

Physician Coaching

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KEYWORDS

- Coaching • Leadership • Professional Development • Well-being
- Positive psychology

KEY POINTS

- Coaching differs from mentoring or sponsorship by its emphasis on mindset and future growth and potential, as well as by viewing the individual as a whole person.
- Coaching may be conducted on an individual, group, or team basis.
- Coaching can facilitate the acquisition of important leadership skills including emotional intelligence, adaptability, conflict management, and negotiation that are often not taught in training environments.
- Coaching has been shown to enhance performance, efficacy, and well-being for physicians.
- Coaching skills and techniques can be learned and used as a part of a leadership style.

The more the world around us is in flux the more we as individuals must be certain about what matters in our lives: how we spend our time, who we are connected to, and where we are going. A coach is someone who can evoke passion and purpose in others, within the dissolving and reconstituting environments of our times.

—Frederic Hudson, 1995

INTRODUCTION

The practice of anesthesiology requires comprehensive medical knowledge, a robust clinical skill set, and the ability to navigate complex social situations on a daily basis. While medical school and residency training serve as preparation for the first two, training in emotional intelligence, conflict management, negotiation skills, and leadership is often deficient or nonexistent. Additionally, professional development is not always adequately emphasized, resulting in a lack of professional fulfillment for many

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physicians along with inequities in promotion and leadership opportunities for women and underrepresented minorities.¹⁻³ In addition to the challenges inherent in being a physician, life itself presents changes and transitions that necessitate continual self-assessment, renewal, and learning.

Coaching has been successfully used for both personal and leadership development in the business world for several decades, and now a growing body of evidence is demonstrating its applicability in medicine.⁴⁻⁶ The International Coaching Federation (ICF) defines coaching as “partnering with a client in a thought-provoking and creative process that inspires the client to maximize their personal and professional potential.”⁷ Modern coaching began with the partnership of Sir John Whitmore and Timothy Gallwey, Harvard educator and the author of *The Inner Game of Tennis*. As a tennis coach, Gallwey recognized the impact of internal dialogue and negative thinking on performance and learning.⁸ While earlier coaching theories developed from psychology and adult learning and development theories, positive psychology, mindfulness, and neuroscience are now increasingly important influences.

When I decided to become certified as a life coach, my goal was to work with women physicians who were experiencing struggles in life with resultant burnout. I was raised by a single mother who had severe mental illness and I experienced many types of abuse and traumatic experiences as a child. As a result, I made the conscious decision as a young adult that my adult life would be very different from my childhood. From an early age I said I was going to be a doctor, believing that somehow, I could create a perfect life. I married another physician, but after the marriage ended in divorce, I found myself a single parent with primary financial responsibility. The combined responsibilities of full-time parenthood and a career as a full-time academic anesthesiologist led, over years, to burnout. At that time burnout was not openly discussed, and I often wondered if I could keep working as an anesthesiologist for several more decades.

An event in my life about 4 years ago forced me to work on the traumas I had suffered as a child and adult. The work proved transformational, helping me understand how these traumas had impacted my decision-making. The desire to help other women physicians who were suffering led me to coaching school. Coaching school helped me realize that despite my personal growth work and progress there was more work to do, and different tools to use. The tools I learned have subsequently transformed every conversation, situation, and relationship in my personal and professional life.

HOW IS COACHING DIFFERENT? (BOX 1)

Coaching is a unique process that has the potential to fill existing deficiencies for anesthesiologists at the intersection of personal and professional well-being and career development. Through a process involving inquiry, increased self-awareness, reflection, and discovery, it can facilitate growth for individuals, groups, and teams. Rather

Box 1

Coaching principles

- Coaching is future and goal-oriented
- Coach and client are equal partners
- The coachee is a “whole” person and does not require fixing
- Clients are resourceful and able to create their own solutions
- Agenda and goals for each session are set by the coachee
- Skilled questions allow the client to discard assumptions and limiting beliefs

than dispensing advice, a coach listens intently, explores with the client (or “coachee”), and asks questions meant to spark insight and facilitate growth. Most importantly, coaching allows the coachee to identify and discard limiting beliefs or assumptions that are often holding them back, allowing them to initiate desired changes and shift their mindset. Coaching can be especially powerful for physicians who suffer from impostor syndrome. Coaching often results in a renewed sense of hope, optimism, and empowerment in the coachee, furthering personal and professional development. Interestingly, the act of coaching can also produce similar beneficial outcomes for the coach, demonstrating the effectiveness of compassion and empathy for others as a self-help tool.

