

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	INPATIENT CLINICIAN WORKLOAD: A SCOPING REVIEW PROTOCOL TO UNDERSTAND THE DEFINITION, MEASUREMENT, AND IMPACT OF NON-PROCEDURAL CLINICIAN WORKLOADS
AUTHORS	Smith, Erica; Keniston, Angela; Welles, Christine; Vukovic, Nemanja; McBeth, Lauren; Harnke, Ben; Burden, Marisha

VERSION 1 – REVIEW

REVIEWER	Linker, Anne Mount Sinai Hospital
REVIEW RETURNED	04-Apr-2022

GENERAL COMMENTS	<p>The authors provide a planned protocol for development of a scoping review to examine the literature that exists to describe clinician workload. The protocol described is straight-forward and articulated well.</p> <p>I do have a few questions about the methodology:</p> <p>1. I'm curious why the authors exclude studies that evaluate resident physicians. It seems likely that many of the same drivers towards burnout may exist for attending and resident physicians, and historically there may have been more motivation to study these issues in the context of residency training, given the emphasis on resident burnout and wellness in the past decade or so.</p>
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REVIEWER	Angeli, Eva University of New Mexico Health Sciences Center
REVIEW RETURNED	06-Sep-2022

GENERAL COMMENTS	great, timely topic. Would recommend breaking out strengths/limitations more clearly
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REVIEWER	Molla, Mithu University of California Davis, Internal Medicine
REVIEW RETURNED	08-Sep-2022

GENERAL COMMENTS	<p>BMJ Open Review Inpatient Clinician Workload: A Scoping Review Protocol To Understand The Definition, Measurement, and Impact of Non-Procedural Clinician Workloads</p> <p>The study protocol submitted is both timely and relevant for physicians practicing in an inpatient environment. Given the unprecedented conditions that inpatient physicians are currently</p>
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	<p>practicing in, assessing and standardizing physician workload within and among institutions will help us to address many important issues that this workforce faces.</p> <p>The authors correctly point out that one of the limitations of their scoping review is that they will not be evaluating the quality of the studies included. When evaluating the literature regarding measures of workload, it will be challenging to quantify certain measures such as cognitive load and standardizing those measures.</p> <p>The research question and sub-questions are appropriate and well-defined. There are significant enough differences between non-procedural clinician workload across outpatient and inpatient settings, and it may be difficult to generalize findings across these settings. There may be overlap, but there are also contextual factors that may be difficult to reconcile. Night shifts for example, tend to be minimally productive, yet serve an important function and can affect the workforce. It will be interesting to see how the ideal workloads are defined in the different contextual settings.</p> <p>Overall, I found the protocol design appropriate. The impact of this review has the potential to be transformative to the field, and we are looking forward to the results.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Anne Linker, Mount Sinai Hospital

Comments to the Author:

The authors provide a planned protocol for development of a scoping review to examine the literature that exists to describe clinician workload. The protocol described is straight-forward and articulated well.

Thank you. We are excited about this work.

I do have a few questions about the methodology:

1. I'm curious why the authors exclude studies that evaluate resident physicians. It seems likely that many of the same drivers towards burnout may exist for attending and resident physicians, and historically there may have been more motivation to study these issues in the context of residency training, given the emphasis on resident burnout and wellness in the past decade or so.

After the relatively recent changes to the Accreditation Council for Graduate Medical Education (ACGME) guidelines for resident work hours in 2003 and 2011, there has been a large amount of literature dedicated to the effects of work hour restrictions on residents' education, training, and wellbeing. Our team specifically chose to exclude studies relating to resident physicians as we felt this sector of the medical workforce has been well described in comparison to post-graduate providers who have completed training and are no longer protected by ACGME work restrictions. Our team hopes to focus specifically on how workload is defined for individuals that are out of training and practicing in both outpatient and inpatient medical settings as standards and expectations for work are heterogenous and much less well defined.

Reviewer: 2

Dr. Eva Angeli, University of New Mexico Health Sciences Center

Comments to the Author:

great, timely topic. Would recommend breaking out strengths/limitations more clearly

Thank you. Based on this feedback, we have edited and more clearly outlined the strengths and limitations of our study in the bulleted section. We have followed a rigorous methodology to ensure a comprehensive search and appropriate reporting of our results. We do recognize that there are limitations to our protocol, namely that the quality of studies included will not be evaluated and that including findings from both the outpatient and inpatient setting may make it difficult to reconcile results.

Reviewer: 3

Dr. Mithu Molla, University of California Davis

Comments to the Author:

The study protocol submitted is both timely and relevant for physicians practicing in an inpatient environment. Given the unprecedented conditions that inpatient physicians are currently practicing in, assessing and standardizing physician workload within and among institutions will help us to address many important issues that this workforce face.

Thank you. We believe this work will be instrumental to understanding clinician workload.

Lastly, we updated the funding section to reflect the language the funder has since requested: "This publication was supported by Grant Number U19OH011227 from CDC NIOSH Center for Health, Work, and Environment (CHWE), a NIOSH Center of Excellence for Total Worker Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC NIOSH and CHWE."

Thank you again for the opportunity to receive these helpful comments which have resulted in significant revisions and an improvement in our work. We hope this version now addresses all the comments. Please let us know if there are any other issues that we can address.