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choice

the magazine of professional coaching

Humanizing Healthcare

Courageous coaching at a crossroads

VOLUME 21 • NUMBER 3
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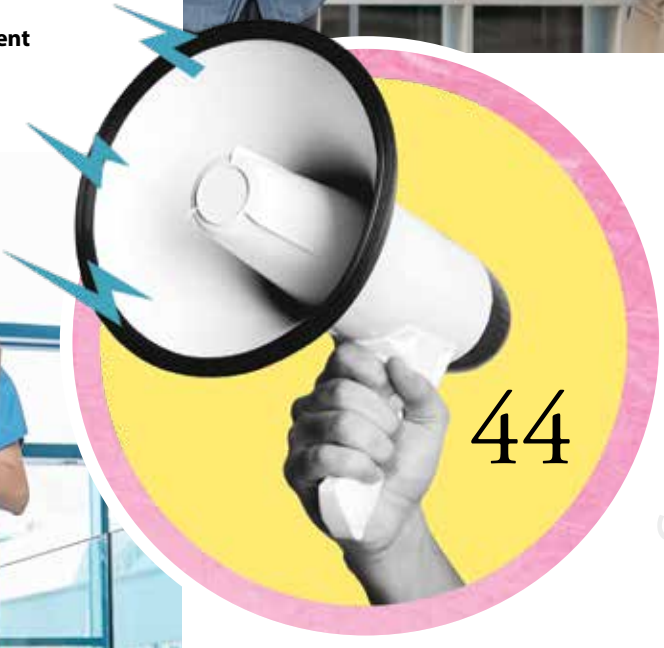

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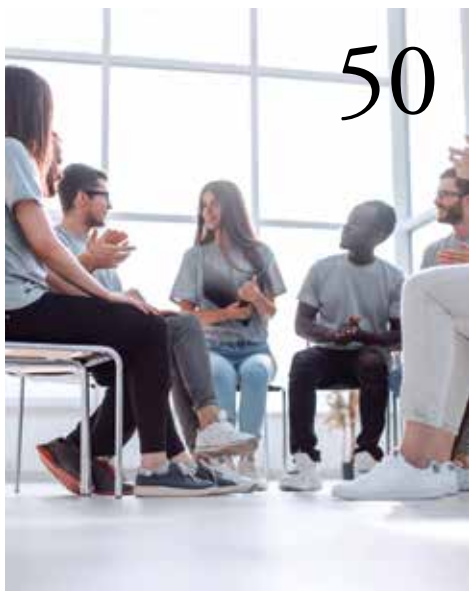

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Printed in the USA

choice (ISSN 1708-6116) is published quarterly for $39.95 US (plus applicable taxes and shipping for non-US subscribers) per year by:
Choice Magazine Inc.,
45 Kingsbridge Garden Circle, Suite 3206
Mississauga, ON, Canada L5R 3K4

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From The Publisher

Welcome to the issue where we look at a post-COVID healthcare world. Our heartfelt thanks go out to DJ Mitsch, her colleagues and the many others who contributed to making this a deep and meaningful issue.

We last did a healthcare issue before the global pandemic. So much has changed since then, that we felt the need to do another issue.

The big question we started with was: "How do we rehumanize healthcare amid leadership challenges such as mergers, acquisitions and growth into ever-larger healthcare delivery systems, which have become an increasingly uncomfortable 'pain point' for those who lead and provide services as team members?"

It's a very BIG question indeed – in coaching terms, a "stacked" question.

We then dug deeper and asked questions like, "How do we do things?" This is a moving target with increased velocity because "we" changes so rapidly. Can we retain the sense of personal care that is the calling of so many practitioners, when there are additional layers of protocols, new leadership, and a sense of perpetual unsettledness? Can a system continue to foster autonomy when size may demand standardization?

These poignant questions and so many others have been curated by choice Magazine contributors DJ Mitsch and many others in this very important field, always answering questions like these from a coaching perspective and supporting the impact we wish to make with our clients.

Personally, I rarely worked within the healthcare field until recently; however, I found these articles very meaningful and useful for areas of work outside healthcare.

As always, I welcome you to listen to our podcast series, where we interview the authors of the articles published in each issue. Click above or pull out your smartphone, open the camera and click the yellow link to find our podcast page.

As always, let us know what you think about this issue, and after listening to a podcast, please leave a review. •

GARRY SCHLEIFER, PCC, CMC
CEO & PUBLISHER

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From The Managing Editor

In our June 2016 issue, which also addressed coaching healthcare leaders, the articles used many of the same words that you'll find in these pages: chaos, burnout, self-care, etc. The difference, perhaps, is that we now have a better understanding of the challenges as well as the coaching tools and techniques that can help.

Here are some of the key takeaways you'll find in this issue's feature articles:

- "Coaching is key to helping healthcare leaders mold their self-awareness and stay accountable to their own well-being, with the potential to create a contagion effect across the entire organization."
- "During the recent pandemic, an intense need for personal development and connectivity made coaching more than a desired offering; it became a critical need."
- "Healthcare workers often face difficult decisions and dilemmas like no other industry; choices that impact the well-being or even the survival of patients. These situations can lead to moral injury."
- "Strong, interdependent dyad leadership helps to overcome challenges, remove barriers, and lead confidently in healthcare's new frontier."
- "By assisting a patient to anticipate and tackle potential obstacles they may face, a coach can help smooth the path to returning to employment."
- "By enhancing their questioning skills, healthcare professionals can avoid engaging in unilateral communication with patients due to their preconceptions."
- "You need not be a scientist or experienced in the healthcare industry to coach them, and you needn't be afraid of their top-tier intelligence."

Read on for many more insights and takeaways. Here's to good health!

JANET LEES, B.JOURN.

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"Leaders can only give what they have to give; healthcare leaders also need to feel safe, like they belong and that their work is valued. **So, coaching heathcare professionals requires an extra measure of presence and validation."** – PAGE 29

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PerfectIt

By Renae Gregoire

If you're a perfectionist who uses Microsoft Word for proposals, thought-leadership content, and other documents, consider PerfectIt – a proofreading and editing software used by Fortune 500 companies, consultants, educators, and professional writers and editors who want help writing better content and making a great impression.

After installing, open the PerfectIt extension from within any Word document and press start. The software quickly moves through a series of checks, looking for issues with hyphenation and dashes, spelling, formatting, capitalization, lists, tables, boxes, figures and writing style.

Its most impressive ability lies in finding hard-to-spot errors, especially consistency errors. For instance, if you spelled the word "compliment" with the letter "i" seven times and "complement" with an "e" twice, PerfectIt will let you know – and give you the opportunity to choose and automatically fix all instances to whichever version is correct. The software also identifies common typos, phrases to avoid and consider, open quotation marks, undefined abbreviations, comments left in the text, and missing titles for tables, boxes and figures.

You can customize PerfectIt to match any style guide or your personal preferences. Use the included Chicago Manual of Style, or apply style rules from the European Union, United Nations, World Health Organization, Government Publishing Office, Australian Government, and American Legal Style, as well as styles for UK, US, Canadian, and Australian spelling.

Less Annoying CRM

By Kristi Pavlik

By utilizing Less Annoying CRM, a professional coach can effectively manage client relationships, track progress, schedule appointments and maintain organized communication records. The CRM software enables coaches to streamline their administrative tasks, focus on coaching, and provide a personalized coaching experience to their clients.

1 **Client Relationship Management:** store and manage client information in a centralized database. Create client profiles with details such as contact information, session notes, coaching goals, and progress tracking.

