



# **ECHO IDAHO:** **Healthcare Vitality**

**Fostering Resilience: Creating Supportive  
Workplaces for Physicians**

**9/17/24**

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# Learning Objectives

1. Describe different physician support modalities
2. Determine benefits of interventions
3. Identify potential resources to assist in starting support programs

# Disclaimer

The following physician support interventions do not replace organizational systemic efforts to reduce the underlying causes of burnout.



# Benefits of Building Physician Support Interventions

- Physicians often more comfortable accessing support from peers than outside sources
- Improve physician fulfillment and satisfaction
- Decrease burnout, emotional stress and feelings of isolation
- Build community
- Improve teamwork and communication
- Expand empathy for patients, colleagues and self
- Move away from a culture of shame and blame towards a more supportive culture

# Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West<sup>1</sup>, Liselotte N Dyrbye<sup>2</sup>, Patricia J Erwin<sup>3</sup>, Tait D Shanafelt<sup>4</sup>

**Findings:** We identified 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI 5-14];  $p < 0.0001$ ;  $I^2 = 15\%$ ; 14 studies), emotional exhaustion score decreased from 23.82 points to 21.17 points (2.65 points [1.67-3.64];  $p < 0.0001$ ;  $I^2 = 82\%$ ; 40 studies), and depersonalisation score decreased from 9.05 to 8.41 (0.64 points [0.15-1.14];  $p = 0.01$ ;  $I^2 = 58\%$ ; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11-18];  $p < 0.0001$ ;  $I^2 = 0\%$ ; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0-8];  $p = 0.04$ ;  $I^2 = 0\%$ ; 16 studies).



## **Peer-to-Peer Support**

- Peer colleagues engage in empathetic and reflective listening with open-ended questions
- Often initiated after a significant or adverse event
- Offered actively after event or can be available as needed
- Typically, limited number of meetings (1-3)
- Resources offered if ongoing intervention desired

# AMA Steps Forward Peer Support Program for Physicians Toolkit

<https://edhub.ama-assn.org/steps-forward/module/2767766>.

