

Mini ReZ survey (for residents and fellows)

For questions 1-10, please indicate based on your experience for the majority of days over the past month...

1. I have been satisfied with my residency/fellowship program:

1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Agree Strongly

2. Using your own definition of “burnout”, please choose one of the numbers below:

6=I enjoy my work. I have no symptoms of burnout.

5=I am under stress, and don't always have as much energy as I did, but I don't feel burned out.

4=I am very stressed and may be suffering some burnout symptoms, such as emotional exhaustion **OR** depersonalization.

3=I am definitely burning out and have more than one symptom of burnout, e.g. emotional exhaustion **AND** depersonalization.

2=My symptoms of burnout won't go away. I think about work frustrations a lot.

1=I feel completely burned out. I am at the point where I may need to seek help.

****Launch PHQ 2 – if you score 1 or 2..., and, if do not wish us to contact you, then call employee assistance program.**

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.

- a. 0=Not at all
- b. 1=Several days
- c. 2=More than half the days
- d. 3=Nearly every day

2. Feeling down, depressed, or hopeless.

- a. 0=Not at all
- b. 1=Several days
- c. 2=More than half the days
- d. 3=Nearly every day

3. My professional values have been well aligned with those of my program leaders:

1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Agree Strongly

4. The efficiency of my team has been:

1=Poor 2=Marginal 3=Satisfactory 4 =Good 5 =Optimal

5. My control over my workload has been:

1 = Poor 2 = Marginal 3 = Satisfactory 4 = Good 5 = Optimal

6. I have felt a great deal of stress because of my job

1=Agree strongly 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

7. The amount of time I have spent on the EMR after hours is:

1=Excessive 2=Moderately high 3=Satisfactory 4=Modest 5=Minimal/none

8. Sufficiency of time for documentation has been:

1 = Poor 2 = Marginal 3 = Satisfactory 4 = Good 5 = Optimal

9. Which number best describes the atmosphere in your work area (for the majority of the past month)?

Hectic, chaotic		Busy, but reasonable		Calm
1	2	3	4	5

10. The EMR (electronic medical record) added to the frustration of my day:

1=Agree strongly 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

How have the following items impacted your job satisfaction over the past month?

11. Work interruptions (e.g. pages greater than expected, etc.)

1	2	3	4	5
A lot	A moderate amount	Somewhat	A little	Not at all

12. Lack of sleep

1	2	3	4	5
A lot	A moderate amount	Somewhat	A little	Not at all

13. Positive relationships with clinical support staff:

1	2	3	4	5
Not at all	A little	Somewhat	A moderate amount	A lot (in a good way)

14. Support by peers

1	2	3	4	5
Not at all	A little	Somewhat	A moderate amount	A lot (in a good way)

15. Recognition by my department

1	2	3	4	5
Not at all	A little	Somewhat	A moderate amount	A lot (in a good way)

16. Tell us more about your current stresses and ideas you have for minimizing them:



Total Score

Scoring your Mini Z: add the numbered responses from questions 1-15. Range 15-76 (≥ 60 is a positive learning environment).

Subscale 1 – Supportive Work Environment: add the numbered responses to questions 1-5. Range 6-26 (≥ 20 is a highly supportive work environment)

Subscale 2 – Work pace and EMR Stress: add the numbered responses to questions 6-10. Range 5-25 (≥ 20 is an environment with good pace and manageable EMR stress)

Subscale 3 – Resident Experience: add the numbered responses to questions 11-15. Range 5-25 (≥ 20 is a positive and healthy resident experience)

**The Mini Z was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis MN. For more information please view our website: <http://www.cpperesearch.org/>
This is an early test phase of survey development, responses will be used for validation purposes.*

Demographics:

D1. Which of the following best describes you?

- PGY1
- PGY2
- PGY3
- PGY4
- PGY5
- Fellow

D2. What is your age?

- Under 18 (1)
- 18-30 (2)
- 31-40 (3)
- 41-50 (4)
- 51-64 (5)
- 65+ (6)
- Prefer not to answer (7)

D3. What is your gender?

- Male (1)
- Female (2)
- Non-binary/Third Gender
- Prefer not to answer (3)

D4. Please specify your ethnicity

- White/Caucasian (1)
- Hispanic/Latino (2)
- Black/African American (3)
- Native American or American Indian (4)
- Asian/Pacific Islander (5)
- Other (please specify) (6) _____
- Prefer not to answer (7)

D5. Which of the following best describes your medical specialty?

