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# Resilience Training for VA Primary Care Providers

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Running head: RESILIENCE TRAINING FOR VA PRIMARY CARE PROVIDERS

A final project presented to the faculty of the  
Instructional Design Master's Degree Program  
University of Massachusetts at Boston

RESILIENCE TRAINING FOR VA PRIMARY CARE PROVIDERS

Submitted by

Elizabeth A. Recupero, DO, MPH

in partial fulfillment for the requirement of the degree

MASTER OF EDUCATION

December 2, 2018

*Dr. Carol Sharicz*

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Approved by Dr. Carol Ann Sharicz, Faculty

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### Abstract

Physician burnout syndrome is epidemic within the U.S. healthcare system. Burnout is defined by three main criteria: emotional exhaustion, depersonalization, and a low sense of personal accomplishment, and its prevalence is highest among primary care providers. The VA's All Employee Survey (AES) demonstrates that more than 50% of physicians working for the VA Healthcare System exhibit at least one of these symptoms. The literature discusses that this syndrome can be improved by increasing physician resilience. This capstone project first analyzed the need for resiliency training among VA primary care providers. After the needs analysis, an online training that encompassed mindfulness as a way of building reliance was created. This training will be presented to the leadership at VA Boston, and it will serve as an initial attempt to decrease provider burnout among this organization's primary care physicians.

*Keywords:* physician burnout, emotional exhaustion, depersonalization, low sense of personal accomplishment, resilience, mindfulness

## Resilience Training for VA Primary Care Providers

### **Project Background**

A significant problem affecting the current U.S. healthcare system is provider burnout syndrome. Physician burnout is a syndrome defined by three conditions: emotional exhaustion, depersonalization, and a low sense of personal accomplishment. Squires, Lobdell, Fann, and DiMaio (2017) describe burnout as the pathologic response to the stressors within the daily work environment. The evidence shows that burnout is linked to problematic alcohol use, broken relationships, depression, and suicide (Shanafelt, Goh, & Sinsky, 2017).

Additionally, physician burnout leads to a decrease in job satisfaction, an increase in the potential for medical error, and adverse effects on the personal lives of clinicians. These result in a decrease in patient satisfaction, a decrease in clinician productivity, and an increase in physician turnover, all of which have a profound financial impact on a healthcare system.

The percentage of providers suffering from burnout is especially high among VA primary care physicians as evidenced by the VA's 2017 All Employee Survey (AES). Research suggests that improving provider resilience can decrease the symptoms of burnout. This project is a training for VA primary care physicians that focuses on increasing resilience by equipping providers with self-care strategies and mindfulness training.

### **Veterans Health Administration (VHA) Organizational Goals:**

The mission of the Veterans Administration is to honor America's veterans by providing exceptional health care that improves their health and well-being. There is extensive evidence linking provider burnout to the quality of patient care which is contrary to the goals of VHA. Specifically, there is a relationship between burnout and patient outcomes and patient satisfaction

scores. Additionally, burnout is related to an increased risk of provider turnover which also impacts the health care provided to Veterans by VA.

At the VA's Physician Burnout Research Summit, Osatuke and Carameli (2017) stated "in healthcare systems, burnout has a negative impact on mission-critical functions such as access to care" (p. 4). Data from the 2016 All Employee Survey (AES) revealed that 50.4% of VA primary care physicians reported feeling exhaustion or depersonalization once a week or more (Osatuke & Carameli, 2017, p. 8). From a VA organizational perspective, the causal loop in Figure 1 demonstrates the relationship between the demand for patient access to healthcare and the conditions that define burnout. Patient access to primary care within the VA is negatively impacted by burnout as it creates obstacles in the ability of providers to deliver quality care.

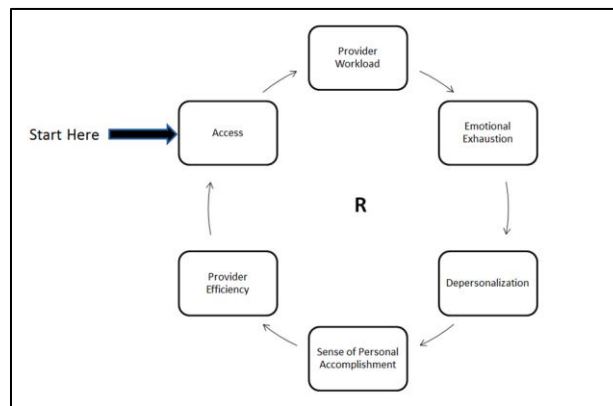


Figure 1: Provider Burnout Causal Loop

This causal loop demonstrates that the demand to increase patients' access to healthcare leads to an increase in provider workload. This causes an increase in emotional exhaustion which is "the feeling of being over-extended by responsibilities related to work, resulting in a depletion of emotional energy, in contradistinction to physical or mental fatigue" (Squires, et al. 2017, p. 1117). Emotional exhaustion leads to depersonalization which Squires, et al. (2017) defines as "cynicism causing impersonal responses toward the recipients of one's services" (p. 1117).

