



An Organization Model to Assist Individual Physicians, Scientists, and Senior Health Care Administrators With Personal and Professional Needs

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Abstract

Working as a physician, scientist, or senior health care administrator is a demanding career. Studies have demonstrated that burnout and other forms of distress are common among individuals in these professions, with potentially substantive personal and professional consequences. In addition to system-level interventions to promote well-being globally, health care organizations must provide robust support systems to assist individuals in distress. Here, we describe the 15-year experience of the Mayo Clinic Office of Staff Services (OSS) providing peer support to physicians, scientists, and senior administrators at one center. Resources for financial planning (retirement, tax services, college savings for children) and peer support to assist those experiencing distress are intentionally combined in the OSS to normalize the use of the Office and reduce the stigma associated with accessing peer support. The Office is heavily used, with approximately 75% of physicians, scientists, and senior administrators accessing the financial counseling and 5% to 7% accessing the peer support resources annually. Several critical structural characteristics of the OSS are specifically designed to minimize potential stigma and reduce barriers to seeking help. These aspects are described here with the hope that they may be informative to other medical practices considering how to create low-barrier access to help individuals deal with personal and professional challenges. We also detail the results of a recent pilot study designed to extend the activity of the OSS beyond the reactive provision of peer support to those seeking help by including regular, proactive check-ups for staff covering a range of topics intended to promote personal and professional well-being.

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Working as a physician, scientist, or senior health care administrator is a demanding career. Individuals in these occupations typically work much longer hours than do workers in other fields, are frequently involved in complex, high-stakes decision making, and, for physicians, may be exposed to specific stressors (eg, medical errors, malpractice suits, death of a patient, and a rapidly changing practice environment).¹⁻⁷ Studies have demonstrated that burnout and other forms of distress are common among individuals in these professions.^{6,8-10} Burnout among physicians has been shown to impact quality of care, patient satisfaction, and access to care and contribute

to staff turnover.¹¹⁻²⁰ In addition to professional consequences, burnout and other forms of distress can have potentially serious personal repercussions including substance abuse, broken relationships, and suicide.²¹⁻²⁴ Detailed reviews on this topics are available.²⁵⁻²⁷

In addition to system-level interventions to reduce burnout and promote engagement for all physicians,^{7,28-31} health care organizations need to provide robust support systems to assist individual physicians, scientists, or administrators experiencing distress. This support must be personal and confidential, and focused on the specific needs of the individual. Persons in these high-performing occupations may be less likely than those in other fields to

seek help because of a professional culture of perfectionism and expected invulnerability.^{22,32,33} Recently, several vanguard institutions have described innovative approaches to provide peer support to colleagues experiencing distress, often in association with medical errors or malpractice suits.³³⁻³⁷ Here, we describe the Mayo Clinic experience creating a resource to broadly support physicians, scientists, or senior health care administrators experiencing distress or needing support in any aspect of their personal or professional life.

CREATION OF MAYO CLINIC OSS

Mayo Clinic is based on a value proposition that “the needs of the patient come first.” To allow its staff to achieve this mission, Mayo Clinic aims to provide a support structure that assists the staff with the many competing demands for their time so that they can focus on caring for patients. The Mayo Clinic Personal Services and Benefits Office began in 1968 to help foster this outcome. The initial aim of the Office was to provide a financial advising resource for Mayo Clinic physicians, scientists, and senior administrators. The Office was staffed by certified financial planners who would assist staff with retirement planning, college planning for children, tax services/planning, and other financial needs (life insurance, investing, etc).

In 2002, the Office transitioned from being exclusively a financial planning resource to more broadly assist staff with both financial concerns and personal and career concerns. This was accomplished by incorporating a peer support function into the Office and rebranding it as the Office of Staff Services (OSS). The mission of the new Office was to “help voting and consulting staff address issues of concern in their professional and personal lives.” A medical director for each campus (Rochester, Scottsdale, Jacksonville) was appointed by the Board of Governors to work in collaboration with the administrative director who oversaw the financial planners at all sites. In addition, a peer support panel comprising physicians, scientists, and senior administrators was created at each campus to assist colleagues in a one-on-one manner with whatever personal or professional challenges they identified. Diverse representation

across medical, surgical, and other specialties, as well as administration and research scientists were included in the panel with deliberate attention to gender diversity so that the panel reflected the staff it intended to serve. Service on the panel is voluntary (eg, no protected time provided). Ex-officio members include a representative from the human resources and legal departments. Client information is held in strictest confidence, subject only to the “duty to warn.” Each panel member typically meets individually with 5 to 10 colleagues over the course of the year for peer support. In Rochester, the panel also included a psychiatrist and psychologist, each with a modest amount of protected time for initial evaluation and triage of staff in crisis, while in Florida and Arizona the time is allotted on the basis of need and situation.