## Five STEPS to Build a Peer Support Program

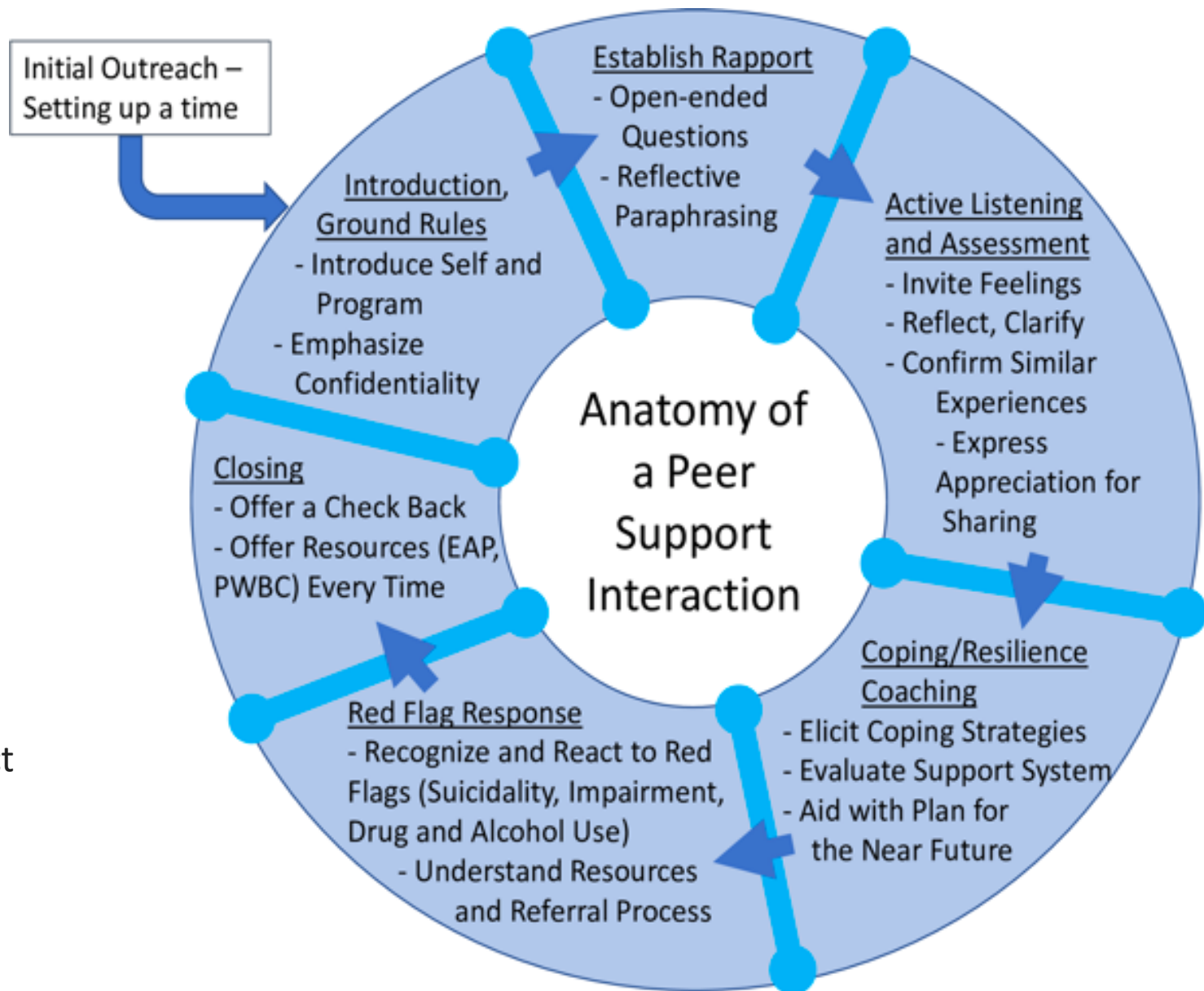
1. Make the Case to Leadership that Peer Support Is Essential
2. Decide Which Health Care Team Members Your Program Will Serve
3. Form a Peer Support Team with Strong Communication Skills
4. Train Peer Supporters and Launch the Program
5. Activate Peer Support Interventions and Provide Additional Resources



## Implementation and effectiveness of a physician-focused peer support program

Tolins ML, Rana JS, Lippert S, LeMaster C, Kimura YF, et al. (2023) Implementation and effectiveness of a physician-focused peer support program. PLOS ONE 18(11): e0292917. <https://doi.org/10.1371/journal.pone.0292917>

**Conclusions:** We found that POST, a physician-focused peer support program, had widespread reach and a positive effect on perceived physician well-being and departmental culture.





# Peer and Near-Peer Mentoring



- 1:1 or group session with peers of similar experiences and interests
- Can provide psychosocial support, collaborative problem-solving, develop academic and professional competencies, provide job-related feedback and information, and career next-steps
- Ada County Medical Society has searchable mentor page  
<https://www.adamedicalsociety.org/mentor-directory>
- Peer Mentoring Toolkit for Faculty. University of California San Francisco.  
<https://facultyacademicaffairs.ucsf.edu/faculty-life/mentoring-resources/UCSF-Faculty-Mentoring-Program-Toolkit-11.02.17.pdf>

> [J Gen Intern Med.](#) 2019 Nov;34(11):2602-2609. doi: 10.1007/s11606-019-05256-4.

Epub 2019 Sep 4.

# Mentorship of US Medical Students: a Systematic Review

Amy H Farkas<sup>1</sup>, Jill Allenbaugh<sup>2</sup>, Eliana Bonifacino<sup>3</sup>, Rose Turner<sup>4</sup>, Jennifer A Corbelli<sup>3</sup>

**Discussion:** Our review demonstrates that mentoring programs for medical students can positively improve medical school satisfaction and career development. These results underscore the need for continued innovative mentoring programs to foster optimal student development in the setting of the increasingly competitive residency match process, growing expectations about student research productivity, and the national focus for overall student wellness.

