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)*
- Email correspondence between the editorial office and the authors*

*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: Jan 04, 2019  
To: "Shilpa Babbar"  
From: "The Green Journal" em@greenjournal.org  
Subject: Your Submission ONG-18-2124

RE: Manuscript Number ONG-18-2124

Addressing Resident Burnout: Yoga Based Wellness Initiative During Didactics

Dear Dr. Babbar:

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 referees 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 Jan 25, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: A pilot prospective single arm trial to evaluate the effects of implementing 1-hour yoga classes along with other component of wellness program during didactics for OBGYN residents. The results supported the feasibility of the program and very favorable effects of it.

Main issues:
1- It is interesting to see the objective effects after a relatively short duration of implementation. Very promising, the next step should be a multi-center RCT, please discuss and provide some idea about the needed number and the best design.

2- Please review the CONSORT statement for trials and add the needed reporting of the flow chart of the included subjects

Specific issues:
1- Introduction: can be shorter

2- Methods:
a. Please Identify the type of study as a pilot single arm trial to evaluate the feasibility and efficacy of 8 week yoga based wellness program on the wellbeing of OBGYN trainees.
b. Why did the authors include nutritional challenges? What is the relation between those challenges and yoga practice, please support from prior studies?
c. What is the primary outcome and did the authors include any power analysis for the study based on this outcome.
d. For feasibility analysis, those who decided not to participate after the first session should be counted as failures from feasibility stand point.

3- Results, tables and figures:
a. Please consider adding a flow chart for the included subjects and reasons for exclusions.
b. It is interesting that 3 residents declined participation after the first session and their evaluation was removed from the study. It is also interesting to see that none of the residents completed all 8 yoga sessions. Do we know from other studies on yoga, how much participation is needed to get the benefits?

4- Discussion:
a. Line 274: please correct "in" to "is"
b. Please discuss what measures can improve the feasibility of the next willingness program for OBGYN residents!
Reviewer #2: I hope that others can see the value in this study and that no one believes the findings are not important. Your study is simple but amazing, and I am grateful that you took the time to study this intervention. Other additional data you can add into your intro which might strengthen it include references to the Quadruple Aim, with physician wellness being the quadruple aim, a nationally recognized priority.

I believe that your methodology is simple but sound. Even though your intervention was only 8 weeks and your study sample small, you were able to show a difference, even in SBP/DBP! The use of validated surveys is of course a good choice so that others can try to replicate your work at their institutions. I can only imagine what would happen if you continued your wellness program over the course of a year!

You do not discuss why weight increased significantly. Please address that interesting finding in your discussion.

Reviewer #3: Interesting study on methods to reduce resident burnout.

Intro can be shorter. I also question if this program can be called yoga based if there was no requirement to attend a certain number of sessions. Maybe consider renaming the program to reflect its multiple aspects?

Methods: appropriate to use a fitness tracker and survey pre and post treatment also appropriate.

Results: find it troubling that no one completed the yoga program. Especially given the timing during interview season. Consideration should have been made to change when the program was scheduled to ensure that completion was possible.

Some consideration could have been made to additions to the analysis...perhaps looking at scores per rotation (those considered more difficult) or to level of resident (senior vs junior). Also consideration of other factors like relationship status or having children may affect scores on surveys.

I hope that those who had scores on surveys that were concerning were offered assistance.

Discussion: i do not believe that you can state that you used a validated survey then question the validity of the survey...especially when your population has results that are not in line with other studies. There may be other factors that impact on the lower burnout scores. This should be reflected in your discussion.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

lines 64 and later: Given the size of the samples, should consistently round the proportions to nearest integer of %, not 0.1%.

lines 129-131: How were the baseline and follow-up measurements of BP and HR obtained and were the usual criteria in terms of time, arm position and posture adhered to? Were the measurements a single recording, or an average of two or more? Was there a questionnaire re: caffeine intake prior to each recording?

lines 194-197: Since the total participating cohort had n = 25 and n = 17 of those completed ≥ 50% of the classes, the comparison groups had 17 vs 8 members in each subset. For tables 2, 3, 4 and Fig 1: Therefore should not assume that t-test or normal distributions would apply or could even be reliably assessed given the small samples. Should use non-parametric testing and format descriptive citations as n(%) or as median(range).

Table 3: Assuming these findings are corroborated with non-parametric testing, there were 12 comparisons made, so an inference threshold of p < .05 is likely to have included some spurious results. On the other hand, the samples are small, so there was little stats power to have discerned a difference for the NS conclusions.

General: Since there was no control group (apart from frequent vs infrequent participants) and which would not have been randomly allocated, it is difficult to generalize whether the temporal changes were due to the program.
EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- during resident didactics can reduce burnout and anxiety in obstetrics and gynecology trainees.

- To determine

- please substitute "influence" for "impact". I realize that seems odd, but "impact" implies a force hitting an object: the Journal style is to not use it.

- Spell out all abbreviations on first use. Please also look at the instructions for authors for information about use of abbreviations

- "didactics" is jargon. Could you spell this out?