Currently, the Rochester Office has 5 financial planners to support the roughly 2200 physicians, scientists, and administrators eligible to use the Office in Rochester, along with 10 individuals who make up the peer support panel. Mayo Clinic campuses in Arizona and Florida each have 1 financial planner along with peer support panels of 7 to 8 individuals to support approximately 400 to 500 physicians for each campus. A single administrator oversees the financial planners at all sites. Across the 3 campuses, the ratio of financial planners to eligible physicians, scientists, and administrators is approximately 1 to 475.

Awareness of the OSS is facilitated through several formats. First, members of the financial planning team meet with every newly hired physician, scientist, and senior administrator at the time they begin employment with Mayo Clinic. Second, the OSS is publicized on the organization intranet site as well as through presentations at department meetings. Third, a brochure that outlines the mission of the Office (Table 1), lists the services provided, states the confidentiality policies that govern the Office, and has a picture and bio of each of the financial planners as well as each of the members of the peer support panel is mailed to the home address of all physicians, scientists, and senior administrators annually. The physical space of the Office where financial planners or members of the peer support panel meet with colleagues is easily accessible to the main lobby area of

TABLE 1. Mission of the Office of Staff Services

Our philosophy	Mayo Clinic staff are our most valuable resource. The sole purpose of the Office of Staff Services is to encourage the well-being of our physicians, scientists, and senior administrators.
Our mission	To help physicians, scientists, and senior administrators address issues of concern in their professional and personal lives.
Who we are	The Office of Staff Services is composed of 2 groups: An advisory panel of physicians, scientists, and administrators who work with colleagues seeking personal assistance. A financial services and benefits team is available to provide financial planning and benefits and advising services.
How to reach us	To utilize our resource and referral services, please contact us name (phone #). The Office of Staff Services is located (description).

each campus and separate from all patient care areas. Importantly, it is not adjacent to or embedded within any area related to mental health services (eg, psychiatry, psychology, and employee assistance program) nor to the administrative areas of human resources where disciplinary activity or corrective action takes place.

Peer support panel members typically are mid- to senior-level staff members who are highly respected by their peers. They are carefully selected for their willingness to see colleagues urgently as well as their ability to listen, avoid judgment, and use a coaching and peer-advising framework to encounters with colleagues.^{33,36,38} As the function of the peer support panel is resource and referral, members of the panel typically meet privately with their colleagues (described as “clients”), for assessment and support 1 or 2 times. Those requiring further assistance are connected to appropriate resources (internal or external to Mayo Clinic). A list of both internal and external professional coaching and counseling services with specific expertise in supporting health care professionals is maintained to assist with this process. Standard ground rules of confidentiality are maintained and are invalidated only if an individual is a danger to themselves, others (including patients), or the institution (eg, committing fraud).

Minimal notes are taken when members of the peer support panel meet with clients. These brief descriptive notes on the purpose of the visit (“to deal with challenges in relationship with a colleague”; “career planning”;

“challenges in personal relationships”) are not discoverable in legal proceedings unless the individual client involved requests that they be introduced in any future legal proceedings (eg, they believe it would in some way be helpful to them).

In Rochester, members of the peer support panel gather once weekly for a 1-hour meeting so that individuals who have met with a client can anonymously outline the reason for the visit, give an overview of the guidance/support they provided, and have the opportunity to seek input from the diverse members of the panel. This session is a resource to the peer support panel itself because members otherwise silently carry the burden of working with colleagues who are suffering. Although all aspects of these meetings are confidential, great care is nonetheless taken to avoid sharing any identifying information in these sessions.

The OSS also provides a support function to division and department chairs. New chairs are oriented to the services that the OSS provides, as resource and referral for themselves and those they lead. The Office also provides an avenue for coaching to new chairs on the human resource management challenges they will inevitably face, whether a change in the nature of friendships and relationships with long-standing colleagues, the need to confront colleagues on performance and inappropriate behaviors, manage conflict between colleagues, or handle challenges with other leaders.

