This year has been one of the toughest in most of our lifetimes, and it has many of us feeling stuck and isolated. Peer coaching can be a strategy to connect and find the momentum to keep moving forward.

“A good coach will make his players see what they can be rather than what they are.”

— Ara Parseghian, University of Notre Dame football head coach, 1964-1974

When you think of a coach, what comes to mind? Many of us probably think of athletes receiving instruction and training on how to improve their performance on the field or court. The discipline of education has long used coaching to enhance knowledge acquisition and utilization in the classroom for ongoing development of teachers. The emergence of coaching is also trending in medicine. Research shows that it can have a significant impact on clinical skills, teaching effectiveness, and wellbeing. Coaching is consistent with the premise of life-long learning, a well-established tenet of medical education. Dr. Atul Gawande wrote about his experience with coaching in his essay “Personal Best” in the New Yorker in 2011.1 We all must strive to remain open to learning new skills, acquiring new knowledge, and continuing to improve ourselves in the ever-changing and rapidly advancing world of medicine.

Peer coaching promotes a reciprocal exchange of information and attitudes and also provides opportunity for modeling desired interpersonal behaviors. Additionally, peers tend to provide feedback on behaviors that may be unnoticed by superiors.4 There is less reliance on the coach’s expertise or a “mastermind” but rather on the collective expertise of both parties. Peer coaching relationships must be formed on the foundation of mutual trust. There are five essentials to build on:3

1. Voluntary commitment to the relationship based on collaboration, not competition
2. Self-evaluation
3. Feedback

First and foremost, peer coaching relationships must be formed on the foundation of mutual trust. There are five essentials to build on:3

1. Voluntary commitment to the relationship based on collaboration, not competition
2. Self-evaluation
3. Feedback
4. Establishment of goals or preferred outcomes
5. Focus on one’s strengths and the amplification of capacity

In regards to physician wellness, coaching has also been shown to have a significant impact. Improvements in retention, interpersonal relationships, job satisfaction, organizational commitment, ability to manage complexity, and communication skills have been documented in the literature. Coaching may help physicians access personal strengths and skills to handle stressors, reducing vulnerability to burnout and emotional exhaustion. The framework of coaching provides a structure for self-improvement that may be accessible even when the motivation for engagement is low. When presented with measurable, attainable goals and a finite time commitment, it may be easier for people who are feeling overwhelmed and burnt out to say yes. Bite-sized achievements and small wins along the way may enhance one’s ability to recover from a state of unwellness.

Peer coaching normalizes challenges and emotions about work-related stresses. It can create an intentional community and build networks that we all need to succeed. In our current environment with the isolation that is required to stay safe for ourselves and our community, a more formal coaching relationship may provide a structure to maintain professional relationships and mutually benefit all parties.

So how do you set this up?
There are innumerable areas one could benefit from coaching. Some examples that conform well to a coaching structure include:

- Promotion and tenure
- Negotiations about your workload and salary
- How to pursue new career ventures like advocacy or entrepreneurship
- Financial planning
- Dealing with stress during a pandemic

Of note, even within these topics, it is a good idea for each participant to narrow down the scope to a realistic, actionable goal.

Building a relationship on mutual commitment and accountability is a prerequisite for a successful coaching outcome. Identify someone that may share your core values and interests. Main components of building the foundation to the relationship are:

1. Aligning roles and process expectations
   a. Emphasize that this is a partnership and you are learning together.
   b. Self-directed learning is required and goals should be set by each as the coachee.
2. Establishing rapport
   a. There must be a commitment to developing the relationship and being vulnerable.
   b. It is important to maintain an equitable exchange of giving and receiving.
3. Cultivating trust and psychological safety
   a. Demonstrate commitment and empathy.
   b. Confidentiality should be explicit.

Set a schedule for regular meetings at the onset of the relationship. Do NOT cancel even if you feel unprepared or that there isn’t anything to talk about. Important questions and issues may arise that are unplanned – showing up is the most important part.

Three top tips from professional coaches are:
1. Pause. Before your meeting, take time to reflect and bring yourself to the present moment.
2. Listen. Professional coaches say their first duty is to be a listener, then a question-asker, and lastly a speaker.
3. Know your role. As physicians, we are trained to advise. As a coach, you are there to support someone else’s self-discovery rather than offering suggestions and imposing our ideas.

Coaching is a sustainable way to collaborate with colleagues on a deeper level. It allows the coach and coachee to process their thoughts openly, unpack emotions, and gain awareness. Peer coaching is a strategy for self-improvement, and at the same time, helping others discover their own paths to improvement.

References