Depersonalization leads to a low sense of personal accomplishment which Squires, et al. (2017) state “is often accompanied by an inability to complete tasks integral to one’s job” (p. 1117). This causes a decrease in provider efficiency which then negatively impacts patient access to healthcare; thus, the cycle repeats itself.

In their paper, Shanafelt, Goh, and Sinsky (2017) discuss the financial impact of burnout on healthcare organizations. They estimate that it costs an organization \$500,000 to \$1,000,000 to replace a physician. Additionally, the authors discuss the increased overall cost to healthcare due to decreased productivity in physicians suffering from burnout. This data confirms the need to improve the quality of life for physicians working in patient care in the U.S. today.

### **Project Stakeholders:**

There are 3 main groups of stakeholders who are affected by provider burnout syndrome. The Veterans who may receive less than optimal care from a physician who is suffering from burnout. The executive leadership who are concerned about cost-effective healthcare, which includes minimizing physician turnover, and the physicians who face the individual consequences of burnout in their lives. The *Resilience Training for VA Primary Care Providers* program attempts to directly increase the resilience of individual clinicians; thus, physicians are the program’s primary stakeholders. However, indirectly, this program should have a positive impact on the other two key stakeholder groups as well.

### **Analysis Plan**

The analysis plan was conducted in 3 stages. First, a Literature Review was performed. This included data from the VA’s All Employee Survey (AES) as well as peer reviewed articles on provider burnout syndrome, resilience, and mindfulness training. Additionally, data from a

2017 unpublished study on mindfulness training among clinicians conducted by colleagues at the San Francisco VA was reviewed.

Second, information from interviews with 4 key stakeholders conducted in Fall 2017 were reexamined. Three primary care providers and the Director of Primary Care at the VA Boston Healthcare System were interviewed. Initially, the survey was set up to be a written questionnaire comprised of six questions (see Attachment A). However, while providers were willing to discuss burnout, none of them except one wanted to “take the time” to fill out the survey. Consequently, the survey was changed into a 15-20-minute interview. The physicians were asked to discuss their thoughts and experiences of both burnout and resilience. The six survey questions were used to guide the discussion.

Lastly, surveys (see Attachment B) were distributed to physicians who attended a burnout presentation for the Oklahoma City VA primary care department. Twenty-two primary care physicians completed the surveys. The results of this survey were used to determine if physicians would be willing to participate in self-care activities to increase resilience. They were also asked about interest in learning and utilizing mindfulness as a reliance tool.

### **Literature Review:**

In their paper, Linzer, Levine, Meltzer, Poplau, Warde, and West (2014) offer ten areas to improve burnout within a healthcare system. These are divided into four broad areas: institutional metrics, work conditions, career development, and self-care. The authors suggest that improvements in these areas will increase resilience in physicians practicing general internal medicine. Furthermore, they suggest that mindfulness could be used to increase resilience in clinical care teams. They state, "mindfulness, a known stress reducer, is a means for internally



accommodating to external stressors" (Linzer et al., 2014, p.18). Similarly, Squiers et al. (2017) also emphasize that increasing resilience is an important aspect of the treatment of burnout.

### **Fall 2017 VA Boston Stakeholder Interviews:**

#### ***Physician 1: Ildiko H., MD, Staff Physician, West Roxbury Primary Care***

This primary care provider was willing to complete the written survey (Attachment A). She defined burnout as "working under constant pressure" and viewed her work environment as "ineffective and chaotic." Furthermore, she responded that she "feels tired more often," and that she is "not happy going to work." This physician could not define resilience, nor could she describe how resilience would apply to her. It is interesting to note that her solution to burnout included the need for recognition of the work that she is currently doing as well as off-loading non-clinical duties to other team members.

#### ***Physician 2: David S., MD, Staff Physician, Jamaica Plain Primary Care***

This primary care provider is one of the youngest working at Boston VA. He completed his residency <5 years ago. He said that he frequently feels tired, stressed, and frustrated because of work. He stated that most of his frustration comes from the "excessive amount of paper work" within the VA. He said that he wished some of the more administrative tasks could be off loaded to other team members like nursing or support staff. When he was asked to define resilience and how he perceived his long-term sustainability as a primary care physician, he could not answer this question. Furthermore, his non-verbal cues after being asked this question were flat and even slightly depressed in this usually very up-beat guy. He believes that burnout is a big problem, and he is interested in solutions to deal with it. However, he does not believe that any positive change will occur. He said: "I don't think that anything will really ever change. I think that leadership wants to fix the problem, I just think they care about access more."

***Physician 3: Rosemary M., MD, Staff Physician Brockton Primary Care***

This primary care provider defined her experience of “burnout as the constant stress that there is too much work and not enough time to get it done.” She stated that some of the extra work placed on primary care providers by other services was burdensome. She is an older physician (in practice >25years), and she remembers when she could “just see patients.” She stated that the electronic medical records created extra work for her. She is interested in the idea of huddling and preplanning as a way of alleviating some of her workload, but she has concerns that preplanning may result in “extra work for her.” She defined resilience as “being able to cope with the stress of work.” She also expressed doubt that any of the root causes of burnout would be fixed as in her experience the workload has only increased over the years.