- all of these need to be spelled out here and in the manuscript In the abstract, you may just want to say "Pre and post-program data collection included results from validated scales of burnout, mindfulness, depression and anxiety, blood pressure, heart rate and weight."

- I assume that the first # is pre and then 2nd number is post program but its not intuitive. Could your explain that?

- Those participants who attended more than 50% of yoga classes demonstrated....

- since you included fellows should this be "training experience"?

- what is rapid turnover referring to?

- As this was not an RCT, its important not to overstate your conclusions. Would you consider ..."is feasible and may be beneficial"

- This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim.

- was this throughout the institution or just in Ob GYN. Who developed this program? What was the basis for the particular interventions used? Are there other fellowships at SLU and if so, why were they not included?

- great. Thanks.

- these don't need to be capped.

- were these donated by the company? If so, please list this as support. Who paid for this program?

- These should be reported as Interquartile Ranges

- We do no allow authors to describe variables or outcomes in terms that imply a difference (such us of the terms "trend" or "tendency" or "marginally different") unless there is a statistical difference. Please edit here and throughout.

- remind us if an increase is consistent w/ an improvement or not

- please move the information about BP to be adjacent to each other in this paragraph.

- again, please reword since you included fellows

- In discussion please comment on sustainability of the benefit, plans if any for continuing a wellness focus for the residents
- There is some movement to consider this as "work-life integration" instead of balance. Not sure you need to comment on this but its an interesting view of it.

- what about studying and reading?

2. Please note that one of your reviews indicates that you need to use the CONSORT guidelines. That is incorrect. CONSORT is for RCTs. QI projects require the SQUIRE 2.0 guideline. Please see the Instructions for Authors.

3. 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, as well as subsequent author queries. 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:
   1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
   2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

4. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. 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.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

5. Please submit a completed SQUIRE 2.0 checklist with your revision.

Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

6. 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 and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 26 typed, double-spaced pages (6,500 words). 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.

8. 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).
9. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

10. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

11. 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. The word limits for different article types are as follows:
Original Research articles, 300 words. Please provide a word count.

12. 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.

13. Use of "Polar A370 wrist device": The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

14. 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.

15. Please review the journal’s Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

16. 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 via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

17. Figure 1: Please upload a high resolution version of this figure to Editorial Manager (tiff, eps, jpeg).

18. 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 http://edmgr.ovid.com/acd/accounts/ifauth.htm.

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.

19. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

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 Jan 25, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief
2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.
January 23, 2019

The Editors of Obstetrics & Gynecology  
*Obstetrics & Gynecology*  
409 12th street, SW  
Washington, DC 20024-2188

**RE: Addressing Resident Burnout: Yoga Based Wellness Initiative During Didactics**.

Dear Editors,

Thank you kindly for reviewing our above mentioned manuscript, for improving our work by sharing insightful questions and comments, and for considering our manuscript for publication in *Obstetrics & Gynecology*.

We have revised the manuscript based on the reviewer’s comments. In the following pages, you will find the point-by-point response to each comment written in blue. We are attaching the following:

1. Revised manuscript, tables and figures with track changes  
2. Clean copy of the manuscript, tables and figures

Please note that in the comments below, the reference to “line ____” refers to the clean copy of the manuscript.

SQUIRE 2.0 guidelines were followed for reporting of this study and an updated checklist is attached. We also "Opt in" for publishing our response letter and subsequent email correspondences.

I, Shilpa Babbar, affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

We genuinely appreciate the opportunity to publish in *Obstetrics & Gynecology*.

Sincerely yours,

*Shilpa Babbar, MD, MS, FACOG*
REVIEWER COMMENTS:

Reviewer #1: A pilot prospective single arm trial to evaluate the effects of implementing 1-hour yoga classes along with other component of wellness program during didactics for OBGYN residents. The results supported the feasibility of the program and very favorable effects of it.

Main issues:
1. It is interesting to see the objective effects after a relatively short duration of implementation. Very promising, the next step should be a multi-center RCT, please discuss and provide some idea about the needed number and the best design.

Thank you for your comments and suggestion. We have provided further explanation of a future RCT that can be performed on Lines 312-327: The next step would be to design and implement either a multicenter randomized controlled trial (RCT) or cluster randomized trial to assess the effectiveness of a wellness program compared to existing practice. A cluster RCT (participants nested within a residency program) would be an appropriate design to account for the lack of independence among individuals in the same cluster (residency program) and statistically account for the correlated data structures. However, the power analysis to plan for number of clusters and number of subjects per cluster would require assessment or estimation of the intra-class correlation coefficient. Alternatively, randomizing individuals within residency programs would be more straightforward in terms of computing power, but may result in a spill-over effect that can affect outcomes. For example, an RCT to demonstrate a reduction in the resident burnout rate from 75% to the national average of 50% would require 58 completed participants per arm (power 80%, \( \alpha =0.05 \)). Estimating a 20% attrition rate, recruitment of 73 participants per arm would be necessary. Clearly, attention to design of such a study would require consultation with a statistician in advance to ensure that the design is efficient, yet sufficiently powered.

