



Coaching for the pediatric anesthesiologist: Becoming our best selves

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Abstract

Anesthesiologists must balance demanding clinical workloads with career development goals. Leadership, conflict management, and other skills can improve medical outcomes, reduce stress at work, and increase career satisfaction. However, Medicine in general and Anesthesiology in particular have not traditionally emphasized physician growth in these areas. Coaching utilizes concepts from psychology, adult learning, and adult development theory to support an individual in personal and professional growth through inquiry, reflection, and shared discovery. This manuscript reviews the history and evidence basis for coaching, differentiates coaching from traditional mentorship, and presents some constructs of coaching and working with a coach. An example of a successful pilot program to disseminate coaching skills and support leadership growth among anesthesiologists, the Women's Empowerment and Leadership Initiative within the Society for Pediatric Anesthesia, is described.

KEYWORDS

anesthesia, career development, coaching, education

1 | INTRODUCTION

Anesthesiologists must balance demanding clinical workloads with career development and personal goals. Leadership, conflict management, and other skills can improve medical outcomes, reduce stress, and increase career satisfaction. Anesthesiology as a field, however, has not traditionally emphasized training in these areas. Incorporating coaching may help address this shortfall.

Coaching is a process that facilitates another person's learning, development, and performance through inquiry, reflection, and shared discovery. As a pathway for personal and professional

growth, coaching is firmly established in the business world and has growing popularity and potential for physicians and medical professionals. This review will address the history and scientific underpinning of coaching, illustrate its applicability to medicine and pediatric anesthesia, and provide specific skills for both coaching and being coached. Historically, the term "coaching" has been used as a remediation tool when behavioral or interpersonal problems impair professional function. That coaching application differs from coaching for personal and professional growth and is outside the scope of this manuscript.

Atul Gawande, a successful surgeon, author, and public health leader, described his experience with a coach for his operative

practice in a 2011 *New Yorker* article titled “Personal Best: Top athletes and singers have coaches. Should you?”¹ In it, he describes seeking a professional coach in a more senior and respected surgeon and the resultant introspection into his practice, growth as a surgeon, and importantly, decrease in complication rate. Medicine is a field that demands lifelong learning, and clinical expertise is only part of the growth required. Owing to the demanding nature of medical practice, physicians face particular life challenges and are often placed in positions to lead teams and systems without formal leadership training.

Anesthesiologists may particularly benefit from the attention to personal growth and professional improvement that coaching brings. Anesthesiologists often practice without peers present, and thus miss the direct or subtle feedback that comes with group or team cooperation. They frequently work in high-pressure, time-sensitive situations where outcome depends on communication, teamwork, and individual performance; coaching is an avenue to optimize these areas. Additionally, the anesthesiologist is the administrative leader in the operating room and perioperative environment. Scheduling and coordination of care require conflict and negotiation skills that are not formally taught in anesthesia residency or medical training.

Pediatric anesthesiologists require leadership, negotiation, and coordination skills to communicate and collaborate with parents, surgeons, and teams in the perioperative space. They also have the unique role of being both surrogate parent and pediatrician in the operating room; therefore, pediatric anesthesiologists perform best when they bring optimal clinical and communication skills to patient care. Additionally, a pediatric anesthesiologist in a combined adult and pediatric practice may have few peers with whom to learn and grow.

The practice of medicine has a significant impact on one's personal life and relationships, and personal life influences one's professional life. Effective coaching, therefore, may explore both professional and personal issues to maximize our well-being and success. The process of intentional change and progress toward goals can be applied in many domains of life. Through a holistic approach, coaching provides an avenue to improve both clinical and interpersonal skills through deliberate practice, inquiry, and shared exploration.

2 | HOW IS COACHING DIFFERENT FROM MENTORING?