Mentorship and sponsorship have been the most used professional development tools for physicians. Although peer mentoring is gaining traction, traditional mentoring relationships typically involve a more experienced practitioner—usually within the same field—offering guidance to a less experienced individual who is seeking advancement or achievement of a specific goal. Advice is dispensed regarding specific topics or needs, with the mentor acting as a content expert or facilitator: the mentor leads, and the mentee “follows.” Sponsorship occurs when a more senior or influential individual creates or supports an opportunity for a junior colleague, personally vouching for them and promoting their career. To differentiate sponsorship from professional coaching, a protégé will receive introductions or opportunities at the behest of the sponsor, while a coachee will determine if and how they will seek introductions and identify opportunities beyond the coaching conversation. (Fig. 1).

Coaching also differs from therapy or counseling, although they both offer confidential, supportive, and nonjudgmental relationships that ultimately strive to enable clients to improve or enhance their life experiences. Therapy or counseling is often a long-term process in which a client works with a licensed therapist or counselor who aids in resolving personal or psychological challenges, and clients seeking therapy or counseling are more likely to be persistently distressed than those seeking coaching. Coaching and counseling/therapy are very distinct professions, and it is not uncommon for individuals to have both a therapist and a coach. Coaching is more often a time-limited process of 6 months to a year with a professional who is usually not a licensed health care professional. Perhaps the most important distinction is that in coaching the client is assumed to be “whole,” and they can identify and create



Fig. 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. (From Schwartz et al, *Coaching for the Pediatric Anesthesiologist: Becoming our best selves*. *Pediatric Anesthesia* 2021;31:85)

their own solutions with the assistance of the coach. Unlike therapy, which explores past experiences, coaching is intrinsically future- and goal-oriented.

While mentorship, sponsorship, training, and coaching are all valuable professional development tools, only coaching views all aspects of the coachee's life and creates space for the exploration of both personal and professional aspirations. Coaching is also a partnership of equals whereby the coachee is regarded as resourceful and able to solve their own problems; they do not need to be "fixed." In many coaching relationships, the coach is not a content expert in the coachee's field. Coaching provides a unique opportunity to focus on the client's strengths, resourcefulness, and the creation of solutions rather than the analysis of problems.

Benefits of coaching

Broadly speaking, coaching can be effective for developing new skills and performance, enhancing personal and professional development, and increasing efficacy with shifts in mindset or worldview. For many physicians, the elements of perfectionism and impostor syndrome become a fixed mindset that leaves them dissatisfied with their trajectory. Others may increase their leadership potential by improving self-awareness, emotional intelligence, and communication skills. Learning to discard limiting beliefs and acquiring new skill sets often leads to an increased sense of hope and empowerment, improving life and career satisfaction, as well as overall well-being. Several studies have shown the benefits of coaching in reducing elements of burnout in physicians and increasing well-being.^{5,6}

Responsibilities of the coach and client

During training to become a coach reference is frequently made to "use of self" as an instrument. This phrase means that it is the responsibility of the coach to continue their own self-growth, cultivating self-awareness, empathy, and emotional intelligence to be maximally effective for their clients. The client's responsibility is to be "coachable"; in other words, to seek and be open to change. Coaching may not be a good fit for those who are unwilling to receive feedback or consider change.⁹

Coaching skills—the "coach-approach"

Two crucial elements for success in a coaching relationship are trust and the quality of the coaching. In evaluating the success of coaching relationships, the most important factor has been shown to be the quality of the relationship between coach and coachee.¹⁰ Mutual trust creates psychological safety for the coachee, enabling them to share freely and think aloud during coaching sessions. Adherence to ethical guidelines such as those established by the ICF is essential for the maintenance of this trust.¹¹ The coaching relationship is further strengthened by the coach's provision of confidentiality, nonjudgment, and acceptance. At times this can include the willingness of the coach to remain in the engagement despite the coachee's challenges or occasional discomfort.