2. Please review the CONSORT statement for trials and add the needed reporting of the flow chart of the included subjects.

It is our understanding that the CONSORT statement applies to the reporting of randomized controlled trials. Our study is a pilot, feasibility study that was undertaken as a quality improvement initiative at our institution. Reporting of Quality improvement studies follow the SQUIRE 2.0 guidelines and a updated copy of the checklist has been attached to this revision.

Specific issues:
1. Introduction: can be shorter

Thank you for this suggestion. The introduction has been truncated.

2. Methods:
a. Please identify the type of study as a pilot single arm trial to evaluate the feasibility and efficacy of 8 week yoga based wellness program on the wellbeing of OBGYN trainees.

Thank you for this comment and it has been incorporated on Lines 112 and 120.

b. Why did the authors include nutritional challenges? What is the relation between those challenges and yoga practice, please support from prior studies?

We appreciate your question regarding the nutrition challenges. Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. According to the Substance Abuse and Mental Health Service Administration (SAMHSA), the eight dimensions of wellness include emotional, environmental, financial, intellectual, occupational, physical, social and spiritual. The physical component encompasses the recognition of physical activity, healthy foods, and sleep. The goal of our program was to enhance wellness in our trainees and
addressed this through several aspects including yoga (which may also be considered under the spiritual dimension), physical activity and nutrition.


c. What is the primary outcome and did the authors include any power analysis for the study based on this outcome.

We appreciate your question. The primary outcome of our study was to determine the feasibility and efficacy of implementing this quality improvement initiative in our department. A power analysis was not completed as this was undertaken as a feasibility study.

d. For feasibility analysis, those who decided not to participate after the first session should be counted as failures from feasibility stand point.

Thank you for this comment and we are in agreement. The 3 participants comprise of the 11% of the participants who failed to provide data for analysis. This has been incorporated in our discussion on Lines 262-263: From a feasibility standpoint, we had a low failure rate of 11% (n=3).

3. Results, tables and figures:

a. Please consider adding a flow chart for the included subjects and reasons for exclusions.

Thank you for your suggestion of including a flow diagram. It is our understanding that a flow diagram is a part of the CONSORT reporting and required for randomized controlled trials. The reasons for exclusion of our 4 participants are described in the first 4 lines of our results. One MFM Fellow was on maternity leave for the entire duration of the program. The other 3 residents who were excluded did not provide either pre-intervention data, post-intervention data (including post program survey) and did not partake in any of the nutrition or physical challenges but only attended between 1-3 yoga classes.

b. It is interesting that 3 residents declined participation after the first session and their evaluation was removed from the study. It is also interesting to see that none of the residents completed all 8 yoga sessions. Do we know from other studies on yoga, how much participation is needed to get the benefits?

We appreciate your insightful comment. Regarding the 3 trainees who declined to participate, two of them did not complete the pre and post intervention surveys and one completed the pre intervention surveys but not the post intervention surveys. All three of these trainees did not participate in any of the nutrition or physical challenges. Therefore, no data or incomplete data were available for analysis. Regarding the inability of any trainee to complete all 8 sessions, this is further addressed on Lines 296-298: Moreover, due to the nature of rotations, duty hour limitations affecting those on night float rotation, vacation time and holidays, it is not surprising that no participant was able to complete all 8 consecutive sessions. The yoga literature varies significantly regarding the minimum duration and frequency required to achieve benefits and the answer remains unknown. After further review and a PUBMED literature search, I have not come across a study that evaluates the effects of yoga on physician burnout, specifically for OBGYN trainees.

4. Discussion:

a. Line 274: please correct "in" to "is"

Thank you for this suggestion. This sentence has been rephrased for clarification on Lines 277-279: In an optimal clinical learning environment, the culture of wellness should address
leadership, value alignments, flexibility, purpose, community, professional fulfillment and personal resilience.

b. Please discuss what measures can improve the feasibility of the next willingness program for OBGYN residents!
We appreciate your enthusiasm and insightful comment. This has been addressed on Lines 339-334: “To increase the chances of success, surveying residents and faculty in order to understand, develop, and implement a wellness program best suited for their program is recommended. Utilizing the feedback we obtained after our initial program, the following academic year we implemented a 6 week program that included one hour group study sessions, a no bake energy bar class, yoga, and an outdoor tai chi class during didactics.”

Reviewer #2: I hope that others can see the value in this study and that no one believes the findings are not important. Your study is simple but amazing, and I am grateful that you took the time to study this intervention. Other additional data you can add into your intro which might strengthen it include references to the Quadruple Aim, with physician wellness being the quadruple aim, a nationally recognized priority. Thank you for your kind comments and support of our study. We appreciate the introduction and further learning of the concept of the Quadruple Aim. The fourth aim, improving the experience of providing care ultimately finding meaning and joy in one’s work, is aligned with the purpose of our study. Unfortunately, we were not able to reference it in our introduction due to further changes, but we referenced it in our discussion on Lines 328-331: National organizations and societies, such as the Accreditation Council for Graduate Medical Education (ACGME) and the American College of Obstetricians and Gynecologists, are drawing attention and focusing efforts to improve the experience of residency and fellowship training. (Reference #19 refers to an article on the Quadruple Aim).

