

Hot Topics in Medicine:

Physician Wellness and Evidence Based Solutions for Burnout Prevention

December 3rd, 2025

Arthi Balu, MD and Joseph Diaz, MD

Department of Medicine Wellness Co-Directors

Conflict Of Interest

Neither of us have any relevant disclosures for this topic

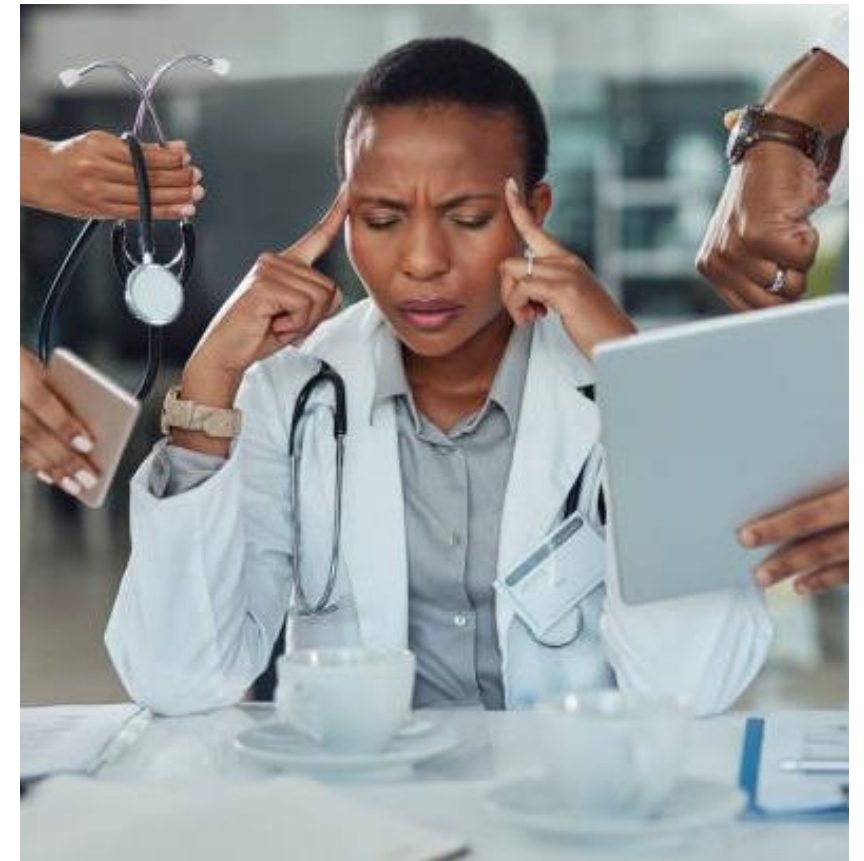
Defining Physician Burnout

An occupational syndrome of emotional exhaustion, depersonalization, and diminished personal accomplishment.



Epidemiology of Burnout

- National averages for burnout amongst Internal Medicine doctors in academic practice hover around 47%
- On average, those who work in higher acuity settings (combined inpatient practice or ambulatory with procedures) report slightly higher burnout rates.
- Across the board, women, minorities, and early career physicians report higher rates of professional burnout.
- Individual traits such as pre-existing behavioral health challenges such as depression or anxiety, perfectionistic character traits and high empathy can increase risk.



Burnout Drivers

- Excessive workload
 - High patient volume/overbooking/complex patients with multiple problems
- Administrative Burden
 - Increasing documentation demands in the HER
 - Inefficient workloads
 - Insufficient support staff
- Loss of practice autonomy
 - Loss of control over schedule
 - Increased focus on productivity metrics



Burnout Drivers

Organizational culture

- Potential disconnect with administrative leadership
 - Perceived lack of respect or shared values
 - Lack of leadership accountability
- Insufficient social support/ lack of workplace connectivity

Policies that may discourage accessing mental health care

- In California, this is not something that needs to be disclosed on licensing

Reimbursement models and regulatory pressures

- Physicians are frequently pressured to produce more with fewer resources



Individual Consequences of Burnout

- Increased risk of...
 - Depression
 - Substance misuse
 - Disrupted relationships
 - Suicide*
- Depersonalization/Cynicism
- Stalled professional advancement
- Difficulty managing time/prioritizing tasks
- Changes in appetite and sleep patterns
- Neglecting personal relationships and hobbies
- Physical symptoms such as headaches, GI problems



Organizational Consequences of Burnout

- Decreased quality of care
- Increased clinical errors*
- Reduced empathy
- Lower patient satisfaction
- Higher turnover rates
- Significant \$\$ economic loss to recruit and retain new provider **
- Increased early retirement reducing patient access



Tracking Physician Burnout

Validated Survey Instruments

- Stanford Professional Fulfillment Index (PFI)
- Maslach Burnout Index (MBI)
- Mayo Wellbeing Index
- Many others...

(Copenhagen Burnout Index, Oldenburg Burnout Inventory – not medicine specific)

Indirect Measures



EMR "Pajama Time"



Call Outs/Absenteeism



Note closure rates



Patient Satisfaction

Samples from PFI and MBI

Table 6 How true do you feel the following statements are about you at work during the past two weeks?

	Not at all true Score=0	Somewhat true Score=1	Moderately true Score=2	Very True Score=3	Completely true Score=4
a. I feel happy at work					
b. I feel worthwhile at work					
c. My work is satisfying to me					
d. I feel in control when dealing with difficult problems at work					
e. My work is meaningful to me					
f. I'm contributing professionally (e.g. patient care, teaching, research, and leadership) in the ways I value most					

MBI – abbreviated 2 question Burnout screener – Likert scale

"I feel burned out from my work"

"I have become more callous toward people since I took this job"