Successful coaches also use evidence-based principles and there is no single universally accepted coaching method; multiple theoretic frameworks have been described. A skillful coach will often combine a variety of approaches best suited to the individual client's needs. However, coaching principles universally include relationship and trust-building, listening, asking powerful questions, challenging assumptions, and being nonjudgmental and nondirective. It is essential that the coach retains the ability to be highly self-aware and respect the values, viewpoints, and perspectives of their clients.

The creation of a **trusting and confidential relationship between equals** is a defining characteristic of coaching. Beyond coaching skills and process, the coach is often trained in leadership and communication competencies. Excellent interpersonal and listening skills serve a coach well in fostering a trusting relationship with the coachee. This trust helps the coachee share challenging elements of their life situation or goals which they may not have previously revealed to others. Expressing vulnerability is difficult for many physicians and speaking one's mind can potentially have negative consequences in other venues, hence trust and confidentiality are paramount. As the coachee becomes more open in conversation, the coach can challenge the coachee's limiting beliefs or assumptions, thus creating the opportunity for deeper and more meaningful insights. The presence of a supportive and confidential coaching relationship has been shown to positively affect stress and anxiety for coachees.¹²

One of the key skills in a coach's repertoire is **active listening**. Coaches learn and practice this skill in formal training. Intent and effective listening enable a coach to detect in tone, cadence, facial expression, and body language the full message conveyed by the coachee. Often a coach will note a change in facial expression or body position that belies the words being spoken. Recognizing a coachee's commitment or discomfort within the conversation, the coach may then ask clarifying questions or challenge assumptions. Effective listening also enables a coach to "read between the lines," often leading to an "Aha!" moment for the coachee. To ensure clarity and facilitate understanding, coaches often paraphrase or summarize what the client has just said. Paraphrasing also allows the client to mirror, or hear themselves, offering validation and the opportunity for reflection. Lastly, the act of intentional and compassionate listening is in itself valuable to the coachee, validating their efforts and acknowledging the challenges that they face.

Coaching skills include **asking "powerful" or thought-provoking questions**. These are used to allow the coachee to clarify their thoughts or to challenge assumptions or mindset. They can also help a coachee understand the considerations in their present challenges and select a path toward a future goal. Powerful questions can prompt insights into values and priorities which may have remained hidden behind a complicated series of assumptions. For this reason, coaching questions generally begin with "What" or "How," as opposed to "Why?" In formulating a question, the coach remains nonjudgmental regarding any answer, and to what, if any, insight is needed for the coachee to move forward. An open-ended question can help a coachee discover a previously unforeseen path or conclusion, whereas a leading question could unintentionally influence the coachee, thereby reducing autonomy and the opportunity to create empowerment.

A skilled coach helps increase self-awareness for clients, encouraging goal setting and accountability. Potential becomes unlimited, rather than constrained. Over time, limiting beliefs are examined and left behind. Clients see from a new perspective and become aware of new ways of meeting challenges or overcoming obstacles. This can often take the form of thinking aloud to restructure ideas. The client can determine who they would like to be and how that "way of being" opens possibilities for ongoing learning and forward motion. The end of a coaching session often includes an invitation for the client to summarize what he has learned about himself, along with the next steps for action. **Box 1**

TYPES OF COACHING

Several coaching subcategories exist, all of which share the fundamentals of a coach approach. They differ mainly in the nature of the interpersonal relationship or coaching

focus. Although coaching has been used in the past for remediation or to address disruptive or unprofessional behavior, it is now most frequently used to maximize career development and potential. From an organizational perspective, coaching may be provided by either internal coaches, used by the organization, or external coaches serving as consultants. When a coach is used directly by an organization the coaching goals may be performance-oriented or emphasize skill acquisition and often serve the organization as well as the client. The coach is, in effect, working for 2 parties. Many physicians or trainees may choose to use a personal coach outside their institution as well.¹³

