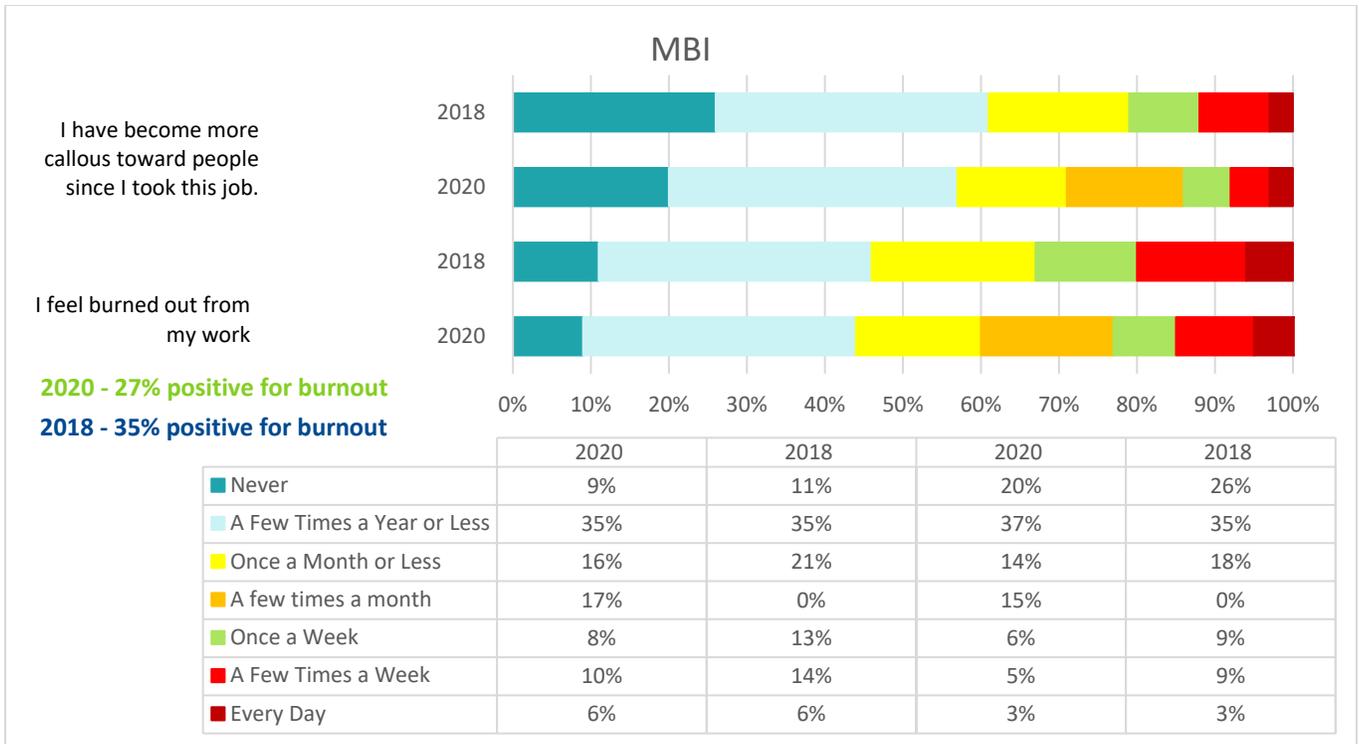


Figure 8 Percent of Endorsement on the MBI Two-Item Burnout Scale Items

Organizational Improvement Suggestions

Physicians were asked to rank suggested improvements to make the EHR more efficient in their practice of medicine (Figure 9). The option for in-person scribes received the largest support with 40% and voice recognition software was at 23%, which were the same percentages in the 2018 survey. A Health Information Exchange (HIE) to enhance EHR capabilities had the next highest appeal at 22%. Very few physicians, 15%, selected HIE as an organizational improvement in the 2018 survey. Rounding out the top four answers was the desire for remote scribes at 21%, which was also not a prevalent answer in 2018. Notable open-ended comments that appeared 5% of the time were that physicians felt that substantial changes were needed in the design, workflow, and/or customization of the EHR.