Referrals to OSS can be made by individuals, family members, friends, colleagues, and

TABLE 2. Proportion of Staff Accessing Financial Support Resources of the Office of Staff Services Each Year

Financial support resources	% Staff access each year ^a
Retirement planning	75%
Income tax services	70%
College planning for children	10%
Short-term and/or long-term disability	5%
Other financial counseling ^b	25%

^aRochester campus.
^bLife insurance, long-term care insurance, other investment advice, basic estate planning.

chairs, but individual staff members themselves must be the ones to initiate contact with the Office (eg, a person cannot be “sent” to the OSS). Family members are also able to access the resources of the Office (eg, a spouse or partner can use the financial and/or other support resources). Any physician, scientist, or senior administrator who wishes to access the peer support function can either call or simply walk in to the Office. An administrative assistant asks if there is a specific nature to the request (eg, personal vs professional/career) and pairs the individual with a suitable panel member. The meeting with a member of the peer support panel typically takes place within 48 hours. Meetings are arranged more expeditiously if the individual indicates that it is a crisis or emergency.

The medical director of the OSS also accompanies staff members going through high-level formal corrective action, when requested. The function of the medical director in these encounters is to be an advocate for a fair and just process not as an advocate for the individual staff member, and to provide objective feedback and support to the individual staff member after the encounter. This debriefing by a skilled, neutral observer often helps the individual to process what was discussed and work through next steps. Importantly, the reporting structure of the Office is independent of any formal reporting structure within the organization. The medical directors and administrator keep the organization’s Board of Governors informed of the function of the Office, or if policy or

procedural gaps are identified, but not about specifics related to its clients, and the Office does not appear in the formal operating/organizational reporting structure.

THE FIRST 15 YEARS

Mayo Clinic has a 15-year experience with this model. The Office is very heavily used. On the Rochester campus, approximately 75% of eligible physicians, scientists, and senior administrative staff interact with the Office for financial services each year (see Table 2). Notably, approximately 5% to 7% of physicians interact with the peer support function each year. Most of these individuals are accessing peer support for the first time. Concerns discussed are recorded categorically and are roughly evenly divided between personal- and professional-related topics (Table 3).

Several characteristics of the Office structure have been instrumental in its success

TABLE 3. Common Issues for Which Staff Request Peer Support^a

<p>Professional</p> <ul style="list-style-type: none"> • Workplace conflict with coworker or chair • Need to vent; determine correct action • Professional burnout • Problems with acculturation to new organization • Work-life integration • Dealing with medical errors or adverse patient outcomes • Malpractice suits • Time management • Behavioral issues (mutual respect, reckless behavior) • Corrective action issues
<p>Personal</p> <ul style="list-style-type: none"> • Mental health concerns (eg, depression) • Marital issues or dissolution • Personal health problem(s) • Disability (short-term; long-term) • Issues with dependents • Suicidal ideation • Personal safety • Immigration/visa concerns

^aApproximately 5%-7% of eligible staff access the peer support services each year. Although the reasons for accessing peer support often touch on multiple dimensions, requests are roughly evenly divided between personal and professional topics.

TABLE 4. Key Characteristics of the Office of Staff Services Structure

Leadership support	<ul style="list-style-type: none"> Office created under the direction of the Board of Governors with support at the highest level of the organization Office appropriately staffed and funded to execute mission
Peer support service embedded with financial services	<ul style="list-style-type: none"> Increases awareness of the Office (because nearly all staff access the financial support resources) Normalizes use of the Office and decreases the stigma of going into the Office (others are unaware of whether there for financial counseling or peer support)
Available to address any issue	<ul style="list-style-type: none"> Not focused only on professional distress (Table 2) Available to both staff member and their family
Resource and referral for peer support aspects	<ul style="list-style-type: none"> Typically meet with staff member once or twice Colleagues requiring further assistance are connected to other resources (internal or external to Mayo Clinic) Vetted list of external resources (psychologist, counselors, lawyers, etc)
Completely independent of disciplinary process	<ul style="list-style-type: none"> Independent reporting structure Referrals entirely volitional, individuals cannot be "sent" to the Office of Staff Services
Optimally staffed	<ul style="list-style-type: none"> Medical director^a Administrator^b Financial planners Psychologist and psychiatrist with time allocated to meet with selected clients in a nonclinical role and to support and advise members of the peers support panel with challenging clients Administrative support staff
Careful selection of membership on peer support panel	<ul style="list-style-type: none"> Mid- to senior-level physicians, scientists, and administrators Highly respected by peers Skilled in reflective listening and coaching techniques
Regular and intentional support provided for members of the peer support panel	<ul style="list-style-type: none"> Weekly meeting of the panel to discuss clients served in anonymous manner Allows panel members to draw on the wisdom of other panel members Allows panel members to support one another and process any personal reactions triggered by meetings
Confidential	<ul style="list-style-type: none"> Unless danger to self, others (including patients), or institution (eg, fraud) Minimal records kept; not discoverable
Physical space	<ul style="list-style-type: none"> Easily accessible main lobby of campus Designed to reduce stigma: not adjacent or embedded within area related to mental health services or administrative areas where disciplinary activity or corrective action occurs
	<p>^aOne for each campus.</p> <p>^bOversees the financial planners at all campuses.</p>