Coaching for medical students and residents is being used by some academic departments and medical schools to foster the development of professional identity and specific skillsets.⁴ Academic centers using coaching as part of their curriculum or professional development may have either professionally trained coaches and/or department or faculty members who have received specialized training in coaching techniques. For physicians, **peer coaching** generally implies being coached by someone who is also a physician; the coach may have formal training as a professional coach or informal training in coaching techniques. Evidence exists that physicians prefer being coached by physicians, and programs using peer coaching for physicians have been effective at improving physician retention.^{14,15}

Individual or one-on-one coaching occurs between a coach and a single coachee. A one-on-one relationship enables the work of coaching to specifically address the unique personal and professional challenges of the coachee, enabling more confidential discussions. Although most coaching has traditionally been conducted in person, virtual sessions or “e-coaching” have been increasingly used due to growing interest in coaching, the global nature of business, and the COVID-19 pandemic. Roughly half of all coaching relationships are now conducted virtually.¹⁶ Coaching sessions may also be conducted by telephone without a visual component, as many experienced coaches believe this facilitates improved listening and detection of voice inflection. In a review of 17 workplace coaching studies, the coaching modality (eg, face-to-face or e-coaching) did not impact the efficacy of coaching.¹⁷

Team and group coaching serve multiple clients simultaneously. Specific training courses exist for coaches who wish to develop expertise in facilitating team or group coaching. **Team coaching** focuses on creating high-functioning teams or working with existing teams to maximize performance or incorporate change. Goals can include fostering a collective growth mindset, managing team conflict, or decreasing organizational resistance to change. **Group coaching** involves small groups of like-minded individuals with an identified common interest, such as women leaders exploring work–life balance. Group coaching may also provide a more affordable price point for organizations and individuals.

Executive coaching is one of the best-known and longest established branches of coaching. It is defined as “a helping relationship between a client with supervisory authority or responsibility in an organization and a coach, helping the client achieve a mutually defined set of goals with the aim of improving professional performance, well-being, and effectiveness of the organization.”¹⁸ Some knowledge of, or experience with, organizational behavior is often useful for executive coaches. Executive coaching clients are often leaders in complex, competitive environments who may lack a touchstone for brainstorming or expanding their perspectives. Executive coaches who are external to the organization offer the benefit of unbiased support to the client as the coach does not have a vested

interest in the business or organization. Executive coaches often work with teams as well as individuals. A standard engagement may last 6 months to a year to engender lasting changes in performance and mindset. Examples of common goals in executive coaching relationships include ensuring smooth transitions, managing a new position, navigating complex relationships, and development of “stretch” goals.

Leadership coaching involves managers and team leaders and can be considered a subset of executive coaching. In the corporate environment, leadership coaches are often employees of the organization or business for which they are coaching. Increasingly, business leaders are being encouraged to develop a “coaching approach” as part of their own leadership style to encourage self-confidence and resourcefulness in those who report to them. Leadership development is now recognized as important at all organizational levels. In medicine, leadership coaching can guide preparation for academic promotion, transition to a new role, or leadership within a private practice by developing skill sets including negotiation, conflict management, and emotional intelligence.

My coaching story begins with transitions. I was transitioning from being a junior faculty member to a recruited expert; from being an excellent follower to a novice leader; and from a hospital in one region of the United States to one in a different geographic region. I felt pressure to prove myself worthy of being recruited, but it was not going well. Although I was doing everything I had been taught, I was now receiving messages of nonsuccess. Recognizing my struggles as a hindrance to reaching my potential in the new environment, I engaged a coach and began the hard work of change.

It would be years later before I decided to become a coach myself, in part due to my growing awareness of my colleagues' suffering. With the help of my coach, I found my own path through the feelings of inefficacy and the false security of depersonalization. I wanted to facilitate such change for others. During my training, I learned that what my coach had conducted was not magic, but instead, a combination of science and art.