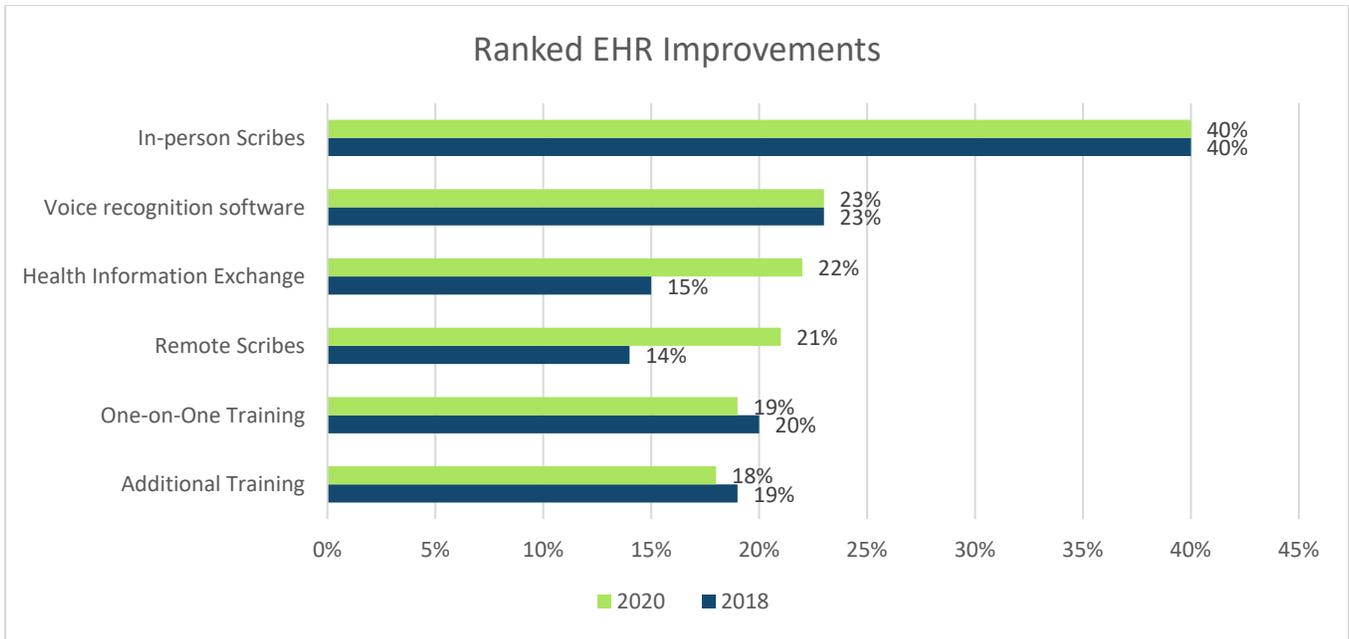


Figure 9 Ranked EHR Improvements

Respondents were also asked to rank strategies to improve work-life balance (Figure 10). More control over work schedules was the highest rated improvement desired at 40%. This was followed closely by more time allotted for self-care at 37% and fewer work hours at 36%. Also at 36%, physicians mostly between the ages of 25 and 45 wanted a personal assistant for tasks such as scheduling and responding to emails. Rounding out the top five was more time for health activities at 32%. These were also the top five answers from the 2018 survey.

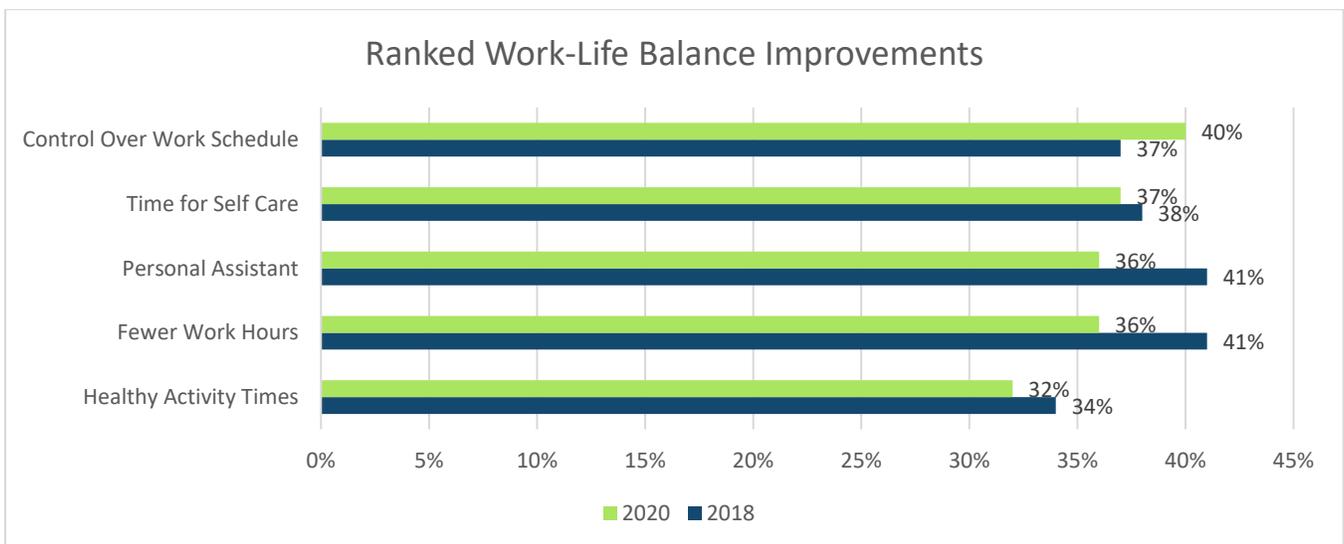


Figure 10 Ranked Work-Life Balance Improvements

Finally, physicians were asked a series of questions regarding if and how telemedicine improved their practice of medicine (Figure 11). Utilization of telemedicine was at 76% with 78% of those respondents reporting that their telemedicine was integrated within their EHR. Most physicians at 72% agreed that telemedicine increases access to care. However, a majority of respondents felt that telemedicine is not user friendly, does not increase efficiency for the physician, and does not improve patient care or outcomes.