***Physician 4: Michelle M-K., MD, Director of Primary Care, VA Boston Healthcare System***

The Director of Primary Care was very interested in discussing burnout as she views this issue as a significant problem among her staff. She shared that the executive leadership at the VA Boston Healthcare System is interested in creating a wellness/burnout clinic to address this issue; however, she is concerned that the providers who most need this service would see it as "one more thing to do" and would not utilize the service. She agrees that offloading nonclinical tasks is essential to decreasing provider burnout. She is also interested in pursuing training to address provider burnout, but she states the training cannot be perceived as additional work. This interview focused on the general topic of burnout and not on this physician’s personal experience of burnout.

**Oklahoma City Primary Care Physician Burnout Survey:**

The survey (see Attachment B) consisted of 18 questions. The first 11 questions were utilized to identify the prevalence of burnout among the respondents. The second part of the survey asked the physicians about their self-care practices and their interest in learning about mindfulness.

Table 1 shows that 59% of the respondents were satisfied with their current job; however, 80% of these physicians feel a great deal of stress because of their job as evidenced in Table 2. Table 3 shows the results from the last survey question which asked physicians if they would be interested in mindfulness training. The majority of physicians were interested in incorporating mindfulness into their self-care regime. Attachment C is a table of all of the results from the Oklahoma City Primary Care Physician Burnout Survey.