2 **Task and Appointment Management:** schedule coaching sessions, set reminders, and manage appointments. The software provides a calendar feature where coaches can schedule and track upcoming sessions, ensuring they stay on top of their coaching commitments and avoid scheduling conflicts.

3 **Communication Tracking:** track communication history with clients. Coaches can log emails, phone calls, and other interactions directly within the CRM, ensuring a complete record of communication.

4 **Progress Monitoring:** utilize the notes and tags features to track client progress and milestones. They can add notes after each coaching session, highlighting key insights, action steps, and client achievements.

5 **Opportunity Tracking:** track potential coaching opportunities. Coaches can create and manage leads or prospective clients within the CRM, allowing them to track the status of potential coaching engagements, follow-up activities, and conversion rates.

6 **Customization and Reporting:** customization options allows coaches to tailor the CRM to their specific coaching needs. They can customize fields, labels, and workflows within the CRM to align with their coaching practice and terminology. Additionally, the software offers reporting features that provide insights into client engagement, coaching progress, and other relevant metrics.

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Streak

By Renae Gregoire

If you've ever wondered whether an email recipient has opened your email, wonder no more. Streak is a CRM built right into Gmail. It automatically captures contact data and notifies you as things progress through your pipeline. You can track sales, projects, tasks, support tickets, hiring, and more, all with context about each conversation.

To track emails, install the Streak extension on Chrome or Edge and send emails as usual. When a recipient opens an email, Streak notifies you in the browser or with an eye icon inside Gmail. You can turn tracking on and off and see all tracked emails in a single, chronological list.

Because you'll know when someone opened your last email, you'll know exactly whom to follow up with. To simplify follow-up, Streak enables you to send a mass email only to recipients who opened your last email, improving your response rates and saving you time.

The software also offers mail merge capabilities for sending personalized emails to hundreds of people in just a few clicks. Address people by their first names, reference their companies, and include other personalized data from a CSV file. You can also schedule email sends, split email threads, and share snippets and emails.

You can track email opens with the free-forever version, so Streak is worth a try. And when you start to see those little eye icons inside your Gmail, you may just decide, as I did, to give the app a permanent home in your browser.

NOTION

By Kristi Pavlik

Looking for an all-in-one business management solution? Notion may be the tool you need.

Notion is flexible and 100% customizable. It allows users to create and organize their content in a way that suits their needs. You can create different types of content, such as notes, documents, databases, task lists, and more, all within a single interface. The flexibility of Notion enables you to design and structure your workspace exactly how you want it.

Think of Notion as a centralized knowledge base. It serves as a central hub for storing and accessing information. You can create different workspaces, pages and subpages to organize your content in a hierarchical manner. This makes it easy to locate and retrieve information, leading to improved productivity and efficiency.

Notion has powerful database and organization capabilities. Its functionality allows you to create custom databases with various data types, including text, checkboxes, dates, files and more. This makes it easy to manage and sort data, create complex workflows and build knowledge repositories. With advanced filters, sorting options and linked databases, you can organize and view your information in meaningful ways.

Notion also has extensive integration options. It integrates with popular apps like Google Drive, Trello and Slack, and enables smooth data transfer and workflow synchronization, reducing manual effort and increasing productivity.

Overall, Notion's benefits lie in its flexibility, organizational capabilities, collaboration features, integration options and cross-platform accessibility. These qualities make it a versatile platform that can be adapted to various use cases, ranging from personal note-taking to team collaboration and project management.

Doodle

By Renae Gregoire

Have you ever tried to schedule a meeting with more than a few people, especially when different time zones are involved? It's a pain … unless you use Doodle. Trusted by 70,000+ companies, Doodle is the fastest, easiest way to schedule large meetings. Imagine assembling a big meeting in 15 minutes instead of two to three hours!

Simply create a group poll, which lets you send people a set of times so you can see which works best for your event. Track who's responded. When you find a winning time, have Doodle automatically send calendar invites to respondents who provided an email address.

If you're a solo coach, you can also use Doodle to keep your calendar in order and to book meetings with clients faster. As with other calendaring tools, set up a booking page and hours for each appointment type, create an invite, send it out, and get responses fast. If you have a team, you can add teammates to invites and booking pages and use shared calendars. The app even has an enterprise version with enterprise-level security.

Doodle integrates with Zoom, Webex, Google Meet, Google Calendar, Outlook, Microsoft Teams, and even Zapier. The free-forever version offers unlimited group polls and one booking page. It's well worth trying the next time you need to schedule a meeting with three or more people.

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How can I help employees who are burned out and fed up?

The Situation

"I coach in a global healthcare organization where, post-pandemic, a typical worker says that the system devalues self-care and personal well-being, and they're stuck seeing no other choice but to find a way to 'escape' the company. The organization wants coaching to help them re-calibrate and re-engage. But when they're burned out and fed up, how can I help them recover their passion for their work?"

By Craig Carr, BCC, PCC, CPCC

This is the classic dilemma that befalls a corporate coach assigned to fix a culture problem. I don't know if you are an internal coach (employed by the healthcare organization) or a hired hand brought on board to address the immediate concern. If you're the latter, I've got you covered. If you're inside the game, I'll take my best shot, but there are so many traps and pitfalls to ensnare you that my best advice is: "Be aware and be ready." Read on.

As an external coach, you'll have to do some elegant design work with the client – meaning the organization – before talking to the first employee. The company, it appears, is not shy about wanting people to stay. Being transparent about that can only help, and if a person is leaning on the remain side of the fence – or has chosen to stay, albeit reluctantly – the coaching topic can move on to restoring their passion and commitment.

If the individual is on the non-committal side of the fence or plotting an escape plan, then part of your role is to name that stance and support them in strategizing their best exit plan. As an external coach, the organization must agree that success is not defined by "convincing XYZ percent" of stressed-out and burned-out employees to stay. If that's their perspective and this is a gig and not a job, politely decline and do your best to help them understand how real coaching works. Maybe they'll think of you down the road sometime.

If you are an internal coach, your first step is to acknowledge that you are part of the system that has landed the organization in this mess. In other words, your position limits your range of perspective, authority and influence. In my experience, internal coaching ostensibly functions as HR, and it is incredibly challenging to go after the hidden dynamics baked into company policies, procedures, histories and private agendas.

Your second step is to avoid being triangulated by those private agendas. I don't know this company, of course, but there's danger when higher-ups see internal coaches as a means to a personal end rather than a path to a healthy culture. Be aware: If things don't go well and they're taking heat, they may begin to look (consciously or otherwise) for a scapegoat. Trust me, you don't want to be the roadkill of a toxic system.

I said it would be complicated. Still, once again, the card you hold that favors you is the Design Card. Whether you're internal or external, get everything on the table. For example, parse what feeling "devalued" means, and articulate how it occurs and how the company will address its negative impact. These are essential details you must clarify before undertaking this epic challenge.

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By Suzi Pomerantz, MT, MCC

As a coach hired by the system that is the cause and circumstance of your clients' burnout, you may first have to overcome a trust hurdle before you can really serve your clients. If they see you as speaking for, or answering to, the system that they want to escape, that will work against you in the coaching process.

That aside, if you've successfully built rapport and trust with your client, you must support them to address their burnout before taking on the recalibration and recommitment question. Burnout is real. The central nervous system gets and stays activated for a long time, and adrenal fatigue causes real symptoms that your client is experiencing. There's a wonderful book called *Burnout: the Secret to Unlocking the Stress Cycle* by Drs. Emily and Amelia Nagoski that offers this three-part definition of burnout:

1. Emotional Exhaustion – The fatigue that comes from caring too much for too long.
2. Depersonalization – The depletion of empathy, caring and compassion.
3. Decreased Sense of Accomplishment – An unconquerable sense of futility; feeling that nothing makes any difference.