# The benefits, barriers and facilitators of mentoring programs for first-year doctors: A systematic review

Joelle Winderbaum <sup>1</sup>, Linda L Coventry <sup>1</sup>

**Results:** A total of 4137 articles were retrieved, with 13 considered to have met full inclusion criteria. An integrative review synthesis identified three major themes; benefits of mentoring for first-year doctors, intrinsic and extrinsic barriers to mentoring programs and facilitating factors that improve successful program implementation.

**Conclusion:** First-year doctors report untenable and highly strenuous working conditions, that result in poor mental health and high attrition rates. Formalised, near-peer, tier mosaic mentoring programs provide significant psychosocial and career benefits to this cohort specifically, bridge the training gap from medical student to first-year doctor and ameliorate patterns of intergenerational bullying, hierarchy and emotional inhibition. However, mentorship is inextricably interrelated to societal-cultural considerations of identity. Mentorship alone cannot overcome endemic cultural challenges within medicine without broader systemic change; however, programs are a valuable option towards positive support for first-year doctors.

# Provider Therapy

- Licensed therapist guides provider through self-discovery and growth with goal of relieving emotional distress and promoting healing
- Five sessions provided for free through the Physician Vitality Program (supported by ACMS, IAFP and IMA)
  - Therapists vetted to ensure experience with physicians/healthcare setting
- Many organizations also offer free counseling for provider and household members through their Employee Assistance Plans
- Physician Support Line (1-888-409-0141)
  - Free, confidential and anonymous, staffed by volunteer psychiatrists





[J Grad Med Educ.](#) 2023 Dec; 15(6): 734–737.

doi: [10.4300/JGME-D-22-00898.1](https://doi.org/10.4300/JGME-D-22-00898.1)

PMCID: PMC10686653

PMID: [38045940](https://pubmed.ncbi.nlm.nih.gov/38045940/)

## Impact of Opt-Out Therapy Appointments on Resident Physicians' Mental Health, Well-Being, Stigma, and Willingness to Engage

[Taylor Kevern](#), PhD, MSW, MEd,<sup>✉</sup> [D. Rob Davies](#), PhD, [Katie Stiel](#), LCSW, MEd, and [Sonja Raaum](#), MD, FACP

**Results** A total of 153 residents (postgraduate years 1 to 7) were offered one-time opt-out appointments. Overall, 91 (59%) residents attended their opt-out appointments. Survey response rate was 57% (n=52). Respondents reported high levels of satisfaction (96%, 50 of 52), felt the appointment was worth their time (96%, 50 of 52), and felt that the opt-out appointments demonstrated training programs cared about their well-being (94%, 49 of 52). Nearly all residents (98%, 51 of 52) recommended appointments be offered to future residents. Most respondents (80%, 42 of 52) indicated that appointments increased their willingness to engage in mental health services.

**Conclusions** Opt-out appointments increased resident willingness to engage in mental health services, positive attitudes toward future mental health services, perceived training program's care about their well-being, and reduced perceived mental illness stigma.

# Provider Coaching

- The International Coaching Federation (ICF) defines coaching as: partnering in a thought-provoking and creative process that inspires a person to maximize their personal and professional potential. The process of coaching often unlocks previously untapped sources of imagination, productivity and leadership.
- 1:1 or group coaching provides a client-centric space to explore meaning and values and increase personal and professional fulfillment.
- Rooted in action or forward momentum
- Many organizations may provide internal coaches or cover coaching with CME money.



# Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians: A Pilot Randomized Clinical Trial

Liselotte N Dyrbye<sup>1</sup>, Tait D Shanafelt<sup>2</sup>, Priscilla R Gill<sup>3</sup>, Daniel V Satele<sup>4</sup>, Colin P West<sup>1 4</sup>

**Results:** Among the 88 physicians in the study (48 women and 40 men), after 6 months of professional coaching, emotional exhaustion decreased by a mean (SD) of 5.2 (8.7) points in the intervention group compared with an increase of 1.5 (7.7) points in the control group by the end of the study ( $P < .001$ ). Absolute rates of high emotional exhaustion at 5 months decreased by 19.5% in the intervention group and increased by 9.8% in the control group (-29.3% [95% CI, -34.0% to -24.6%]) ( $P < .001$ ). Absolute rates of overall burnout at 5 months also decreased by 17.1% in the intervention group and increased by 4.9% in the control group (-22.0% [95% CI, -25.2% to -18.7%]) ( $P < .001$ ). Quality of life improved by a mean (SD) of 1.2 (2.5) points in the intervention group compared with 0.1 (1.7) points in the control group (1.1 points [95% CI, 0.04-2.1 points]) ( $P = .005$ ), and resilience scores improved by a mean (SD) of 1.3 (5.2) points in the intervention group compared with 0.6 (4.0) points in the control group (0.7 points [95% CI, 0.0-3.0 points]) ( $P = .04$ ). No statistically significant differences in depersonalization, job satisfaction, engagement, or meaning in work were observed.



# Effect of a Novel Online Group–Coaching Program to Reduce Burnout in Female Resident Physicians: A Randomized Clinical Trial

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Kerri Thurmon<sup>8</sup>, Christine D Jones<sup>3 5 9</sup>

**Results:** Among the 101 female residents in the study, the mean (SD) age was 29.4 (2.3) years, 96 (95.0%) identified as heterosexual, and 81 (80.2%) identified as White. There were 19 residents (18.8%) from surgical subspecialties, with a range of training levels represented. After 6 months of professional coaching, emotional exhaustion decreased in the intervention group by a mean (SE) of 3.26 (1.25) points compared with a mean (SE) increase of 1.07 (1.12) points in the control group by the end of the study ( $P = .01$ ). The intervention group experienced a significant reduction in presence of impostor syndrome compared with controls (mean [SE], -1.16 [0.31] vs 0.11 [0.27] points;  $P = .003$ ). Self-compassion scores increased in the intervention group by a mean (SE) of 5.55 (0.89) points compared with a mean (SE) reduction of 1.32 (0.80) points in the control group ( $P < .001$ ).

# Balint

- Regular group meetings that seek to improve provider interactions and promote insight and empathy with patients/colleagues/themselves
- At each meeting, a member will present a case and there will be a facilitated discussion to uncover perceptions and feelings of the practitioner and client
- Goal is to improve communication, clinical interactions, provider satisfaction and reduce isolation
- Online and in-person options with CME available  
(<https://member.americanbalintsociety.org/members/evr/regmenu.php?orgcode=TABS>)



> [Ann Fam Med](#). 2008 Mar-Apr;6(2):138-45. doi: 10.1370/afm.813.

# Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners

Dorte Kjeldmand <sup>1</sup>, Inger Holmström

**Results:** The GPs perceived that their Balint group participation influenced their work life. Analyses revealed several interrelating themes: competence, professional identity, and a sense of security, which increased through parallel processes, creating a base of endurance and satisfaction, thus enabling the GPs to rediscover the joy of being a physician.

# Schwartz Rounds

- Scheduled interdisciplinary rounds with brief presentation that leads to discussion of social and emotional effects of working in healthcare
- Goal is to improve teamwork, increase compassion and readiness to respond to patients' needs, and decrease stress and isolation
- Schwartz Center Healthcare membership: one-time fee of \$8500, then \$2,995 annual membership dues



> J Health Organ Manag. 2018 May 21;32(3):402-415. doi: 10.1108/JHOM-05-2017-0103.

# Caring for the healthcare professional

Keith Adamson<sup>1 2</sup>, Nancy Searl<sup>2</sup>, Sonia Sengsavang<sup>2 3</sup>, John Yardley<sup>4</sup>, Mark George<sup>4</sup>,  
Peter Rumney<sup>2</sup>, Judy Hunter<sup>2</sup>, Sakeena Myers-Halbig<sup>2</sup>

Practical implications: As evidenced in this quality improvement initiative, SR addresses staff's need for time to process the socio-emotional impacts of care and to help reduce those at risk for compassion fatigue. SR supports and manages the emotional healthcare culture, which has important implications for quality patient care.

# Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews

Cath Taylor <sup>1 2</sup>, Andreas Xyrichis <sup>2</sup>, Mary C Leamy <sup>2</sup>, Ellie Reynolds <sup>2</sup>, Jill Maben <sup>1 2</sup>

**Results:** The overall evidence base for Rounds is limited. We developed a composite definition to aid comparison with other interventions from 41 documents containing a definition of Rounds. Twelve (10 studies) were empirical evaluations. All were of low/moderate quality (weak study designs including lack of control groups). Findings showed the value of Rounds to attenders, with a self-reported positive impact on individuals, their relationships with colleagues and patients and wider cultural changes. The evidence for the comparative interventions was scant and also low/moderate quality. Some features of Rounds were shared by other interventions, but Rounds offer unique features including being open to all staff and having no expectation for verbal contribution by attenders.



## Medical Improv

- Principles and techniques of improvisational theater are used to improve awareness, communication and teamwork
- Facilitated exercises are selected to match medical goals/skills, such as adaptability, collaboration, spontaneity, active listening and building trusting relationships



> [Med Educ Online](#). 2021 Dec;26(1):1961565. doi: 10.1080/10872981.2021.1961565.

# The impact of a medical improv curriculum on wellbeing and professional development among pre-clinical medical students

Nicholas Neel <sup>1</sup>, John-Michael Maury <sup>2</sup>, Karen M Heskett <sup>3</sup>, Alana Iglewicz <sup>4 5</sup>, Lina Lander <sup>1 6</sup>

Results: Students noted significant improvement in domains related to proactivity in their professional career (3.15 to 4.00,  $p = 0.02$ ), wellbeing (3.0 to 4.4,  $p < 0.001$ ), engagement with their studies (3.85 to 4.52,  $p = 0.02$ ), and communication (3.75 to 4.3,  $p = 0.04$ ) after completion of the medical improv elective.

# Support Groups

- Formal and informal meetings of people with similar experiences who come together to support each other.
- Many local peer groups offered via ACMS
  - Mindfulness and Meditation Group (<https://www.adamedicalsociety.org/mindfulness-group>)
  - Many other affinity groups: <https://www.adamedicalsociety.org/affinity-groups>
- Physicians Anonymous Peer Support Groups
  - Free, online, able to earn CME credit (<https://physiciansanonymous.org/anonymous-meetings/>)

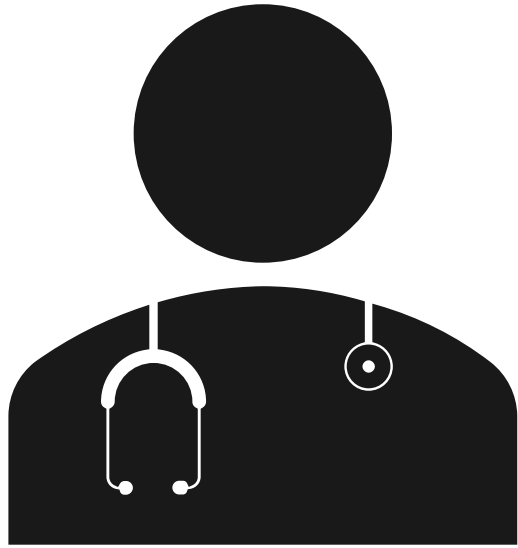


## Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial

Colin P West<sup>1</sup>, Liselotte N Dyrbye<sup>2</sup>, Jeff T Rabatin<sup>3</sup>, Tim G Call<sup>4</sup>, John H Davidson<sup>5</sup>,  
Adamarie Multari<sup>6</sup>, Susan A Romanski<sup>5</sup>, Joan M Henriksen Hellyer<sup>7</sup>, Jeff A Sloan<sup>8</sup>,  
Tait D Shanafelt<sup>4</sup>