Coaching is partnering with a client in a thought-provoking and creative process that inspires the client to maximize their personal and professional potential.² Sir John Whitmore, a preeminent thinker in leadership development and organizational change, as well as a pioneer in the international coaching community, defines coaching as “unlocking a person's potential to maximize their own performance. It is helping them to learn rather than teaching them.”³ Jenny Rogers defines coaching as “the art of facilitating another person's learning, development, well-being and performance. Coaching raises

self-awareness and identifies choices. Through coaching, people are able to find their own solutions, develop their own skills, and change their own attitudes and behaviors. The whole aim of coaching is to close the gap between people's potential and their current state.”⁴

Mentoring, a familiar tool for professional development in medicine, has its origin in the ancient Greek story of *The Odyssey*. Ulysses goes to the Trojan War and entrusts the education and care of his son to his friend named Mentor, who provides guidance, support, and encouragement. Mentorship is a nurturing process in which a more skilled or more experienced person, serving as a role model, teaches, sponsors, encourages, counsels, and befriends a less skilled or less experienced person for the purpose of promoting the latter's professional and/or personal development.⁵

Although the terms mentoring and coaching are often used interchangeably, mentoring is a very different process. Coaching and mentoring are on a continuum of asking (coaching) and advising (mentoring). Coaching is indicated when the person being coached, the “coachee” or in the business world, “client,” seeks to explore issues such as clarification of values, mission, purpose, priorities. Coachees learn to create their own solutions to problems. Mentoring is best when the mentee needs specific advice, when the mentor's experience lines up well with the mentee's needs, and when the mentor holds the keys to doors that the mentee needs unlocked. A mentor is a content expert who leads from the front and passes down knowledge by sharing experiences and giving advice.

A masterful coach “leads from behind,” allowing the coachee/client to determine the desired direction for change.⁶ The coach leads the process by challenging, observing, and providing feedback and support, without necessarily having content expertise in the problem or area. The coach and client work together to evaluate the present, create a vision, and build and implement a plan to achieve an inspired future that ensures ongoing growth. Figure 1 summarizes the differences between coaching and mentoring.

3 | HISTORY OF COACHING

Coaching as a discipline and profession is relatively new. It has foundations in psychology, adult learning, and adult development theory. Until the 1980s, coaching was limited to the sports arena. Its first application in the business context was by Sir John Whitmore. Whitmore worked closely with Harvard educationalist and tennis expert Timothy Gallwey, author of *The Inner Game of Tennis* and *The Inner Game of Work*, to develop the concept of coaching for business leaders. The International Coaching Federation (ICF) was founded in 1995 to support coaches and develop coaching as a profession. Currently, the largest international organization for certifying coach training programs and individual coaches, ICF recognizes a membership of more than 25 000 certified coaches worldwide.² The Institute of Coaching at McLean Hospital, a Harvard Medical School affiliate, was established in 2009 with a mandate to cultivate the scientific foundation of coaching and best practices. Though early coaching often focused

Coaching vs. Mentoring

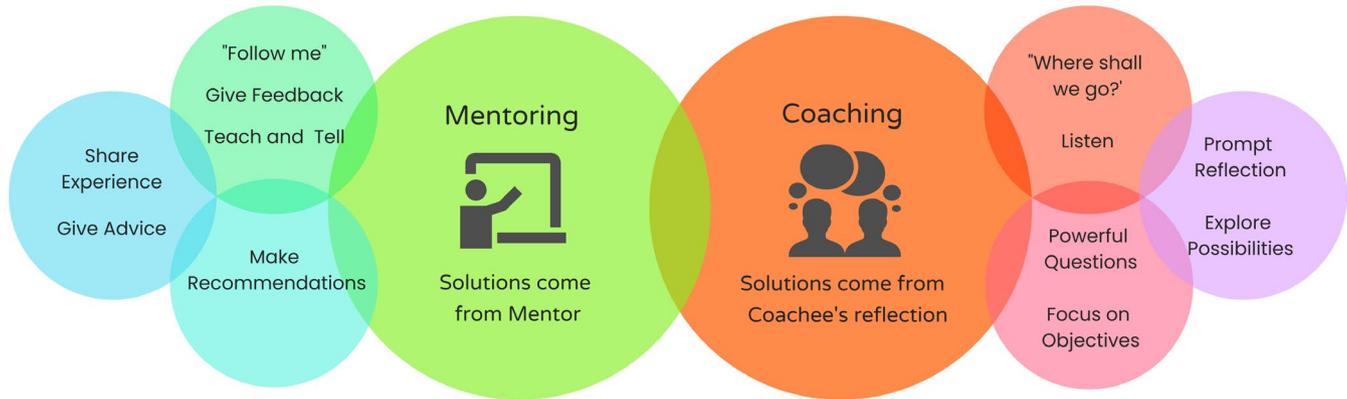


FIGURE 1 Distinguishing coaching and mentoring. Mentoring is an established paradigm in medicine. The application of coaching skills, which are distinct from mentoring, can also significantly advance the field of anesthesiology