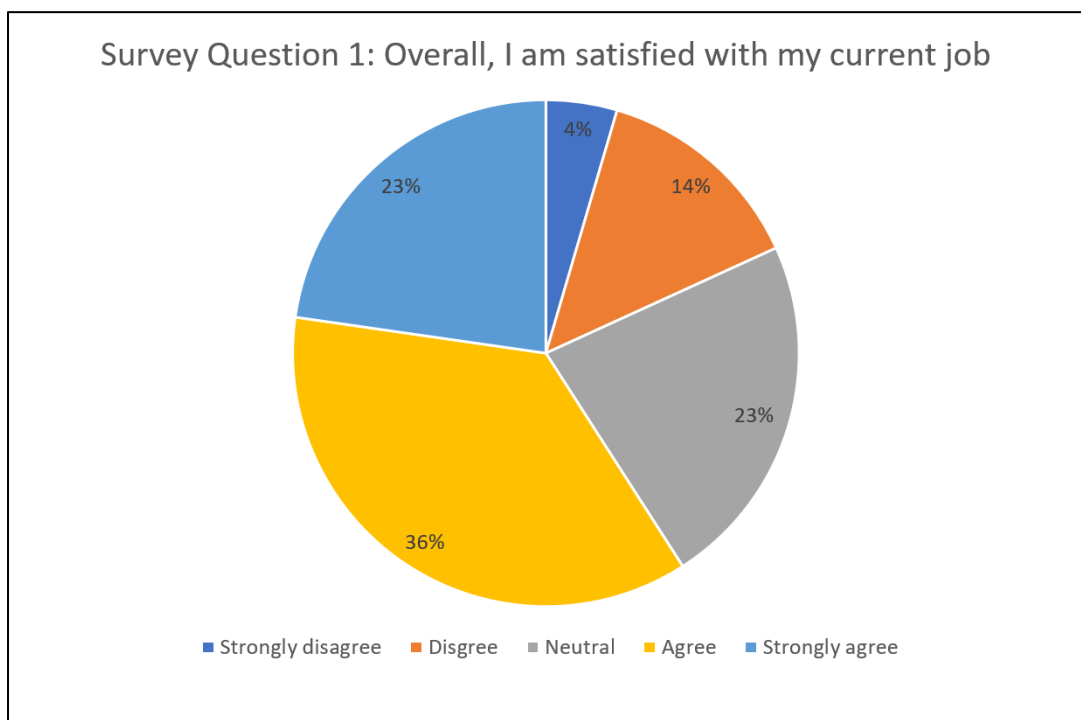


Table 1: Results from Question 1 of Oklahoma City Burnout Survey

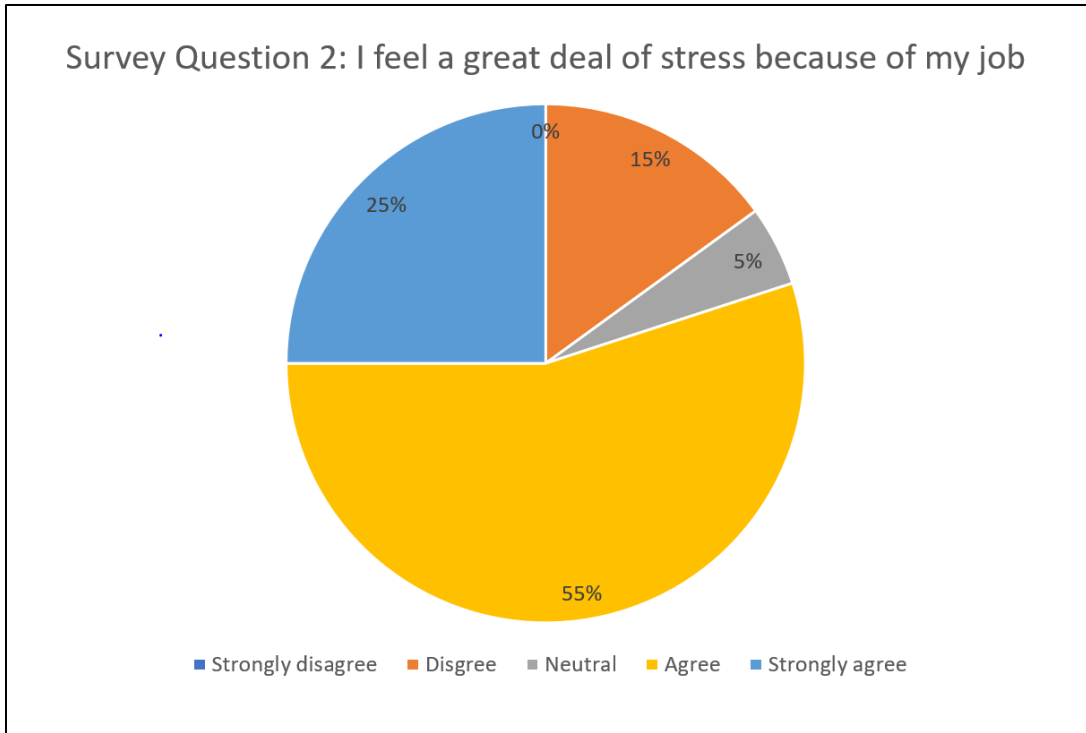


Table 2: Results from Question 2 of Oklahoma City Burnout Survey

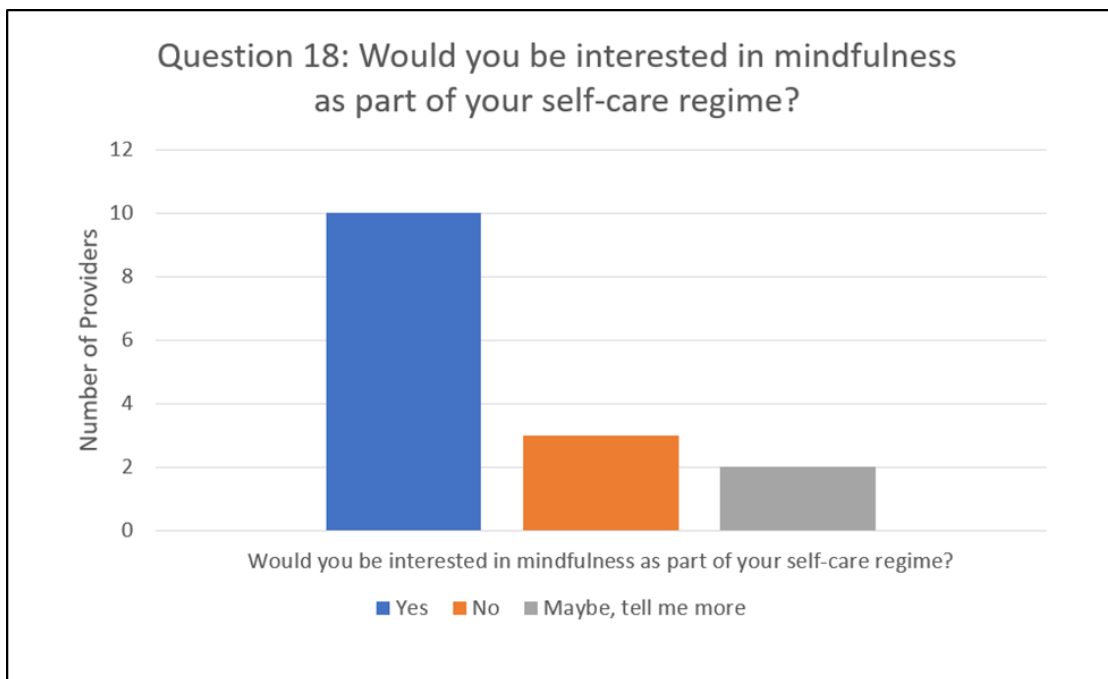


Table 3: Results from Question 18 of Oklahoma City Burnout Survey

## Analysis Report

### Gap Analysis:

The needs analysis revealed several key points that need to be factored into a provider burnout training. First, the prevalence reported by the AES may underrepresent the amount of burnout that is currently experienced by primary care providers throughout VA. This bias may be related to a selection bias involved with the AES. Specifically, providers suffering from burnout may be less likely to complete the AES.

Secondly, providers do not want to perform any additional tasks even if these could be used to alleviate burnout symptoms. If a workshop to help reduce burnout symptoms is perceived as “one more thing,” the workshop will exacerbate the emotional stress of the provider which will worsen provider burnout instead of improving it.

