The author reported no conflicts of interest.

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role as mentors to show them how to be mentally and physically healthier providers.

In addition to checklists as has been proposed by Fajardo and colleagues,⁴ health care organizations need to place physician wellness as one of its quality measures. The costs to a health system from absenteeism, suspension, and early retirement as a result of physician issues can be substantial, not to mention the additional cost of lost revenue from lack of clinical productivity. Much effort is placed on ensuring that our patients are satisfied with the care that they receive during their hospitalization and physicians are penalized when the desired metrics are not surpassed. Perhaps that same amount of effort should be placed on ensuring the physicians are satisfied with the treatment that they are getting from their administration because physician wellness has a direct effect on patient safety. Errors as a result of burnout include failure to discuss treatment options, inability to answer patient questions, medication or treatment errors and ordering an inappropriate tests.^{5,6} All these unfortunate events have a negative impact not only on the patient but also on the organization.

Checklist and metrics can be formulated, wellness committees can be created, but it comes down to the individual to make a commitment to being both physically and mentally well. It will require a culture change in which physicians place their own well-being first. By taking on a self-centered approach physicians will hopefully enjoy increased job satisfaction, less burnout, and improved overall well-being.

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<https://doi.org/10.1016/j.jtcvs.2020.08.013>

REPLY FROM AUTHORS: CALL TO ACTION FOR INSTITUTIONAL SUPPORT ON CARDIOTHORACIC SURGERY WELLNESS

Reply to the Editor:

We thank Do-Nguyen and colleagues for their thoughtful comments regarding our work, "Implementation of Wellness into A Cardiothoracic Training Program: A Checklist for A Wellness Policy."¹ We propose a checklist tool for program directors to assess wellness implementation in the training environment. While we do agree that trainees have responsibility to assess and manage their individual wellness, many contributors to burnout are beyond the control of the individual. For example, asking trainees to perform tasks with low educational value, such as phlebotomy, not only increases the perception of workload but also increases burnout.^{2,3} Organization-directed interventions that altered workload or schedule had greater wellness benefits than did interventions directed at individual physicians.⁴ Individual change and organizational change are not mutually exclusive. In fact, meaningful implementation of wellness will require coordination at multiple levels involving trainees, faculty, sections, departments, and health systems. Cardiothoracic training programs can offer wellness assessment tools and resiliency training, but trainees must engage in the effort and organizations must allow for protected time for wellness so that it does not devolve into a task for trainees.

We agree that there needs to a "balance" between implementation feasibility and information overload. We prioritized dissemination of wellness resources to cardiothoracic training programs to address the Common Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME). This requirement holds program leadership and program directors accountable for wellness implementation. Regardless of whether programs have comprehensive wellness policies or are just beginning to address the Accreditation Council for Graduate Medical Education requirements, our checklist should serve as a framework for a wellness initiative. Programs can examine their efforts against the checklist and look to improve wellness with program specific goals and values.

The authors reported no conflicts of interest.

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We hope that this checklist serves as a beginning to the essential integration of wellness into our specialty. Wellness is the responsibility of training programs and health care institutions. Organizations should support individuals to value wellness, assess progress, and implement meaningful interventions, thus empowering cardiothoracic surgeons to provide the best patient care.

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This study was partially supported by TUFCCC/HC Regional Comprehensive Cancer Health Disparity Partnership, Award Number U54 CA221704(5) (Contact principal investigators Grace X. Ma, PhD, and Olorunseun O. Ogunwobi, MD, PhD) from the National Cancer Institute of National Institutes of Health (NCI/NIH). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NCI/NIH.

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