Evidence-Based Strategies to Combat Burnout: Individual



Mindfulness Based Stress Reduction



CBT – individual and group



Professional Coaching

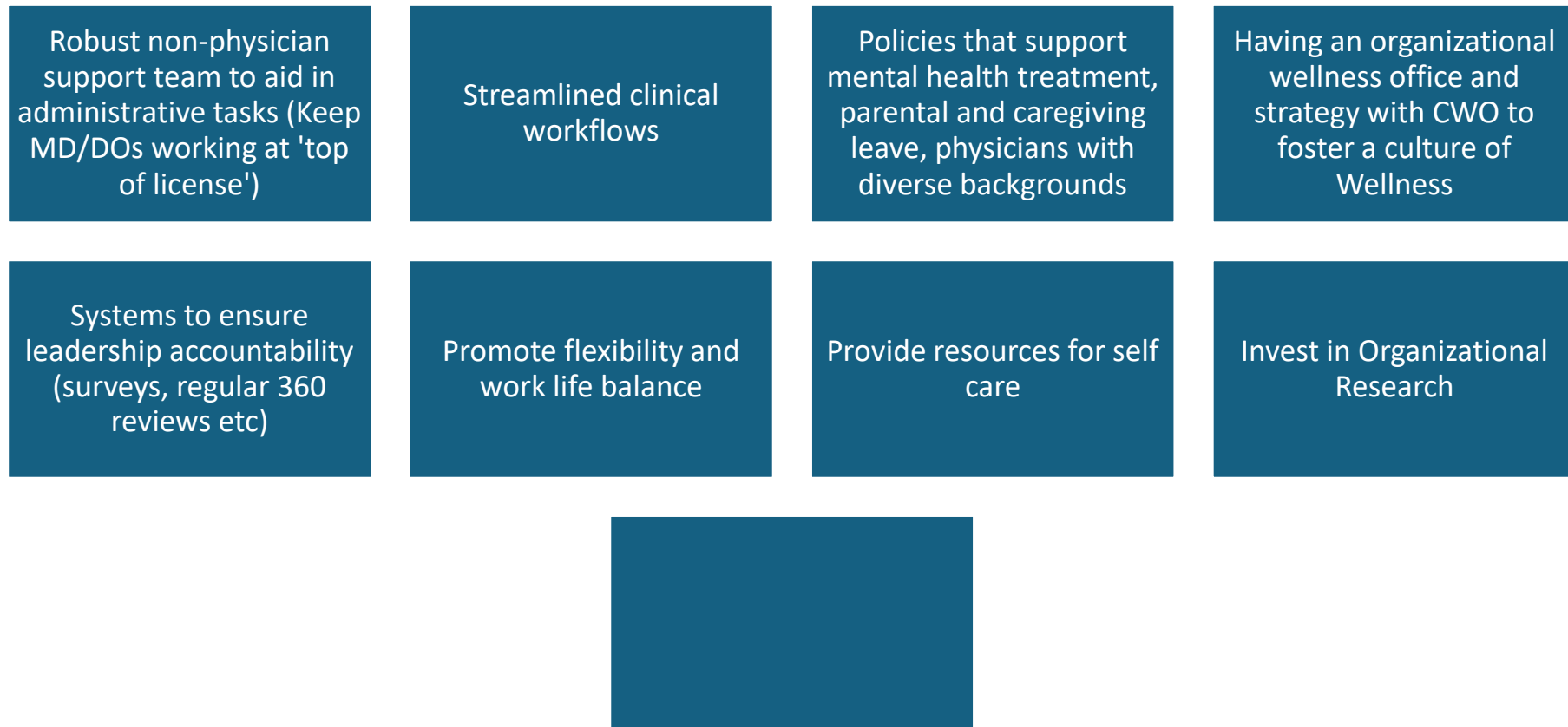


Exercise and yoga



Building social connections at work

Evidence-Based Strategies to Combat Burnout: Organization Level



Evidence Based Solutions for Burnout – a UCSD whistle-stop tour



*AI slop, courtesy of ChatGPT

April 2025

WELLNESS BURNOUT DASHBOARD

UC San Diego Health

All Physicians

Total N = 971

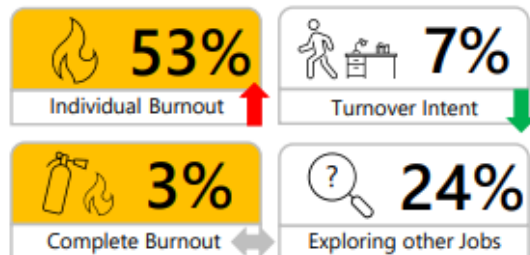
Response Rate = 71%

2024 N = 975



CHARTIS

Key Outcomes

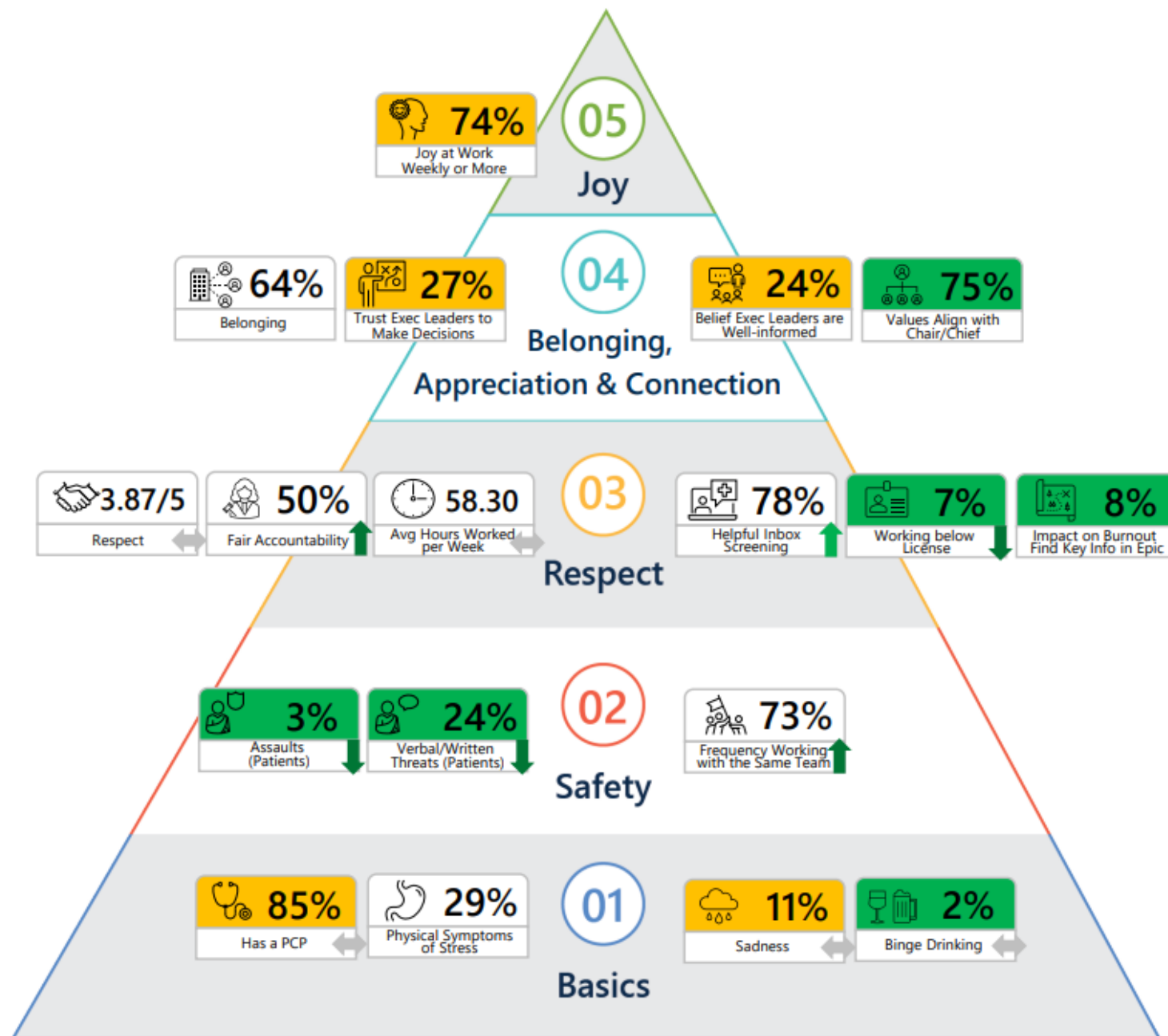


LEGEND

- Favorable or excellent
- In satisfactory or good range
- Concerning or emerging
- Focus to improve
- Benchmarking data not available