One of the interesting takeaways from the book is that when we experience stress, there needs to be a final step of completion of the stress cycle to discharge any remaining stress chemicals in our brain and body in order to signal to the brain that we are now safe and the stressor has left.

Helping your client create a plan for completing stress cycles in real time – adding in practices for regular boundary-setting, self-care and self compassion, rest, restoration and connection – will calm the central nervous system and unwind the burnout. This may take months.

Once accomplished, however, you can then help your client to shift their mindset from escaping the work environment to reconnecting through storytelling as to why they got into that line of work to begin with. Often, there is a personal reason or a connection to a person who was meaningful in their past that drew them to the field of healthcare.

Asking them to tell you these stories will remind them of their deep caring and passion for the work. Then it's a matter of helping them think through what support systems and structures they need to best navigate their current environment.

The system may continue to devalue self-care and personal well-being, but your clients can create for themselves a container within the system that allows them to set healthy boundaries and prioritize for themselves what their organization won't.

By Victoria Trabosh, CDC®, CEC

Nothing is more complex than dealing with discouraged clients, especially those in the healthcare field who fought for our collective healing. But have hope – a solution is possible!

During the pandemic, I was fortunate to participate in a research project for the Institute of Coaching (IOC). I often met with coaches worldwide as we struggled to support our clients during a time when collective fear existed. In late spring and summer of 2020, the IOC investigated the impact of pandemic-era disruptions on organizations, leaders, leadership, and leadership coaching. We aimed to explore the lessons for leaders and leadership coaches to consider in shaping a post-pandemic future.

As part of this project and the resulting document titled *Leading with Humanity: The Future of Leadership and Coaching*, the issue of dehumanization was discussed by leaders in the healthcare field. While there are no easy answers, the collective wisdom was that empathy was required to lead organizations during and post-pandemic. The paper (found at instituteofcoaching.org/ioc-report-leading-with-humanity-the-future-of-leadership-coaching) contains an entire coaching section on how to elicit empathy from leaders and, in turn, feed an organization and its members. It is essential for you as a coach to read the report and gather tools to help reignite leaders in their passion for their work.

The academic focus of the IOC is to develop coaches in research-driven participatory approaches. And within that framework, you can help rebuild an organization as a coach. Passion begins at the top of the organization, and if you cannot get senior leadership engaged in executive coaching, it's like trying to heal a rotting tree from the middle of the tree, not at the root system. You can hold it together for only so long, and then it will come crashing down.

As report editors Margaret Moore, Irina Todorova and Jeffrey Hull clearly state, we must intentionally, 100 percent believe in the coaching relationship, incorporate our values, and believe that empowering another is possible. Getting clear on what is going on within an organization, focusing on the "healing" of clients, and then finding ways to solve the issues will help you successfully coach leaders of an organization so that employees will not feel devalued.

Getting clear on what is going on within an organization, and then finding ways to solve the issues, will help you successfully coach leaders of an organization so that employees will not feel devalued. •

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HERE. THERE.

False presencing and the power of noticing

By Betsy Block, MPP, PCC-ACTC

Pause for a moment. I'm going to ask you some questions. Stay with the questions, lingering with them a moment, and start noticing … just generally noticing.

Are you here?
Or are you there?

Engage more intentionally with this question of here or there, notice what is in this moment, in front of you, captivating your attention in the here-and-now space that you physically occupy.

What about your emotional and mental self? Did you have to collect yourself from a mind that was roaming? Where did your mind roam? What did you suddenly see in front of you that you had not noticed before? Were you noticing fragments of you still in another moment of the day, or a more demanding something else in your brain?

My deeper thinking on this issue of *here* and *there* was sparked by my family's return from a trip to Israel. As I joined my first back-to-the-grind meeting after our return, the facilitators asked us to gather something nearby that explained our thinking in the moment. I immediately grabbed the special item my son had bought: a dreidel, one with the Hebrew letter for "here" that is only sold in Israel. For the rest of the world, dreidels have instead the Hebrew letter for "there."

I quickly explained this as I joined that meeting, and mused that I was wondering for myself if I was *here* – in this moment with my colleagues; or *there* – lingering in the last moments of my trip. I was noticing both the impact of having traveled to Israel and the valued moments with my family, and also the tension of being there during a time of heightened conflict.

As this discussion resonated with the team, I went deeper into thinking about *here* and *there* with my colleagues. I felt joy and belonging at not having to compartmentalize what was still in Israel and felt that bringing some of those weary-traveler particles of me into the virtual meeting space allowed me to be more present, without artificially shedding what was *there*.

FALSE PRESENCING

As coaches, we often begin client sessions, particularly team ones, with a presencing activity. We invite our clients into the session, inviting them to be *here* with us.

Sometimes, this is simple breath work, taking a few deep breaths to gather up our thoughts, releasing them, and connecting to the work that is starting. It might also be a reflection, centering on a specific topic, word or physical object.

Presencing activities are rooted in mindfulness, creating a threshold for people to knowingly cross between different moments in their day, a transition that often gets stepped over in a virtual, Zoom-driven world.

These activities can be useful when people physically arrive to one meeting without cognitive awareness that their thoughts and emotions are somewhere else. They are both *here* and *there*, and if there is too much dissonance or fragmentation between those two states of mind, a person can feel hindered from engaging with the meeting for which they just sat down or clicked "join."

I want to be clear here that I'm a White coach, and also that I frequently coach in nonprofit organizations with staff that is predominantly Black, Indigenous, People of Color (BIPOC). And even when I'm partnering with a co-coach that isn't White, I can marginalize a person or a group of people simply by being oblivious to how I carry my power and privilege.

How I, as coach, ask people to land into a session with me is one of those moments where I'm exquisitely aware of

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how I can harm the very people I want to invite into the session.

As coaches, we go too far when we create a false dichotomy between *here* and *there*. When we demand that level of compartmentalization, we erode the kind of belonging we seek to create. In fact, suggesting that we can compartmentalize the "outside" world is steeped in privilege.

The idea that it is unprofessional to bring in the complexity of our outside-of-work self is, particularly in the United States, a product of White-supremacy culture. This is a false presencing and harmful for people that may already feel marginalized.

THE INVITATION TO NOTICE

In a recent conversation on this topic, Neil Edwards, MPH, PCC, reminded me about the critical function of accessing our creativity – our ability to weave together complexity – when we want to solve critical problems.

When we feel unsafe, we might shut down creative thinking, reactively narrowing by focusing solely on actions, attempting to control our emotions, or freezing up. As a result, we become inhibited and begin to self-censor.

Neil reminded me of all the wisdom that comes from our lived experience and ... well ... all the stuff *there*. What we seek to do as coaches is AWAKEN creativity, which happens when we acknowledge our wholeness and our complexity. Stifling that whole person suppresses creativity and unintentionally denigrates the complex worlds we all live in.

A note of caution: we want to be sensitive to what is intrusive versus inclusive – toeing a line between asking folks to share personal details versus a nonverbal but shared awareness that each of us settles into a meeting from a different *there*.

What I invite others to do is to first notice what is present and what is lingering elsewhere. I normalize this, asking folks to notice and invite in what might be useful. I steer away from asking them to share their *there*, but rather, to honor and invite in the useful particles *here*.

