

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Swensen	3. Date 08-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Liselotte N Dyrbye
5. Manuscript Title Development of a Research Agenda to Identify Evidence-based Strategies to Improve Physician Wellness and Reduce Burnout		
6. Manuscript Identifying Number (if you know it) M16-2956		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Swensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mickey

2. Surname (Last Name)
Trockel

3. Date
18-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

A National Research Agenda to Enhance Physician Wellness and Reduce Burnout: National Strategies to Enhance Physician Wellness and Reduce Burnout: Six Recommendations from the AMA American Medical Association Joy in Medicine Research

6. Manuscript Identifying Number (if you know it)

M16-2956

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Dr. Trockel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jane B

2. Surname (Last Name)

Lemaire

3. Date

08-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Liselotte Dyrbye

5. Manuscript Title

A National Research Agenda to Enhance Physician Wellness and Reduce Burnout: National Strategies to Enhance Physician Wellness and Reduce Burnout

6. Manuscript Identifying Number (if you know it)

M16-2956

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Dr. Lemaire has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Linzer	3. Date 09-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title A National Research Agenda to Enhance Physician Wellness and Reduce Burnout		
6. Manuscript Identifying Number (if you know it) M16-2956		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support for collaborations on physician worklife and wellness

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Dr. Linzer reports grants from AMA, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Christine

2. Surname (Last Name)
Sinsky

3. Date
08-March-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
A National Research Agenda to Enhance Physician Wellness and Reduce Burnout: National Strategies to Enhance Physician Wellness and Reduce Burnout: Six Recommendations from the AMA American Medical Association Joy in Medicine Research

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Dr. Sinsky has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kristine

2. Surname (Last Name)
Olson

3. Date
10-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lotte Dyrbye

5. Manuscript Title

"A National Research Agenda to Enhance Physician Wellness and Reduce Burnout: National Strategies to Enhance Physician Wellness and Reduce Burnout: Six Recommendations from the AMA American Medical Association Joy in Medicine Research

6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tait	2. Surname (Last Name) Shanafelt	3. Date 14-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title A National Research Agenda to Enhance Physician Wellness and Reduce Burnout: National Strategies to Enhance Physician Wellness and Reduce Burnout: Six Recommendations from the AMA American Medical Association Joy in Medicine Research		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Co-inventor Physician Well-being Index, Medical Student Well-being Index, Well-being Index	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CWS	Mayo Clinic holds the copyright for this instrument and has licensed it for use outside of Mayo Clinic. Dr. Shanafelt receives a portion of any royalties paid to Mayo Clinic.

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Shanafelt reports In addition, Dr. Shanafelt has a patent Co-inventor Physician Well-being Index, Medical Student Well-being Index, Well-being Index with royalties paid to CWS.

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Section 1. Identifying Information

1. Given Name (First Name)
Erica

2. Surname (Last Name)
Frank

3. Date
13-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Liselotte

2. Surname (Last Name)

Dyrbye

3. Date

13-March-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

A National Research Agenda to Enhance Physician Wellness and Reduce Burnout: National Strategies to Enhance Physician Wellness and Reduce Burnout: Six Recommendations from the AMA American Medical Association Joy in Medicine Research

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M16-2956

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CWS, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties related to licensed Physician and Medical Student Well-being Index
The Physicians Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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