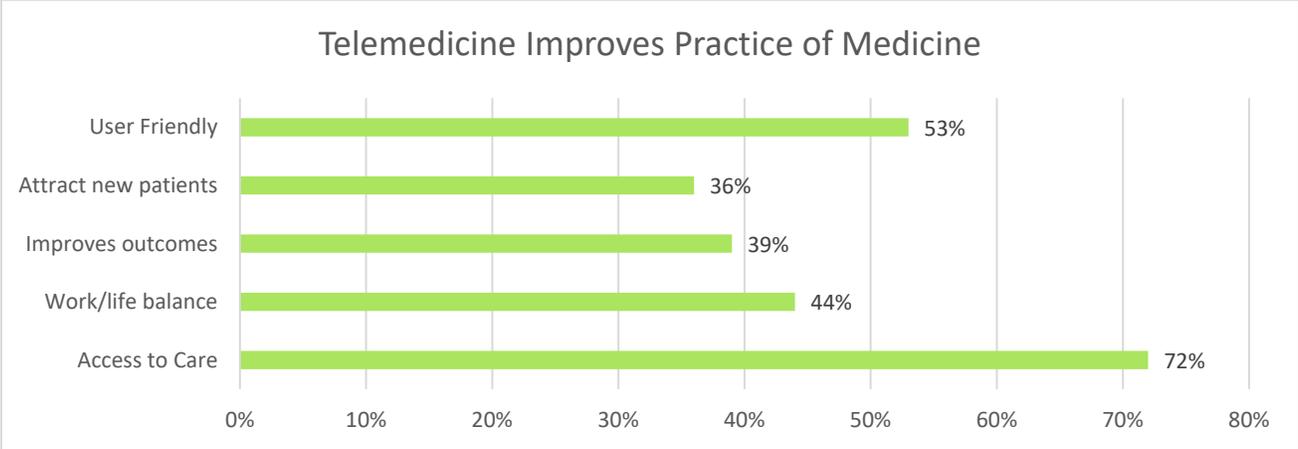


Figure 11 Percent of Endorsement on How Telemedicine Improves Their Practice of Medicine

Impact of COVID-19

Physicians were asked a series of questions regarding how COVID-19 has affected their professional and personal lives. Questions ranged from concerns about working with the risk of contracting COVID-19, to how many hours they have or have not worked due to the pandemic, what their greatest worries are, positive and negative consequences of the pandemic, and finally how COVID-19 has affected their practice of medicine. The majority of physicians (84%) believe that COVID-19 will affect the way they practice medicine in the future. Many physician participants (46%) felt obligated to work even when the risks of contracting COVID-19 were great. Figure 12 details that 84% of physicians were concerned with making their loved ones sick, followed by 64% anxious about becoming sick themselves. Figure 13 asked physicians how the pandemic has affected the number of hours they normally worked. Findings of chi² analysis of the burnout and change in working conditions indicate that a reported increase in work hours per week was significantly associated with higher burnout on both scales (Figure 14, Figure 15). Further, a reported decrease in quality of life was significantly associated with burnout on both scales (Figure 16, Figure 17).