THE POWER OF NOTICING

A powerful impact of noticing *here* and *there* is recognizing what of you is here and what of you is there in any given moment. Sometimes *there*-ness feels foggy and disconnected, and sometimes *there*-ness is totally unconscious and almost unnoticeable. Almost.

There-ness can feel like a wandering mind, which is a natural and wonderful experience. Daydreaming is highly linked to powerful and creative problem solving; letting your mind go *there* is one to daydream. The best companions to a wandering mind are the cultivated awareness of when the mind wanders *and* the permission to invite back the wanderings into the present moment.

As a coach, I aim to make an inclusive space and acknowledge that the wandering mind is doing something necessary for the person, and for the system in which the wandering takes place.

As a coach, you are doing some important work with your clients here:

- Giving permission to your client to bring their whole selves in, to be more authentic and expressive.
- Engaging third-level listening, inviting in the flirts and metaphors and essence of what is outside the room, as well as embracing what isn't being said out loud.

Over time, this gives your client, especially teams, both empathy and the skill of being with each other and their complex worlds – sharing the souvenir without overstepping.

So, here's how to do it:

- Release the expectation that dropping *there* outside the metaphorical door is useful for meetings. Acknowledge that we all have fragments of our being that are usefully processing other things in other time and space, and that is normal and welcome.
- Ask them first to just notice what is *here* and what is *there*. Be intentional in building a soft space to allow folks to bring forward their unique wisdom.
- Ask them: what of there is useful for *here*? Establish with your clients that this is not an invitation for a full sharing of what is *there*, but an invitation for a fragment or idea from *there* that has wisdom that could be useful *here*.

In doing this, participants know that their whole self is welcome and important.

In the dreidel game we play at Hannukah, when the dreidel lands on either פ *here* or ש *there*, you win all the gelt. Either way, by being here or there, you are winning. •

> "As coaches, we go too far when we create a false dichotomy between *here* and *there*. When we demand that level of compartmentalization, we erode the kind of belonging we seek to create."

A Word on Dreidels

Jews and their friends all over the world play a game with dreidels on Hannukah, betting with small chocolate coins called gelt.

Dreidels in Israel are different from those sold elsewhere in the world. Everywhere else, the letters on the dreidel stand for: "A great miracle happened there." In Israel, however, the dreidel reads: "A great miracle happened here."

The Hebrew letters translate as:
ג gimel for *godol* = great
נ nun for *nes* = miracle
ה hay for *haya* = happened
And either:
פ pay for *po* = here
OR
ש shin for *sham* = there

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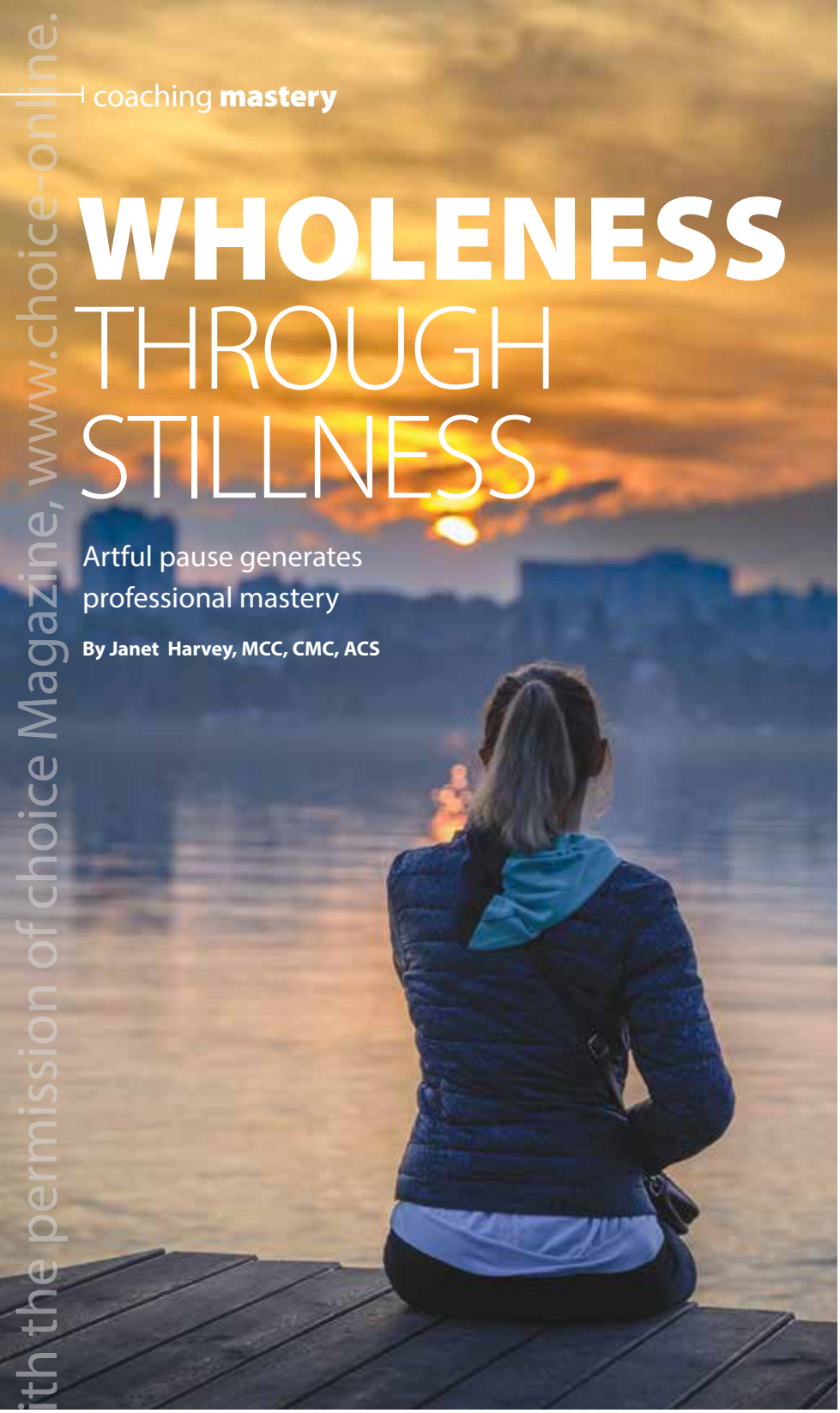
WHOLENESS THROUGH STILLNESS

Artful pause generates professional mastery

By Janet Harvey, MCC, CMC, ACS



What does it take to listen and receive as a complete physiological act, so that hearing is an emotional experience that activates imagination and intuition, creating a generative moment?

Maximizing potential is inherently a transformative process. To become generative demands embodied wholeness. Being different in some way – whether by perspective, relationship, choice or conscientious presence – invites change.

Cultural anthropologist Angeles Arrien declared that Nature's rhythm is medium-slow, whereas Western rhythm is fast-overdrive. Slowing down, then, is an obvious opportunity to live activated from our authentic self.

When fast-overdrive downshifts occur, what do we choose in our way of being during the moments of pause?

No one can choose the unfolding of our life for us. Yet the core of our being knows, even if we don't know it directly. When we feel over-activated and want to move to a more balanced state, studies of the brain show that the simple act of a deep sigh, followed by a deep inhale and a slow turn of the neck, creates enough adjustment for our nervous system to move out of a reactive posture of fright, flight, freeze or fracture.

Our mindfulness or contemplative practice reminds us that all things are possible in the stillness of a quiet mind. Brain science supports this experience, as does our engagement with others. Allowing moments of pause infused with full presence always evokes deeper inquiry, surprise and revelation, for any domain of life. And for those attached to busyness or the feeling that there's not enough time in the day, reflect on this idea for a moment: Pause gives more time than it takes.