TRENDS

- Significant improvement
- Slight improvement
- No change
- Slight decline
- Significant decline



April 2025

WELLNESS BURNOUT DASHBOARD

UC San Diego Health

Medicine

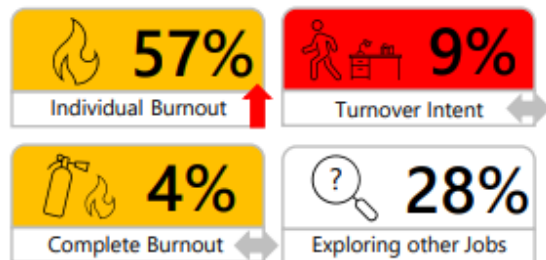
Total N = 264

2024 N = 331



CHARTIS

Key Outcomes

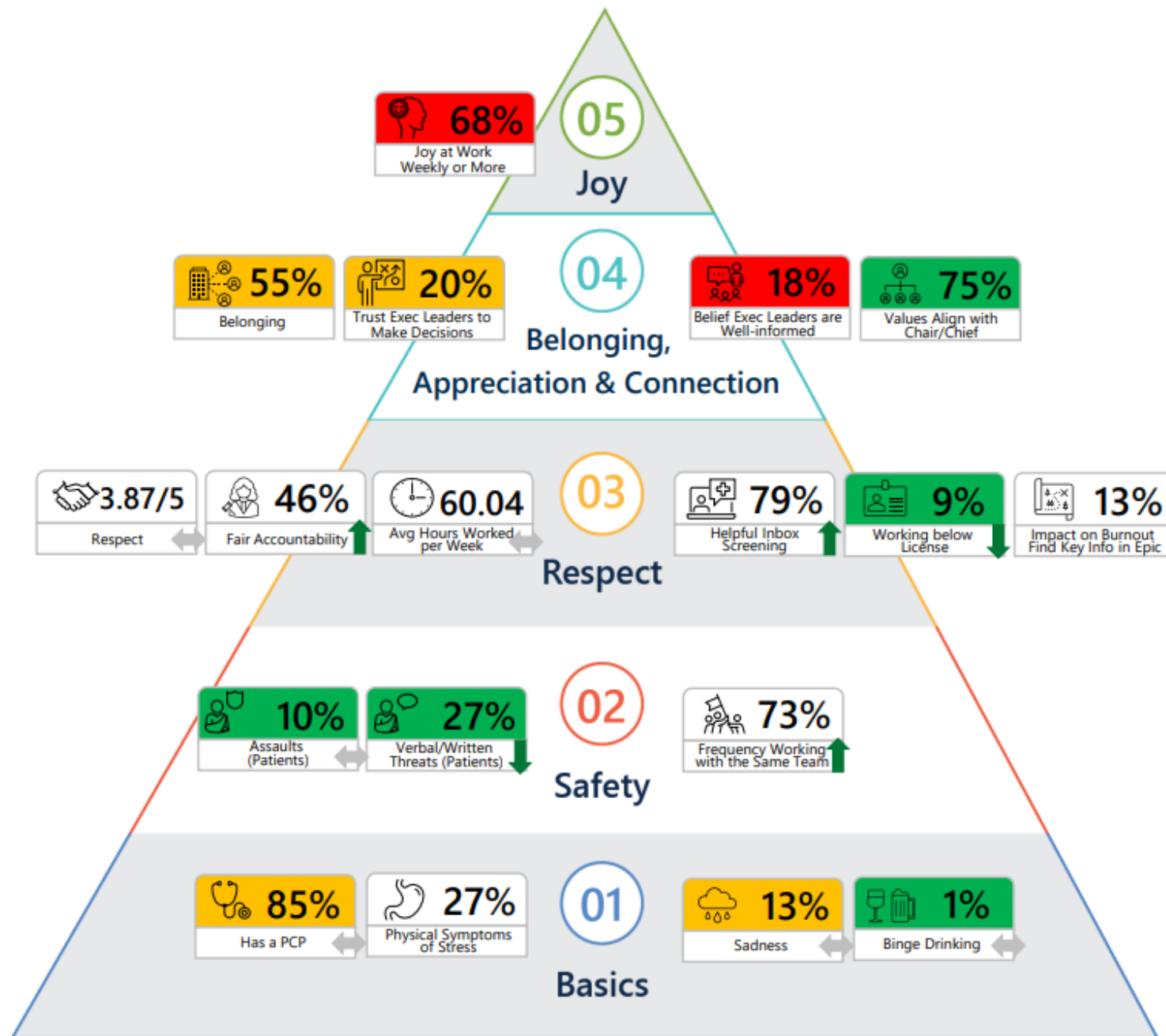


LEGEND

- Favorable or excellent
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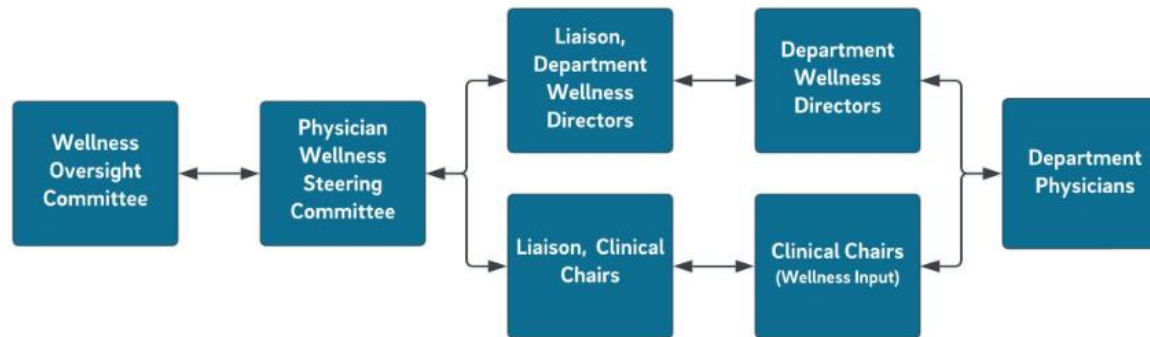
TRENDS