on remedial issues, coaching is now internationally recognized as an effective method for promoting leadership development at all organizational levels and supporting people during times of transition. Now well-established in business, the power of coaching to support the well-being and effectiveness of physicians and health care teams is just beginning to be appreciated.

4 | EVIDENCE FOR COACHING EFFECTIVENESS

In business models, coaching effectiveness has been demonstrated by measuring performance or productivity. Coaching has shown a positive impact on reports of behavioral change by participants (73% very effective or extremely effective) and their stakeholders (85% reported effective or greater).⁷ In the same study, the clients estimated that organizational outcomes returned 570% of coaching investment.

In healthcare, published case reports and studies have revealed satisfaction with coaching engagement and improvement in measured outcomes. Coaching in healthcare may be focused on improving clinical skills, communication, leadership, and/or practitioner well-being and may be provided by professional coaches, supervisors, or peers. Since Atul Gawande's 2011 piece in *The New Yorker* described the use of coaching for improving clinical skills and decision-making, the application of coaching to develop surgical skills in trainees has had mixed success. The coaching approach for practicing surgeons may be limited by the surgical culture of autonomy and ability to set their own learning agenda.^{8,9} However, in a study of family medicine residents being coached by psychiatrists on effective communication with patients, a combination of simulation and coaching yielded a sustained improvement in counseling and communication performance as measured by both coach-rated communication competency and self-efficacy as compared to the control condition of training as usual.¹⁰

Stigma-free coaching to address burnout among practicing physicians and healthcare professionals has shown promise as a scalable and cost-effective approach to promoting clinician well-being, improving work environments, and reducing professional and employee turnover.¹¹ In a 2014 qualitative study of a coaching pilot, Schneider et al identified (1) boundary setting, (2) self-compassion and self-care, and (3) increasing self-awareness as critical insights identified by coaching. These physicians reported that resilience in these three areas increased through skill and awareness development. Importantly, they also felt that these behavior changes, achieved through coaching, had an indirect positive impact on patient care.¹² Published in 2019, a randomized coaching intervention for physicians in the Mayo Clinical Health system demonstrated improvements in burnout, emotional exhaustion, resilience, and quality of life compared to those who received no coaching.¹³

Coaching has been associated with improved patient satisfaction, a key metric in hospital quality grading and the Centers for Medicare and Medicaid Services' Value-Based Purchasing Plan. Individual physicians and patient unit staff with low patient experience scores were coached on communication and customer service skills using a 1:1 physician-to-physician model or a unit-based group model. All groups exhibited improvement in patient experience scores; the largest improvement was in the 1:1 physician-to-physician coaching group who self-referred for coaching.^{14,15}

5 | COACHING SKILLS

The theory of intentional change developed by Boyatzis in 1970 has become the foundation for coaching.¹⁶ Skilled coaches guide people through visualization, introspection, mapping a path, and experimenting with behavior change to support a process of self-discovered and motivated transformation (Figure 2). Coaching is a learning and growth process, not a teaching or training process. A coach uses inquiry, reflection, and guidance whereas teachers or mentors may give advice or direction.

