Physician Coaching and Mentoring Programs: Surviving the Tsunami of Change

Presented by:

SUSAN F. REYNOLDS, M.D., Ph.D.
President and CEO
The Institute for Medical Leadership

Massachusetts Medical Society
Physician Leadership Institute

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Physician Coaching and Mentoring

- Physician Coaching
  - Performance Improvement
  - Disruptive Behavior
- Mentoring
- Goal Setting
Physician Coaching

Your Favorite Coach?

John Wooden’s Pyramid of Success
What is Physician Coaching?

One-on-one confidential relationship based on trust

- Identify strengths and weaknesses
- Build on strengths
- Improve or cover weaknesses
- Provide regular feedback!

What is Physician Coaching?

- Performance Improvement:
  - Quality Metrics
  - Goal Setting
  - Disruptive Behavior
The Coach vs. The Doctor Police

Key Elements of Successful Outlier Coaching

- Initial buy-in from physician
- Confidentiality
- One-on-one
- Regular sessions of decreasing frequency
- 6 to 9 month duration
- Regular, meaningful feedback (monthly)
Best Physician Coaching Strategies

- Listen/Build Rapport/Trust – in person meetings
- Identify resistance issues
  (e.g. past training, law suits)
- Define clear coaching goals and timeline
- Emphasize patient safety and quality of care (motivators)
- Accept that cost savings may not be a motivator
- Give timely feedback
- Avoid email except for scheduling meetings
- Give Rewards!

The Importance of Relevant, Accurate, and Timely Data
MediCal Denials

MediCal Denials Rates

Revenue Loss

Percentage of Denied Days

Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Percent age of Denied Days

Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04

$0.00 $5,000.00 $10,000.00 $15,000.00 $20,000.00 $25,000.00 $30,000.00 $35,000.00

Revenue Loss
Physician Coaching of Outliers

**Sample Coaching Protocol**

- Six to 9 months of coaching
- Weekly meetings for first four weeks (month 1)
- Bimonthly meetings in month 2
- Quarterly check-ups at 3, 6, and 9 months
- Some telephone coaching possible after the initial in-person coaching
- Present outlier data in-person on a monthly or quarterly basis
- Initially meet least once a month in person for coaching at outliers office or over coffee/lunch
Coaching Problems and Pitfalls

1. Poor Rapport/No Rapport
2. Poor Listening
3. Autocratic Behavior
4. Arrogance/Lack of Humility
5. Unclear Goals

Mentoring
The First Mentor

Your Favorite Mentor

Why?
“Mentor”

“A close, wise, trusted, experienced advisor”
Also “A teacher, a coach, a tutor”

Webster’s Dictionary

Mentoring

“…that part of a leader’s role that has learning and growth as its primary outcome.”

Chip Bell, Managers as Mentors, pg. 5.
Goals of Mentoring

✓ Teaching
✓ Active Learning
✓ New Competencies
✓ New Skills
✓ Career Enhancement
✓ Career Advancement

MMS Mentoring Goals

✓ Learn about MMS
✓ Learn about political action
✓ Learn about MMS’s positions on key issues
✓ Active involvement on MMS committees, at MMS meetings, and/or political events
✓ Introductions/ “door opening”
The Medical Model

- Hierarchical
- Autocratic
- Based on Power

Attending
  ↓
Chief Resident
  ↓
Resident
  ↓
Intern
  ↓
Medical Student

The Mentoring Model

- A partnership
- Facilitation
- Not based on power
- Sharing/giving
- Compassion
- Helping

Mentor  Protégé
“The first problem for all of us, men and women, is not to learn, but to unlearn.”

Gloria Steinem

Mentoring = A Partnership
The Mentor Scale

Qualities of a Great Mentoring Partnership

- Balance (interdependence)
- Truth (honesty, openness)
- Trust (acceptance)
- Abundance (giving)
- Passion (feelings)
- Courage (risk taking)
Mentor Dimensions
(Phases)

Effective Mentoring, Dr. Norman Cohen

1. Relationship Dimension: Trust

Sharing
Reflecting
Empathetic Listening
Understanding and Acceptance
2. Informative Dimension: Advice

Learning facts about career, education, plans, progress
Commenting on use of information
Providing tailored. Accurate, sufficient knowledge

3. Facilitative Dimension: Alternatives

Exploring interests, abilities, ideas beliefs
Revealing other views
Discussing attainable objectives
4. Confrontive Dimension: Challenge

Providing insight into unproductive strategies and behaviors
Evaluating the need and capacity to change

5. Mentor Model Dimension: Motivation

Disclosing life experiences as role model
Personalizing and enriching relationship
Taking risks
Overcoming difficulties
6. Mentee Vision Dimension: Initiative

Thinking critically about career future
Realizing personal and professional potential
Initiating change
Negotiating transition

First Steps to Mentoring

Build Rapport In-Person

- Pleasant facial expression
- Warm greeting
- Focused attention
- Communicate enthusiasm
- Give early honest compliment
- Listen! Listen! Listen!
- Never be patronizing
“Seek first to understand, then to be understood.”

Habit #5
“The 7 Habits of Highly Effective People”
Stephen R. Covey

Mentor Listening

Find their passion!
Goal Setting

- SMART Goals:
  - S = Strategic and Specific
  - M = Measureable
  - A = Attainable
  - R = Relevant/Rigorous
  - T = Time Bound

- Written/Visualized Goals
Corporate Goals

- Tied to Strategic Plan
- Adequate Budget and Resources
- Doable Timeline

Unit Goals

- Who?
- What?
- When?
Team/Individual Goals

- Maximize Strengths
- Cover Weaknesses
- Regular communication
- Accountability

Accountability

- Performance measures
- Should be SMART
- Must be agreed to in advance: Ownership
- Timeline agreed to
- The Importance of accurate, relevant, and timely data as a motivator
- Rewards!
Motivating Volunteers

Rewards

- Thank You
- Recognition
- Perks (travel, CME credit)
- Fun / Celebrations
- Food!
- Other ____________

How to Begin

1. Get acquainted: background and interests
2. Listen for passion
3. Set goals for mentoring relationship
4. Set schedule of meetings (In-person or SKYPE)
Thank you!

Susan Reynolds, MD, PhD
President and CEO

The Institute for Medical Leadership
Los Angeles, CA

1-800-361-5321

sreynolds@medleadership.com
www.medleadership.com