Wholeness is the resource for curiosity offered without condition, authentically on behalf of another's life. Curiosity is the resource for the vulnerability that removes resistance and restores access to resourcefulness. Our vision of the future can become a prison for many of us; curiosity becomes the door key, unlocking access to an inner capability that we forget about in the emotion of what's challenging and fear-inducing.

If we are overly focused on performance to demonstrate our expertise, our attention becomes conditional, evaluating what another person expects moment-by-moment. Unconditional attention shifts the focus toward perceiving with the whole self to reflect full acceptance and celebration of the other person's expression simply by

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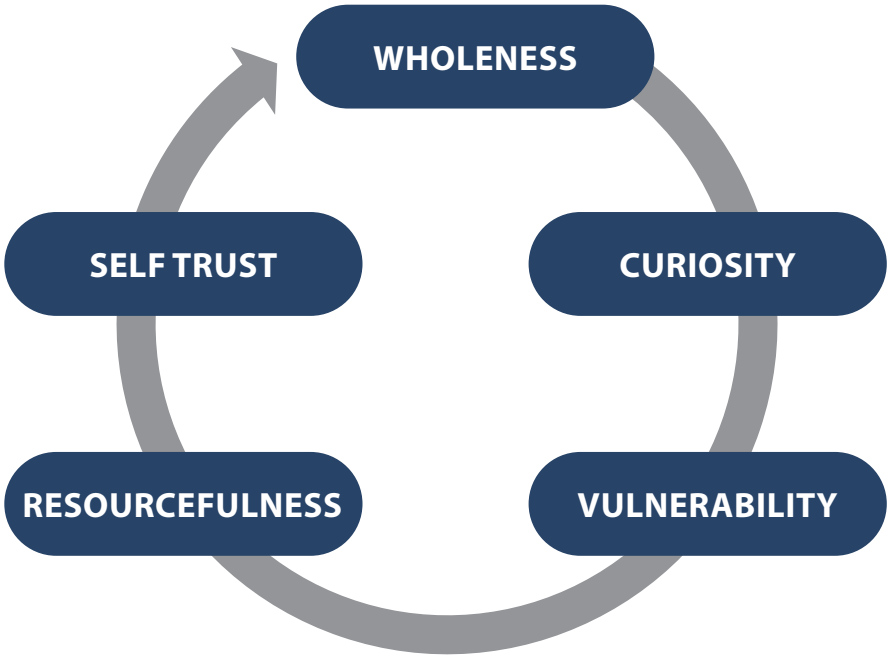

engaging our curiosity in the field we are creating together.

Trusting the self becomes a positive reinforcing step for our inner stance of wholeness.

BE STILL

Vulnerability is essential to professional mastery. Our vulnerability as practitioners engaging with others encourages their vulnerability. This shared experience more quickly generates deliberate access to underutilized internal resourcefulness and capability. We expect others to trust us; that's a desirable human bias.

The language of achievement, accomplishment, and goals distracts our attention from acceptance. Invert our approach to begin from the unconditional acceptance, and we liberate internal resourcefulness to choose any path that enlivens. Practitioners who initiate relationships through unconditional acceptance toward others enliven the connection and conversation they engage by how they show up and interact with others.

How reliable are we to create the energy of total acceptance and unconditional curiosity that allows something unspeakable before to now emerge in the moment of a conversation?

Emotions bias our decisions, whether we acknowledge this phenomenon consciously or not. Fear, and the expression evoked from this emotion, reveal what we choose to love. This is a paradox. We ultimately can focus on allowing the presence of fear from and with others so that awareness of what is loved emerges. To enable this, we must, as practitioners, eliminate our own fear to create trust in relationships for others' safety. That safety allows the vulnerability – and therefore learning – necessary to proceed with generative change.

BE ATTENTIVE

When we are attentive from our wholeness, we may notice judgment and choose artful pause – as simple as a quiet breath – to welcome curiosity that accepts everything and builds on it with wonder on behalf of the other person. It is our attention with other people, not our input, that produces a sequence of evocative curiosity-based questions, e.g., what to achieve, based upon what assumptions, blocked by what beliefs, seeing what belief operates as the most significant obstacle, testing what is valid and what causes a person to choose to hesitate or stand still.

As seen from our essential self, what is true stimulates choices, leading us to ask how to achieve the goal organically and naturally. It is who we are, from wholeness, that allows us to enjoy the difference, welcome disturbance, and trust that by inviting others to share learning, thinking and insight, we will most honor the partnership in our conversation to generate something beneficial for both. •

BE REFLECTIVE ON PRACTICE

Professional mastery is a lifelong journey filled with humbling gems of learning and awe. It is a path of discovering our authentic self, unique rhythm, and dynamic capacity to originate, create, learn, and produce results, in other words, be generative.

Being reflective on practice is the most empowering resource available for professional development because the answers arrive inside-out as gifts of consciousness and give us the power of choice.

Here are three practical reflection questions to engage with to strengthen artful pause for maintaining our authentic presence:

- What stirs our addiction to a certainty that fuels mistrust of another's wholeness, resourcefulness, capability and creativity?
- What fuels our fear of silence and the discomfort of allowing another's independent thought to emerge?
- What self-trust becomes essential in surrendering to curiosity on behalf of another person without condition?

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KEYSTONE CONVERSATIONS ABOUT **WORKING TOGETHER**

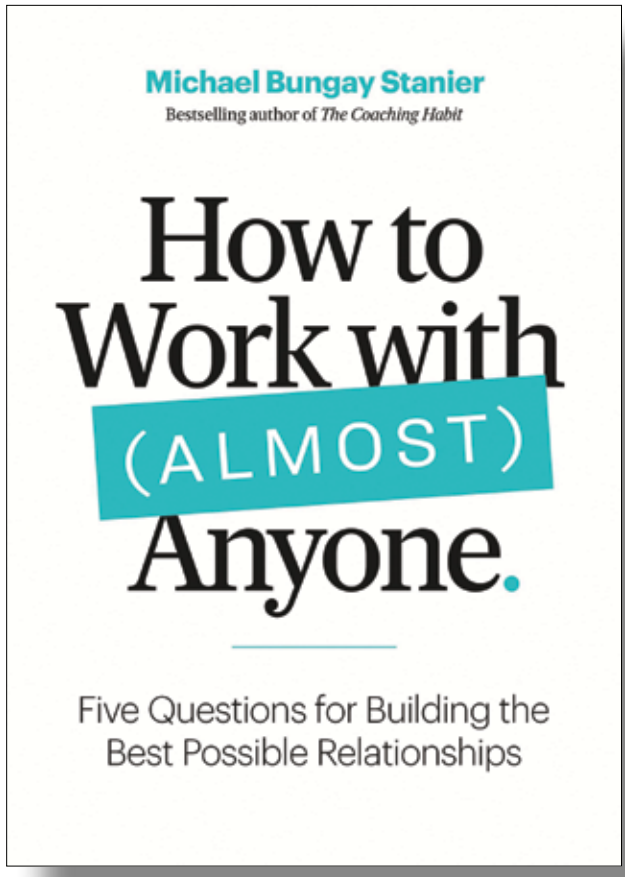
By Marnette Falley, MS, PCC

Everyone I know finds some people easy to work with and others a challenge. Whether it's a peer, boss or direct report, less-than-ideal relationships cause irritation, inefficiency, and occasional ire. I honestly can't think of a coaching engagement where there wasn't at least one challenging relationship in the mix. And I feel certain that your experience can't be too different.