I believe that your methodology is simple but sound. Even though your intervention was only 8 weeks and your study sample small, you were able to show a difference, even in SBP/DBP! The use of validated surveys is of course a good choice so that others can try to replicate your work at their institutions. I can only imagine what would happen if you continued your wellness program over the course of a year! We are grateful for your comments. Learning from our experience with this initial program, we were able to implement a 6 week program in the following academic year. We continue to enhance and evolve our wellness program based on feedback we receive from our trainees.

You do not discuss why weight increased significantly. Please address that interesting finding in your discussion. Thank you for bringing a very valid point to our attention. This has been addressed in Lines 296-299: “Moreover, due to the nature of rotations, duty hour limitations affecting those on night float rotation, vacation time and holidays, it is not surprising that no participant was able to complete all 8 consecutive sessions. These factors may also explain the weight gain observed after the end of the program in December.”

Reviewer #3: Interesting study on methods to reduce resident burnout.

Intro can be shorter. I also question if this program can be called yoga based if there was no requirement to attend a certain number of sessions. Maybe consider renaming the program to reflect its multiple aspects? Thank you for your suggestions and recommendations. We have truncated the introduction. The
program was initially created to be only yoga classes during didactics. However, we knew that not all participants would be able to attend all classes for a multitude of reasons. Therefore we expanded our efforts to weekly challenges that could also lead to improved wellness and more trainee participation. The program was centered around the yoga classes and we feel that our title is appropriate.

Methods: appropriate to use a fitness tracker and survey pre and post treatment also appropriate.
Thank you for your comment.

Results: find it troubling that no one completed the yoga program. Especially given the timing during interview season.. consideration should have been made to change when the program was scheduled to ensure that completion was possible.
We appreciate your comment and agree with your statement. However, the didactic schedule at our institution is typically planned out in advance with considerable adjustments made during the interview season. During that academic year, we had made further changes in the interview schedule to allow for as many residents as possible to attend the yoga classes, knowing that some residents would need to rotate their presence at the interview sessions. Due to the nature of rotations, duty hour limitations for night float residents, vacation time and holidays, it is not surprising to us that no participant completed all 8 consecutive sessions. This reinforces the concern for “protected” education time – unfortunately it is far too common to not have 100% resident attendance. This has been added and addressed on Lines 296-299. Moving forward, we plan integrate the wellness program better throughout the year and account for limitations during the interview season.

Some consideration could have been made to additions to the analysis...perhaps looking at scores per rotation (those considered more difficult) or to level of resident (senior vs junior). Also consideration of other factors like relationship status or having children may affect scores on surveys.
Thank you for your insightful comment. Considerations were made and we agree that those factors may influence the results of this study. However, due to the small sample size, we were not able to derive meaningful analyses worth reporting in our manuscript.

I hope that those who had scores on surveys that were concerning were offered assistance. We appreciate your comment addressing this very important issue. Yes, any concerning scores on our survey were addressed. At the start of the program all participants were provided written information to the free behavioral health line available at our institution as well as the primary author's cellphone and email address. Those who had concerning scores on survey were addressed on an individual basis and the information was provided to the program director for further evaluation. This has been incorporated on Lines 150-152: Any participant who had concerning scores on their baseline surveys were addressed on an individual basis, offered assistance and the program director was notified.

Discussion: i do not believe that you can state that you used a validated survey then question the validity of the survey... especially when your population has results that are not in line with other studies. There may be other factors that impact on the lower burnout scores. This should be reflected in your discussion.
Thank you for your comment. After further reflection, we agree with your comment and have removed the line “MBI, DASS-21, and FFMQ are well studied and commonly used assessment tools, however, they have not been validated in a resident physician population.”
The Statistical Editor makes the following points that need to be addressed:

lines 64 and later: Given the size of the samples, should consistently round the proportions to nearest integer of %, not 0.1%. 
Thank you for this comment. All data reported as a percent has been rounded to the nearest integer.

lines 129-131: How were the baseline and follow-up measurements of BP and HR obtained and were the usual criteria in terms of time, arm position and posture adhered to? Were the measurements a single recording, or an average of two or more? Was there a questionnaire re: caffeine intake prior to each recording?

