

### Coaching

#### Month 4 Leadership Challenge

#### Purpose

To build experience and comfort in using a coaching approach - listening, asking open-ended questions, and guiding reflection - rather than giving answers. In a constantly changing clinical and educational environment, leaders who coach help others learn to adapt, solve novel problems, and develop as professionals. This challenge is about developing the *habit* of coaching and modeling it for others as well as knowing when to use it.

#### Why This Matters

Clinicians rise through expertise—having the right answers. But leading others requires a different skill: helping people think, learn, and solve problems they haven't seen before. Evidence changes. Protocols evolve. Learners need to develop judgment, not just follow instructions. Coaching builds the adaptive capacity that academic medicine requires.

Research supports this approach. Randomized clinical trials show that professional coaching—whether from external coaches or trained physician peers—significantly reduces burnout and improves resilience among medical practitioners. These programs provide immediate gains in well-being and job engagement, though benefits may diminish after coaching ends, suggesting sustained support is needed. The evidence positions coaching as a cost-effective, scalable tool for addressing systemic stressors and protecting workforce health.

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### A Caution: You May Not Be as Good as You Think

Research shows that most leaders believe they're better at coaching than they actually are. In one study, 24% of executives rated themselves as above average while their colleagues ranked them in the bottom third. The gap between intention and execution is real. This challenge asks you to practice deliberately—and notice the gap between what you intend to do and what you actually do.

### When to Coach—and When Not To

Coaching is powerful, but it's not always the right approach. Skilled leaders move fluidly between coaching (nondirective) and telling (directive) based on the situation.

**Coach when:** The person needs to develop their own thinking. There's time to explore. Learning matters more than speed. The problem is complex or novel. You want to build long-term capability.

**Tell when:** Patient safety or urgency requires immediate action. The person lacks foundational knowledge. There's a clear right answer and time is short. You're correcting a critical error.

### Coaching is different than mentoring, peer support and psychotherapy

**Mentorship:** Unlike mentors, coaches do not necessarily be more experienced in the same field; they focus on self-developed, goal-oriented change rather than providing experienced-based guidance.

**Peer support:** While peer support relies on shared experiences, coaching is a professional skill focused on navigating professional choices and behaviors.

**Psychotherapy:** Coaching does not rely on a medical model to diagnose or treat mental illness.

### Your Challenge

Within the next 14 days, intentionally practice **coaching** in at least **three real leadership moments**:

1. **Practice coaching fundamentals.** In one interaction, focus on *how* you show up in the following ways. Notice how hard it is to stay curious when you already think you know the answer.
  - a. Listen without interrupting,
  - b. Suspend judgment,
  - c. Allow silence,
  - d. Ask open-ended questions

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2. **Use the GROW model in a second interaction.** In another conversation, intentionally guide the discussion using at least **three** steps of the GROW framework (Goal – What do you want from this conversation?, Reality – What’s actually happening?, Options – What could you do?, Will – What will you do?).
3. **Model the coaching mindset publicly.** In a meeting, huddle, or group setting, visibly demonstrate coaching behaviors—asking curious questions, acknowledging what you don’t know, or inviting others to think aloud. The goal is to signal that learning, reflection, and inquiry are valued, not just having the right answer.

### Guidelines

- Choose everyday leadership moments—rounds, check-ins, supervision, or informal problem-solving discussions.
- Start with low- to moderate-stakes situations where learning is more important than speed.
- Keep conversations brief; even 5–10 minutes counts.
- Resist the urge to fix, advise, or redirect unless safety or urgency requires it.
- The goal is practice, not perfection.

### Coaching Prompts (Coaching 101 + GROW)

Use any of the following:

- “What would be most helpful for you to get out of this conversation?” (Goal)
- “What have you already tried?” (Reality)
- “What’s working and what is not?” (Reality)
- “What else have you considered?” (Options)
- “If you had a magic wand, what would you change?” (Options)
- “What feels like the best next step?” (Will)
- “On a scale of 1-10, how confident are you that you’ll follow through?” (Will)

### Key Reminders

**Coaching is a Learned Skill, Not a Personality Trait:** Discomfort is expected. Leaders build coaching capability the same way clinicians build clinical skill—through repeated, intentional practice in real situations. It will feel awkward at first.

**The Pull Toward Telling Is Strong:** Most leaders default to advice-giving even when they intend to coach. They ask an open-ended question, don’t get the expected answer, and quickly shift to “tell” mode. Watch for this in yourself.

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**Modeling Matters:** Coaching has to be visible to become part of the culture. When you ask questions instead of providing answers—especially in public settings—you signal that learning, reflection, and inquiry are expected leadership behaviors.

### Reflection Questions

After completing the challenge, reflect on the following:

1. Where did you notice the gap between your intention to coach and what you actually did?
2. When did you feel the pull to jump in with advice? What triggered it?
3. How did the other person respond to being coached rather than directed?
4. What did you model publicly, and what message did that send about how learning and problem-solving happen here?
5. What did this surface about your default leadership style?