Third, empowerment and communication could be utilized to decrease the perception of burnout among physicians. Many clinicians feel powerless in their work environments; improved communication by leadership is an organizational change that could improve burnout. After having the small cohort of physicians complete Phase 1 of the *Resilience Training for VA Primary Care Providers*, a Level 1 evaluation will be performed and presented to the executive leadership at VA Boston. Hopefully, the ELS team will see the value in supporting Phase 2 of this program; furthermore, the ELS will be given a proposal to allow primary care physicians 1 hour a week to focus on mindfulness and self-care.

Finally, it is notable that physicians are interested in self-care strategies and resilience training. Furthermore, most are interested in learning mindfulness techniques as part of this resiliency training.

## Design

### Target Audience:

The intended audience of this program are VA physicians who have self-identified as suffering from provider burnout syndrome, and who are interested in learning self-care strategies to improve resilience. These clinicians may already have a self-care regime which they employ, but this is not a program requirement. Additionally, they may also have prior knowledge and experience with mindfulness; however, this is also is not a prerequisite.

### Training Goals:

The goals of the *Resilience Training for VA Primary Care Providers* are: 1) that primary care providers deepen their understanding of provider burnout syndrome and the importance of resilience, 2) that physicians understand their importance in the clinical care setting and how burnout can impact their clinical effectiveness, and 3) that physicians develop personal strategies for resilience that center on self-care and specifically mindfulness.

### Instructional Strategy:

*Resilience Training for VA Primary Care Providers* is a practical training for primary care providers who self-identify as suffering from provider burnout syndrome. It is an asynchronous on-line training that consists of 2 Phases of training. Each module within the training can be completed within 20-30 minutes. This program will have a weekly Community of Practice call for the physicians who are taking the training. There will be a moderator on the call, and providers are encouraged to call in and share their experiences to support their colleagues and share their experiences.

Phase 1 of the *Resilience Training for VA Primary Care Providers* is entitled *The Introductory Program*. It consists of 3 modules: 1) *Introduction to Burnout and Resilience*

*Training*, 2) *The Power of You: Why You Matter in Patient Care*, and 3) *Mindfulness Training – A Way to Increase Resilience*. Phase 1 of this program will be created in Captivate and then tested on a small cohort of VA Boston primary care physicians. The materials utilized in the creation of this program will be adapted from resources utilized in face-to-face workshops on burnout and mindfulness.

A Phase 2 training entitled *Practicing Everyday Mindfulness* will be created after a formative assessment of *The Introductory Program* is performed. Phase 2 of the *Resilience Training for VA Primary Care Providers* program will serve to enhance the mindfulness practices of the physicians who completed Phase 1 of this program. The results of the formative assessment will be presented to the executive leadership in order to support physician participation in Phase 2 of this training program.

## **Instructional Design**

### **Resilience Training for VA Primary Care Providers**

#### ***Phase 1: The Introductory Program***

##### ***Module 1: Introduction to Burnout and Resilience Training***

###### **Learning objectives:**

1. Given a community of providers, the learners will be able to define the three components of provider burnout syndrome and explain the interconnection of these components to their colleagues.
2. Given a community of providers, the learners will be able to list the major signs and symptoms associated with provider burnout and relate their own personal experiences to provider burnout syndrome to their colleagues.

3. Given a community of providers, the learners will be able to describe resilience and evaluate their own personal strengths and self-care practices which can support resilience to their colleagues.

**Learner-content interaction (media/activities):**

- Overview of burnout and resilience adapted from PowerPoint slide presentation
- “Three Good Things”

**Learner-learner interaction (activities):**

- Self-compassion activity; i.e., Write a letter to yourself....
- CoP weekly call

**Formative or summative assessment:**

- Journaling about what you learned about yourself through the self-compassion activity

***Module 2: The Power of You: Why You Matter in Patient Care***

**Learning objectives:**

1. Given a community of providers, the learners will be able to relate a story where their therapeutic presence made a difference to their colleagues.
2. Given a community of providers, learners will utilize Whole Health tools to explain an area of self-care that is a personal strength to their colleagues.

**Learner-content interaction (media/activities):**

- The Power of You adapted from the PowerPoint presentation



- Video: “Empathy: The Human Connection to Patient Care”  
[https://youtu.be/cDDWvj\\_q-o8](https://youtu.be/cDDWvj_q-o8) (4:23)
- Video: “Dream Rangers” <https://youtu.be/vksdBSVAM6g> (3:10)

**Learner-learner interaction (activities):**

- Completing a Personal Health Inventory
- CoP weekly call

**Formative or summative assessment:**

- Journaling about completing a personal Health Inventory

***Module 3: Mindfulness Training – A Way to Increase Resilience*****Learning objectives:**

1. Given the skills to perform a mindfulness practice, learners will utilize mindfulness at least twice during a 7-day week.
2. Given a community of providers, learners will discuss their experience with a mindfulness practice with their colleagues.