**RESULTS** Empowerment and engagement at work increased by 5.3 points in the intervention arm vs a 0.5-point decline in the control arm by 3 months after the study ( $P = .04$ ), an improvement sustained at 12 months (+5.5 vs +1.3 points;  $P = .03$ ). Rates of high depersonalization at 3 months had decreased by 15.5% in the intervention arm vs a 0.8% increase in the control arm ( $P = .004$ ). This difference was also sustained at 12 months (9.6% vs 1.5% decrease;  $P = .02$ ). No statistically significant differences in stress, symptoms of depression, overall quality of life, or job satisfaction were seen. In additional comparisons including the nontrial physician cohort, the proportion of participants strongly agreeing that their work was meaningful increased 6.3% in the study intervention arm but decreased 6.3% in the study control arm and 13.4% in the nonstudy cohort ( $P = .04$ ). Rates of depersonalization, emotional exhaustion, and overall burnout decreased substantially in the trial intervention arm, decreased slightly in the trial control arm, and increased in the nontrial cohort ( $P = .03$ ,  $.007$ , and  $.002$  for each outcome, respectively).

Category	Description	More information
Peer-to-Peer Support	Peer colleagues providing short-term support or debriefing, often after significant event.	<a href="https://edhub.ama-assn.org/steps-forward/module/2767766">https://edhub.ama-assn.org/steps-forward/module/2767766</a>
Peer or Near-Peer Mentoring	Individual or group peer collaboration and support to advance professional or academic interests.	<a href="https://facultyacademicaffairs.ucsf.edu/faculty-life/mentoring-resources/UCSF-Faculty-Mentoring-Program-Toolkit-11.02.17.pdf">https://facultyacademicaffairs.ucsf.edu/faculty-life/mentoring-resources/UCSF-Faculty-Mentoring-Program-Toolkit-11.02.17.pdf</a>  <a href="https://www.adamedicalsociety.org/mentor-directory">https://www.adamedicalsociety.org/mentor-directory</a>
Counseling	EAP and PVP therapy appointments.	<a href="https://www.adamedicalsociety.org/pvp-therapists">https://www.adamedicalsociety.org/pvp-therapists</a>
Provider Coaching	Group or individual partnership to improve fulfillment with focus on forward momentum.	Many internal and private resources. <a href="https://physiciancoachinginstitute.com/coach-directory/">https://physiciancoachinginstitute.com/coach-directory/</a>
BALINT	Facilitated group process to improve insight and empathy and decrease isolation.	<a href="https://americanbalintsociety.org">https://americanbalintsociety.org</a>
Medical Improv	Improvisational theater principles/techniques applied to medicine to improve awareness, communication and collaboration.	<a href="https://www.medicalimprov.org">https://www.medicalimprov.org</a>
Schwartz Rounds	Interdisciplinary discussion to create and sustain a culture of teamwork and compassion.	<a href="https://www.theschwartzcenter.org">https://www.theschwartzcenter.org</a>
Support groups	Group of individuals who come together to provide emotional and practical support for each other.	<a href="https://www.adamedicalsociety.org/acms-resource-physicians">https://www.adamedicalsociety.org/acms-resource-physicians</a> <a href="https://www.adamedicalsociety.org/affinity-groups">https://www.adamedicalsociety.org/affinity-groups</a> <a href="https://physiciansanonymous.org/anonymous-meetings/">https://physiciansanonymous.org/anonymous-meetings/</a>



## Key Points

- There are many options for evidence-based physician support programs.
- Interventions can be led by an institution or available online through private organizations.
- Toolkits to help develop many of these interventions are readily available.
- Each institution should evaluate which program might best suit the needs of their physicians.