Life coaches work with clients to attain greater fulfillment in all aspects of their personal and professional lives by enhancing hope, well-being, and resilience. They assist clients in identifying goals, the obstacles preventing them from achieving these goals, and strategies for overcoming these obstacles. Life coaching can take place individually or in group settings, allowing members to energize each other and benefit from collective learning and experiences. Characteristic topics in life coaching include personal insights and self-reflection, identification of negative thought patterns and limiting beliefs, reframing of past experiences with the intent to reshape the present and future, enhancement of well-being and self-esteem, mitigating procrastination, and enhancing motivation. Life coaches can be general coaches that work with clients in every area of their lives, or they may have specific niches such as career management, relationships, diet or fitness, addiction, sports, or financial management. Life coaching can also be used to enhance diversity initiatives, with a focus on awareness and inclusion, generational differences, and cross-cultural styles.

COACHING IN THE WORKPLACE

Medical leadership traditionally has been hierarchal, but leadership styles are gradually shifting to a more distributive approach, with everyone perceived as a potential leader and contributor. The development and use of coaching skills in the workplace can promote this evolution. (Box 2). In “A Blueprint for Organizational

Box 2**Useful workplace coaching techniques***BE CURIOUS and NONJUDGMENTAL*

- Ask “what” or “how” questions
- Avoid questions with “yes” or “no” answers
- Explore potential options

LISTEN DEEPLY and SUMMARIZE OFTEN

- Listen for tone
- Watch body language

BE WILLING TO EXPLORE

- “What else is possible?”
- “What if there were no obstacles?”

THINK POSITIVELY

- Assume success
- The past is less important than the future

Strategies to Promote the Well-being of Health Care Professionals,” Shanafelt and colleagues¹⁹ advocate for coaching in the clinical workplace as a fundamental component of leadership development and healthcare worker well-being programming. Learning to ask open-ended questions and practicing active listening as a leader helps people feel valued and contributes to increased employee engagement. The use of coaching techniques and models can be used to strengthen leadership styles and daily workplace interactions, even for those without formal coaching training.

A basic coaching model and useful framework for restructuring conversations and encouraging active listening is the “GROW” model developed by Whitmore.²⁰

- **G: Goal. Establish a goal for a particular interaction.** At the outset of the conversation, a typical question might be “What would you like to come away with after this conversation?”
- **R: Reality.** Ask questions to encourage the speaker to focus on specific facts, or the “What” and “How.” Questions beginning with “Why” should be avoided due to the tendency to evoke self-justification or defensiveness. Questions might include “What are the key things that we need to know?” or “What really matters here?” Listen carefully for the response and summarize if necessary to ensure understanding.
- **O: Options.** Encourage broad thinking. Questions such as “If there were no obstacles, what would you do?” and “If you had a magic wand, what would you do?” allow the speaker to conceptualize new ideas and potential solutions.
- **W: Will.** “Will” can be used in several ways. “What will you do next?” yields action steps. “On a scale of 1 to 10, how likely is it that you will do this?” helps the speaker define their level of motivation. If action steps are not formed, or the motivation to proceed is low, the process can be repeated.

COACHING AND WELL-BEING

Coaching outcomes can be measured using assessments that focus on workplace performance, well-being, coping, affect, and behavior.²¹ Validated instruments include the Satisfaction with Life Scale, Psychological Well-Being, Affect Temperament Scales, and rating of positive and negative affect (PANAS).²² The Summative

Coaching Evaluation assesses the quality of coaching. Using coaching and follow-up assessment with validated instruments has demonstrated specific improvements in a wide range of industries, including health care.^{5,6} In 2009, the Institute of Coaching (IOC) at McLean Hospital, a Harvard Medical School affiliate, was founded to further the scientific underpinnings of coaching by encouraging research and establishment of best practices. The IOC has a Coaching in Health care subgroup and sponsors a yearly Coaching in Health care conference.