(Table 4). First, there is a normalization of visiting the Office by combining the peer support function with the financial planning function. Nearly 3 out of every 4 physicians

interact with the Office every year for the financial planning function, minimizing any stigma associated with visiting the Office and enhancing awareness of the peer support

function. Second, the Office is completely independent of any disciplinary processes. Individuals cannot be sent to the Office or required to visit the Office by their supervisor; utilization is purely voluntary. This establishes that the Office is a safe haven. Furthermore, the Office plays no role in the investigation of professionalism lapses or misconduct. The success of the Office is evident; multiple individuals needing to leave Mayo Clinic employment have been successfully transitioned, but more importantly, many careers headed toward derailment have been saved, and collegial relationships between faculty members or between faculty members and their chair have been restored through the coaching, conflict management, and negotiation strategies offered to clients.

NEW DIRECTIONS: EXPANDING THE VISION

Although the OSS structure has been a tremendous success over the past 15 years, it has limitations. The peer support service is inherently reactive; staff must seek out the Office to assist with personal or professional concerns. Historically, most faculty members have accessed the Office at times of crisis, despite the often long-term nature of many concerns. The Office has focused on supporting those in distress and did not have a wellness promotion function.

To explore a new approach to address these gaps, a new initiative was pilot tested on the Rochester, Minnesota, campus beginning late 2016. The intent of this pilot was to assess whether a periodic but regular “check-up” that proactively reached out to staff at defined intervals would enhance support of their personal and professional needs.

For the pilot, 39 staff members were invited to schedule a check-up with OSS. Among these, 26 (67%) accepted the invitation. Staff members were invited to bring their partner or spouse if desired. Those accepting the invitation were asked to complete a brief intake checklist (Figure) offering various potential topics broadly grouped as financial, professional satisfaction, work/life integration, personal medical needs, and self-care. The intent was to provide a safe space for

Office of Staff Services Planning Topics

Prior to our first meeting, please take a few minutes to indicate what topics are of interest for yourself and your family. This form will help us get a general idea of your priorities and prepare for our first meeting.

Please check all that apply.

<p>Retirement Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retirement goals and how much to save <input type="checkbox"/> (403b, 457b, Pension) <p>Investment Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asset allocation <input type="checkbox"/> Coordination of overall portfolio <p>Debt Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Banking referrals <input type="checkbox"/> Refinancing/consolidation <p>Cash Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student loan strategies <p>College Savings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Types of accounts (529, Coverdell, Custodial, etc) <p>Insurance Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Life/Auto/Home/Health/Liability insurance <input type="checkbox"/> Insurance agent referrals <p>Estate Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Living will <input type="checkbox"/> Health care directives <input type="checkbox"/> Power of attorney <input type="checkbox"/> Attorney referrals 	<p>Tax Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper withholding <input type="checkbox"/> CPA referrals <p>Professional Satisfaction</p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic promotion <input type="checkbox"/> Career direction <input type="checkbox"/> Supervisor <p>Work-Life Integration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unpaid days-explore unpaid leave <input type="checkbox"/> Adjusting percentage of work time <input type="checkbox"/> Lawn care/ House cleaning/Grocery shopping <p>Self-Care/Medical Needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Primary care physician-assigned? <input type="checkbox"/> Mayo exercise facility membership^a <input type="checkbox"/> Physician engagement groups <p>Policies/Other Topics</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____
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FIGURE. Previsit intake for annual check-up. ^aDan Abraham Healthy Living Center.

individuals to reflect on these topics, work through some of their current challenges, and make them aware of relevant existing support resources. Of the 26 individuals who scheduled an appointment, 13 individuals completed the previsit questionnaire before their visit. Among these, all 13 (100%) desired to discuss at least 1 financial planning–related topic and 10 (77%) wished to discuss at least 1 topic related to professional satisfaction, work-life integration, and/or self-care.

