

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Sep 10, 2020
To: "Leslie Bradford" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2238

RE: Manuscript Number ONG-20-2238

Addressing Physician Burnout and Ensuring High-Quality Care of the Physician Workforce

Dear Dr. Bradford:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Oct 01, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

This is a wonderfully written and timely description of the challenges facing physicians by Dr. Bradford and Dr. Glaser. I only have a few suggestions below.

Precis: do you mean "personal commitment to burn out"?

line 51: just my opinion, but recommend adding "lack of autonomy with our schedules, and increasingly often, patient care decisions"

line 56: "By March, cases were being..." instead of "cases had been"

Line 72-77: I'm not sure if this is the right place for this or is in line with the goals of the authors' for this manuscript, but the case of Dr. Lorna Breen (the physician affected by suicide due, at least by media reports, in part to feeling like she was letting her patients down even while she was sick with COVID herself) might be useful to illustrate the urgency of addressing burnout, particularly with the added stress of the pandemic on top of all of the other stressors we are faced with daily

Reviewer #2:

Thank you for your thoughtful and thorough review of the body of literature addressing physician burnout.

- 1) Title: The Title is reflective of the body of the paper.
- 2) Precis: The Precis is well stated.
- 3) Abstract: The Abstract is an excellent summary of the full manuscript.
- 4) Manuscript: Your paper is well organized; setting the scene of the issue at hand, providing a clear definition of physician burnout, causes and risk factors for burnout, consequences of such and finally resources and next steps.

You as authors have effectively struck a balance on highlighting the grave concerns of the impact of physician burnout as well as sharing the optimistic view that there are specific interventions that can and will mitigate it should they be adequately applied. You appropriately address the additional impact on female physicians and specifically the disparities surrounding compensation and salary with regard to wRVU generation and unpaid (or underpaid) administrative positions. This manuscript truly is a call to action at a time where this "public health crisis" is juxtaposed to the COVID-19 pandemic.

5) References: The Reference List appears comprehensive and complete.

Reviewer #3:

Addressing Physician Burnout and Ensuring High-Quality Care of the Physician Workforce is a proposed Clinical Expert Series article on the definition, diagnosis, consequences and possible treatments of physician burnout.

This Series is extremely well-timed, as the pandemic of physician burnout has only been exacerbated in the era of the COVID-19 pandemic.

I have a few small suggestions for the authors as follow:

1. I initially had difficulty understanding your Precis. "While we must maintain a commitment to personal well-being, systems-level strategies may be more effective and are imperative." You may want to clarify this - "while individual education and implementation of strategies are helpful, systems-level strategies may be more effective and are imperative to decrease the risk for physician burnout" or something along that line?
2. Page 7, line 100: "The Maslach Burnout Inventory for healthcare professionals is a commonly used assessment tool and provides consistency for assessing burnout in medicine." You may want to reference that you gave some sample questions from this screening tool on page 4 for those readers not paying close attention.
3. Page 9, line 147: "In fact, among practicing OB-GYNs, lack of control over one's work hours and schedule was a strong predictor of burnout, resilience, and personal accomplishment.³⁰" The association between lack of control over work hours and burnout was well-described in this paragraph, but what is the association with resilience and personal accomplishment?
4. Page 10, line 169: " In a 2015 survey, nearly one-third of gynecologic oncologists meet criteria for burnout and screened positive for depression." Is there more information on the association of burnout and depression and if treatment of depression affects/improves burnout rates?
5. Page 13, line 233: " but for many in practice, work hour restrictions do not exist in the current practice framework." Are there any published examples of reduction of work hours for attending physicians and associated burnout rates?
6. Page 13, line 240: "Recognizing the issue is one step in the right direction." Is there any suggested screening method/frequency to make sure burnout doesn't go undetected/until it is too late to intervene? Have any major institutions implemented such screening with intent to intervene for those who screen positive (rather than the frequent annual surveys/reporting of statistics we often see)?
7. Page 16, line 307: "How can physicians bolster resiliency in their personal lives as well?" I'm not sure what this line refers to. Is this a section heading?

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). When you are ready to revise your

manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type. Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. . Please provide a word count.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your

manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found at the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top).

12. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <https://wkauthorservices.editage.com/open-access/hybrid.html>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Oct 01, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

Cover Letter:

September 18, 2020

To Whom It May Concern,

Thank you very much for the reviewer comments for our manuscript, “Addressing Physician Burnout and Ensuring High-Quality Care of the Physician Workforce”, manuscript number ONG-20-2238. We have addressed the following points, outlined below, and agree to have the revision letter published as supplemental digital content.

REVIEWER COMMENTS:

Reviewer #1:

This is a wonderfully written and timely description of the challenges facing physicians by Dr. Bradford and Dr. Glaser. I only have a few suggestions below.