# References

- West CP, Dyrbye LN, Rabatin JT, et al. Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. *JAMA Intern Med.* 2014;174(4):527-533. doi:10.1001/jamainternmed.2013.14387
- Dyrbye LN, Shanafelt TD, Gill PR, Satele DV, West CP. Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians: A Pilot Randomized Clinical Trial. *JAMA Intern Med.* 2019;179(10):1406-1414. doi:10.1001/jamainternmed.2019.2425
- Tolins ML, Rana JS, Lippert S, LeMaster C, Kimura YF, Sax DR. Implementation and effectiveness of a physician-focused peer support program. *PLoS One.* 2023;18(11):e0292917. Published 2023 Nov 1. doi:10.1371/journal.pone.0292917
- Haggins A, Sandhu G, Ross PT. Value of Near-Peer Mentorship from Protégé and Mentor Perspectives: A Strategy to Increase Physician Workforce Diversity. *J Natl Med Assoc.* 2018;110(4):399-406. doi:10.1016/j.jnma.2017.09.001
- Kashiwagi DT, Varkey P, Cook DA. Mentoring programs for physicians in academic medicine: a systematic review. *Acad Med.* 2013;88(7):1029-1037. doi:10.1097/ACM.0b013e318294f368
- Taylor, J. S., Faghri, S., Aggarwal, N., Zeller, K., Dollase, R., & Reis, S. P. Developing a Peer-Mentor Program for Medical Students. *Teaching and Learning in Medicine.* 2013;25(1), 97–102. <https://doi.org/10.1080/10401334.2012.741544>.
- Winderbaum J, Coventry LL. The benefits, barriers and facilitators of mentoring programs for first-year doctors: A systematic review. *Med Educ.* 2024;58(6):687-696. doi:10.1111/medu.15299
- Major A, Williams JG, McGuire WC, Floyd E, Chacko K. Removing Barriers: A Confidential Opt-Out Mental Health Pilot Program for Internal Medicine Interns. *Acad Med.* 2021;96(5):686-689. doi:10.1097/ACM.0000000000003965

# References

- Kevern T, Davies DR, Stiel K, Raaum S. Impact of Opt-Out Therapy Appointments on Resident Physicians' Mental Health, Well-Being, Stigma, and Willingness to Engage. *J Grad Med Educ*. 2023;15(6):734-737. doi:10.4300/JGME-D-22-00898.1
- Farkas AH, Allenbaugh J, Bonifacino E, Turner R, Corbelli JA. Mentorship of US Medical Students: a Systematic Review. *J Gen Intern Med*. 2019;34(11):2602-2609. doi:10.1007/s11606-019-05256-4
- Shanafelt T, Goh J, Sinsky C. The Business Case for Investing in Physician Well-being. *JAMA Intern Med*. 2017;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340
- Dyrbye LN, Varkey P, Boone SL, Satele DV, Sloan JA, Shanafelt TD. Physician satisfaction and burnout at different career stages. *Mayo Clin Proc*. 2013;88(12):1358-1367. doi:10.1016/j.mayocp.2013.07.016
- West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *Lancet*. 2016;388(10057):2272-2281. doi:10.1016/S0140-6736(16)31279-X
- Panagioti M, Panagopoulou E, Bower P, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis [published correction appears in *JAMA Intern Med*. 2024 Aug 26. doi: 10.1001/jamainternmed.2024.4586]. *JAMA Intern Med*. 2017;177(2):195-205. doi:10.1001/jamainternmed.2016.7674
- Palamara K, Kauffman C, Stone VE, Bazari H, Donelan K. Promoting Success: A Professional Development Coaching Program for Interns in Medicine. *J Grad Med Educ*. 2015;7(4):630-637. doi:10.4300/JGME-D-14-00791.1
- Fainstad T, Mann A, Suresh K, et al. Effect of a Novel Online Group-Coaching Program to Reduce Burnout in Female Resident Physicians: A Randomized Clinical Trial [published correction appears in *JAMA Netw Open*. 2022 Jun 01;5(6):e2220348. doi: 10.1001/jamanetworkopen.2022.20348]. *JAMA Netw Open*. 2022;5(5):e2210752. Published 2022 May 2. doi:10.1001/jamanetworkopen.2022.10752
- McGonagle AK, Schwab L, Yahanda N, et al. Coaching for primary care physician well-being: A randomized trial and follow-up analysis. *J Occup Health Psychol*. 2020;25(5):297-314. doi:10.1037/ocp0000180
- Song Y, Swendiman RA, Shannon AB, et al. Can We Coach Resilience? An Evaluation of Professional Resilience Coaching as a Well-Being Initiative for Surgical Interns. *J Surg Educ*. 2020;77(6):1481-1489. doi:10.1016/j.jsurg.2020.04.014
- Kjeldmand D, Holmström I, Rosenqvist U. Balint training makes GPs thrive better in their job. *Patient Educ Couns*. 2004;55(2):230-235. doi:10.1016/j.pec.2003.09.009