- Significant improvement
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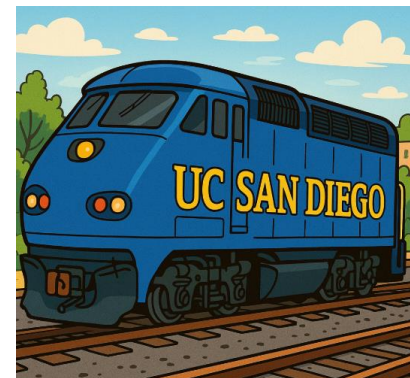


<https://physicianwellness.ucsd.edu/>

Physician Wellness Oversight and Communication Pathways



Sonia Ramamoorthy, MD
Chair, Physician Wellness
Steering Committee



Mental Health Resources

	Peer Support	Headspace	Employee Assistance Program	HEAR Program	988 Lifeline
	<p>Submit an anonymous request</p>  <p>or</p> <p>Request thru email</p> <p>Docpeersupport@health.ucsd.edu</p>	<p>Download the app</p>  <p>24/7 behavioral coaching and mental health resources. + Therapy & psychiatry available at a cost (insurance or out of pocket).</p>	<p>Download the contact</p>  <p>3 free therapy visits per issue per year (resets Aug 1).</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Call 1-866-808-6205 (24/7) 2. In phone tree, select 2 "self", then 1 "benefits" 3. Tell Care Navigator you're seeking care 4. Warm handoff to licensed mental health professional 	<p>Call counselors 858-657-6799 and 858-657-6795</p> <p>or</p>  <p>Complete the mental health questionnaire & anonymous chat.</p>	<p>Call or Text 988</p> <p>Free support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.</p>
Support For	Processing	Most needs	Most needs	Most needs	Deep distress or active crisis
Support From	UCSD Physician Peer Supporter	3 rd -party telehealth	Care navigator & licensed mental health professionals	Licensed mental health professionals	Licensed mental health professionals
Available	Response within 48hrs of inquiry	24/7, smartphone	24/7, call	M-F, 8am-5pm, call, text, anonymous chat	24/7, call or text
Confidential	✓	✓	✓	✓	✓
Anonymous	✓	X	X	✓	✓

Mental Health Resources

Peer Support

Submit an anonymous request



or

Request thru email

Docpeersupport@health.ucsd.edu

Support For	Processing
Support From	UCSD Physician Peer Supporter
Available	Response within 48hrs of inquiry
Confidential	✓
Anonymous	✓

Open Access

Research

BMJ Open Implementing the RISE second victim support programme at the Johns Hopkins Hospital: a case study

Hanan Edrees,^{1,2} Cheryl Connors,^{3,4} Lori Paine,^{3,4} Matt Norvell,³ Henry Taylor,¹ Albert W Wu^{1,4}

Table 2 Organisational Staff Assessment Survey—participant characteristics and staff experience in seeking support

Profession (n=144)	n (%)
Registered nurse	102 (70.8)
Pharmacist	14 (9.7)
Clinical social worker	10 (6.9)
Child life specialist	6 (4.2)
Clinical technician	3 (2.1)
Clinical therapist	2 (1.4)
Attending/staff physician	1 (0.7)
Administrator	3 (2.1)
Environmental support	1 (0.7)
Other	2 (1.4)



Mental Health Resources



Most needs

Licensed mental health professionals

M-F, 8am-5pm, call, text, anonymous chat



Supporting Healthcare Workers Well-Being and Suicide Prevention: The HEAR Program May 2009 – April 2023

Sidney Zisook, MD; Neal Doran, PhD; Christine Moutier, MD;
Desiree Shapiro, MD; Nancy Downs, MD; Courtney Sanchez, LCSW;
Rachael Accardi, LMFT; Judy Davidson, DPN, RN, MCCM, FAAN



Personal Care

Primary Care Access Line for UCSDH Physicians

UCSDH physicians can establish care with a selection of UCSDH primary care providers by calling (619)-543-2229 between 8 a.m.-5 p.m.

Lactation

State law requires the university to provide space close to an employee's work area where she can express private. This can include private offices or lockable meeting space. Restrooms are not considered appropriate spaces.

- To find your nearest lactation room, visit this map of [UC San Diego Lactation Rooms](#).
- For lactation room access: **Health lactation rooms** - please submit a request on the Health Human Resources [website](#). Click "New Request">"Self Service">"Employee Relations Inquiry"

Additional resources:

- [UC Lactation policy](#)
- [Full Lactation resource page on UCSD Blink](#)

Childcare

Bright Horizons Care Advantage is a UC sponsored benefit to help eligible employees access care for all members of their family (child, senior and pet) and save money on test prep, tutoring and preferred child care centers.

Services you have access to:

- **Sittercity**, which offers profiles, reviews and background check information for pre-screened individual in-home caregivers including **babysitters**, full and part-time **nannies**, **pet sitters**, **tutors**, **housekeepers**, and individual **senior caregivers**
- **Years Ahead**, which offers a nationwide network of **senior care providers**, including certified senior care advisors for guidance, specialized facilities including memory and hospice care and independent and assisted living communities, and in-home healthcare and senior care companions
- **Preferred enrollment** at participating Bright Horizons child care centers nationwide
- **Tuition discounts** at participating provider centers for ages 2 and older
- BrightStudy **tutoring and test prep** resources and referrals
- **Back-up Care**, arranged temporary care for your loved one when a scheduled caregiver is unavailable or when child care is needed due to an unforeseen event or natural disaster. To register or get more information, call a Bright Horizons' consultant at (877) 242-2737.

Website: <https://blink.ucsd.edu/HR/services/support/family/bright-horizons.html>

How it works: UC pays the fee that gives you access to the [Bright Horizons Care Advantage website](#) with its networks of pre-screened providers. You make all the arrangements, including selection and hiring, and pay the provider you choose directly.

T. DENNY SANFORD INSTITUTE FOR EMPATHY AND COMPASSION

UC San Diego

Our Centers

The Sanford Institute has established six centers that span across various disciplines, focusing on specific domains within empathy and compassion.

[VIEW ALL CENTERS](#)

Center for Compassionate
Communication

Center for Empathy and
Compassion Training in
Medical Education

Center for Empathy and
Social Justice in Human
Health

Center for Empathy and
Technology

Center for Mentorship in
Medicine

Center for Research on
Empathy and Compassion

COMPASSIONOMICS

THE REVOLUTIONARY
SCIENTIFIC EVIDENCE
THAT CARING
MAKES A DIFFERENCE



STEPHEN TRZECIAK
ANTHONY MAZZARELLI

Foreword by SENATOR CORY BOOKER

Center for Mindfulness

Awareness Training for Focus & Flourishing

ABOUT OUR CENTER

The UC San Diego Center for Mindfulness (UCSD CFM) offers multi-faceted programs of clinical care, education, research, and outreach intended to further the practice and integration of mindfulness and compassion into the lives of individuals throughout the healthcare and educational system including patients, students, teachers, and businesspeople.