In *How to Work with (Almost) Anyone*, internationally best-selling author Michael Bungay Stanier (MBS) offers a concrete strategy for setting up better working relationships.

The core idea of the book is that we can—and should—open direct and ongoing conversations with work partners about the dynamics of our relationship. He offers five types of questions to use as the roadmap for this "Keystone Conversation," and the idea is that both parties would reflect on those questions and then share their answers.

- **Amplify Questions:** What's your best? What are your strengths?
- **Steady Questions:** What are your work practices and preferences? What time of day do you work best? What's a good meeting look like to you? What feedback tends to be most helpful? How do you prefer that it be expressed? How do you manage deadlines and milestones?
- **Good Date Questions:** What can you learn from successful past work relationships? What did they say and not say that made a difference? What did they do and not do to elevate and nurture the relationship? What did you say, not say, do, and not do? What moment tested the relationship and how did you successfully manage that? What light does that shed?
- **Bad Date Questions:** What can you learn from frustrating past relationships? What did you say, not say, do and not do that contributed to the problem? What did they say, not say, do and not do? How did the environment contribute?
- **Repair Questions:** How will you fix it when things go wrong? This question gives you a chance to agree to mutual expectations – and the fact that you had this conversation helps normalize future conversations.



Bungay Stanier also offers strategies for how to get things back on track when there's a problem. You'll recognize the approaches from every great communication book you've ever read. This is a place where I naively wish for a new, perfect silver bullet solution. The truth is, building, maintaining and repairing relationships takes investment. There's no silver bullet.

Who's ready? In my experience, people rarely seem comfortable opening this meta conversation, especially if the current relationship is fraught. In response to reading the book, I asked a couple of colleagues how they'd feel about requesting a "Keystone Conversation," and my summary of those conversations is "cringy." So there are some barriers. And MBS acknowledges this challenge, writing: "You might be thinking, 'Won't this Keystone Conversation be weird/awkward/difficult?' The answer is: Yes. But this book is meant as a step towards 'unweirding' the conversation."

Of course, starting new work relationships with this groundwork before things get sideways is clearly an easier path.

After reading this book, I added ideas to my "coaching questions to ask" list – and I added the book to my "books I recommend to clients" shelf. I think it would be a nice tool for most coaches to have on hand. It's a quick read that offers concrete steps, examples of the actual words you might use, and piles of opportunity for reflection. MBS wraps the content in a light-hearted positive mindset. And most importantly, I think "unweirding" these conversations is a truly worthy goal. •

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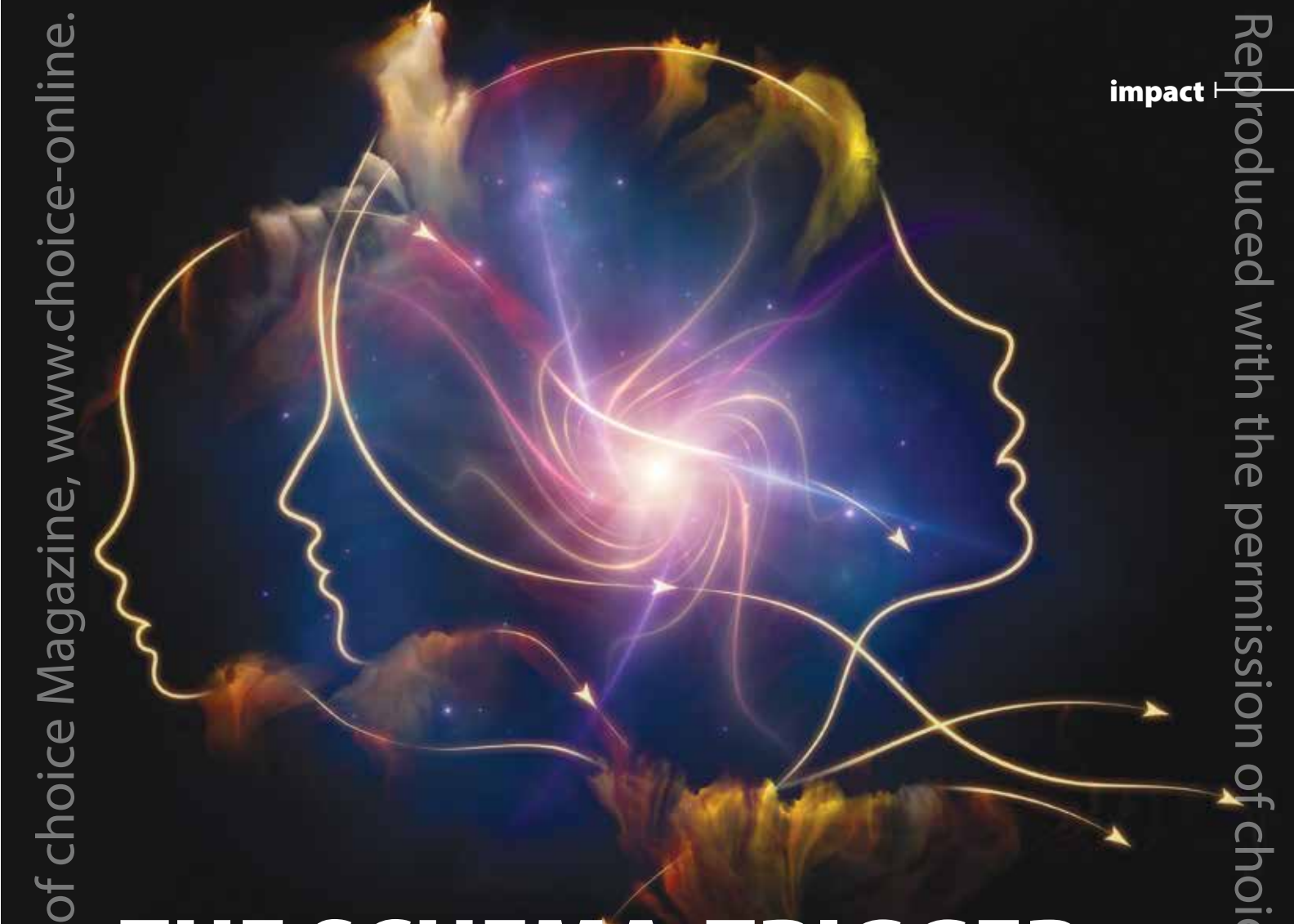

THE SCHEMA-TRIGGER-MODE FRAMEWORK

Harnessing the power of schema therapy in coaching

By Katia Vlachos, PhD, CPCC, ACC & Michael Watkins, PhD

As coaches, we guide and accompany our clients on their journeys to achieving their goals, helping them to overcome challenges and develop their potential. One tool that we find very useful in this work is the Schema-Trigger-Mode framework, derived from schema therapy.

While typically used in therapeutic contexts, this framework can offer valuable insights as we seek to better understand and support our clients. At the same time, however, we need to recognize where coaching ends and therapy begins, and know when to refer clients to mental health professionals.

AN OVERVIEW OF SCHEMA THERAPY

Schema therapy is an integrative approach to psychotherapy, combining elements from cognitive, behavioral and psychodynamic methodologies. Pioneered by psychologist Jeffrey E. Young and his colleagues, it was developed to address chronic mental health conditions that proved resistant to more traditional cognitive-behavioral therapy, including personality disorders, chronic depression, and anxiety disorders.[1]

At the heart of schema therapy are the concepts of schemas, triggers and modes.