# References

- Kjeldmand D, Holmström I. Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Ann Fam Med*. 2008;6(2):138-145. doi:10.1370/afm.813
- Maben J, Taylor C, Reynolds E, McCarthy I, Leamy M. Realist evaluation of Schwartz rounds® for enhancing the delivery of compassionate healthcare: understanding how they work, for whom, and in what contexts. *BMC Health Serv Res*. 2021;21(1):709. Published 2021 Jul 18. doi:10.1186/s12913-021-06483-4
- Taylor C, Xyrichis A, Leamy MC, Reynolds E, Maben J. Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews. *BMJ Open*. 2018;8(10):e024254. Published 2018 Oct 18. doi:10.1136/bmjopen-2018-024254
- Pollock A, Campbell P, Cheyne J, et al. Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review. *Cochrane Database Syst Rev*. 2020;11(11):CD013779. Published 2020 Nov 5. doi:10.1002/14651858.CD013779
- Adamson K, Searl N, Sengsavang S, et al. Caring for the healthcare professional. *J Health Organ Manag*. 2018;32(3):402-415. doi:10.1108/JHOM-05-2017-0103
- Neel N, Maury JM, Heskett KM, Iglewicz A, Lander L. The impact of a medical improv curriculum on wellbeing and professional development among pre-clinical medical students. *Med Educ Online*. 2021 Dec;26(1):1961565. doi: 10.1080/10872981.2021.1961565. PMID: 34412576; PMCID: PMC8381956.
- Chan CA, Windish DM, Spak JM, Makansi N. State-of-the-art review of medical improvisation curricula to teach health professional learners communication. *Adv Health Sci Educ Theory Pract*. 2024;29(3):1025-1046. doi:10.1007/s10459-023-10296-x
- Chin MH. Lessons From Improv Comedy to Reduce Health Disparities. *JAMA Intern Med*. 2020;180(1):5-6. doi:10.1001/jamainternmed.2019.5930
- Mahoney, D., Brock, C., Diaz, V., Freedy, J., Thiedke, C., Johnson, A., & Mallin, K. (2013). Balint Groups: The Nuts and Bolts of Making Better Doctors. *The International Journal of Psychiatry in Medicine*, 45(4), 401-411. <https://doi.org/10.2190/PM.45.4.j>

# References

- AMA Steps Forward Peer Support Programs for Physicians. <https://edhub.ama-assn.org/steps-forward/module/2767766>. Accessed 1/7/24.
- Peer Mentoring Toolkit for Faculty. University of California San Francisco.
- <https://facultyacademicaffairs.ucsf.edu/faculty-life/mentoring-resources/UCSF-Faculty-Mentoring-Program-Toolkit-11.02.17.pdf>
- Chin MH. Lessons From Improv Comedy to Reduce Health Disparities. *JAMA Intern Med.* 2020;180(1):5–6. doi:10.1001/jamainternmed.2019.5930
- Ada County Medical Society website. <https://acms.memberclicks.net/>. Accessed 1/7/24.
- American Balint Society website. <https://americanbalintsociety.org>. Accessed 1/7/24.
- Medical Improv. <https://www.medicalimprov.org>. Accessed 1/7/24.
- The Schwartz Center for Compassionate Healthcare. <https://www.theschwartzcenter.org>. Accessed 1/7/24.
- Physicians Anonymous Support Groups. <https://physiciansanonymous.org/>. Accessed 1/7/24.