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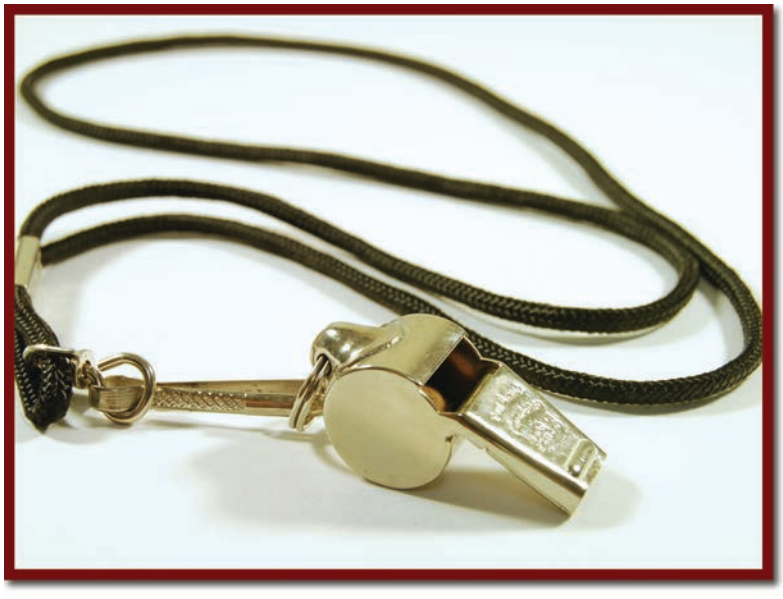
Coaching Physicians and Surgeons

There are many benefits to having a mentor.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.

Recently, there was an interesting article by Dr. Atul Gawande, the surgeon and staff writer for *The New Yorker*. In this article, entitled "Personal Best",[1] Gawande makes the case for physicians having coaches in the same manner as athletes.

He brings up a good point. Why don't medical professionals have coaches? If you think about it for a second, it makes good sense. If professional athletes have coaches to help them improve aspects of their sports, why don't physicians—professionals with unarguably higher stakes—also have someone to help them improve? Why does our formal instruction end on that last day of residency? Besides a very few instances (proctoring surgery at a new hospital and maintenance of certification), doctors are generally left alone. Other aspects of oversight (morbidity and mortality conferences, lawsuits, and board certification) exist in a realm that is clearly different from a positive coaching atmosphere.



The Evidence Argues in Favor of Coaching for Physicians

Recently, Min and colleagues performed a systematic review of the current literature to determine the effectiveness of coaching on surgical training. Twenty-three articles met their inclusion criteria (four randomized controlled trials and nineteen observational studies). They found coaching—mostly using experienced surgeons as coaches—positively impacted trainee attitudes, technical and nontechnical skills, and performance measures.[2]

Similarly, Gagnon and Abbasi performed a systematic review of randomized controlled studies on coaching effectiveness and also found increased learner satisfaction and skill improvement. In a strong statement of support, the authors said, "The current evidence for surgical coaching programs is overwhelmingly positive".[3]

Recommendations for Good Coaching

Here is a conglomeration of advice and information from others with far more experience (with some modifications).

Issues that Complicate the Coaching of Adults:[4]

1) *Change*—Most people don't know what it looks like when they do what they do. We have a skewed opinion of our own performance and would benefit from an outside source observing us.

2) *Identity*—People take it personally when we talk about their practice. Coaches have to be sensitive to this and create an environment where the learner does not feel threatened.

3) *Thinking*—When we do the thinking for other people, they resist. Coaches must act as guides and not as teachers imparting information. Thus, a collaborative approach will be more successful.

4) *Status*—If people perceive us as putting ourselves "one-up", they

Continued on page 32

Coaching *(from page 31)*

resist. Clearly, the focus must be on the learner and not the coach's experience or skill.

5) *Motivation*—Unless people care about a goal, they aren't likely to achieve the goal. The coaching experience must be goal-oriented and problem-focused.

Coaching entails a partnership between two people, and the express goal is to improve some aspect of the mentee's work.

Effective Coaching Methods

Here are seven coaching principles according to Jim Knight, the famous expert on coaching:[5]

1) *Equality*—A coach isn't a boss, so there should be a mutually respectful sharing of ideas, minimizing any hierarchical structure as much as possible.

2) *Choice*—Allow the mentee the freedom to choose his or her own path during the coaching process.

3) *Voice*—Allow the pupil the opportunity to his/her own voice. Seek out feedback from the pupil.

4) *Reflection*—Strong coaches provide an opportunity for the mentee to think back on his/her own performance.

5) *Dialogue*—A mutually respectful discussion during the reflection process allows the best ideas to come to fruition. This may take the form of a brainstorming session in which the mentee and the coach work together to come up with changes and improvements.

6) *Praxis*—This is the act of applying new knowledge and skills. This is the time when we work with our coaches to figure out how to apply the information we determined to be important in the prior steps of the process.

7) *Reciprocity*—Coaches and mentees should remember that during a mutually respectful process of reflection and dialogue, everyone learns and not just the mentee.

Coaching entails a partnership between two people, and the express goal is to improve some aspect of the mentee's work. With effortful and conscientious coaching, all of us, regardless of level of expertise, can make improvements. Perhaps structured coaching will make its way into the podiatric arena. **PM**

References

[1] Gawande, A. Personal Best. The New Yorker. October 3, 2011.

[2] Min H, Morales DR, Orgill D, et al. Systematic review of coaching to enhance surgeons' operative performance. Surgery. 2015 Nov;158(5):1168–1191.

[3] Gagnon LH, Abbasi N. Systematic review of randomized controlled trials on the role of coaching in surgery to improve learner outcomes. Am J Surg. 2017 Jun 13 [Epub ahead of print]

[4] Instructional Coaching. Instructional Coaching Group, Instructionalcoaching.com. Last accessed July 2, 2017.

[5] Knight, J. Coaching: The New Leadership Skill. 2011 Oct;69(2):18-22.

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