Coaching for Clinician Educators

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The Challenge

Clinician educators (CEs) face manifold challenges, such as teaching under increasing clinical productivity pressures, satisfying evolving accreditation requirements, and combatting trainee and faculty burnout. Coaching is currently emphasized at the career poles: academic coaching for students and residents, and leadership coaching for institutional executives and chairs. Yet coaching for CEs can be a strategy for success at any career phase.

RIP OUT ACTION ITEMS

1. Recognize that coaching is a powerful professional development tool for clinician educators (CEs) at all career stages.
2. Commit to the vulnerability required for personal exploration.
3. Engage with a skilled coach to help you focus on your aims for discovery and growth.
4. Apply lessons learned and champion a CE coaching culture at your institution.

What Is Known

Within the business world, coaching is commonplace, with robust supportive evidence. In medicine, evidence suggests that coaching can: (1) improve faculty burnout, quality of life, and resilience[1]; (2) help faculty attain professional goals[2]; (3) increase academic productivity[3]; and (4) improve the learning climate of an institution.[4]

Coaching differs from other professional relationships like mentoring, advising, or sponsoring.[5] At its core, coaching is a partnership wherein the coachee generates personal goals, discovers strategies to achieve them, and describes markers of success through a process of self-reflection and meaningful action(s). Through powerful questions, the coach provides the structure and scaffolding while the coachee owns the process of self-discovery. The coaching experience is uniquely personal and builds upon a foundation of mutual positive regard, empowerment, trust, and vulnerability. It does not require content expertise or a "senior-junior" dynamic.

How You Can Start TODAY

1. **Choose coaching.** Coaching is a unique and personalized form of professional development requiring consideration of where you are now and where you would like to be. Identifying the kind of change or growth you would like to experience will help you determine if and how a coach might be useful. Coaching can support a CE's growth in a wide array of areas, such as preparing for a desired promotion, navigating a career change, cultivating specific career skills, addressing clinical performance growth opportunities, nurturing a professional identity, or improving work/life integration.[6]
2. **Prepare for coaching.** A coach acts as a thinking partner for a motivated coachee; coaches ask questions that invite you to create your desired goals. A coach will do more asking and listening than telling and advising; this is a professional partnership aimed to guide your exploration of possibilities and actions.
3. **Find a coach.** Internal coaches may be available as a faculty or employee benefit through faculty affairs, faculty development, teaching academies, wellness, or benefits offices. Ask your chair, leader, colleagues, professional society representatives, or specialty or medical education listservs for coach recommendations. Having clarity about your desired coaching outcomes helps you determine the type of coaching (eg, academic, developmental, skills, at-risk) you need.[6] Group coaching may also be available for people with similar goals (eg, leading a residency program, curriculum, or assessment group) and can be a more cost-effective option for a department. If you need to pay for your own coaching, ask about internal funding options (eg, continuing medical education money). You may consider contacting a coach training program that may offer discounted services with coaches-in-training.
4. **Optimize coaching.** Most coaches offer an introductory meeting to discuss coaching style, set expectations, and/or evaluate the interpersonal connection. Be prepared to discuss your priorities and desired outcomes for coaching. The coach will recommend a timeframe and frequency for coaching (eg, 1 to 18 sessions, 1 per month).

What You Can Do LONG TERM

1. **Assess your coaching progress.** Start by celebrating your progress in awareness and successes thus far. Then ask yourself: What have I learned? How was learning possible? How do I know I have met my goal(s)? What have others seen? What might be next for me? What additional goals are compelling me to

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move forward? Answers to these questions will provide you with further direction.

2. **Sustain transformation.** Coaching is an investment that can change your career perspective. If progress stalls after your coaching sessions have ended, re-engaging with a coach can reinvigorate your focus on your career journey. Similar to working with a fitness or sports coach, you may benefit from different types of coaching depending on your desired outcomes or career stage.[6]
3. **Apply coaching in your existing role(s).** Coaching skills can be applied to daily workplace interactions with patients, peers, subordinates, or superiors to help overcome impasses in any of these relationships. Try applying a coaching mindset to improve patient adherence with chronic disease management or to lead a residency or clerkship education team.
4. **Champion a coaching culture.** Observe and call out how you are now using the coaching skills you have experienced in your daily interactions with patients, learners, colleagues, and in your personal life. This mindset can be used within your organization to pay it forward for the benefit of all. For example, creating a CE-focused peer coaching program may promote a coaching mindset among your peers.[3]
5. **Seek formal coach training.** Becoming a coach can broaden and strengthen your professional identity. Talk with your coach or other colleagues trained in coaching and consider pursuing training or even professional coaching certification. The International Coaching Federation sets coaching certification standards and accredits coach training programs.[7]

Scenario: Coaching for a Clinician Educator

Dr. Clinician Educator (CE) is an early-career physician working at a community hospital with several residency programs and hosts rotating medical students through a university affiliation. A regular contributor to student and residency teaching, Dr. CE enjoys teaching and wants to get more involved, but practically is unsure how given their full-time work as a clinician. Their sponsoring institution provides internal coaching, so Dr. CE works with a coach to figure out what possibilities exist.

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