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Schemas are deeply ingrained patterns of thinking and feeling, often formed in childhood, that can shape a person's perceptions of themselves, others, and the world around them. They typically develop when there are unmet emotional needs, and while they can be adaptive in childhood, they often become maladaptive in adulthood.

For example, the Unrelenting Standards schema is the pervasive belief that one must always strive to meet extremely high internalized standards of behavior and performance, usually to avoid criticism. Excellence isn't good enough – only perfection, which is never achievable. This schema can develop as a result of growing up in an environment where achievement was excessively valued or where approval was conditional upon meeting high standards.

In adulthood, this schema can lead to perfectionism, workaholism, and a constant sense of pressure or dissatisfaction. As a result, a person with the Unrelenting Standards schema can end up in a state of "joyless striving." They can also push the people around them, such as their children or people who work for them, to behave similarly.

Triggers are specific situations, events or experiences that activate a particular schema. These triggers can be anything the person perceives as similar to the conditions in which their schema was initially formed. A trigger for a person with an Unrelenting Standards schema could be making a minor mistake at work or seeing someone else do so.

> "Schemas are deeply ingrained patterns of thinking and feeling, often formed in childhood, that can shape a person's perceptions of themselves, others, and the world around them."

Modes are temporary but powerful mindsets or states a person enters when a schema is triggered. Modes are like moods, only stronger. They usually represent the person's characteristic way of coping with the distress caused by the activated schema. Think of them as the versions of you that "show up" when you are triggered. Depending on the mode, this can involve avoiding the distress, fighting it, surrendering to it or overcompensating for it.

Common modes that people exhibit when triggered include:

- **Child Modes** represent different aspects of a child's emotional life. They include the Vulnerable Child (who feels sad, abandoned or overwhelmed), the Angry Child (who feels angry, frustrated or rebellious) and the Impulsive/Undisciplined Child (who acts on whims without considering the consequences).
- **Dysfunctional Parent Modes** are internalized versions of the critical or demanding messages that the person received from their parents or caregivers. They include the Punitive Parent (critical and punishing) and the Demanding Parent (perfectionistic and never satisfied).
- **Maladaptive Coping Modes** are ways that a person learned to cope with their distressing feelings and experiences. They include the Detached Self-protector (who disconnects from their feelings to avoid pain), the Compliant Surrenderer (who gives in to other people's demands and expectations) and the Overcompensator (who tries to cover up feelings of inadequacy or vulnerability by being overly assertive, controlling or perfectionistic).
- **Healthy Adult Mode** is the mode that schema therapy aims to help people strengthen. When they're in this mode, people can see things clearly, make good decisions, take care of themselves, and interact with others in healthy and satisfying ways.

USING THE SCHEMA-TRIGGER-MODE FRAMEWORK IN COACHING

Schema therapists help their patients understand and manage their triggers and modes, but also support them in healing the underlying schemas. They use elements of cognitive behavioral therapy to challenge destructive thought patterns and behaviors, aiming to replace them with healthier alternatives. They also engage in the deeper work of helping their patients recognize and heal the childhood traumas that gave birth to maladaptive schemas.

While coaches are not therapists and should not be excavating their clients' early experiences or exploring traumatic events, they can apply the Schema-Trigger-Mode framework to help their clients:

1. **Identify recurring patterns** in their thoughts, feelings and behaviors. This might include helping them to recognize their common triggers and the ways that they typically respond to these triggers.
2. **Increase self-awareness** by helping them understand their schemas and modes and recognize when they're getting activated.
3. **Develop healthier responses:** This might involve cognitive strategies (like reframing negative thoughts), behavioral strategies (like practicing self-care) and mindfulness techniques (like noticing when a schema is being activated and choosing a different response).
4. **Set and achieve goals:** Replacing destructive behaviors with healthier ones also helps clients as they pursue their goals. For example, if a client has a schema of failure and a trigger of taking on new challenges, the coach could work with them to develop a healthier response to this trigger (like reminding themselves of their past successes) in order to take on a new project at work.

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SCHEMAS, TRIGGERS & MODES

The relationships between schemas, triggers and modes are summarized in the table below.

SCHEMA	DESCRIPTION	EXAMPLE OF A TRIGGER	COMMON MODES
Unrelenting Standards	The belief that one must strive to meet extremely high internalized standards of behavior and performance, often to avoid criticism.	Making a minor mistake at work.	Demanding Parent (driving oneself to work harder and avoid mistakes), Punitive Parent (criticizing oneself harshly for the mistake).
Recognition Seeking	The belief that one's value is tied to the approval and recognition of others. Leading to an overemphasis on accomplishments, appearances or social status.	Being overlooked or not given credit for an accomplishment at work or in a social setting.	Vulnerable Child (feeling overlooked and undervalued), Angry Child (feeling frustrated and resentful for not being recognized), Detached Self-Protector (suppressing personal desires or emotions to conform to what others value or recognize).
Punitiveness	The belief that people should be harshly punished for making mistakes.	Seeing someone else make a mistake.	Punitive Parent (feeling angry at the person and wanting to punish them), Detached Self-Protector (withdrawing from the situation to avoid the distressing feelings).
Entitlement	The belief that one is superior to others and therefore deserves special treatment or does not need to abide by general rules or have empathy for others.	Being asked to comply with a rule that everyone else is also expected to follow.	Angry Child (reacting negatively when they don't get their way), Detached Self-Protector (ignoring or dismissing the needs and feelings of others to sustain their entitlement).
Abandonment	The belief that others will leave a person because they're seen as unreliable, or because others will eventually lose interest.	A significant other going on a trip without them.	Vulnerable Child (feeling anxious and insecure), Angry Child (feeling angry and betrayed), Detached Self-Protector (withdrawing emotionally to avoid feeling abandoned).
Defectiveness	The belief that one is flawed, damaged or unlovable, and that others will eventually discover this.	Receiving criticism or negative feedback.	Vulnerable Child (feeling hurt and rejected), Punitive Parent (criticizing oneself), Detached Self-Protector (withdrawing from the situation to avoid feeling exposed).
Subjugation	The belief that one must suppress their needs, feelings or desires to avoid displeasing others.	Being asked to express personal needs or desires.	Compliant Surrenderer (suppressing own needs to please others), Detached Self Protector (withdrawing emotionally to avoid conflict).
Self-sacrifice	The belief that one must put others' needs before one's own to avoid causing pain or discomfort to others.	A friend asking for a favor when already overextended.	Compliant Surrenderer (agreeing to do the favor despite the cost to oneself), Detached Self-Protector (agreeing to the favor but then withdrawing emotionally)

The table below provides two practical examples of how coaches can use the Schema-Trigger-Mode approach to support their clients.

SCHEMA	TRIGGER	DESCRIPTION	COACHING APPROACH
Failure	New challenges	The client avoids taking on new tasks at work for fear of failing.	The coach can help them identify their failure schema and how new challenges trigger it. Together, they work on strategies to reframe thoughts around failure and build confidence by setting and achieving small, manageable goals.
Subjugation	Asserting personal needs	The client always puts others' needs first, often at their own expense.	The coach can help them recognize their subjugation schema and how asserting their needs triggers it. They can then work on strategies to strengthen their assertiveness skills and Healthy Adult Mode, such as practicing self-care and setting boundaries.

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5 **Strengthen the Healthy Adult Mode,** which is the mode that allows a person to see things clearly, make good decisions, take care of themselves, and interact with others in healthy and satisfying ways. This could involve strategies for self-care, assertiveness and healthy boundary-setting.