The foundation and core of the Center for Mindfulness is Mindfulness-Based Stress Reduction (MBSR) as it was developed by Jon Kabat-Zinn, Ph.D. Dr. Kabat-Zinn and his program were featured prominently in the award-winning PBS television series Healing and the Mind. The profound effects of this work have begun to be strongly supported by a large body of scientific research.

We offer a broad range of mindfulness-based programs and initiatives. Whether your interest in mindfulness is personal or professional, on behalf of a young family member or your workplace, or if you are just curious about what it is, you are invited to explore our online home. The center is housed within the UC San Diego Centers for Integrative Health and UC San Diego School of Medicine's Department of Family Medicine and Public Health.

UC San Diego

CENTERS FOR INTEGRATIVE HEALTH



General Hospital Psychiatry
Volume 97, November–December 2025, Pages 96-104



Effectiveness of a mindfulness- and compassion-based online intervention for physician burnout: A randomized controlled trial with mediation and clinical outcome analyses

The mindfulness-based stress reduction (MBSR) program
used in medical centers worldwide

FULL CATASTROPHE LIVING

REVISED
AND
UPDATED
EDITION

Using the Wisdom of
Your Body and Mind to Face
Stress, Pain, and Illness



JON KABAT-ZINN

PREFACE BY THICH NHAT HANH



Systems Issues

SPECIAL ARTICLE

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

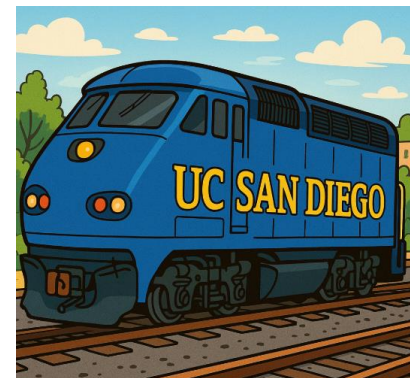
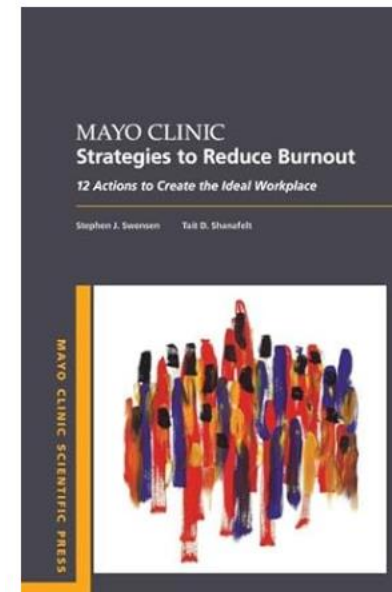
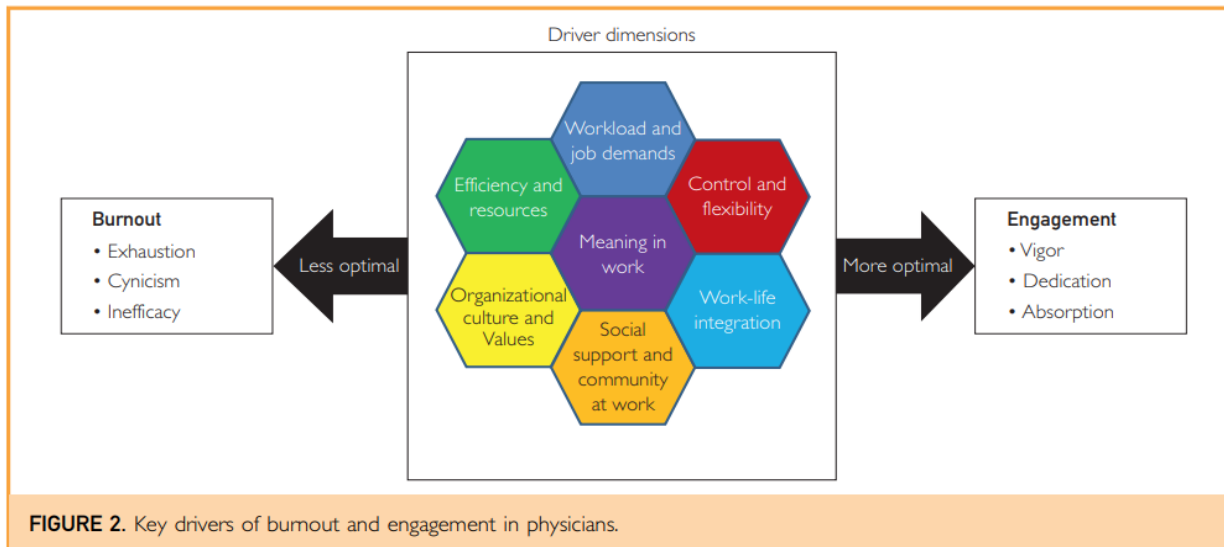
Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO



Medical News & Perspectives

To Fix Burnout, New Initiatives Go Beyond Worker Resilience and Put Onus on Health Systems

Anna Bock¹



Department of Medicine Work to Date

Priority Area	Accomplishments
Food & Hydration Access	Improved food and hydration station access; new Amazon Fresh option planned; addressing overnight food service gaps.
PCP Line Access	Maintained primary care access for UCSD-employed physicians; discussions ongoing for extending access to family.
Mental Health Resources	Peer support and comprehensive mental health resources promoted and available online.
Mentoring and Coaching	Expanded mentorship and coaching programs across divisions, with new structured mentoring and coaching grant initiatives.
Workplace Safety	Addressed patient misconduct with new dismissal policies and initiated review of violence prevention protocols.
Division Social Events	Multiple divisions held wellness events like sports, retreats, and joint celebrations to promote connection.
Quarterly Meetings & Grand Rounds	Held well-attended in-person meetings and improved Grand Rounds format to encourage participation.
Academic Advancement Support	Offered individualized academic planning; annual reviews becoming mandatory to meet accreditation.
Lactation & Breastfeeding Support	Enhanced lactation room access and continued protected time for outpatient clinicians.
Leadership Development	Initiated leadership training and planning for 360 evaluations of Division Chiefs.
Listening & Feedback Mechanisms	Encouraged listening sessions and deployed division-specific surveys to identify wellness pain points.
EMR Optimization	Rolled out improvements to MyChart, piloted AI note takers and expanded Epic inbox reduction initiatives.
Collaborative Staffing Solutions	Developed improved staffing models through partnerships between clinical and operational leaders.
Access to Care Initiatives	Improved access through order set optimization and expedited clinic models in high-demand specialties.
Pharmacy Refill Support	Scaled outpatient pharmacy support; added resources for divisions with increased workload.
Training Module Reduction	Reduced burden of mandatory training modules and enabled CME credit for many.
Administrative Tools	Worked to improve Oracle reporting frustrations through new software overlay.
Sponsored Projects Office	Restructuring underway to resolve delays in fund management and reporting.