- Allergy & Immunology (1)
- Anesthesiology (2)
- Cardiac/Thoracic Surgery (3)
- Cardiovascular Diseases (4)
- Dentistry/Oral surgery (34)

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- Dermatology (5)
- Emergency Medicine (6)
- Family Medicine (7)
- Gastroenterology (9)
- General Practice (8)
- Hematology /Oncology (35)
- Hospitalist (37)
- Infectious Disease (38)
- Internal Medicine, General (11)
- Nephrology (39)
- Neurological Surgery (13)
- Neurology (12)
- Obstetrics and Gynecology (14)
- Oncology (15)
- Ophthalmology (16)
- Orthopedic Surgery (17)
- Otolaryngology (18)
- Pathology (24)
- Pediatrics (20)
- Physical and Occupational Therapy (22)
- Physical Medicine and Rehabilitation (21)
- Plastic Surgery (23)
- Podiatry (40)
- Psychiatry (19)
- Pulmonary Disease (25)
- Radiation Oncology (27)
- Radiology (26)
- Rheumatology (28)
- Surgery, General (32)
- Urological Surgery (29)
- Vascular Surgery (30)
- Other Surgery-related specialty (please specify) (31) _____
- Other Non-Surgery related specialty (please specify) (33) _____

D6. Which of the following best describes you?

- Graduates of U.S. Allopathic Medical Schools
- Graduates of International Medical Schools
- Graduates of Osteopathic Medical Schools
- Graduates of Canadian Medical Schools
- Graduates of Fifth Pathway Programs

D6b. If you selected, Graduates of International Medical Schools, which best describes you?

- US Graduate of International Medical School
- Non-US Graduate of International Medical School

D7. Please select the name of your program from the list below – TBD IF sites choose to have dropdown for multiple sites and specific program locations

**D11. How many hours do you work completing inbox work and/or documentation from home?
Please provide your best estimate.**

- Weekly Hours Outside of hospital/clinical setting (please specify) (1) _____
- Don't know (2)

D12. Does your program use electronic medical/health records (EMR/EHR?)

- Yes (1)
- No (2)

If No Is Selected, Then Skip to D14

D13. Which of the following vendors provides your EMR/EHR?

- allscripts (1)
- athenahealth (2)
- Care360 (3)
- Cerner (4)
- eClinicalWorks (5)
- Epic (6)
- GE Healthcare (7)
- Greenway (8)
- McKesson (9)
- Nextgen (10)
- Practice Fusion (11)
- Other (please specify) (12) _____

D14. Please indicate your primary method of documenting clinical information. Please select only one response.

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- Team documentation/scribe (1)
- Dictation to transcription (2)
- Dictation to voice recognition (3)
- I type my notes and/or use templates (4)
- Other (please specify) (5)

PHQ2 Insert

Would you feel comfortable with us contacting you? Please indicate below how we can reach you. If you do not wish us to reach out to you, then please call your employee assistance program or program director's office. **Information will NOT be shared with your supervisors or anyone who is responsible for your time at work unless we feel you may be in danger due to depression.**

Close

Please indicate the state in which you practice medicine.

- AL Alabama (1)
- AK Alaska (2)
- AZ Arizona (3)
- AR Arkansas (4)
- CA California (5)
- CO Colorado (6)
- CT Connecticut (7)
- DC District of Columbia (8)
- DE Delaware (9)
- FL Florida (10)
- GA Georgia (11)
- HI Hawaii (12)
- ID Idaho (13)
- IL Illinois (14)
- IN Indiana (15)
- IA Iowa (16)
- KS Kansas (17)
- KY Kentucky (18)
- LA Louisiana (19)
- ME Maine (20)
- MD Maryland (21)
- MA Massachusetts (22)
- MI Michigan (23)
- MN Minnesota (24)
- MS Mississippi (25)
- MO Missouri (26)
- MT Montana (27)
- NC North Carolina (28)
- ND North Dakota (29)
- NE Nebraska (30)
- NV Nevada (31)
- NH New Hampshire (32)
- NJ New Jersey (33)
- NM New Mexico (34)
- NY New York (35)
- OH Ohio (36)
- OK Oklahoma (37)
- OR Oregon (38)
- PA Pennsylvania (39)
- RI Rhode Island (40)
- SC South Carolina (41)
- SD South Dakota (42)

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- TN Tennessee (43)
- TX Texas (44)
- UT Utah (45)
- VT Vermont (46)
- VA Virginia (47)
- WA Washington (48)
- WV West Virginia (49)
- WI Wisconsin (50)
- WY Wyoming (51)
- Outside the U.S. (99)