We appreciate your question about blood pressure measurement. A single blood pressure reading was obtained in a routine fashion after resting in a seated position. Due to the nature of trainee schedules, we were not able to control of substances that can affect blood pressure such as caffeine intake.

lines 194-197: Since the total participating cohort had n = 25 and n = 17 of those completed ≥ 50% of the classes, the comparison groups had 17 vs 8 members in each subset. For tables 2, 3, 4 and Fig 1: Therefore should not assume that t-test or normal distributions would apply or could even be reliably assessed given the small samples. Should use non-parametric testing and format descriptive citations as n(%) or as median(range ). 
Thank you for bringing this to our attention. Due to the small sample size, we have reanalyzed our data using nonparametric test as suggested. Table 3 reflects the medians and semi-interquartile ranges and the significant p-values have not changed. Statistical conclusions were identical for Table 4 irrespective of the test used, therefore the more conservative p-values from non-parametric tests are reported. (We have included this in our methods on Lines 181-185)

Table 3: Assuming these findings are corroborated with non-parametric testing, there were 12 comparisons made, so an inference threshold of p < .05 is likely to have included some spurious results. On the other hand, the samples are small, so there was little stats power to have discerned a difference for the NS conclusions.

Thank you for your comment. We agree that this pilot study is limited by our small sample size and, thus, statistical power. However, the goal of the study was to assess feasibility of a wellness program in a training program and obtain effect size estimates for future studies, not to test hypotheses. As a result, we did not control for inflated family wise error rate being fully aware that to do so would result in a Type II error.

General: Since there was no control group (apart from frequent vs infrequent participants) and which would not have been randomly allocated, it is difficult to generalize whether the temporal changes were due to the program.

We appreciate your comment and agree that temporal changes cannot be solely explained by the program. Our primary goal was to evaluate the feasibility of introducing the wellness initiative within our department. However, the post-intervention survey to assess participants’ perceptions about the programs influence provides some evidence that their view of the program was positive in the metrics we hoped would be affected. (Reference Figure 1: boxplot)
EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

We appreciate all the notations provided on the PDF version of our original submission by the editor and have incorporated all of them as listed below each comment.

- during resident didactics can reduce burnout and anxiety in obstetrics and gynecology trainees.
  This has been incorporated on Lines 28-29.

- To determine
  This has been incorporated on Line 52.

- please substitute "influence" for "impact". I realize that seems odd, but "impact" implies a force hitting an object: the Journal style is to not use it.
  This has been incorporated on Line 53.

- Spell out all abbreviations on first use. Please also look at the instructions for authors for information about use of abbreviations
  We apologize for our mistake. This has been incorporated on Line 56.

- "didactics" is jargon. Could you spell this out?
  Yes. This has been changed to “protected education time” on Line 57.

- all of these need to be spelled out here and in the manuscript In the abstract, you may just want to say "Pre and post-program data collection included results from validated scales of burnout, mindfulness, depression and anxiety, blood pressure, heart rate and weight."
  This is a great suggestion and has been changed on Lines 59-61.

- I assume that the first # is pre and then 2nd number is post program but its not intuitive. Could your explain that?
  This is a correct assumption. We have labeled the numbers with pre and post respectively on Lines 69-70.

- Those participants who attended more than 50% of yoga classes demonstrated....
  This has been incorporated on Lines 71-72.

- since you included fellows should this be "training experience"?
  Yes. This has been incorporated on Line 75 and also throughout the manuscript.

- what is rapid turnover referring to?
  This refers to rapid patient turnover in the hospital (relatively short term admissions and discharges). This has been added on Line 100.
As this was not an RCT, it's important not to overstate your conclusions. Would you consider...

"is feasible and may be beneficial"

Yes, we agree with your suggestion. This has been incorporated on Line 77.

This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim.

Thank you for this comment. This sentence has been revised on Lines 107-111 to read as:

“Yoga, meditation and mindfulness based programs have been shown to improve feelings of self-confidence, focus, mindfulness, empathy, self-regulation and self-compassion in medical students\textsuperscript{13,14}. Engaging in these practices during residency and fellowship training may continue to provide such benefits, however, it is not well reported.”

Was this throughout the institution or just in Ob GYN. Who developed this program? What was the basis for the particular interventions used? Are there other fellowships at SLU and if so, why were they not included?

This study was performed only within the OBGYN department and was developed by the authors after being tasked with creating innovative ways to improve trainee wellness. The primary author is also a certified yoga instructor who conducts yoga classes for the community. We were unable to extend the invitation to participate in yoga classes to other departments due to limitations in space, yoga equipment and the time of day the class was held (Friday mornings for our trainees). We only have one fellowship program within our department (Maternal-Fetal Medicine) and they were included.

great. Thanks.

Not applicable.

These don’t need to be capped.

We agree. These changes have been made on Lines 142-147.

Were these donated by the company? If so, please list this as support. Who paid for this program?

The chairman of the department of OBGYN purchased the fitness tracking devices for the study. This has been incorporated on Lines 166-167.

These should be reported as Interquartile Ranges

Based on where this comment is highlighted in the manuscript, it is unclear which numbers should be reported as interquartile ranges. We have interpreted it as changes to the following statement: “Residents attended an average of 4 yoga classes (mean 3.8 (SD 1.8); median 4, range 1-7).” This has been changed to the following: “Residents attended an average of 4 yoga classes (mean 3.8 (standard deviation [SD] 1.8); median 4, interquartile range 1.5-5).”