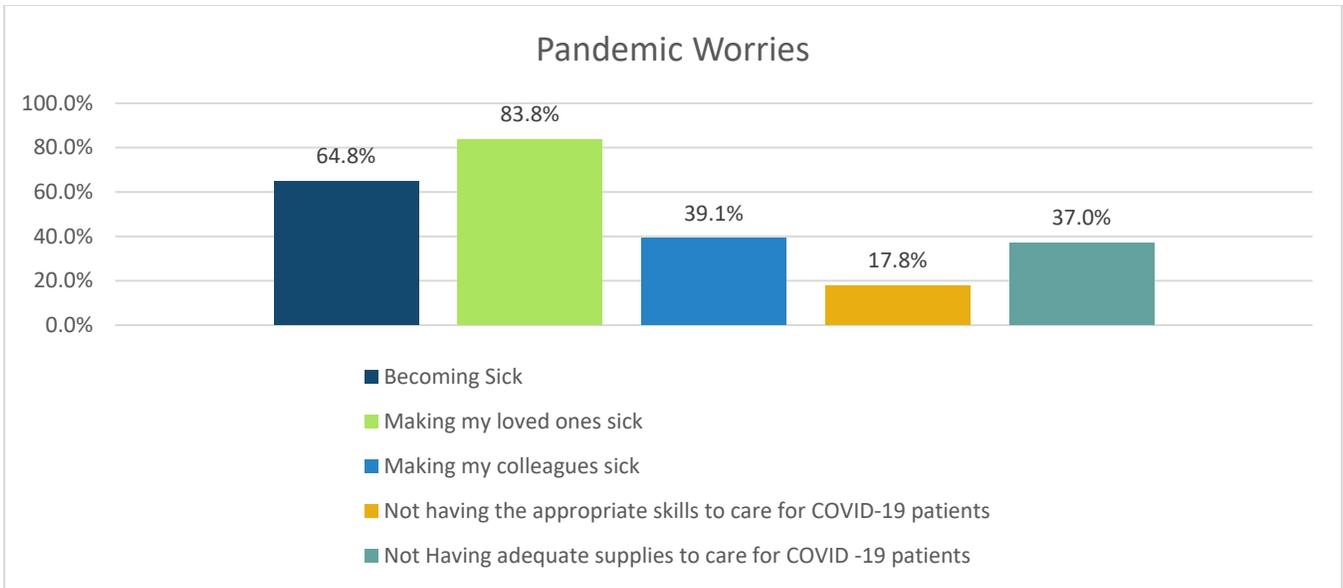


Figure 12 – Ranked Pandemic Worries

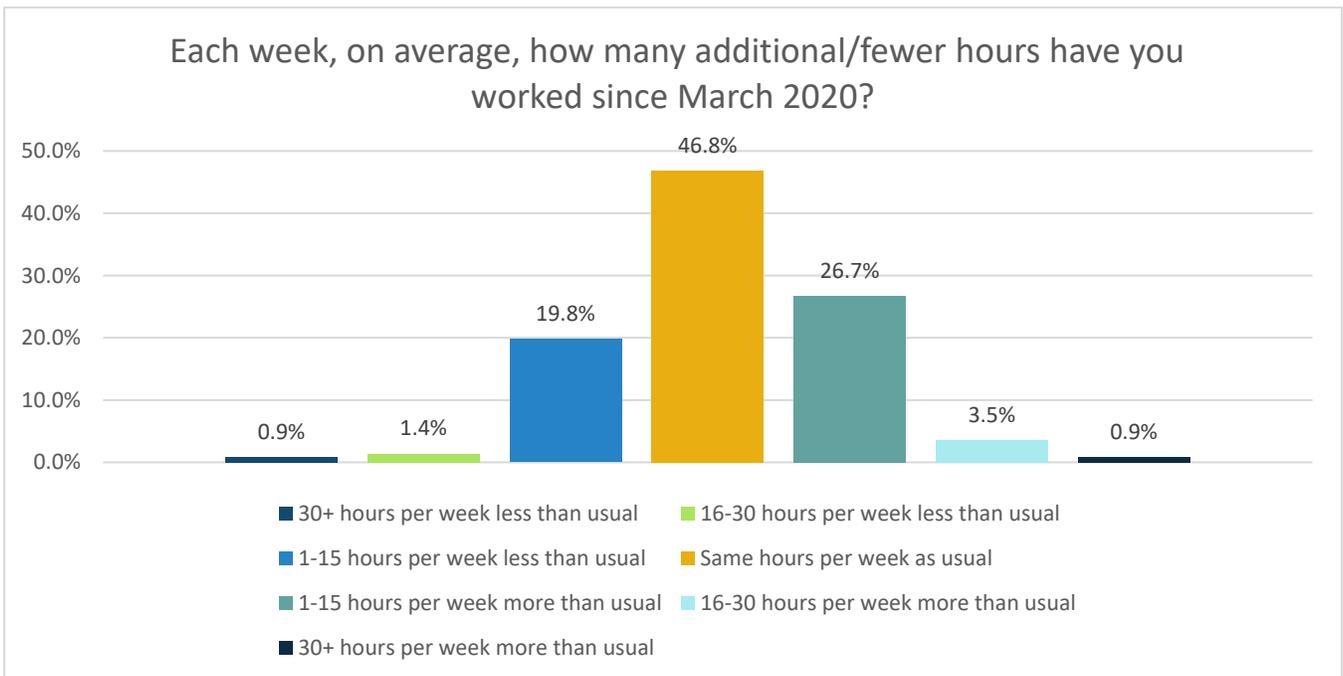


Figure 13 Change in Physician Hours Worked During Pandemic

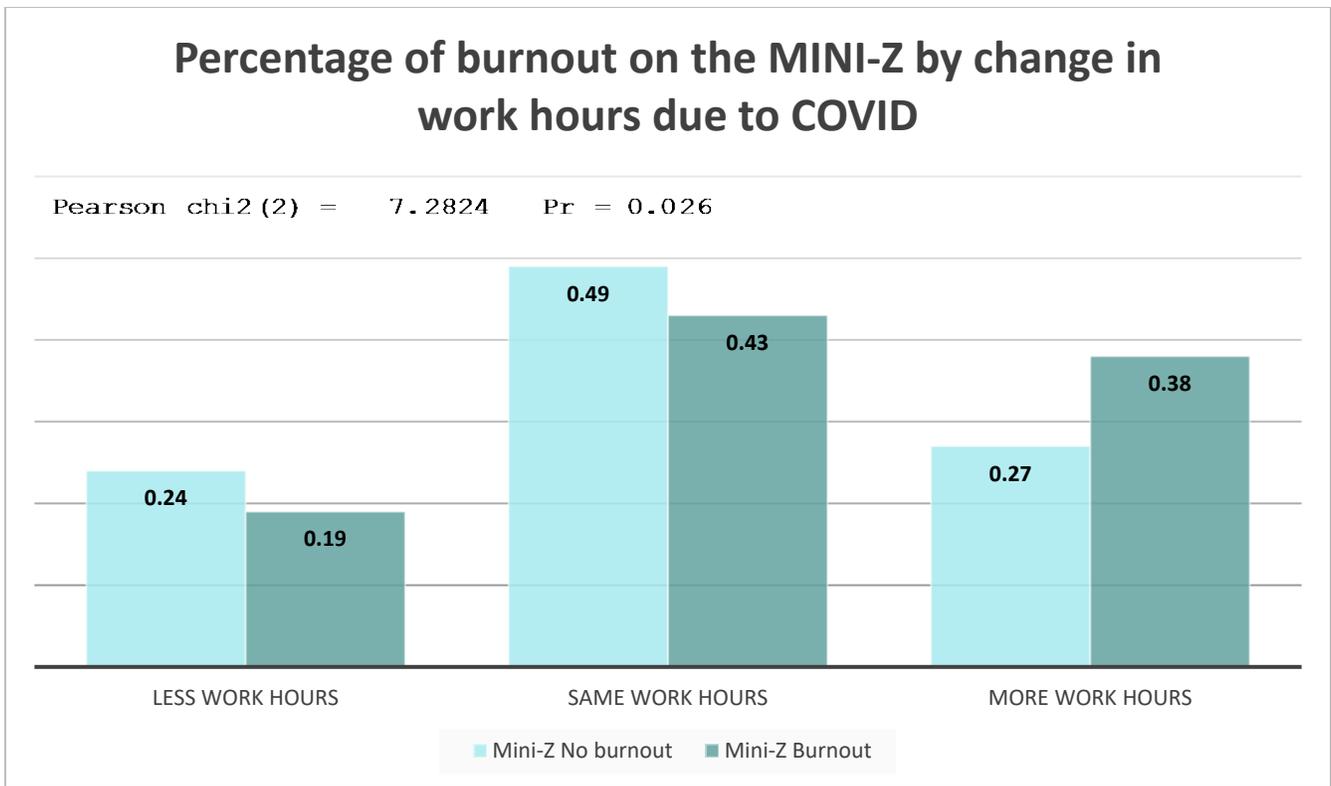


Figure 14 – COVID-19 work hours correlated to Mini-Z

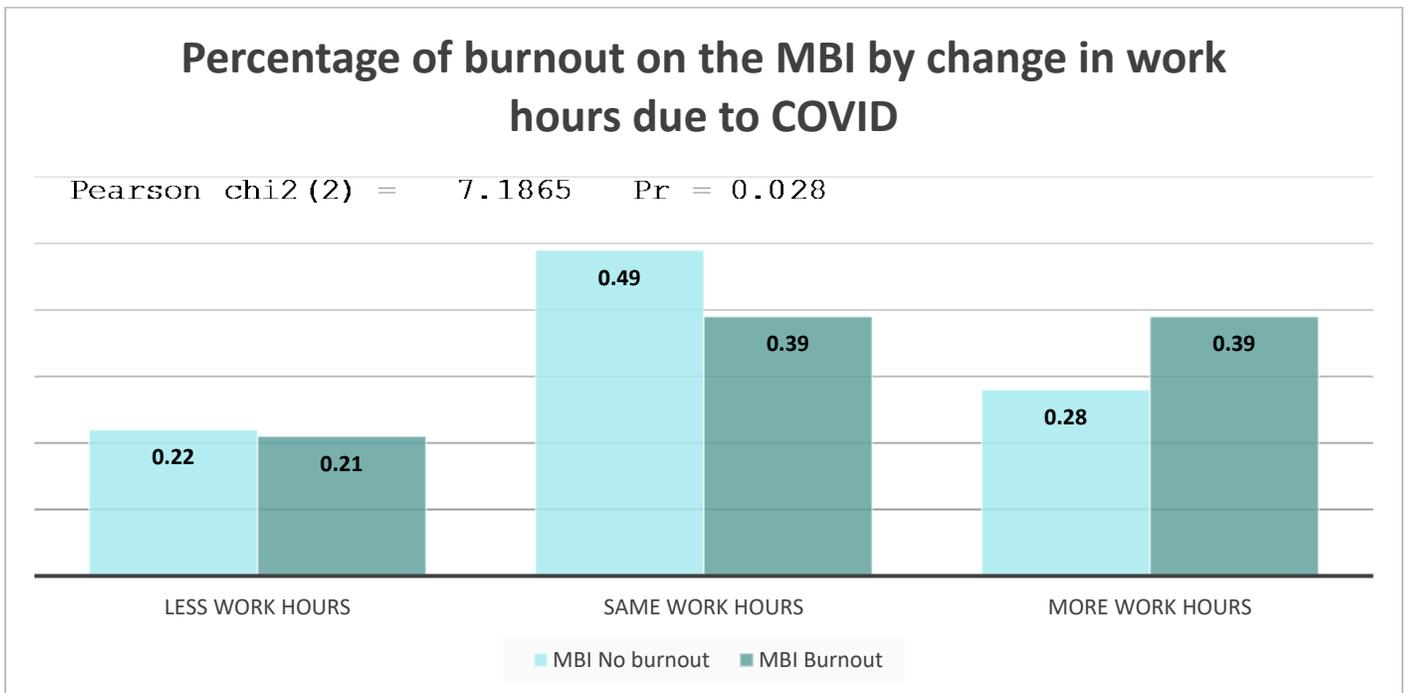


Figure 15 - COVID-19 work hours correlated to MBI

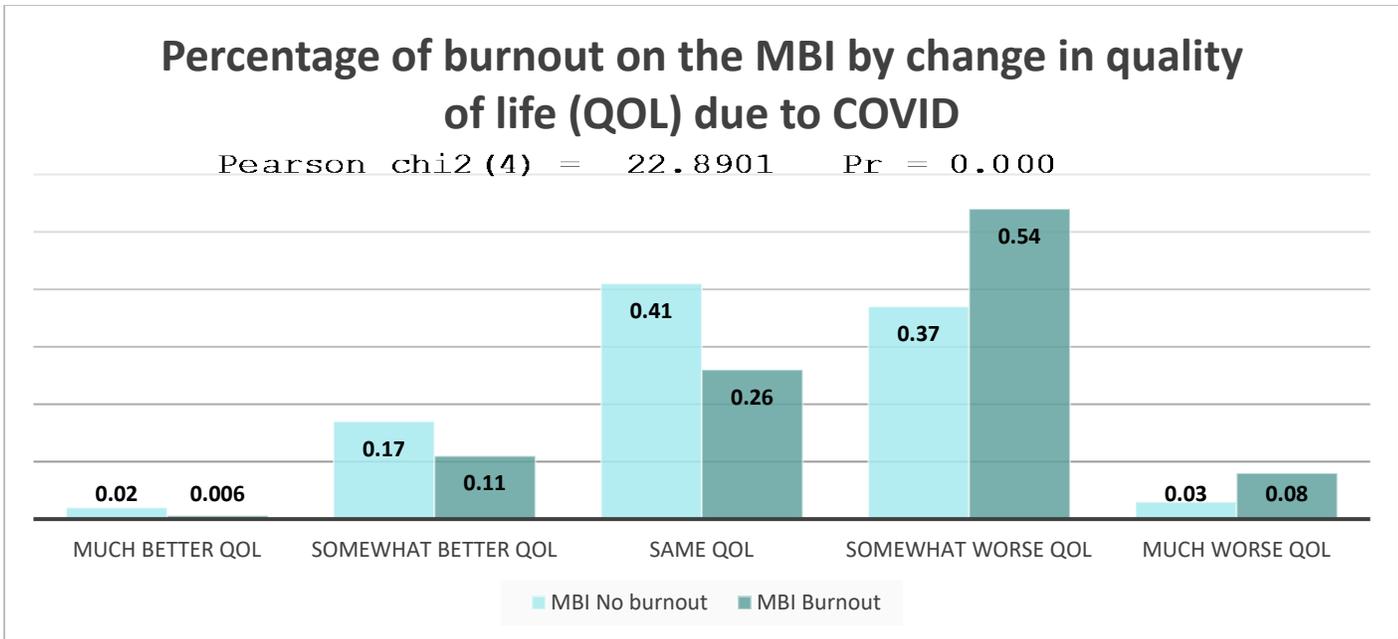


Figure 16 – COVID-19 quality of life correlated to Mini-Z

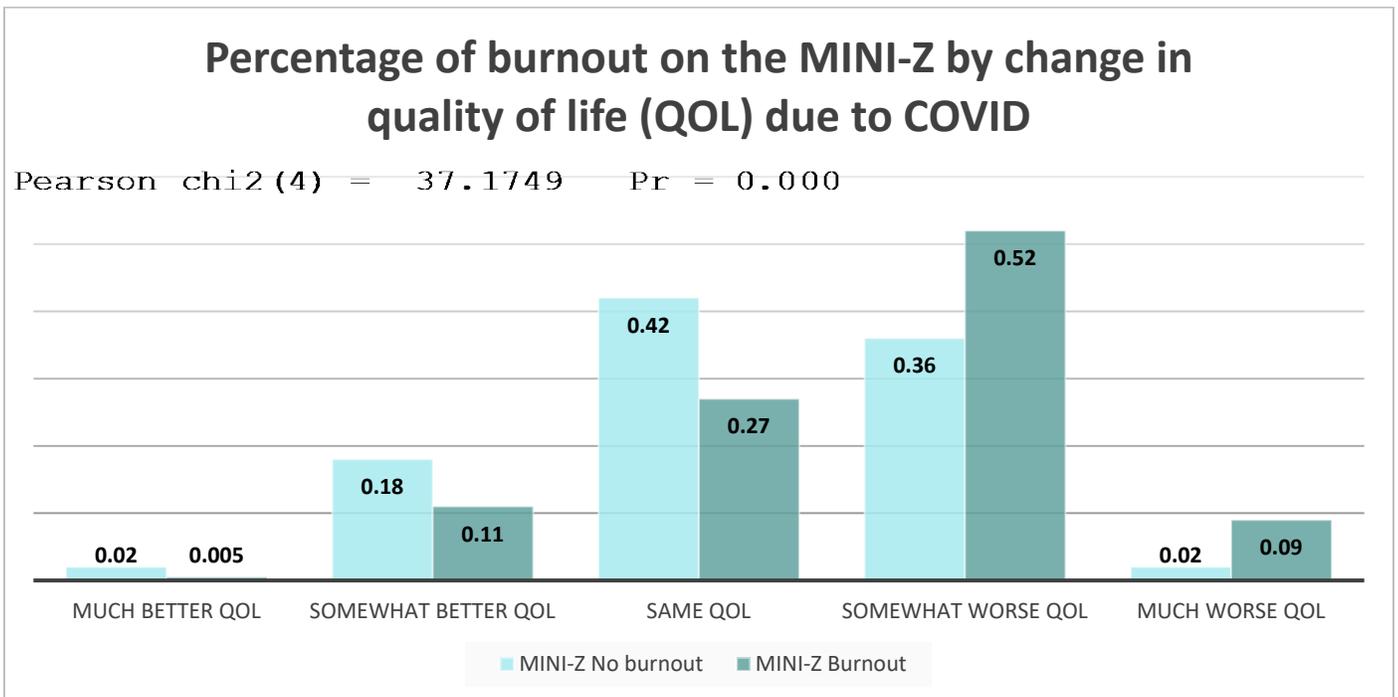


Figure 17 - COVID-19 quality of life correlated to MBI

