

1 Protocol: Effect of Coaching on Mid-Career Physician Well-Being, Job Satisfaction, &
2 Fulfillment
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18 1. Goals and Objectives

19 a. Our primary goal is to determine if individualized professional coaching reduces
20 burnout, improves job satisfaction, and increases professional fulfillment among mid-
21 career physicians at the 6 month time-point (e.g. prior to cross-over for those in the
22 control group).

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24 b. Our secondary goal is to determine the durability of the benefits of coaching during
25 the 6 months after the coaching intervention in the immediate coaching intervention
26 arm.

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28 2. Methods

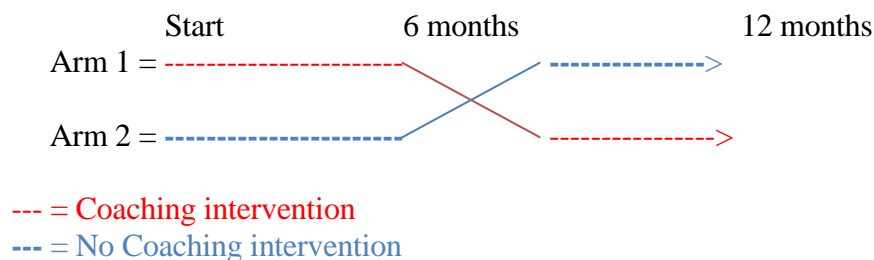
29 a. We propose a 2-arm randomized controlled trial evaluating the effectiveness of 6
30 months of regular, professional coaching to reduce burnout and promote engagement
31 for mid-career primary care physicians.

32 b. Study Subjects:

33 i. Primary group: Human resources records will be used to identify family
34 medicine and general internal medicine physicians who work in the Mayo
35 Clinic Health System and Employee and Community Health (ECH) who have
36 been in practice 11-20 years. Participants will be recruited via information
37 provided through email communication.

38 ii. Secondary group:

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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.¹
- 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.



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- 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 with 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

85 integration. Topics addressed during these sessions will be noted and categorized by
86 the coaches. The initial coaching session will focus on creating the relationship,
87 accessing needs, identifying values, goal setting, and creating an action plan.
88 Subsequent sessions will follow the same general structure: (1) check-in, debrief
89 strategic action the physician has taken, managing progress and accountability, (2)
90 planning and goal setting, (3) designing actions to incorporate into daily life, (4)
91 commitment to next steps, and (5) check-out and summary. Communicating
92 effectively (active listening, powerful questioning, and direct communication) and
93 facilitating learning and results (create awareness, etc.) are core skills used by coaches
94 during these session. Participants randomized to the Control/Delayed Coaching will
95 receive no intervention for the first six months of the study, at which point they cross
96 over and receive 6 professional coaching sessions through Bluepoint in the same
97 manner as previously described. Bluepoint coaches will receive the name and
98 professional contact information (e-mail, phone number) of the coaching recipient.

- 99 f. All participants will be asked to complete electronic surveys at baseline, at six months,
100 and at 12 months. Validated instruments will be used to measure burnout, career
101 satisfaction, and meaning in work, with surveys administered electronically by the
102 Mayo Clinic Survey Research Center. We will use the Physician Job Satisfaction
103 Scale,² the Empowerment at Work Scale,³ and the Utrecht Work Engagement Scale⁴ to
104 measure satisfaction and meaning at work. Burnout will be measured using the
105 Maslach Burnout Inventory (MBI).⁵ Quality of life will be measured by a single-item
106 linear analog self-assessment question.⁶
- 107 g. Departments/divisions may offer physicians with protected time to engage in the 3.5
108 hours of coaching.
- 109 h. Data Handling: Survey results will be downloaded to the study statistical team in the
110 Department of Health Sciences Research directly from the Survey Research Center.
111 Study participants will have their sequential survey results linked by a unique identifier
112 known only to the statistical analyst and destroyed after collection of all data.
113 Therefore, data will be deidentified for all study personnel within the Department of
114 Medicine.
- 115 i. Data Analysis: The primary analysis will be to compare changes in outcome variables
116 between Arm 1 and 2 at 6 months. Secondary analyses will evaluate the experience
117 of the control/delayed coaching arm post cross-over and durability of the benefits of
118 coaching during the 6 months after the coaching intervention in the immediate
119 coaching intervention arm. We will use generalized estimating equations to account
120 for the repeated-measures design. If there are baseline differences across groups,
121 analysis will be adjusted for levels of burnout, career satisfaction, and meaning at
122 study onset. Tests will be 2-sided, and we will use the intent-to-treat principle in
123 analyses. To ensure alignment of planned and actual activities we will monitor key
124 components of the implementation process (e.g., physician recruitment and consent,
125 survey administration and response, transfer of data and data analysis). We will
126 conduct audits with Bluepoint to ensure coaching sessions are scheduled, take place,
127 and overarching themes are recorded.

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