We do not allow authors to describe variables or outcomes in terms that imply a difference (such as the terms “trend” or “tendency” or “marginally different”) unless there is a statistical difference. Please edit here and throughout.

This statement has been rephrased on Line 229 to read as follows “The total FFMQ score did not change significantly after the intervention.”

Remind us if an increase is consistent w/ an improvement or not.
A higher score on FFMQ is associated with more mindfulness. However, this sentence has been removed.

- please move the information about BP to be adjacent to each other in this paragraph. Thank you for this suggestion. This has been completed and moved to Lines 235-237.

- again, please reword since you included fellows
This has been incorporated on Line 250 and throughout the manuscript.

- In discussion please comment on sustainability of the benefit, plans if any for continuing a wellness focus for the residents
This has been addressed on Lines 341-344.

- There is some movement to consider this as "work-life integration" instead of balance. Not sure you need to comment on this but its an interesting view of it.
Thank you for this comment. We looked into the term “work-life integration” and agree with your suggestion. It has been incorporated on Line 265.

- what about studying and reading?
Indeed, we agree. This has been incorporated on Lines 266-267.

2. Please note that one of your reviews indicates that you need to use the CONSORT guidelines. That is incorrect. CONSORT is for RCTs. QI projects require the SQUIRE 2.0 guideline. Please see the Instructions for Authors.
Thank you for the clarification. We have attached an updated version of the SQUIRE 2.0 checklist.

3. 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, as well as subsequent author queries. 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:
We agree to OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

4. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. 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.
Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.
We have removed the PDFs from the EM.

5. Please submit a completed SQUIRE 2.0 checklist with your revision.
Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at https://urldefense.proofpoint.com/v2/url?u=http-3A__ong.editorialmanager.com&d=DwIGaQ&c=Pk_HpaIPE_jAoEC9PLlWoQ&r=a2OPY8YNZtd6FrWdUws-VR9ySb3S8yjUTwrq5wRImY&m=VeM-HqnHfDAJHSnQziXWKDiZWCvVDe90e_Xtb1C8Xuw&s=ufypGqz7LaAbtpEBKDFUWxT6N4G2La aALq95d0Rq0wEe=. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate. We have attached an updated version of the SQUIRE 2.0 checklist and indicated it in the cover letter.

6. 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 and gynecology data definitions at https://urldefense.proofpoint.com/v2/url?u=https-3A__www.acog.org_About-2DACOG_ACOG-2DDepartments_Patient-2DSafety-2Dand-2DQuality-2DImprovement_reVITALize&d=DwIGaQ&c=Pk_HpaIPE_jAoEC9PLlWoQ&r=a2OPY8YNZtd6FrWdUws-VR9ySb3S8yjUTwrq5wRImY&m=VeM-HqnHfDAJHSnQziXWKDiZWCvVDe90e_Xtb1C8Xuw&s=8V6mmmc2WXWVsB6l2agusRFAjRAf8ZPMXBhA9mY2Kk&e=. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter. Not applicable.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 26 typed, double-spaced pages (6,500 words). 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. We have created a word count for the abstract and manuscript located on Page 2, Lines 35-37 and are within compliance of the limits.

8. 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).

This has been incorporated on page 1 of our submission.

9. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.
This has been added to Lines 31 and 32: Yoga and Wellness for Resident Burnout.

10. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."
This is present on Lines 27-29: A yoga based wellness program conducted during resident didactics can reduce burnout and anxiety in obstetrics and gynecology trainees.

11. 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.
Thank you for this reminder. We have reviewed the abstract to match with the manuscript.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.
This has been added on Line 36 and our word count is 268.

12. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.proofpoint.com/v2/url?u=http-3A__edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwIGaQ&c=Pk_HpalpE_jAoEC9PL1WoQ&r=a2OPY8YNZjd6FrWDuWs-VR9ySb3S8viUTwrq5wRlmY&m=VeM-HqnHFDAJHSQziXWKDzWcVvDe9o_lXb1C8Xuw&s=4OoYJY3fkZXBxOh_F101EpiE_my0Cg7bZhfGNDoh0GU&e=. 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.
This has been incorporated throughout the manuscript.

13. Use of "Polar A370 wrist device": The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.
The term “Polar A370” has been removed from the abstract.

14. 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.

The virgule symbol has been removed from the body of the manuscript.

15. Please review the journal’s Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: https://urldefense.proofpoint.com/v2/url?u=http-3A__edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=dwIGaQ&c=cK5HPalpE_jAoEC9PLiW0Q&r=a2OPY8YNZtjd6FrWDuWs-VR9ySb3S8yUTwrq5wRlmY&m=VeM-HgnHfDAJH5rQzjXWKDIZWcVvDe9o__IXb1C8Xuw&s=GftId5cVyRwJzlZqI8vJzj5CE-HPKS7wjbKsURFF7Uc&e=.

This has been reviewed and all tables have been updated accordingly.