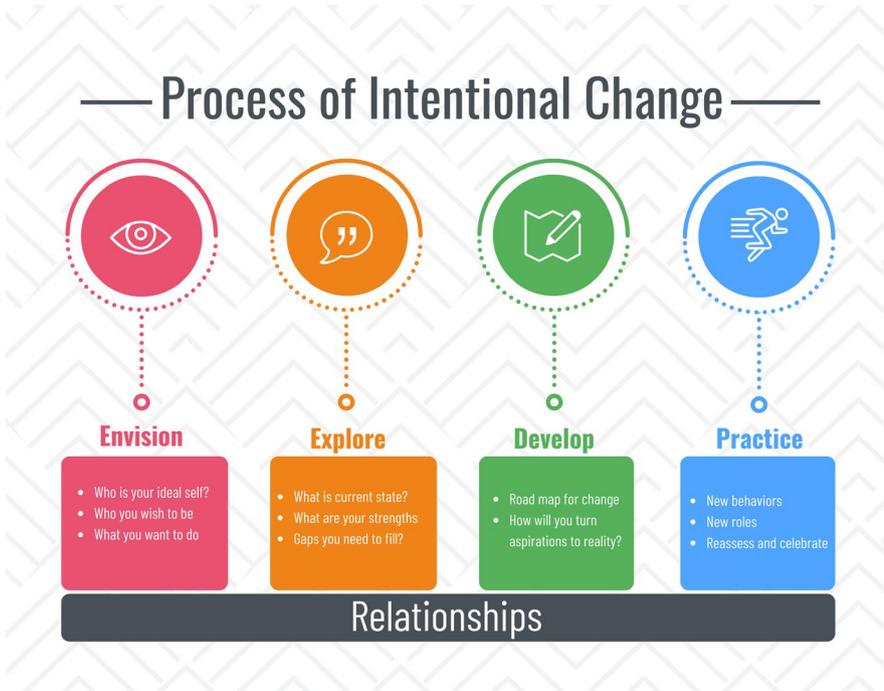


FIGURE 2 Process of intentional change. Coaches can guide coachees through intentional change using a series of steps to envision the ideal, explore the current state, develop a plan, and practice new behaviors. Adapted from Boyatis R, Coaching for Change. *Harvard Business Review*. September/October 2019. <https://hbr.org/2019/09/coaching-for-change>

TABLE 1 Foundational principles of coaching

1. The client is resourceful. The client has the resources to solve his/her own problems in a way that actually works for them. The client does not come to get their problems “fixed”
2. The coach's role is to develop the client's resourcefulness through powerful questions, challenge, and support
3. Coaching addresses the whole person, not just the professional problem at hand
4. The client sets the agenda for the coaching process. The coach does not lead the client to the “solution.”
5. The coach and the client work together as equals
6. Coaching is about change, growth, learning, and action

Note: Adapted from Rogers J. *Coaching Skills: The definitive guide to being a coach*.

To many physicians and leaders, the foundational practices of coaching may feel unfamiliar or counterintuitive. Physician-patient interactions are predicated on diagnosis and expert advice-giving. Physician brains are wired to sort through information and find the answer with a degree of clarity and certainty, and value is perceived in solving problems for others. Teaching and mentoring are more natural skills for physicians.

In contrast, adult learning theory suggests that discovery is a far more powerful way to learn than telling. Inquiry can bring out creativity and skill, enabling others to discern, solve problems, and reach goals. Advice may solve the present problem but engaging in a reflective process develops problem-solving skills and engenders ownership and commitment to action. In the words of Pam McLean, “Great coaching is not about fixing and telling, it is focused on developing great leaders.”¹⁶

TABLE 2 Coaching actions

1. Listens actively so that others can express themselves
2. Asks powerful questions that initiate a change of thinking
3. Generates feedback that avoids defensiveness
4. Expands awareness that creates new learning
5. Designs action steps *with the client* that will actually be accomplished
6. Follows up to increase learning and accountability

Coaching promotes and establishes the client's ability to identify and solve problems while growing in an equal partnership with the coach (Table 1). Core coaching skills include active listening and inquiry (Table 2). The biggest challenges for a coach are to stop talking, advising, and solving problems. Instead, the coach must be present, listen well, offer compassion, and build a caring relationship. Be curious. Ask powerful, open-ended questions. Shift from problem-solving to developing people. Help others think, reflect, and create their own solutions.

An excellent practical resource for developing coaching skills with application to everyday work is the brief book, “The Coaching Habit. Say Less, Ask More and Change the Way You Lead Forever,” by Michael Bungay Stanier. Stanier asserts that coaching is simple and can be accomplished in small daily actions accomplished in 10 minutes or less. Table 3 lists Stanier's seven simple questions that provide the foundation for meaningful coaching conversations.¹⁷ A personal coaching habit is built on creating curiosity and questions that are authentic and support others in growth, increasing our impact as colleagues and leaders.

