APPENDIX O - PHYSICIAN RETENTION & STAY INTERVIEW TOOLKIT

A practical system for preventing turnover, strengthening loyalty, and understanding physician needs before they become problems

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Most organizations wait until a physician resigns to figure out what went wrong. High-performing organizations do the opposite: they conduct proactive *stay interviews* that identify concerns, strengthen relationships, and prevent turnover years before it happens.

This appendix gives you a complete system to:

- Identify retention risks early
- Build trust with physicians
- Address frustrations before they escalate
- Improve culture and morale
- Strengthen long-term alignment
- Increase psychological safety
- Create predictable retention outcomes
- Support physicians across key career stages

This toolkit is one of the most powerful retention levers an organization can implement.

SECTION 1 - WHY STAY INTERVIEWS MATTER

The earlier you ask, the more you retain.

Stay interviews:

- Uncover hidden frustrations
- Strengthen relationships with leadership
- Increase trust and visibility
- Reinforce psychological safety
- Reduce the likelihood of surprise resignations
- Provide vital data for operational improvement
- Improve morale across teams

Organizations that use stay interviews have **higher retention, stronger culture**, and **greater physician satisfaction**.

SECTION 2-— THE "BIG FIVE" RETENTION QUESTIONS

These five questions produce more insight than any standard survey:

1. **What do you look forward to each day at work?**
2. **What drains your energy or causes stress?**
3. **What would make your work experience better?**
4. **What do you need from leadership that you're not getting?**
5. **What might cause you to consider leaving in the future?**

These questions open pathways for honest, meaningful conversations.

SECTION 3 - STRUCTURED STAY INTERVIEW TEMPLATE

Use every 6–12 months.

Physician Name:

Interviewer:

Date:

1. Engagement & Satisfaction

- What's going well in your practice?
- What recent wins are you proud of?
- What aspects of your work are most fulfilling?

2. Pain Points

- What frustrates you the most right now?
- Are there operational issues affecting your practice?

3. Team Dynamics

- How is your relationship with colleagues?
- How is your support staff performing?

4. Leadership & Communication

- Do you feel heard by leadership?
- Are there areas where communication could improve?

5. Future Alignment

- What are your professional goals for the next 3–5 years?
- How can we support you in achieving them?

6. Retention Indicators

- What could cause you to consider leaving?

- How can we ensure you want to stay?

Action Items (to be completed within 2–4 weeks):

- _____
- _____
- _____

SECTION 4 - RETENTION RISK ASSESSMENT TOOL

Evaluate which physicians need higher-touch engagement.

Rate each area **Low / Medium / High Risk**:

- Workload
- Clinic support
- OR access
- Leadership relationship
- Family and community stability
- Compensation concerns
- Burnout signals
- Peer relationships
- Professional growth opportunities
- Emotional well-being

Physicians with **multiple Mediums** or **any Highs** require proactive intervention.

SECTION 5 - PHYSICIAN BURNOUT EARLY WARNING SIGNS

Spot issues before they become irreversible.

Early signs include:

- Increased irritability
- Withdrawal from colleagues
- Declining enthusiasm
- Reduced engagement
- Complaints about support
- Slower charting
- Avoiding leadership
- Emotional exhaustion
- Cynicism or hopelessness
- Increase in errors or tension with staff

Recognize early. Act early. Support proactively.

SECTION 6 - LEADERSHIP RESPONSE PROTOCOL

What leaders must do immediately after a stay interview.

Within **1 week**:

- Acknowledge feedback
- Validate concerns
- Communicate next steps

Within **2–4 weeks**:

- Resolve 1–2 quick problems

- Begin addressing larger issues
- Provide written follow-up

Within **60–90 days**:

- Re-measure physician satisfaction
- Confirm progress
- Adjust support as needed

This follow-through is what builds trust.

SECTION 7 - RETENTION INTERVENTION PLAYBOOK

A structured system to support at-risk physicians.

Level 1 — Low-Risk Physicians

- Annual stay interview
- Quarterly rounding
- Recognition moments

Level 2 — Moderate-Risk Physicians

- Monthly check-ins
- Targeted operational fixes
- Mentor involvement
- Leadership visibility

Level 3 — High-Risk Physicians

- Dedicated retention plan
- Weekly meetings or rounding
- Immediate operational support

- Family/community engagement
- Review call burden, clinic workflow, OR access
- Explore long-term alignment pathways

Your job: remove obstacles and give them reasons to stay.

SECTION 8 - PHYSICIAN WIN-CAPTURE SYSTEM

Simple system to reinforce positivity and reduce burnout.

Each month, capture:

- 2–3 physician wins
- 1–2 team wins
- 1 patient story
- 1 operational improvement
- 1 leadership highlight

Celebrate these at:

- Monthly physician meetings
- Email updates
- Annual recognition events
- Internal newsletters

Recognition builds culture that retains physicians.

SECTION 9 - FAMILY-INTEGRATED RETENTION CHECKLIST

Because families decide long-term stability.

- ☐ Introduction to community groups
- ☐ School and housing support
- ☐ Spousal job resources
- ☐ Relocation follow-up
- ☐ Family-inclusive events
- ☐ Regular community check-ins
- ☐ Connection with other physician families

Retention is a family decision not just a physician decision.

SECTION 10 - RETENTION METRICS DASHBOARD

Track quarterly:

- Turnover rate
- 12-month and 24-month retention
- Call burden distribution
- Leadership engagement frequency
- Stay interview completion rate
- Satisfaction score movement
- Number of operational fixes completed
- Burnout indicators

What gets measured gets improved.

SECTION 11 - SUMMARY: RETENTION IS BUILT THOUGH PROACTIVE ENGAGEMENT

- Stay interviews create trust
- Early intervention prevents turnover
- Listening matters more than solving
- Follow-through builds loyalty
- Recognition strengthens culture
- Leadership visibility is essential
- Retention isn’t accidental. It’s engineered

Organizations that use this toolkit retain more physicians, reduce operational disruption, and build cultures where clinicians want to stay.