Mentorship and coaching

RCT: Physician Coaching by Professionally Trained Peers for Burnout and Well-Being

POPULATION

109 Women, 29 Men



Massachusetts General Physician Organization practicing physicians who completed a baseline assessment

INTERVENTION

115 Randomized and analyzed



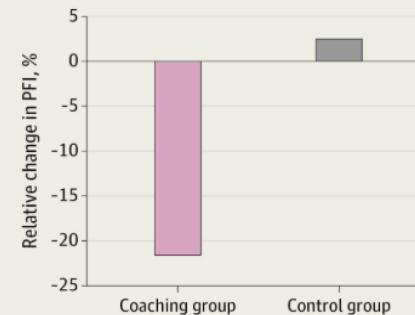
52 Physician coaching
6 Coaching sessions facilitated by a peer coach for 3 mo



63 Control group
Standard institutional resources for burnout and wellness

FINDINGS

Mean scores for overall burnout decreased in the coached group and increased in the control group.



Relative change in PFI from baseline to 3 mo:

Coaching group: -21.6%

Control group: 2.5%

Absolute difference, -0.79 (95% CI, -1.27 to -0.32) points; P=.001

SETTINGS / LOCATIONS



1 Academic medical center in Boston, Massachusetts

PRIMARY OUTCOME

Burnout as measured by the Stanford Professional Fulfillment Index (PFI), consisting of 16 items on a 5-point Likert scale for overall burnout scores between 0 and 10. Higher scores indicate higher levels of burnout.

Mentorship and coaching

RCT: Online Well-Being Group Coaching Program for Women Physician Trainees

POPULATION

1017 Women



Mean age, 30.8 y

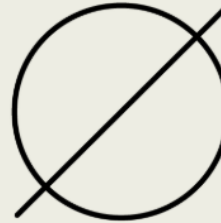
INTERVENTION

1017 Randomized



502 Better Together Group Coaching Program

A 4-mo professional, online, group coaching program



515 No intervention Control group

Control group

SETTINGS / LOCATIONS



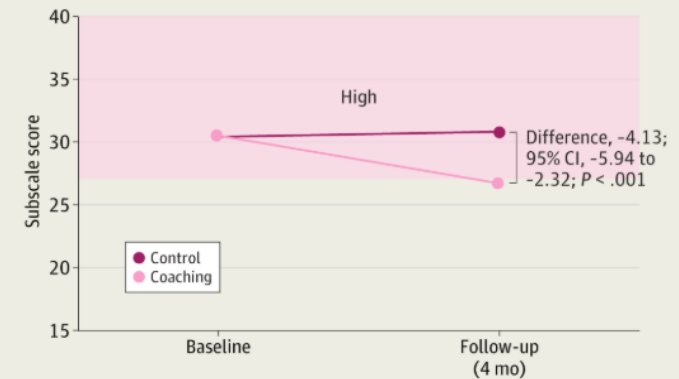
26 Training programs in the US

PRIMARY OUTCOME

Maslach burnout inventory subscale scores: Emotional exhaustion (EE; range, 0-54; ≥ 27 indicates burnout), depersonalization (DP; range, 0-30; ≥ 10 indicates burnout), and personal accomplishment (PA; range, 0-48)

FINDINGS

There was a significant improvement in all 3 subscales of burnout in the intervention group compared with the control group



Difference in change in burnout in coaching vs control:

EE subscale score, -4.13 (95% CI, -5.94 to -2.32); $P < .001$

DP subscale score, -1.87 (95% CI, -2.91 to -0.82); $P < .001$

PA subscale score, 1.65 (95% CI, 0.48 to 2.81); $P = .006$

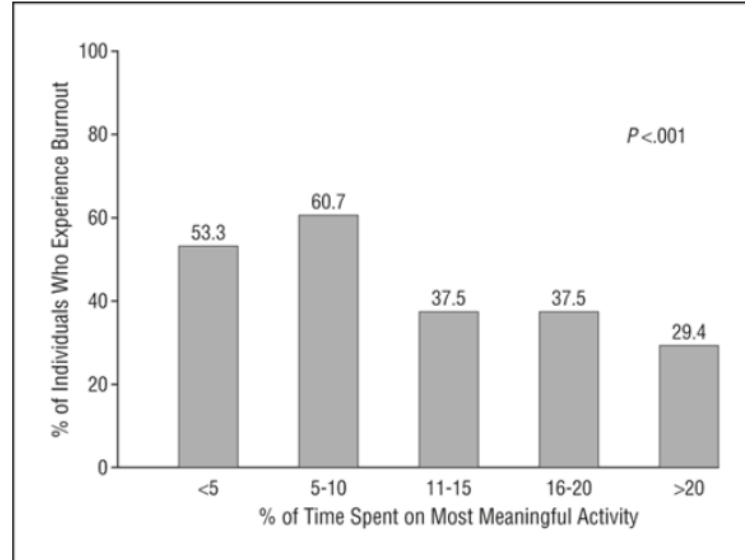
Mentorship and coaching

Original Investigation

Career Fit and Burnout Among Academic Faculty

Tait D. Shanafelt, MD; Colin P. West, MD, PhD; Jeff A. Sloan, PhD ; [et al](#)

Figure 2.



Burnout by amount of time spent on activity viewed most personally meaningful. The y-axis shows the percentage of individuals within each group who experience burnout. The x-axis indicates the amount of time spent in the activity viewed as most personally meaningful.

IGNITE Mentoring Academy

The **IGNITE Mentoring Academy** is a new, structured program designed to empower early-career physician-scientists and PhDs in the Department of Medicine. Its goal is to provide targeted support for **junior faculty and postdoctoral scholars** pursuing **extramural Career Development Awards (CDAs)** and **NIH K-series grants**, building a strong foundation for future R01 success.

Importantly, **IGNITE is designed to complement—not replace—the role of the primary research mentor.** By layering additional structure, accountability, and expert feedback on top of traditional mentorship, the program aims to help mentees stay on track and strengthen their grant applications.

