

Making a Case for Coaching

By Michael Horn, MD, Lee Elliott, and Louis R. Forbringer, PhD

In this article...

Investigate the benefits of executive coaching for physicians and find out what the business world already knows.

A growing trend is for executives to hire coaches to guide them in work. The reason is straightforward—it works. Here are some examples:

1. Olivero, Bane and Kopelman¹ found that management training alone increased productivity by 22 percent. When executive coaching was used to supplement the training, productivity increased by 88 percent.
2. McGovern, Lindemann, Vergara, Murphy, Baker and Warrenfeltz² found that one hundred execs from *Fortune* 1000 companies who had received executive coaching reported improvements in the following:
 - Working relationships with direct reports (reported by 77 percent)
 - Working relationships with immediate supervisors (71 percent)
 - Teamwork (67 percent)
 - Working relationships with peers (63 percent)
 - Job satisfaction (61 percent)
 - Productivity (53 percent)
 - Working relationships with clients (37 percent)
 - Retention of execs who received coaching (32 percent)
 - Cost reductions (23 percent)
 - Bottom-line profitability (22 percent)

3. Wilson³ reported a 529 percent ROI for executive coaching in *Fortune* 500 companies.
4. In 2008, Morgan Executive Development Institute paired with Colorado State University to find, among other things, the ROI of coaching. They found health care executives who had experienced executive coaching reported a ROI of 1031 percent.⁴

These kinds of results have led some major publications to state:

- Business coaching is attracting America's top CEOs because, put simply, business coaching works. In fact, when asked for a conservative estimate of monetary payoff from the coaching they got...managers described an average return of more than \$100,000, or about six times what the coaching had cost their companies.⁵
- Across corporate America, coaching sessions at many companies have become as routine for executives as budget forecasts and quota meetings.⁶
- Many of the world's most admired corporations, from GE to Goldman Sachs, invest in coaching. Annual spending on coaching in the U.S. is estimated at roughly \$1 billion.

In short, executive coaching works, it gets results, and the business world is recognizing its value.

So, what does this have to do with physicians? Again, the answer is straightforward. Physicians are provided intensive instruction on A&P, chemistry, a wide variety of medical issues, etc. What physicians are not provided much training on is how to deal with many of the exceptionally complex people issues they encounter.

While guidance may be provided on how to address a dying patient and his/her family, what is not provided is guidance on how to address the problems such as those

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associated with a physician partner who is behaving in a manner that adversely affects patients, families, colleagues, and/or employees.

There also is no instruction on how to deal with myriad issues involved with supervising office staff in a busy medical practice: Sarah is alleging she's being sexually harassed; Barb is truly frightened that her estranged husband will come to the office and be violent; Tim appears to show signs of a major depression.

These are the things that can take enormous amounts of time and can take away from time spent caring for patients. Is there a way to deal with issues such as these effectively and with minimal time? That is the domain of a coach.

Forms of coaching

Fortunately, there are various forms of coaching. As such, the coaching provided can be tailored to the needs of the busy physician. Consider the three most common approaches:

1. **Acquire skills.** Sometimes all that is needed is for the physician to develop one or more skills such as effective delegation (few understand that there are multiple forms of delegation and using the wrong form can diminish the effectiveness of the person receiving the delegation), changing a bad attitude (there truly are some powerful tools to change attitudes even though we've all heard that it can't be done), communication (we are notorious for not communicating effectively and our worst skill is listening), etc. The coach provides the physician with the necessary training to acquire the skill. The coach then works with the physician to ensure the skill is being used effectively.
2. **Act as sounding board.** There are times when a physician simply

does not feel comfortable visiting with a colleague about non-patient care issues (e.g., partnership issues). In situations such as these, the coach will listen carefully to gain full understanding of what it is that concerns the physician, will ask questions to help him/her develop a more complete picture, then act as a catalyst for the physician to come to his/her own decision in the matter. That is, coaches don't provide decisions. Should they do that, they're not acting in the role of a coach. They set the stage for the person being coached to make a good decision.

3. **Create a developmental plan.** There are occasions when a physician may wish to have a fairly careful examination of his/her performance on a variety of components of non-medical work. In cases such as these, it is common that the coach will work with the physician to create a set of questions that the coach might use to survey others for feedback. Once that is complete, the physician and the coach then compile the list of people to be interviewed. At that point, the coach interviews everyone on the list using the questions. Using the information gathered in the one-on-one interviews, the coach provides feedback to the physician. From that, the two then develop what may potentially be an extensive developmental plan for the physician. Once they have agreed on the plan, it is common that the coach works with the physician until all aspects of the developmental plan are complete.

Of course, there are other variations. For example, some coaches will use paper-and-pencil psychological assessments. However, this is not common.

What is common to all effective coaches is that they truly are ruthless

with regard to getting results. This was noted in an article in *Fast Company*⁸ magazine, "Coaches are not for the meek. They're for people who value unambiguous feedback. All coaches have one thing in common. It's that they are ruthlessly results-oriented."

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Coaching, not counseling

Some physicians may hesitate seeking a coach because it appears to be another form of counseling. It isn't. There are fundamental differences, and these differences may explain why executive coaching is having successes that are not seen when attempts are made to use counseling to enhance an executive's performance.

Some of the most notable differences are:

- Coaching focuses on the actual behavior of the executive; counseling focuses on the causes of the behavior.
- The person being coached is seen as healthy; the person being counseled is viewed as being dysfunctional.
- Coaches listen to feelings as a pathway to take action; counselors listen to feelings as a pathway to diminish pain.
- The goal of coaching is to achieve excellence; the goal of counseling is to bring the person to normal functionality.

Clearly, coaching is not counseling and is intended to generate very different results—it is designed to enhance performance of a healthy, well-functioning level to an even higher level.

So, why should a physician want to take time away from his/her busy practice to work with a coach?

The answer is the physician is committed to enhancing his/her level of performance dramatically in one or more areas of non-clinical work. That is, to be truly successful, physicians have to be successful in more than the clinical arena.

Such success requires skills in areas of business communications, conflict management, delegation, performance management, as well as others for the physician to leverage offices, groups, clinics, etc., to the benefit of patients well beyond what can occur in the isolation of an exam room.



Michael Horn, MD, is vice president of medical affairs at Saint Francis Medical Center in Grand Island, Nebraska.



Lee Elliott is vice president of human resources and fund development at Saint Francis Medical Center in Grand Island, Nebraska.



Louis R. Forbringer, PhD, is vice president of strategic talent management at Catholic Health Initiatives in Erlanger, Kentucky.

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