**Learner-content interaction (media/activities):**

- Mindfulness presentation adapted from PowerPoint slides

**Learner-learner interaction (activities):**

- 5-minute guided mindfulness meditation
- CoP weekly call

**Formative or summative assessment:**

- Reflection on mindfulness activity (what was positive, what was negative)
- Formative Assessment at the end of the module

***Phase 2: Practicing Daily Mindfulness [for future development]***

## ***Modules 1-8: Enhancing Your Mindfulness Practice***

### **Implementation Plan**

*Module 3: Mindfulness Training – A Way to Increase Resilience* was created in Adobe Captivate. This module was created first because of the need to demonstrate that mindfulness could be taught in an online training. Modules 2 and 3 will be created from existing face-to-face presentations. After the three modules are completed, *Phase 1: The Introductory Program* will be presented to VA Boston's leadership and offered as a pilot to self-selected providers suffering from burnout through the physician burnout clinic that is currently under development and is scheduled to start in Spring 2019. If *Phase 1* is successfully received by physicians, *Phase 2: Practicing Daily Mindfulness* will be developed.

### **Evaluation Strategy**

A level 1 evaluation will be used to assess the satisfaction of the physicians who complete this training. This evaluation will be completed by participants immediately following the completion of *Phase 1: The Introductory Program*. This evaluation will be utilized during the creation of Phase 2 of this program.

A level 2 evaluation will be used to assess if providers who complete the training learn skills to improve their resilience. Specifically, physicians will be asked if the training sufficiently taught them self-care strategies and mindfulness techniques. Additionally, providers will be asked about a change in their attitude towards self-care and mindfulness.

A level 3 evaluation will be used to demonstrate a change in the behaviors of physicians. Physicians who complete this training will receive a survey 3 months post training. They will be asked: Are you doing any self-care activity because of the training that you received? Are you practicing mindfulness?

A level 4 evaluation will be used to demonstrate the effect of this training on the organization. The results of the All Employee Survey (AES) will be employed to demonstrate a decrease in the self-reported physician burnout score. This directly correlates to improved job satisfaction and a decrease in physician turnover rates both of which impact the VA Healthcare System.

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**Appendix A: VA Boston Primary Care Provider Survey****1. Please define Provider Burnout. (What is your definition?)**

Working under constant pressure.

**2. Describe the top three symptoms you are experiencing related to provider burnout.**

Feeling tired more often.

Not happy to come to work.

Frustrated about not being able to finish work.

**3. Describe one or more factors which exacerbate your experience of burnout.**

Spending much of my time performing tasks that do not require MD training.

Increasing administrative work demands

Ineffective chaotic work environment.

**4. Describe 5 things that you believe would decrease your experience of provider burnout.**

Sharing work load especially administrative duty.

Improve work environment – have private space for physician not shared room for 7 people.

Recognition for the work.

**5. What does the term Resilience mean to you?**

I am looking for the definition myself.

**6. What are the best ways of increasing provider resilience?**

Sharing responsibilities among team members.

Using physicians' skills and experiences during assignment at work.

Recognizing the work we do.

**Appendix B: Oklahoma City VA Primary Care Provider Survey**

## Survey Questions – Burnout

*For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.*

1. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2. I feel a great deal of stress because of my job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

3. Using your own definition of “burnout,” please circle 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, e.g., emotional exhaustion.
- The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
- 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?	1 Calm	2	3 Busy, but reasonable	4	5 Hectic, chaotic
7. My professional values are well aligned with those of my department leaders:	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
8. The degree to which my 12care 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 health record (EHR) at home is:	1 Excessive	2 Moderately high	3 Satisfactory	4 Modest	5 Minimal/none
10. My proficiency with EHR use is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

11. Tell us more about your stresses and what we can do to minimize them (optional):

12. Have you thought about leaving/changing jobs at the VA?
- In the next six months?
  - In the next 12 months?
  - In the next 24 months?
  - I would never leave my job
13. If there was a physician focused burnout clinic, would you be interested in one-on-one individualized coaching?
- Not interested
  - Interested
  - Very interested
  - Need more information
14. Do you do any type of self-care on a regular basis?
- Yes
  - No – please go to question 17
15. If the answer to question 14 is yes, what do you do?
- Meditation
  - Exercise – please describe: \_\_\_\_\_
  - Spiritual practice—please describe: \_\_\_\_\_
  - Spa/Bodywork—please describe: \_\_\_\_\_
  - Any other hobby--please describe: \_\_\_\_\_
16. How often do you do self-care?
- Daily
  - Weekly
  - Monthly
  - When I find time for it
17. If the answer to question 14 is no, what is your interest in investing in self-care?
- Not interested
  - Interested but not sure how to start
  - Very interested
  - I already have a day and a plan to start
18. Would you be interested in mindfulness as part of your self-care regimen?
- YES
  - NO
  - Maybe, tell me more