Wellness Services Utilized in the Last Year

The final question sought to assess how physicians were accessing professional wellness services. In the 12 months ending September 2020, 56% of survey participants have used at least one wellness service through: self-pay, services offered through their medical practice, health system or hospital, and/or SSVMS's Joy of Medicine program. Of the 33% of physicians who were burned out according to the Mini-Z, 23% accessed services through their medical group or hospital and 19% accessed Joy of Medicine program services. At least 4% of physicians who utilized a wellness service used all three (self-pay, medical group/hospital, and SSVMS Joy of Medicine) in the last year (Figure 18).

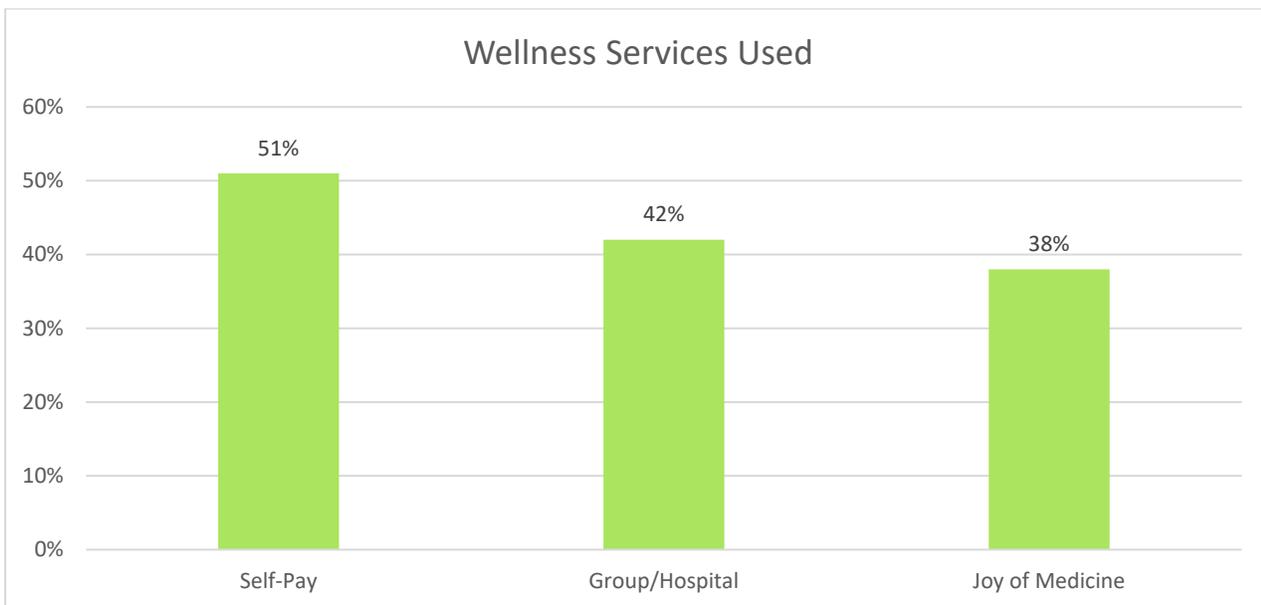


Figure 18 Wellness Services Utilized

Conclusion

Findings from the 2020 SSVMS Sacramento Region Physician Joy Assessment Survey indicate that physicians practicing medicine in the Sacramento region reported lower rates of burnout compared to the national average (34% vs. 42% in 2020).¹² The enhanced well-being resources and systemic changes implemented by medical groups subsequent to SSVMS' 2019 recommendations may have had a positive impact on physician well-being as the rate of physician burnout (34%) decreased by 2% compared to measurements taken in 2018. The real impact of these recommendations is likely larger than these numbers indicate, as confounding factors include

¹² Kane, L. 2020.

the COVID-19 pandemic. The regional approach to increase physician engagement and to decrease burnout is working. In order to continue moving the needle in the right direction, SSVMS recommends that physician organizations continue to focus on physician well-being as a priority.