Program Highlights:

- *Shark Tank–style aims presentations* to sharpen research focus and communication skills
- *Biweekly writing accountability check-ins* to maintain momentum
- *One-on-one coaching with senior faculty* for tailored guidance and strategy
- *Mock study sections* to provide real-time feedback and strengthen proposals

Led by **Dr. Sara Gianella Weibel**, with support from **Drs. Atul Malhotra** and **Joe Ix**, IGNITE reflects our department's commitment to building a robust pipeline of early-career investigators and increasing success in securing K awards and beyond.



Leadership Development

Leadership and Physician Burnout: Using the Annual Review to Reduce Burnout and Promote Engagement

Tait Shanafelt, MD¹, and Stephen Swensen, MD¹

Leaders play a central role in this process.^{6,7} Evidence suggests that the behaviors of physician leaders have a profound impact on the well-being and professional satisfaction of the physicians they lead.^{6,7} Simplistically, the 4 behaviors leaders need to demonstrate are transparent communication (keep people informed), humble inquiry (ask for their ideas and suggestions), facilitation of professional development (sincere interest in career goals of reports and facilitate progress through coaching/mentorship/opportunity), and recognizing individual contributions and achievements of those they lead.

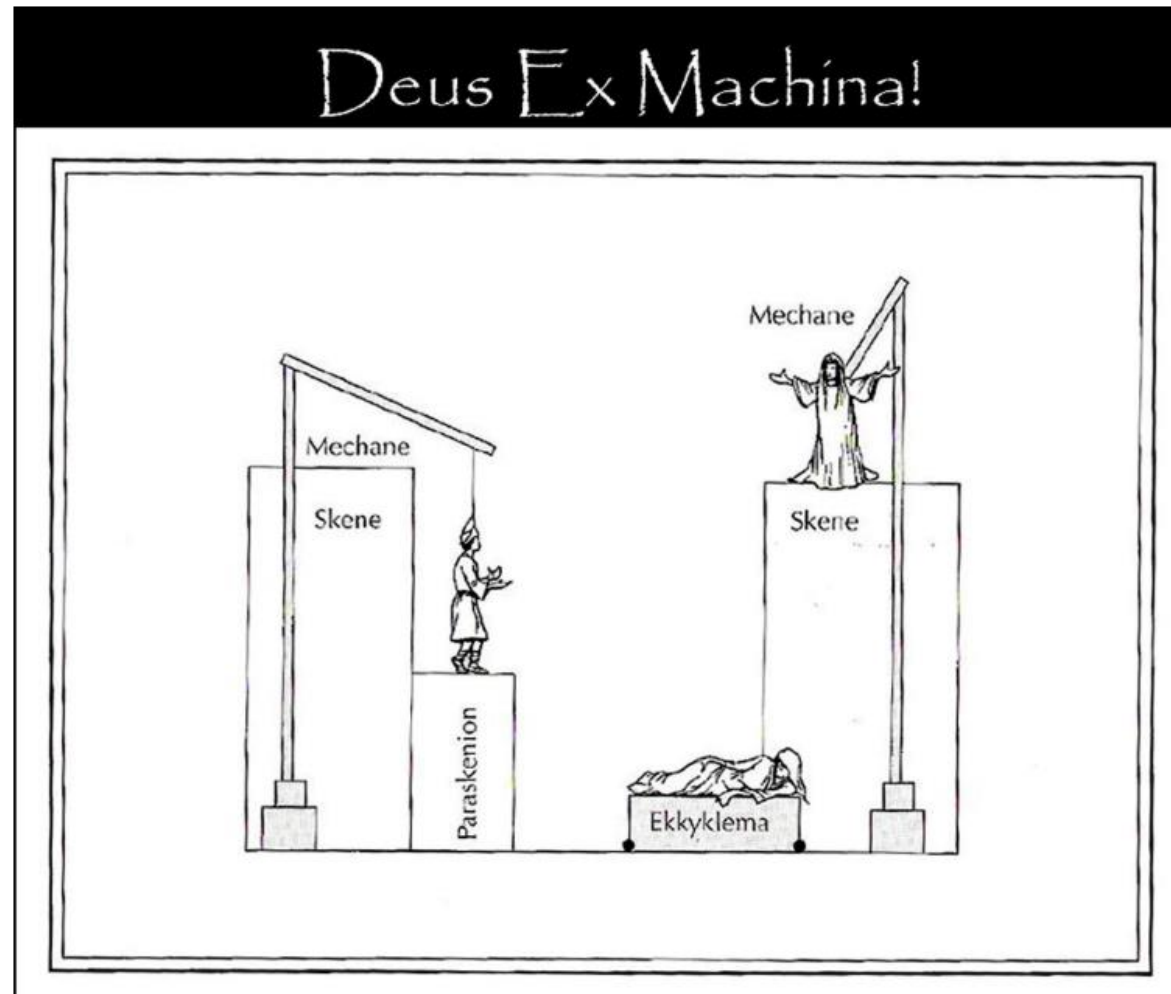
Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment

Tait Shanafelt, MD, Mickey Trockel, MD, PhD, Ashleigh Rodriguez, MSN, MMM, APRN, and Dave Logan, PhD



Figure 1 Diagram showing the 3 elements of the Wellness-Centered Leadership model.

Deus Ex Machina ... will AI save us?



Deus ex Machina sketch. Source: Medium; next to Ancient Greek Theatre mechanism sketch. Source: Slide to Doc

ORIGINAL ARTICLE

A Pragmatic Randomized Controlled Trial of Ambient Artificial Intelligence to Improve Health Practitioner Well-Being

Majid Afshar , M.D., M.S.,^{1,2,3} Mary Ryan Baumann , Ph.D.,^{1,4,5} Felice Resnik , Ph.D.,¹ Josie Hintzke , M.S.,¹ Anne Gravel Sullivan , Ph.D.,¹ Graham Wills , Ph.D.,³ Kayla Lemmon , M.S.,¹ Jason Dambach , M.D.,^{2,3} Leigh Ann Mrotek , Ph.D.,¹ Mariah Quinn , M.D., M.P.H.,^{2,3} Kirsten Abramson , M.D.,^{2,3} Peter Kleinschmidt , M.D.,^{2,3} Thomas B. Brazelton , M.D., M.P.H.,^{3,6} Margaret A. Leaf , M.S.,³ Heidi Twedt , M.D.,^{2,3} David Kunstman , M.D.,^{3,7} Brian Patterson , M.D., M.P.H.,^{3,8} Frank Liao , Ph.D.,^{3,8} Stacy Rasmussen , B.S.,³ Elizabeth S. Burnside , M.D., M.S.,^{1,3} Cherodeep Goswami , M.B.A.,³ and Joel Gordon , M.D.^{3,7}

Received: August 20, 2025; Revised: September 19, 2025; Accepted: September 28, 2025; Published: November 26, 2025