**Appendix C: Results of the Oklahoma City VA Primary Care Provider Survey**

Provider	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Question 10	Question 11	Question 12	Question 13	Question 14	Question 15	Question 16	Question 17	Question 18
1	2	5		1	1	5	3	2	1	4		a	d	b		d	b	b
2	4	2		3	3	2	4	3	5	3		a	b	a	b, c, d, f	b		a
3	3	4		2	1	5	3	2	1	4		c	a	a	b, c, e	a	d	c
4	4	4	c	3	1	3	4	4		3			d	b			b	c
5	4	5		1	1	4	4	4	1	2	COMMENTS	b	c	b			c	a
6	4	3		1	2	3	4	5	5	4	COMMENTS	c	b	a	f	b	d	c
7	5	4	a	2	1	3	4	3		3		d	b	a	a, b, c, f	d		a
8	5	4		4	2	3	4	5	5	4	COMMENTS	a		a	b, f	a		a
9	4	4	b	3	1	4	3	3	1	4	COMMENTS	a	c	b			c	a
10	5	4		5	4	1	5	5	3	4		d	b	a	b, f	c		b
11	3	4		2	1	4	2	2	2	4		c	d	b			b	c
12	4	4		2	2	3	3	4	5	4	COMMENTS	b	b	a	a, b, f	a		c
13	5	2	a	4	2	3	4	5	2	4		b	a	a	c	a		b
14	3	5	c	1	2	5	3	4	5	5		c	c	a	b, c	b		a
15	2	5	d	2	1	5	1	3	2	4		b	d	a	c	a		a
16	3	4	c	2	1	3	3	4	2	4		b	d	a	b	d	c	a
17	2	4	d	2	1	5	3	4	1	4		c	b	b			c	a
18	5	5		2	3	3	4	3	2	4		c	b	b			b	a
19	4	2	a	4	3		4	4	5	4	COMMENTS	b	a	a	c	a		c
20	4	5	c	2	1	3	5	4	2	4		b	b	a	b, e, f	a		a
21	1	5	e	1	1	5	4	4	5	5		a	a	a	a, b	d		c
22	3	4	d	1	1	5	3	2	1	2		c	d					