Recommendations

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

- **That medical groups, physician organizations, and health systems adopt the quadruple aim of improving physician well-being as a strategic initiative and that this initiative be fully funded.**
- **That medical groups, physician organizations, and health systems continue to make improvements in the Electronic Health Record (EHR) to make it more efficient and user friendly by supporting in-person and remote scribes, voice recognition software, and a more robust health information exchange integration. In addition, immediate steps should be taken to make telemedicine platforms more user-friendly, to provide physicians with training, and to ensure that telemedicine is only used in appropriate clinical circumstances.**
- **That medical groups, physician organizations, and health systems continue to improve physician work-life balance by providing physicians with more flexibility over their schedules, assistance with administrative tasks, designated time for self-care, and the option for fewer work hours.**
- **That medical groups, physician organizations, and health systems continue to promote physician access to wellness resources including mental health services and peer engagement activities such as those offered through SSVMS' Joy of Medicine program.**

Appendix: A

Advisory Committee Members

Chair: John Chuck, MD

Christine Braid, DO, Mercy Medical Group

Christie Carroll, MD, Woodland Medical Group

Laurie Gregg, MD, Sutter Independent Physicians

Lisa Guirguis, MD, Sutter Medical Group

Rochelle Frank, MD, California Northstate University College of Medicine

Ruth Haskins, MD, Independent Physician

Richard Kaplon, MD, Mercy Medical Group
Irina Korman, MD, The Permanente Medical Group
Rajiv Misquitta, MD, The Permanente Medical Group
Makenna Rice, MS III, UC Davis School of Medicine
Daniel Rockers, PhD, California Psychological Association
Anu Shanmugham, MD, Marshall Hospital
Katren Tyler, MD, UC Davis Health
Peter Yellowlees, MD, UC Davis Health

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. To learn more about this resource, visit <http://joyofmedicine.org/building-resiliency/>.

Psychiatric Assistance

Joy of Medicine has partnered with UC Davis Health's Department of Psychiatry to provide direct access for physicians in need of a psychiatric evaluation, referral, or medication management. Through this partnership, any physician practicing in the Sacramento region may self-refer to U.C. Davis Department of Psychiatry to be seen immediately by an attending psychiatrist experienced in working with the unique needs of physicians.

Psychiatric Assessment services are available to all community physicians and are not limited to UC Davis-affiliated physicians. Physicians accessing the program will be responsible for payment of these services, either through self-pay or through accepted insurance. Learn more at <http://joyofmedicine.org/psychiatric/>.

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 are 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/>.

Balint Group

SSVMS's Balint group is a group of clinicians who meet regularly to present clinical cases in order to improve and to better understand the clinician-patient relationship. The facilitated sessions focus on enhancing physicians' ability to connect with and care for their patients sustainably. To learn more, visit <http://joyofmedicine.org/balint-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/>.

References

1. Van der Heijden, Frank, et al. "Suicidal thoughts among medical residents with burnout." *Archives of suicide research* 12.4 (2008): 344-346.
2. Welp, Annalena, Laurenz L. Meier, and Tanja Manser. "Emotional exhaustion and workload predict clinician-rated and objective patient safety." *Frontiers in psychology* 5 (2015): 1573.
3. Frank, Erica, et al. "The association between physicians' and patients' preventive health practices." *Cmaj* 185.8 (2013): 649-653.

4. Sikka, Rishi, Julianne M. Morath, and Lucian Leape. "The quadruple aim: care, health, cost and meaning in work." (2015): 608-610.
5. Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings* (Vol. 92, No. 1, pp. 129-146). Elsevier.
6. Dolan, E. D., Mohr, D., Lempa, M., Joos, S., Fihn, S. D., Nelson, K. M., & Helfrich, C. D. (2015). Using a single item to measure burnout in primary care staff: a psychometric evaluation. *Journal of General Internal Medicine*, 30(5), 582-587.
7. Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., ... & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Annals of internal medicine*, 170(11), 784-790.
8. Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo Clinic Proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.
9. Babbott, S., Manwell, L. B., Brown, R., Montague, E., Williams, E., Schwartz, M., ... & Linzer, M. (2013). Electronic medical records and physician stress in primary care: results from the MEMO Study. *Journal of the American Medical Informatics Association*, 21(e1), e100-e106.
10. Patel, S. Y., Mehrotra, A., Huskamp, H. A., Uscher-Pines, L., Ganguli, I., & Barnett, M. L. (2021). Variation In Telemedicine Use And Outpatient Care During The COVID-19 Pandemic In The United States: Study examines variation in total US outpatient visits and telemedicine use across patient demographics, specialties, and conditions during the COVID-19 pandemic. *Health Affairs*, 40(2), 349-358.
11. National Academy of Medicine, (n.d.) Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions. Retrieved from <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/#purpose>
12. Kane, L. (January 15, 2020) *Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide*. Retrieved from <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460#2>