1 Protocol: Effect of Coaching on Mid-Career Physician Well-Being, Job Satisfaction, & Fulfillment

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12 1. Goals and Objectives
13    a. Our primary goal is to determine if individualized professional coaching reduces
14       burnout, improves job satisfaction, and increases professional fulfillment among mid-
15       career physicians at the 6 month time-point (e.g. prior to cross-over for those in the
16       control group).
17    b. Our secondary goal is to determine the durability of the benefits of coaching during
18       the 6 months after the coaching intervention in the immediate coaching intervention
19       arm.
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21 2. Methods
22    a. We propose a 2-arm randomized controlled trial evaluating the effectiveness of 6
23       months of regular, professional coaching to reduce burnout and promote engagement
24       for mid-career primary care physicians.
25    b. Study Subjects:
26       i. Primary group: Human resources records will be used to identify family
27          medicine and general internal medicine physicians who work in the Mayo
28          Clinic Health System and Employee and Community Health (ECH) who have
29          been in practice 11-20 years. Participants will be recruited via information
30          provided through email communication.
31       ii. Secondary group:
1. If inadequate numbers provide consent we will expand the eligible subjects to those family medicine and general internist who have been in practice 5 to 30 years.

2. If inadequate numbers provide consent we will expand the eligible subjects to include general internal medicine physicians who are Senior Associate Consultants and Consultants in the Mayo Clinic Department of Medicine. Participants will be recruited via information provided through email communication and departmental/divisional announcements.

3. If inadequate numbers provide consent we will expand the eligible subjects to include 1) internal medicine and family physicians who are Senior Associate Consultants and Consultants at the Mayo Clinic in Rochester, Florida, and Arizona and 2) pediatric physicians who are Senior Associate Consultants and Consultants at the Mayo Clinic in Rochester, Florida, and Arizona and in the MCHS.

c. Sample size: With 40 participants in the intervention arm and 40 in the control arm, we will have 80% power to detect a moderate 0.5- to 0.6-standard deviation effect size, a level describing clinically significant outcomes.  

d. All volunteers will provide written consent. Those who complete the consent form be randomly assigned via computer-generated algorithm to one of two groups: Arm 1 = Immediate Coaching Intervention; Arm 2 = Control/Delayed Coaching Intervention. Randomization will be stratified by specialty (Internal Medicine or Family Medicine) and baseline burnout and work-life balance.

   ![Diagram]

   --- = Coaching intervention
   --- = No Coaching intervention

e. Randomization will be stratified by gender and years of service using permuted blocks. Participants randomized to the Immediate Coaching Intervention arm will receive professional coaching through Bluepoint (http://www.bluepointleadership.com/coaching/). We specifically chose Bluepoint because they are an established international professional coaching company with a long-standing professional relationship with Mayo Clinic and strong history of coaching physicians. Bluepoint coaches are all professionally certified with years of experience. Coaching will be done by phone. The first session will be a 1-hour coaching session to begin the process of reflection, set goals, and start to identify potential strategies. Subsequently, each individual will have 5 monthly, 30 minute follow-up coaching sessions will their coach. Although coaching topics will be unscripted and individualized, we anticipate that common dimensions physicians will explore will include personal values, meaning in work, self-efficacy, and work-life
integration. Topics addressed during these sessions will be noted and categorized by
the coaches. The initial coaching session will focus on creating the relationship,
accessing needs, identifying values, goal setting, and creating an action plan.
Subsequent sessions will follow the same general structure: (1) check-in, debrief
strategic action the physician has taken, managing progress and accountability, (2)
planning and goal setting, (3) designing actions to incorporate into daily life, (4)
commitment to next steps, and (5) check-out and summary. Communicating
effectively (active listening, powerful questioning, and direct communication) and
facilitating learning and results (create awareness, etc.) are core skills used by coaches
during these session. Participants randomized to the Control/Delayed Coaching will
receive no intervention for the first six months of the study, at which point they cross
over and receive 6 professional coaching sessions through Bluepoint in the same
manner as previously described. Bluepoint coaches will receive the name and
professional contact information (e-mail, phone number) of the coaching recipient.
f. All participants will be asked to complete electronic surveys at baseline, at six months,
and at 12 months. Validated instruments will be used to measure burnout, career
satisfaction, and meaning in work, with surveys administered electronically by the
Mayo Clinic Survey Research Center. We will use the Physician Job Satisfaction
Scale, the Empowerment at Work Scale, and the Utrecht Work Engagement Scale to
measure satisfaction and meaning at work. Burnout will be measured using the
Maslach Burnout Inventory (MBI). Quality of life will be measured by a single-item
linear analog self-assessment question.
g. Departments/divisions may offer physicians with protected time to engage in the 3.5
hours of coaching.
h. Data Handling: Survey results will be downloaded to the study statistical team in the
Department of Health Sciences Research directly from the Survey Research Center.
Study participants will have their sequential survey results linked by a unique identifier
known only to the statistical analyst and destroyed after collection of all data.
Therefore, data will be deidentified for all study personnel within the Department of
Medicine.
i. Data Analysis: The primary analysis will be to compare changes in outcome variables
between Arm 1 and 2 at 6 months. Secondary analyses will evaluate the experience
of the control/delayed coaching arm post cross-over and durability of the benefits of
coaching during the 6 months after the coaching intervention in the immediate
coaching intervention arm. We will use generalized estimating equations to account
for the repeated-measures design. If there are baseline differences across groups,
analysis will be adjusted for levels of burnout, career satisfaction, and meaning at
study onset. Tests will be 2-sided, and we will use the intent-to-treat principle in
analyses. To ensure alignment of planned and actual activities we will monitor key
components of the implementation process (e.g., physician recruitment and consent,
survey administration and response, transfer of data and data analysis). We will
conduct audits with Bluepoint to ensure coaching sessions are scheduled, take place,
and overarching themes are recorded.
References


