Facilitating a Culture of Coaching in Emergency Medicine - AACEM/AAAEM
CONFERENCE WORKSHOP HANDOUT 2018: Nadim Lalani CPC | CED | MD | FRCPC

Objectives:
1. Understand how coaching is different than mentorship
2. Understand how to use coaching as vehicle to create a new ecology of self-leadership and organizational leadership in emergency medicine

Workshop Outline:
- What is coaching
- Coaching in Medicine
- Describe 12 conversations
- Introduce GROW model
- Conv No. 1 | Conv No. 2 + GROW model

What is coaching?
The coaching approach is an established cornerstone of human performance enhancement in sport, business and more recently health care. In healthcare, the return on investment in coaching is 6:1. Coaching is NOT traditional mentorship. Coaching is a systemized, structured and individually tailored approach to helping people make changes in their lives, set and reach goals and enhance well-being. The coaching premise is that individuals have all the tools to solve their own problems. The coach uses questioning to generate solutions that come from the coachee and not the “mentor”. This form of inquiry and introspection generates more meaningful and permanent change. Through a series of goal-focused and purposeful conversations a skilled coach is able to foster self-awareness around strengths, winning strategies, inhibiting thoughts and beliefs and generate a path to success. Being goal focused - each coaching conversation generates action items and a plan for achievement

Coaching in Medicine
In healthcare, there is an emerging body of evidence illustrating that coaching improves personal, professional and organizational performance. Individuals who are coached are more well, communicate better, manage themselves and others more effectively and provide better patient care. Health care professionals who are coached have improved technical and soft skills and are more emotionally intelligent. This has also been shown in residents. Literature also exists demonstrating that coaching learners helps to align motives and values for choosing medicine as a career as well as persistence towards academic careers. Furthermore, that coaching leads to significant changes in boundaries, prioritization, self-care, self-compassion and awareness. This in turn enables residents to gain more control, be more intentional, attentive and mindful so that they thrive in the culture of medicine and provide better patient care.
12 Conversations
The University of Calgary FRCPC EM | CFPC-EM residency programs identified a need to address wellness, resilience, soft skills and leadership deficiencies in the curriculum. There was also an opportunity to engage faculty other than “the usual suspects” in non-clinical contributions to the Academic Department. We innovated an individual and group coaching program to bring together faculty and resident in a unique model. The specifics together with relevant literature can be found on the following link: http://caep.ca/CAEP_FEIs#Lalani

The Grow Model
The GROW Model was developed by John Whitmore and colleagues in the UK in the 1980s. It is one of the most utilized coaching frameworks in the world. It works in medicine because it is a deceptively simple yet powerful framework not unlike the ABCDE of ATLS.

Conv No. 2: The Balance Wheel
A balance wheel (or life wheel) is a commonly used tool in coaching. It is also a powerful tool because it is holistic, it is visual and can be used to track changes as well as prioritize important components of our daily lives. It needs to be a standard part of leading in EM.

Steps:
Step 1: Label each quadrant with the important aspects of your life.
Step 2: Scale each one from 1 to 10/10 for just how satisfied and present you are in that area.
Step 3: Reflect on this ... what do you notice?
Step 4: If someone were to wave a magic wand over your wheel so that everything was increased by 3-4/10, what ONE thing would be different in each area?
Step 5: Use the Grow Model to coach around improving one of the changes identified in step 4

Homework: Conv No. 11: You The Leader
This wheel can be used for self-coaching or the coaching of colleagues. Best done in a dyad with a trusted colleague.

Steps:
Step 1: Each quadrant is pre-labelled with the important aspects of transformational leadership
Step 2: Scale each one from 1 to 5/5 for just how capable you|your colleague is in each area.
Step 3: Reflect on this. What do you|they notice?
Step 4: What ONE thing, if improved, would lead to an overall dramatic improvement in your|their leadership approach?
Step 5: Use the Grow Model to coach around improving one of the changes identified in step 4
GROWTH | COACHING
- Recognize individual needs
- Change approach based on each individual
- Foster learning | growth autonomy
- Coach

INNOVATION MINDSET
- Question assumptions
- Out of the box
- Foster creativity | New approaches
- Support ideas that challenge you

CHARISMATIC INTEGRITY
- Authentic
- Dependable
- Ethical
- Consistent
- Accountable

INSPIRATIONAL MOTIVATION
- Visionary
- Provide Meaning
- Communicative
- Enthusiastic | optimistic
- Personally committed

Adapted from: Wylie and Gallagher Transformational Leadership Behaviors in Allied Health Professions Journal of Allied Health; Summer 2009; 38, 2: 65-73