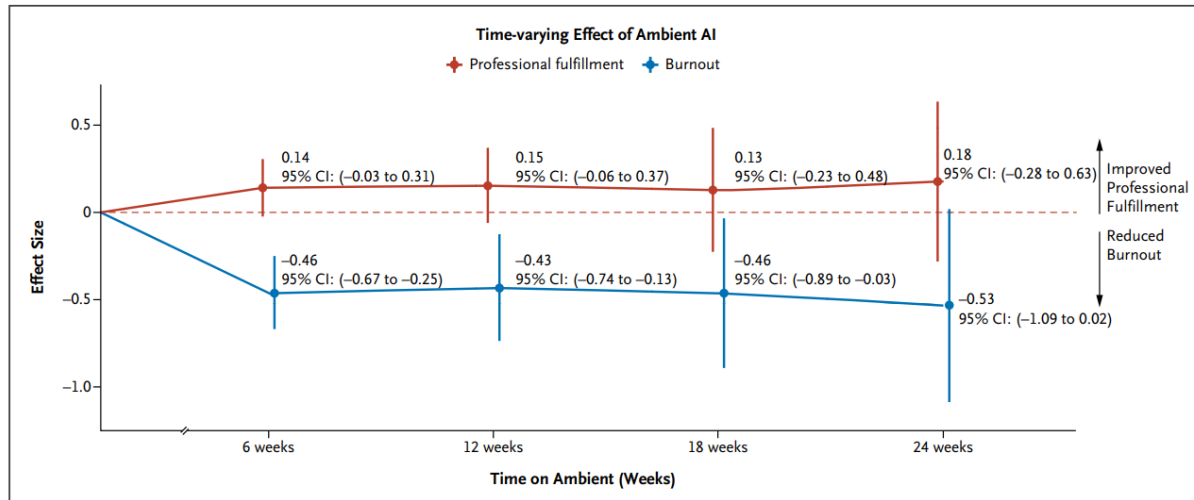







Figure 3. Forest Plot for Time-on-Treatment Effect on Primary Outcome of Professional Well-Being (Subcomponents of Professional Fulfillment and Burnout).

Professional fulfillment was assessed via six questions scored on a five-point Likert scale, ranging from not at all true (1) to completely true (5), with an increase on the Likert scale representing a positive response; and burnout represents work exhaustion and interpersonal disengagement on a five-point Likert scale with 10 questions, scored from not at all (1) to extremely (5), with a decrease on the Likert scale representing a positive response. CI denotes confidence interval.

ORIGINAL ARTICLE




Ambient AI Scribes in Clinical Practice: A Randomized Trial

Paul J. Lukac , M.D., M.B.A., M.S.,^{1,2} William Turner , B.S.,³ Sitaram Vangala , M.S.,³ Aaron T. Chin , M.D.,^{2,4} Joshua Khalili , M.D.,⁵ Ya-Chen Tina Shih , Ph.D.,^{5,6,7,8} Catherine Sarkisian , M.D., M.S.H.S.,^{3,9} Eric M. Cheng , M.D., M.S.,^{2,10} and John N. Mafi , M.D., M.P.H.^{3,11}

Received: September 2, 2025; Revised: September 30, 2025; Accepted: October 8, 2025; Published: November 26, 2025


EDITORIAL

AI Scribes Are Not Productivity Tools (Yet)

Eileen Kim , M.D.,¹ Vincent X. Liu , M.D., M.Sc.,^{2,3} and Karandeep Singh , M.D., M.M.Sc.^{4,5}


Received: September 16, 2025; Revised: October 14, 2025; Accepted: October 21, 2025; Published: November 26, 2025

EMR workload

► J Am Med Inform Assoc. 2021 Dec 9;29(3):453–460. doi: [10.1093/jamia/ocab268](https://doi.org/10.1093/jamia/ocab268) 

Assessing the impact of the COVID-19 pandemic on clinician ambulatory electronic health record use

[A Jay Holmgren](#)^{1,✉,#}, [N Lance Downing](#)^{2,#}, [Mitchell Tang](#)^{3,4}, [Christopher Sharp](#)⁵, [Christopher Longhurst](#)⁶,
[Robert S Huckman](#)⁷

► J Am Med Inform Assoc. 2023 Jul 20;30(10):1665–1672. doi: [10.1093/jamia/ocad136](https://doi.org/10.1093/jamia/ocad136) 

Association of physician burnout with perceived EHR work stress and potentially actionable factors

[Ming Tai-Seale](#)^{1,2,3,4,5,✉}, [Sally Baxter](#)^{6,7,8}, [Marlene Millen](#)^{9,10}, [Michael Cheung](#)¹¹, [Sidney Zisook](#)^{12,13}, [Julie Çelebi](#)^{14,15}, [Gregory Polston](#)^{16,17}, [Bryan Sun](#)^{18,19}, [Erin Gross](#)^{20,21}, [Teresa Helsten](#)^{22,23}, [Rebecca Rosen](#)^{24,25}, [Brian Clay](#)^{26,27}, [Christine Sinsky](#)²⁸, [Douglas M Ziedonis](#)^{29,30}, [Christopher A Longhurst](#)^{31,32}, [Thomas J Savides](#)^{33,34}

Physicians' Well-Being Linked To In-Basket Messages Generated By Algorithms In Electronic Health Records

[Ming Tai-Seale](#), [Ellis C. Dillon](#), [Yan Yang](#), [Robert Nordgren](#), [Ruth L. Steinberg](#), [Teresa Nauenberg](#), [Tim C. Lee](#), [Amy Meehan](#), [Jinnan Li](#), [Albert Solomon Chan](#), and [Dominick L. Frosch](#)

AFFILIATIONS 

EMR workload

Artificial Intelligence–Generated Draft Replies to Patient Inbox Messages

Patricia Garcia, MD¹; Stephen P. Ma, MD, PhD¹; Shreya Shah, MD^{1,2} ; [et al](#)

AI-Generated Draft Replies Integrated Into Health Records and Physicians' Electronic Communication

Ming Tai-Seale, PhD, MPH^{1,2}; Sally L. Baxter, MD, MSc^{2,3}; Florin Vaida, PhD⁴ ; [et al](#)

Other AI tools?

- Doximity GPT, Open Evidence; Co-Pilot
- Patient facing result chatbots
- Agentic AI

Thank you!

DEEP WELL: Physician Wellness Forum

Goals: The goals of the DEEP WELL quarterly forum are to gather/share information about the people and groups are working in physician wellness at UCSD and to raise awareness and create synergy.

Who can attend: All physician wellness contributors and interested parties at UC San Diego Health are invited to join the quarterly DEEP WELL Physician Wellness Forum.

Cadence: Quarterly

Next Meeting: Wednesday, October 15, 2025, 8am-9am

To request a calendar invite, email: physicianwellnessadm@health.ucsd.edu

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ARS LONGA,
VITA BREVIS

END