TABLE 3 Seven questions for meaningful coaching conversations

1. What's on your mind?
2. And what else?
3. What's the real challenge here for you?
4. What do you want?
5. How can I help?
6. If you're saying yes to this, what are you saying no to?
7. What was most useful for you?

Note: Adapted from Stanier MB. *The Coaching Habit: Say Less, Ask More and Change the Way You Lead Forever*.

6 | COACHING AS A LEADERSHIP STYLE

Coaching may extend beyond a formal one-on-one coaching engagement to become a leadership style with significant impact. Daniel Goleman, psychologist and author of the *New York Times* best seller *Emotional Intelligence*, asserts that leadership style is not a personality function but a strategic choice. The best leaders are skilled at several approaches and have the flexibility to shift styles to meet the needs of the current situation. Leaders with a coaching style help people identify their unique strengths and weaknesses and tie them to their personal and career aspirations. They encourage the coachee to develop and implement long-term development goals. Although coaching is the least commonly used leadership style, leaders who have mastered four or more leadership styles, including the coaching style, have the best climate and business performance.¹⁸ Coaching provides a mindset of curiosity, growth, and empathy. Leaders with a coaching style use listening, powerful questions, and observation to support others in creating vision, goals, and outcomes. "As more and more organizations embrace a coaching style of leadership, organizations will become the platform through which people achieve their potential, and the relationships between organizations and people will finally become symbiotic."³

7 | WORKING WITH A COACH

When working with a coach, you will use a process of self-reflection, vision, and planning to execute change and create a system of personal accountability.

A skilled coach will help you to:

1. Evaluate your current situation. Data gathered may include a personal assessment, interviews with stakeholders, feedback from supervisors, and evaluation tools such as performance evaluations and 360-degree assessments.
2. Develop a clear picture of your inspired future. Your desired future may include examining your mission (why you exist), your vision (where you want to be), and your values (what is important to you). A well-developed overarching aspirational goal is supported

by specific behavioral goals. For example, the goal of becoming a more inspirational leader might be accomplished by communicating a clear and compelling vision and building strategic relationships with colleagues.

3. Build a plan to move toward your inspired future. Identifying personal and external strengths and obstacles will help construct the plan. Plans will ideally have concrete steps and timelines.
4. Execute the plan and help you become accountable to yourself for progress. Your coach will continue to aid you in your journey, providing support, accountability, and honest feedback.
5. Provide you with resources for the journey. Regular meetings with your coach provide opportunity to refine your direction and celebrate success.

"Coaching lifts the focus of attention on to future possibilities thus leaving behind past mistakes and any limiting beliefs."³

Coaching may be provided in a one-on-one coaching relationship or in a team setting to improve team performance and dynamics. As Atul Gawande described, live action coaching allows the coach to observe the coachee at work in their daily work environment, making observations and providing feedback. Coaching is commonly provided by trained professional coaches who may work within an organization (internal coaches) or be hired from outside (external coaches). In addition to formal coaching, we can all learn coaching skills that will help us shift from giving advice and "fixing" to truly developing people by increasing their performance and ability to create solutions.

Consider coaching if you want to evaluate the present, create a vision for change, build and implement a plan to develop your own inspired future, and ensure ongoing growth. The success of coaching depends in large part on your willingness to reflect, receive feedback, and consider new perspectives and new ways of thinking, feeling, and acting. Coaching can improve a number of situations during an anesthesiologist's career to ultimately improve job satisfaction and happiness (Table 4). Coaching done well can create enduring and transformational change for individuals, teams, and organizations.