16. 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 via the Clinical Guidance & Publications page athttps://urldefense.proofpoint.com/v2/url?u=https-3A__www.acog.org_Clinical-2DGuidance-2Dand-2DPublications_Search-2DClinical-2DGuidance&d=dwIGaQ&c=cK5HPalpE_jAoEC9PLiW0Q&r=a2OPY8YNZtjd6FrWDuWs-VR9ySb3S8yUTwrq5wRlmY&m=VeM-HgnHfDAJH5rQzjXWKDIZWcVvDe9o__IXb1C8Xuw&s=DCMFvGpnlKyyshKSM8Z-jiUJN2jZIBenu9tQVF2fBmo&e=

We have included updated references.

17. Figure 1: Please upload a high resolution version of this figure to Editorial Manager (tiff, eps, jpeg).

Figure 1 has been revised and converted into .tif format. It has been attached separately (but also remains in the revised manuscript).

18. 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 https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_LWW-2DES_A48&d=dwIGaQ&c=cK5HPalpE_jAoEC9PLiW0Q&r=a2OPY8YNZtjd6FrWDuWs-VR9ySb3S8yUTwrq5wRlmY&m=VeM-HgnHfDAJH5rQzjXWKDIZWcVvDe9o__IXb1C8Xuw&s=_T94hKsn29xHEtgW0W2vmhTuD83rVCppdV_gbkYTZMq&e=.

The cost for publishing an article as open access can be found at https://urldefense.proofpoint.com/v2/url?u=http-
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.

Thank you.

19. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at https://urldefense.proofpoint.com/v2/url?u=http-3A__ong.editorialmanager.com&d=DwIGaQ&c=Pk_HpalpE_jAoEC9PLIWoQ&r=a2OPY8YNZjd6FrWDuWs-VR9ySb3S8vjUTwrq5wRImY&m=VeM-HqnHfDAJHSrqziXWKDJZWCvVDe9o_IXb1C8Xuw&s=ufypGqz7LAbtpEBKDFUWxT6N4G2La aALQr5dDoRq0wE&e=. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

This has been completed. Thank you.
Good morning Randi,

Thank you kindly for your email. We truly appreciate the comments and edits by the Editors.

Attached please find a copy of the manuscript with the track changes that were provided by the Editorial Office with the addition of my revisions.

Below are the response to each individual query listed in blue:

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.
   Response: Thank you for the edits and corrections. We approve of the changes that were made.

2. Title: Do you approve the edits to the title?
   Response: We are in agreement with your current suggestion and have further edited the title to read as: “Addressing Obstetrics and Gynecology Trainee Burnout Using a Yoga-Based Wellness Initiative During Dedicated Education Time”.

3. Use of “didactics”: Throughout the paper (Title, abstract, precis, and manuscript) please make the changes that you indicated you would do related to avoiding the jargon of “didactics” and that the study was not just for residents, but included fellows.
   Response: Thank you for this comment. We have eliminated the word “didactic” from the manuscript and have replaced it with phrases addressing education time (protected, formal, dedicated, etc). We have also used the word "resident" only when deemed appropriate. All other instances have been changed to the term “trainee”.

4. Precis: I recommend changing this to “may’ from can, since this is a feasibility trial and not an RCT, which is what would be needed to show that the intervention would do so. Probably even better would be to say in this is a feasibility trial. Something like, "A feasibility trial of a yoga-based wellness program conducted during resident protected demonstrated a possible reduction in burnout and anxiety.”
   Response: Thank you for your suggestion. We have edited the precis further to read as: “Implementing a wellness program consisting of weekly yoga classes during formal education time may reduce burnout and anxiety in obstetrics and gynecology trainees.”

Please keep in mind that the precis must be a single sentence of 25 words (maximum).
Response: The edited sentence is within limits at 23 words.

5. Line 91-92: This highlighted sentence would also be a good precis.
   Response: Thank you for this suggestion. We have incorporated it into the precis.

6. Line 112: Is it actually reduced personal accomplishment or a sense of reduced personal accomplishment?
   Response: Thank you for this clarification. We have edited Line 112 to read as “…a sense of reduced personal accomplishment...”.
7. Line 137: When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, “This study was performed between Feb 2018 and Jan 2019” would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit.
Response: Thank you for providing this clarification. The study took place from October 27 to December 22. We have edited the statement to read as follows “An 8-week wellness program was developed and implemented at our institution between late October and mid December 2017.”

8. Line 223: Not quite sure what this means. There were weakly physical challenges, right? When you say “mean participation rate of 3.9 (out of 8?) could you write that as “with a man participation rate of 3.9 out of 8 physical challenges (SD 1.5)?
Response: Thank you for this comment. Yes, you are correct that the mean participation rate is out of 8 classes. We have edited the following statements:

Line 216-217: “Eighty percent (n=20) of all participants engaged in at least one nutrition challenge, with a mean participation rate of 2.9 out of 8 challenges (SD 1.7).”

Line 220-221: “Of the eight physical challenges, 60% (n=15) participated in at least one physical challenge with a mean (SD) participation rate of 3.9 (1.5) challenges.”