Appendix D: Screenshots of Adobe Captivate



Figure 1: Opening Slide

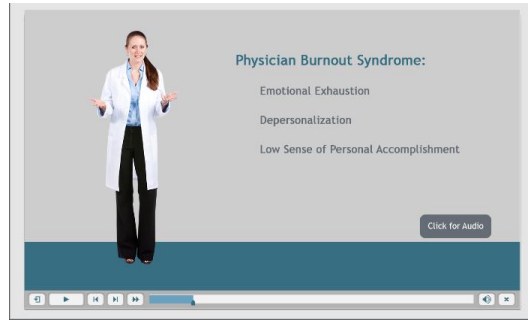


Figure 2: Discussion of Physician Burnout

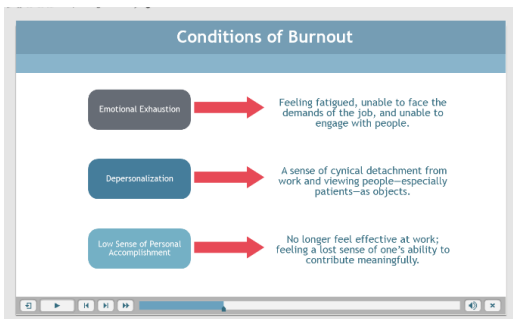


Figure 3: Burnout Definitions

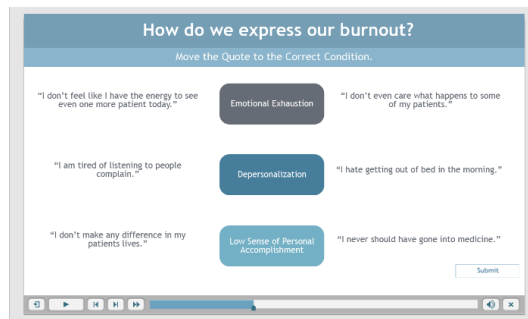


Figure 4: DO Activity



Figure 5: Definition of Resilience



Figure 6: Definition of Mindfulness



Figure 1: 5-minute Guided Meditation

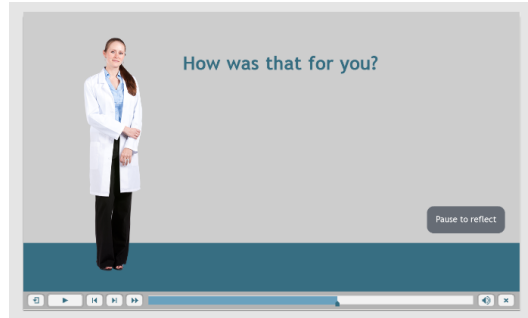


Figure 2: Reflection Activity



Figure 3: Formative Assessment Question 1

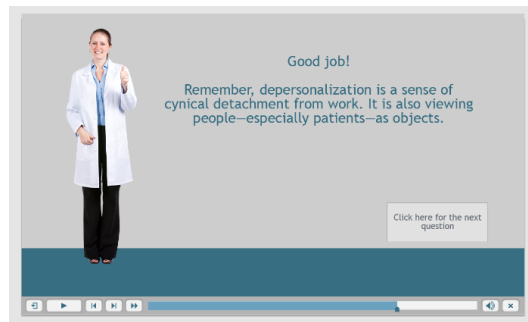


Figure 4: Question 1 Correct Answer

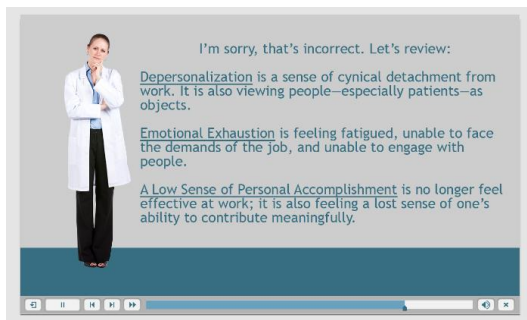


Figure 5: Question 1 Incorrect Answer

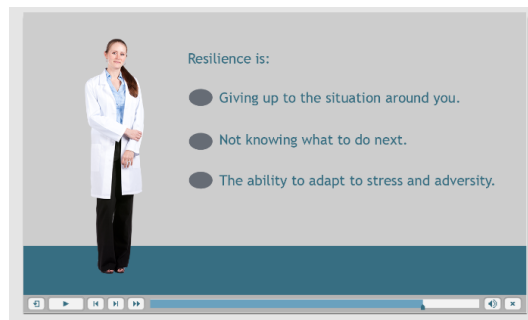


Figure 6: Formative Assessment Question 2

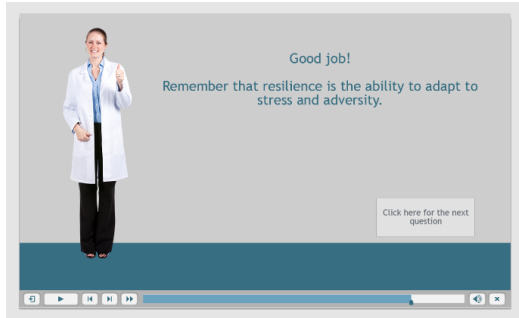


Figure 1: Question 2 Correct Answer

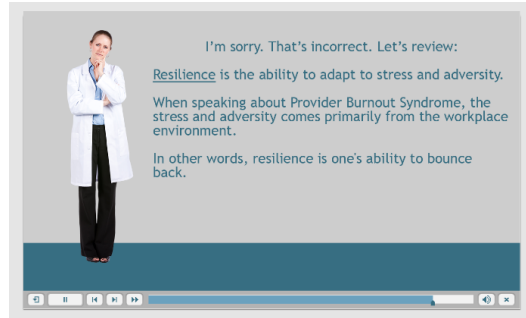


Figure 2: Question 2 Incorrect Answer

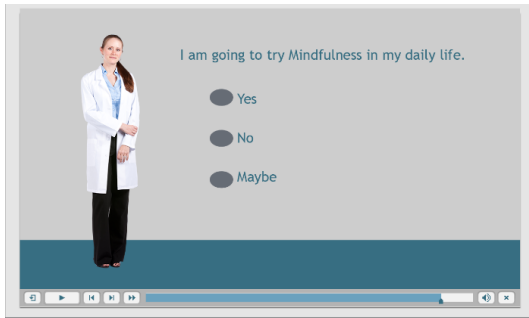


Figure 3: Formative Assessment Question 3

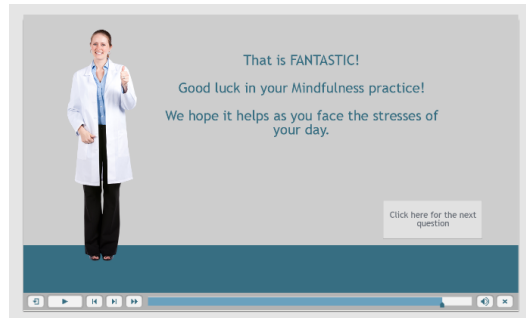


Figure 4: Question 3 Correct Answer

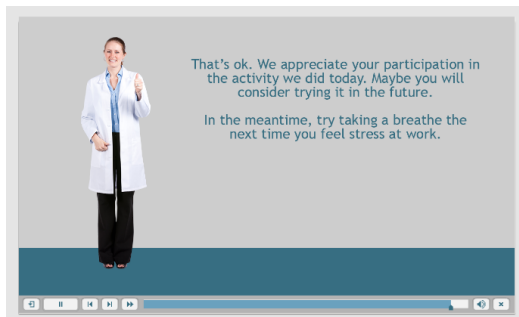


Figure 5: Question 3 Incorrect Answer

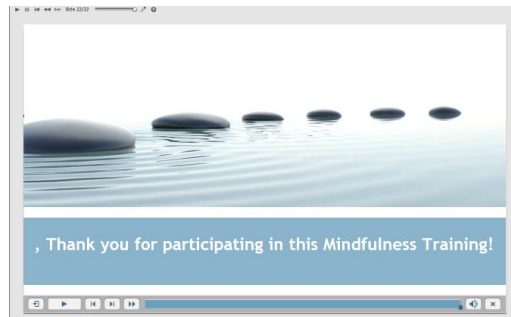


Figure 6: Closing slide