Precis: do you mean "personal commitment to burn out"? **Thank you for your question. We have clarified the Precis statement.**

line 51: just my opinion, but recommend adding "lack of autonomy with our schedules, and increasingly often, patient care decisions" **This has been added. Feeling removed from patient care decisions is a complex matter that, we feel, would be a great topic to address in discussions, potentially even a letter to the editor. In addition the evolving nature of the patient-physician relationship and how that has been eroded by others, such as insurance companies who deny necessary testing/imaging, could be a great future topic.**

line 56: "By March, cases were being..." instead of "cases had been" **Edited**

Line 72-77: I'm not sure if this is the right place for this or is in line with the goals of the authors' for this manuscript, but the case of Dr. Lorna Breen (the physician affected by suicide due, at

least by media reports, in part to feeling like she was letting her patients down even while she was sick with COVID herself) might be useful to illustrate the urgency of addressing burnout, particularly with the added stress of the pandemic on top of all of the other stressors we are faced with daily. **Thank you for this suggestion. It has been added.**

Reviewer #2:

Thank you for your thoughtful and thorough review of the body of literature addressing physician burnout.

- 1) Title: The Title is reflective of the body of the paper.
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Reviewer #2, thank you for your comments.

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This Series is extremely well-timed, as the pandemic of physician burnout has only been exacerbated in the era of the COVID-19 pandemic.

I have a few small suggestions for the authors as follow:

1. I initially had difficulty understanding your Precis. "While we must maintain a commitment to personal well-being, systems-level strategies may be more effective and are imperative." You may want to clarify this - "while individual education and implementation of strategies are helpful, systems-level strategies may be more effective and are imperative to decrease the risk for physician burnout" or something along that line? **Thank you for your suggestion. Precis statement has been edited.**

2. Page 7, line 100: "The Maslach Burnout Inventory for healthcare professionals is a commonly used assessment tool and provides consistency for assessing burnout in medicine." You may want to reference that you gave some sample questions from this screening tool on page 4 for those readers not paying close attention. **This has been added.**

3. Page 9, line 147: "In fact, among practicing OB-GYNs, lack of control over one's work hours and schedule was a strong predictor of burnout, resilience, and personal accomplishment.³⁰" The association between lack of control over work hours and burnout was well-described in this paragraph, but what is the association with resilience and personal accomplishment? **This paragraph has been expanded.**

4. Page 10, line 169: " In a 2015 survey, nearly one-third of gynecologic oncologists meet criteria for burnout and screened positive for depression." Is there more information on the

association of burnout and depression and if treatment of depression affects/improves burnout rates? **Thank you for this question. Mayo Clinic investigators, in a reply to a letter to the editor of Mayo Clinic Proceedings in 2017 nicely delineate the difference between burnout and depression, and assert that while the two share some symptoms, they are very different and should be treated and screened for differently from burnout. (Melnick ER, Powsner SM, Shanafelt TD. In Reply-defining physician burnout, and differentiating between burnout and depression. Mayo Clin Proc 2017;92(9):1456–8.) Similarly, the 2015 Gynecologic Oncology study did not address the impact of burnout and counseling on rates of depression, so we have removed the information about depression in order to focus on burnout and avoid confusion.**

5. Page 13, line 233: " but for many in practice, work hour restrictions do not exist in the current practice framework." Are there any published examples of reduction of work hours for attending physicians and associated burnout rates? **This information has been added.**

6. Page 13, line 240: "Recognizing the issue is one step in the right direction." Is there any suggested screening method/frequency to make sure burnout doesn't go undetected/until it is too late to intervene? Have any major institutions implemented such screening with intent to intervene for those who screen positive (rather than the frequent annual surveys/reporting of statistics we often see)? **We appreciate this thoughtful question, and have removed the section of this paragraph regarding early intervention to avoid confusion. In a 2013 piece in *JAMA Internal Medicine*, Dr. Shanafelt et al. point out that providing burnout screening further burdens the physician with interventions to pursue in their personal time, and thus advocate for systems-level changes that prevent burnout in the first place, instead of frequent surveying with early intervention. We have added this reference to the paragraph**

that includes the statement above, and have reiterated Reference # 64 (Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. Mayo Clin Proc. 2017;92(1):129-146.) to illustrate this.

7. Page 16, line 307: "How can physicians bolster resiliency in their personal lives as well?" I'm not sure what this line refers to. Is this a section heading? **This was a section heading for a section we decided to omit. It has been erased.**

In addition to the reviewer comments,

1. We OPT-IN to publish this point-by-point response letter
2. We agree to use the eCTA system
3. We have made every effort to adhere to the definitions provided through the reVITALize initiative.
4. The information for authors did not include specific page limits for Clinical Expert Series and so we tried to keep it within the 5000 word maximum. Specifically:
 - a. Title Page: 1 page, 65 words
 - b. Precis: 1 page, 30 words
 - c. Abstract: 1 page, 46 words
 - d. Text: 16 pages, 3912 words
 - e. References: 9 pages, 78 references
 - f. Tables/boxes/figure: none
 - g. Appendices: none
5. There was no financial support for this manuscript
6. Proposed short title (45 characters): "Addressing Physician Burnout", 26 characters

7. Abstract: We did not change the abstract as the reviewer comments did not highlight issues with this portion of the manuscript
8. Standard abbreviations: We do not use any of the common medical abbreviations included on the list of abbreviations and acronyms. We have reviewed the manuscript to ensure that all abbreviations, such as FTE, RVU, or professional organization, are defined.
9. Virgule symbol: “and/or” has been replaced throughout the text
10. Use of the term “provider” – this has been changed in the manuscript
11. We feel that our references are up to date

Signed by:

A handwritten signature in black ink, appearing to read 'Leslie Bradford', with a stylized flourish at the end.

Leslie Bradford, MD