9. Line 233: Please clarify “High personal accomplishment” is actually bad, right? Because a high score is associated with more burnout? Could you please make this really clear?
Response: Thank you for this clarification. As described in the methods on Line 144-147, a lower score for personal accomplishment is associated with a higher degree of burnout. It is the only component of the three that is scored in a “reverse way”. Therefore a high degree of personal accomplishment is interpreted as a low degree of burnout.

We have clarified the sentence on Line 233 to read as the following: “At baseline, the mean burnout scores presented in Table 4 indicate moderate emotional exhaustion, low to moderate depersonalization and a high sense of personal accomplishment, collectively indicating a low degree of burnout.”

10. Line 237: Normal, mild, moderate....what? Perhaps you could edit this to say “Each score on the DASS-21 survey, which assess for anxiety, stress and depression, categorized individuals into......
Response: Thank you for this clarification. We have edited the sentence to read as follows “Each score on the DASS-21 survey categorized individuals into normal, mild, moderate, severe, or extremely severe depression, anxiety or stress scores.”

11. Line 244: I’m making these suggestions, which may. Not be exactly right, so that the reader doesn’t have to go back and figure out what each of the scales is assessing.
Response: We are in agreement with your suggestion and have not made any further changes.

12. Line 253: Please provide actual numbers, not just p values throughout this section.
Response: Thank you for this comment. We have edited the entire results section to provide numerical data with each p value that was reported.

13. Line 317: As well as the known (?) common weight gain between Thanksgiving and New Year’s.
Response: Thank you for your comment. We have further edited Line 313-315 to read as ”It is common to gain weight between the holiday seasons of Thanksgiving and New Year’s, which may explain the weight gain observed at the end of our program.”

14. Line 322: Or maybe your group of residents is atypical.
Response: Thank you for this comment. We have edited the line to read as “Several versions of the Maslach Burnout Inventory are available, and perhaps the shortest version, the abbreviated MBI, is insufficient to appropriately characterize training physician burnout or potentially only in our cohort.”
We appreciate your time and for reviewing our manuscript for publication. Please let me know if I can be of any further assistance.

Sincerely,
Shilpa Babbar

Shilpa Babbar, MD, MS, FACOG

From: Randi Zung <RZung@greenjournal.org>
Sent: Thursday, January 31, 2019 9:27 AM
To: Shilpa Babbar
Subject: Your Revised Manuscript 18-2124R1

Dear Dr. Babbar:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. Please track your changes and leave the ones made by the Editorial Office. Please also note your responses to the author queries in your email message back to me.

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.

2. Title: Do you approve the edits to the title?

3. Use of “didactics”: Throughout the paper (Title, abstract, precis, and manuscript) please make the changes that you indicated you would do related to avoiding the jargon of “didactics” and that the study was not just for residents, but included fellows.

4. Precis: I recommend changing this to “may” from can, since this is a feasibility trial and not an RCT, which is what would be needed to show that the intervention would do so. Probably even better would be to say in this is a feasibility trial. Something like, “A feasibility trial of a yoga-based wellness program conducted during resident protected demonstrated a possible reduction in burnout and anxiety.”

Please keep in mind that the precis must be a single sentence of 25 words (maximum).

5. Line 91-92: This highlighted sentence would also be a good precis.

6. Line 112: Is it actually reduced personal accomplishment or a sense of reduced personal accomplishment?
7. Line 137: When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, “This study was performed between Feb 2018 and Jan 2019” would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit.

8. Line 223: Not quite sure what this means. There were weakly physical challenges, right? When you say “mean participation rate of 3.9 (out of 8?) could you write that as “with a man participation rate of 3.9 out of 8 physical challenges (SD 1.5)?

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11. Line 244: I’m making these suggestions, which may. Not be exactly right, so that the reader doesn’t have to go back and figure out what each of the scales is assessing.

12. Line 253: Please provide actual numbers, not just p values throughout this section.

13. Line 317: As well as the known (?) common weight gain between Thanksgiving and New Year’s.

14. Line 322: Or maybe your group of residents is atypical.

To facilitate the review process, we would appreciate receiving a response by February 4.

Best,
Randi Zung

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Randi Zung (Ms.)
Editorial Administrator | Obstetrics & Gynecology
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188
http://www.greenjournal.org
Good evening Stephanie,

Thank you for editing and improving our figure. I have reviewed both of your attachments carefully and have no further changes or recommendations. I agree with both of the attachments.

Sincerely,
Shilpa Babbar

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From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Tuesday, January 29, 2019 1:17 PM
To: Shilpa Babbar
Subject: O&G Figure Revision: 18-2124

Good Afternoon Dr. Babbar,

Your figure has been edited, and PDFs of the figure and legend are attached for your review. Please review the figure and legend CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article’s publication.

To avoid a delay, I would be grateful to receive a reply no later than Thursday, 1/31. Thank you for your help.

Best wishes,

Stephanie Casway, MA
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