Burnout, which is characterized by emotional exhaustion, depersonalization, and reduced perceptions of personal efficacy, is far more common in physicians than the general U.S. population.^{23,24} A recent survey of American Society of Anesthesiologists members found 59% at high risk for burnout and 13.8% meeting the criteria for burnout.²⁵ Several studies investigating coaching interventions for physicians have demonstrated efficacy in mitigating burnout. A randomized coaching intervention for family medicine and pediatric physicians in the Mayo Clinical Health system identified improvements in burnout, emotional exhaustion, quality of life, and resilience compared with physicians who did not receive coaching.⁵ McGonagle and colleagues studied 59 early and mid-career primary care physicians, using the Maslach Burnout Inventory and the Workplace PERMA Profiler (positive emotion, engagement, positive relationships, meaning, and achievement) to assess burnout and workplace well-being. Half of the study participants received 6 coaching sessions with a professional coach who had experience with health care professionals. In the conclusion, the coaching cohort reported increased work engagement, psychological capital, and job satisfaction along with decreased burnout. Of note, these results were sustained at the 6-month follow-up. The researchers recommended that health care organizations make coaching available to promote well-being for primary care providers. Some of the coaches who participated in this study anecdotally described the benefits of a similar positive psychology coaching approach with other medical specialties, including anesthesiology. Areas for future study include specific effects of coaching in different medical subspecialties, genders, and career stages.⁶

My coaching story embodies professional development and well-being. I seemed to "have it all" – a challenging, successful career and 3 beautiful children. Academic promotion was continually delayed though, and when once again I was not put forward for promotion by my department it seemed to confirm my own internal fear that, despite my continually growing CV and achievements, I was never going to be good enough. I increasingly struggled with sadness and burnout, but as the sole support for my family, I could not consider stepping away from my career. After learning about coaching, I decided to try it. Over time, challenged by my coach, I began to identify my strengths and learned to refute my internal critic and limiting beliefs. I decided it was time to redefine my ideas of success and be true to myself. Ultimately that journey led me to become a coach to help and empower others to reach their potential and find their best self.

COACHING, LEADERSHIP, AND EQUITY

In June 2018, the Women's Empowerment and Leadership Initiative (WELI) was founded by the Society for Pediatric Anesthesia with the mission of "empowering highly productive women to achieve promotion, leadership, and equity in pediatric anesthesiology."²⁶ WELI seeks to promote career development and leadership opportunities for women faculty by offering established leaders in the field the opportunity to learn coaching skills and techniques and then matching them to women faculty seeking promotion and leadership. Although all WELI protégés - are women,

the advisors (ie, mentorcoaches) are both men and women. A structured 2-year coaching curriculum has been developed to further support growth in leadership skills and well-being, offering topics such as team management, networking, difficult conversations, and time management at biannual workshops. An early outcome assessment of WELI's efficacy at 2 years found that most members (58%) felt more optimistic about their professional future and 44% thought that WELI contributed positively to their overall quality of life. Notably, surveyed WELI mentor-coaches also emphasized an appreciation for their new skill set, demonstrating a benefit for participants at all career levels.^{27,28}

SUMMARY

Anesthesiologists face daily challenges that require emotional intelligence and adaptability. Coaching is commonly used in multiple industries and evidence suggests that coaching can provide benefits in both well-being and professional development for physicians. Coaching differs from training, mentoring, or sponsorship and can add a valuable dimension to professional development and well-being by increasing self-awareness, clarifying personal values, and developing important skill sets for success. Coaching can empower physicians to create a life with goals that are both personally and professionally meaningful and satisfying.

CLINICS CARE POINTS

- *Coaching is a relationship that employs a specific process to facilitate professional and personal development and can be used in one-on-one, group, or team settings.*
- *Coaching can be provided either internally by organizations or externally by consultants or private coaches. External coaches may have very specific niches to help clients.*
- *Anesthesiologists are at high risk for burnout, and coaching interventions have been shown to decrease burnout and positively impact psychological capital.*
- *Anesthesiologists work in intense environments in which emotional intelligence and communication skills are necessary and coaching is an effective method for developing these skillsets.*
- *Even without formal coaching training anesthesiologists can develop coaching skills and use a “-coachapproach” for the benefit of peers and themselves.*

DISCLOSURE

The authors have nothing to disclose.

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