The check-up visits were conducted by the OSS financial planners who had received additional training regarding coaching techniques and were well briefed on the resources available to assist individuals with concerns

outside of financial planning. Planners were also encouraged to offer a visit with a member of the peer support panel as necessary. If a topic arose during a visit that they felt was beyond the level of support they could provide, planners were encouraged to simply acknowledge the concern expressed (“I can understand why that has been so challenging.”) and offer to arrange an appointment with a member of the peer support panel (“Would it be helpful to arrange to talk to one of the peer support panel members regarding that issue?”).

The 26 individuals who completed check-ups to date were sent an anonymous postvisit survey inquiring about their experience ([Appendix](#)). To date, 24 of the 26 individuals (92%) have completed a postvisit survey. All 24 responding individuals reported that the visit was helpful and 23 of 24 (96%) indicated they were satisfied with the visit (1 individual did not answer this item). With respect to the topics they discussed during the visit, all 24 individuals indicated they had discussed some aspect of financial planning, 9 of 24 (38%) reported they had discussed work/life integration topics, 7 of 24 (29%) discussed professional/career-related topics, and 2 of 24 (8%) discussed self-care topics. With respect to how often participants felt such check-ups should be offered, 18 of 24 individuals (75%) believed that an annual frequency would be optimal, 3 of 24 (13%) recommended every 2 years, and 2 of 22 (9%) believed every 6 months to be the optimal frequency. The final individual recommended a minimum of once every 5 years.

The 5 financial planners who performed these visits also completed postpilot surveys. All financial planners believed the sessions were a success. They noted that although financial topics were the most common subject, other topics discussed were diverse, highly individualized, and varied by career stage. Several planners indicated the desire to further familiarize themselves with additional resources available for personal and professional support. With respect to challenges, they noted that a 1-hour session was

occasionally insufficient to deal with the breadth of topics that arose and that it was often difficult for clients to schedule the check-up because of the busyness of their professional calendars.

We believe that this pilot proved a useful strategy to more proactively and regularly engage our staff regarding a broad spectrum of topics related to their personal and professional well-being. We are now in the process of developing a strategy to scale this approach on the Rochester campus and pilot the approach on our Florida and Arizona campuses.

SUMMARY

Given the prevalence of burnout and other forms of distress among physicians, scientists and senior administrators, organizations need to provide easily accessible support to those experiencing distress. Peer support has been reported by several leading institutions as a useful initial vehicle to help meet this need.^{26,33,34,37} The intent of such efforts is to create a culture of trust with concomitant mutual support among colleagues.

CONCLUSION

Here, we have described the 15-year experience of Mayo Clinic OSS providing peer-to-peer support to the physicians, scientists, and senior administrators at our institution. Several critical aspects of the structure of the OSS were specifically designed to minimize potential stigma and barriers to seeking help. These structural characteristics are described here with the hope that they may be informative to other medical practices considering how to optimally arrange peer support and reduce barriers that prevent individuals from accessing help to deal with personal and professional challenges. We have also detailed the results of a recent pilot study designed to extend the activity of the Office beyond reactive provision of peer support to those who seek help by incorporating regular, proactive check-ups for staff covering a range of topics intended to promote personal and professional well-being.

APPENDIX: Pilot Study Post–Check-up Evaluation

To help us better evaluate our services, please fill out the following questions:

1. Was this meeting helpful?

- Yes
- No
- Comments: _____

2. Which components were most useful to you? Check all that apply.

- Discuss finances
- Discuss work-life integration
- Discuss professional/career direction
- Discuss self-care
- Other: _____

3. How often should we offer such check-ups for physicians and voting staff?

- Annual
- Every 2 years
- Other interval? _____

4. Were there other topics we should have covered?

5. Rate your satisfaction:

- Not satisfied
- Satisfied
- Comments: _____

Abbreviations and Acronyms: OSS = Office of Staff Services

Potential Competing Interests: Dr Shanafelt is coinventor of the Physician Well-being Index, Medical Student Well-being Index, and Well-being Index. Mayo Clinic holds the copyright for these instruments and has licensed them for use outside of Mayo Clinic. Dr Shanafelt receives a portion of any royalties paid to Mayo Clinic.

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