TABLE 4 Situations where coaching for professional development may be helpful

Leadership development
Development of young physicians
Clarifying career direction
Getting "unstuck"
Transitions (eg, trainee to attending, new leadership roles, retirement)
Peer to peer support for clinicians
Developing resilience, preventing burnout
Reinvigorating providers who are experiencing burnout
Wellness coaching
Improving technical skill performance
Strengthening important interpersonal skills such as communication, conflict resolution, difficult conversations

8 | COACHING IN ACTION FOR PEDIATRIC ANESTHESIOLOGISTS

In 2018, the Women's Empowerment and Leadership Initiative (WELI) was founded within the Society for Pediatric Anesthesia (SPA) to address the significant gap between women and men with respect to achieving leadership positions and promotion in medicine, and more specifically within anesthesiology. While women made up 33% of full-time anesthesiologists, only 18% of professors in the field were women.¹⁹ Furthermore, only 10% of Anesthesiology Department Chairs were women.²⁰ Additionally, women's leadership programs that existed had limited availability, came at significant cost to participants, and often were not conducive to the schedule of women in pediatric anesthesiology. Similarly, younger women infrequently sought out individual executive coaches because they lacked awareness of the resource or were put off by the high cost.

With these factors in mind, WELI was developed with the mission to “empower highly productive women to achieve promotion, leadership, and equity in pediatric anesthesiology.”²¹ A multifaceted program, WELI, aims to provide its participants—women of diverse backgrounds, interests, and career levels—with the tools to achieve these goals. Teaching coaching skills is a primary approach in WELI. Each coachee is paired one-on-one with an established and recognized leader in pediatric anesthesiology who serves as the coach. Monthly (or more frequent) coachee/coach discussions are encouraged to examine goals and progress toward them.

Importantly, WELI coaches are both women and men with varied interests and backgrounds. Although most WELI coaches had career expertise in mentorship, most did not have experience in coaching. Workshops geared toward the WELI coaches were developed to illustrate the differences between coaching and mentoring, explain why WELI asked these leaders to serve as coaches, and describe the skills that coaches need. Currently, a structured coaching curriculum is in development to support WELI members in their coach/coachee roles and that can be used at home institutions for personal and faculty development.

Specialized WELI workshops led by executive coaches have been conducted for coachees and coaches at the twice-yearly SPA meetings. At these sessions, participants discussed many aspects of leadership, including the tools needed for team management, networking, difficult conversations, and time management. Based on excellent feedback and a growing demand for such education, the number of WELI workshops will be increased and offered in a virtual format in 2020. Some workshop material will be recorded to accommodate the busy schedules of many WELI members. The WELI website (<http://weli.pedsanesthesia.org/>) includes important literature regarding skills and keys to achieve success. Finally, coachees have access to an organized network of other coaches and peers with diverse backgrounds and expertise in clinical medicine, quality improvement, research, and administrative leadership. This networking occurs both in person and virtually.

As of July 2020, WELI has more than 80 coachee/coach dyads from more than 65 institutions in the United States and Canada.

Outcomes of this initiative are being evaluated, including the effects on both coachees and coaches.

9 | SUMMARY

Coaching for professional and personal development has been successfully used in the business world, and it now has growing application in medicine. Coaching skills differ from mentoring; coaches encourage coachees to discern the solution or path forward whereas mentors offer advice and direction. Coaching is a potent paradigm for empowering physicians to experience a high-performing career and life that is meaningful, personally satisfying, and healthy. As an increasingly valuable tool to develop great people, inspiring leaders, and effective teams, coaching can help chart our way forward to meet the exciting opportunities and challenges facing pediatric anesthesiologists. The Women's Empowerment and Leadership Initiative within the Society for Pediatric Anesthesia is an example of a successful pilot program to disseminate coaching skills and support leadership growth among anesthesiologists.

10 | THREE REFLECTIVE QUESTIONS FOR REVIEW

1. How does coaching differ from mentoring?
2. What are important skills that coaches should cultivate?
3. What impact could a coaching approach have in personal, professional, and leadership interactions?

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CONFLICT OF INTEREST

WELI received support from Masimo for a workshop. Dr Lee is a paid consultant for Edwards Lifesciences. Drs. Deutsch and Lee are on the SPA Board of Directors. Drs. Lee, Deutsch, Schwartz, and Markowitz are on the WELI steering committee; Dr Lee is the WELI founder and Drs. Wittkugel and Markowitz assisted with the development of coaching materials for WELI.

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