RESPECTING THE BOUNDARY BETWEEN COACHING & THERAPY

While the Schema-Trigger-Mode framework can be an effective coaching tool, coaches must be mindful of the line between coaching and therapy.

Coaching is present- and future-oriented, focusing on personal growth and transformation, whereas therapy aims to heal psychological dysfunction, cope with past traumas and manage mental illness. While they can use the Schema-Trigger-Mode framework to help their clients better understand themselves and overcome barriers to their goals, coaches should recognize when a client's distress is beyond the coach's ability to support them.

Coaches should not attempt to treat mental health disorders or severe psychological pain. If a coach identifies that a client is in significant distress or that their schemas, triggers and modes are leading to harmful behaviors or severe emotional distress, they should refer the client to a mental health professional.

In summary, the Schema-Trigger-Mode framework offers a helpful model for coaches to understand and address their clients' emotional regulation and behavioral challenges. It can help coaches work with their clients to identify patterns that may hold them back and develop healthier strategies to reach their goals. Still, this work is no substitute for professional psychological treatment when such treatment is needed. Therefore, coaches must know their limits and respect the boundary between coaching and therapy. •

NOTES:

[1] Young, Jeffrey E., Janet S. Klosko and Marjorie E. Weishaar. *Schema Therapy: A Practitioners' Guide*. New York: The Guilford Press, 2006.

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HUMANIZING HEALTHCARE

COURAGEOUS COACHING AT A CROSSROADS

What is changing in the global healthcare picture that invites innovation in coaching? How can coaching help administrative and clinical leaders work more closely together and in sync so the patient is not lost? How can coaching inspire healthcare to prioritize a wellness and prevention focus while retaining excellence in its historical emphasis on the treatment of disease? What is unique or different about coaching healthcare professionals/leaders from other leaders/clients? What are recent evidence-based successes of coaching in healthcare – for individuals, teams, groups and/or organizations?

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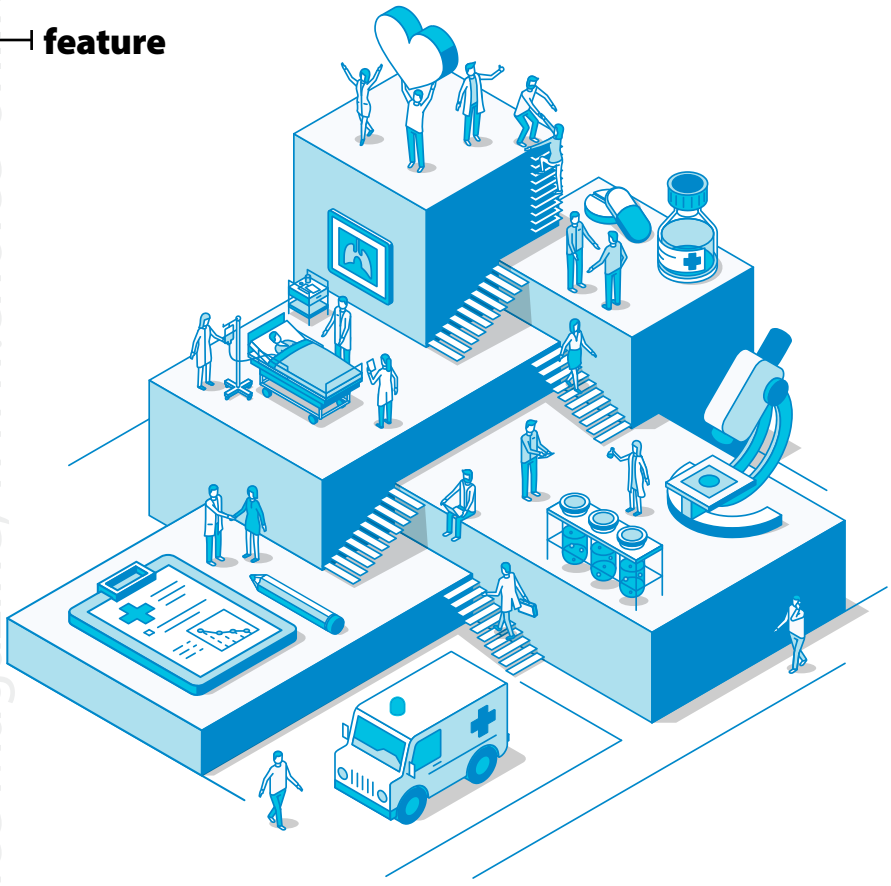

CHANGING HEALTHCARE THROUGH COACHING

The journey map for creating a coaching culture

By Steve Bogdewic, PhD, MA, Dr. Bryant Murphy, MD, MBA, ACC & Darelyn "DJ" Mitsch, CMC, MCC

Dr. John (not her real name) put her head on the desk as the coaching session began, unable to raise it for more than four minutes. Exhausted, she needed a quiet time out. Responsible for hundreds of medical students who don white coats and recite the Hippocratic oath, her leadership role and that of her colleagues – to transfer best medical practices and train the next generation of physicians – is becoming significantly more complex. Unaware of the many factors that will govern how they care for patients, the new doctors she is responsible for will soon complete their education with a promise that their work will have meaning.

Medicine has been plagued by increasing administrative rules and regulations, politics, burnout and disillusionment. Meaning can be lost in the chaos. The heightened anxieties, including those magnified during a protracted pandemic translate to disproportionate challenges in the field of academic medicine. When Dr. John lifts her head, she says simply and quietly, "I don't know if I can do this anymore."

Coaching in academic medicine is relatively new. Like many academic medical centers, the University of North Carolina at Chapel Hill (UNC) School of Medicine (SOM) has long been at the forefront of American medical practice as one of the US's top public medical schools. It is a place where the best and brightest come to practice and teach.

The Faculty Affairs and Leadership Development (FALD) team began to build a culture of coaching in 2019 with a goal to "enable radical organizational transformation by building conversational coaching skills as a daily way of working." The underlying intention was to build a high-performing environment that supports leaders to be "accountable for delivering results, while fostering a climate of full engagement, personal development and mutual support."

UNC hired an executive leadership coach to oversee these efforts and provide coaching services for over 50 leaders within the SOM and UNC Health. Many of the leaders chose to continue past the initial engagements, which required additional people to fulfill the role of coaches. Nine additional faculty members were trained to deliver coaching and six of those have been coaching other faculty since 2020. The pandemic drastically interrupted the initial goals, but the demand for coaching became greater. Our team built a case to invest again in this needed service.

Coaching has many demonstrable benefits, including decreases in burnout, increases in well-being, and a positive ROI in terms of decreased turnover and increased retention. In a hospital setting, this is a critical factor to the bottom line. One key professional position turnover can cost a system in excess of US$1 million. The benefits of coaching in healthcare and research on its impact are still in an early stage of development.

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Several healthcare systems have had champions of coaching leave for retirement or other personal reasons and even award-winning initiatives can quickly lose steam – cited as just another expense in larger systems that show small margins. So coaching in healthcare, particularly in hospital systems, has been a heavier lift than for many industries like technology and pharmaceuticals. During the recent pandemic, an intense need for personal development and connectivity made coaching more than a desired offering; it became a critical need.

Coaching has many demonstrable benefits, including decreases in burnout, increases in well-being, and a positive ROI in terms of decreased turnover and increased retention.

UNC determined to find a solution to make coaching a sustainable and transformational equation – a best practice in medicine. The ambition was to implement a large-scale coaching initiative to address the challenges. To realize the vision of cascading coaching skills development to accelerate the cultural shift, UNC partnered with Pyramid Resource Group's Healthcare Coaching Institute.

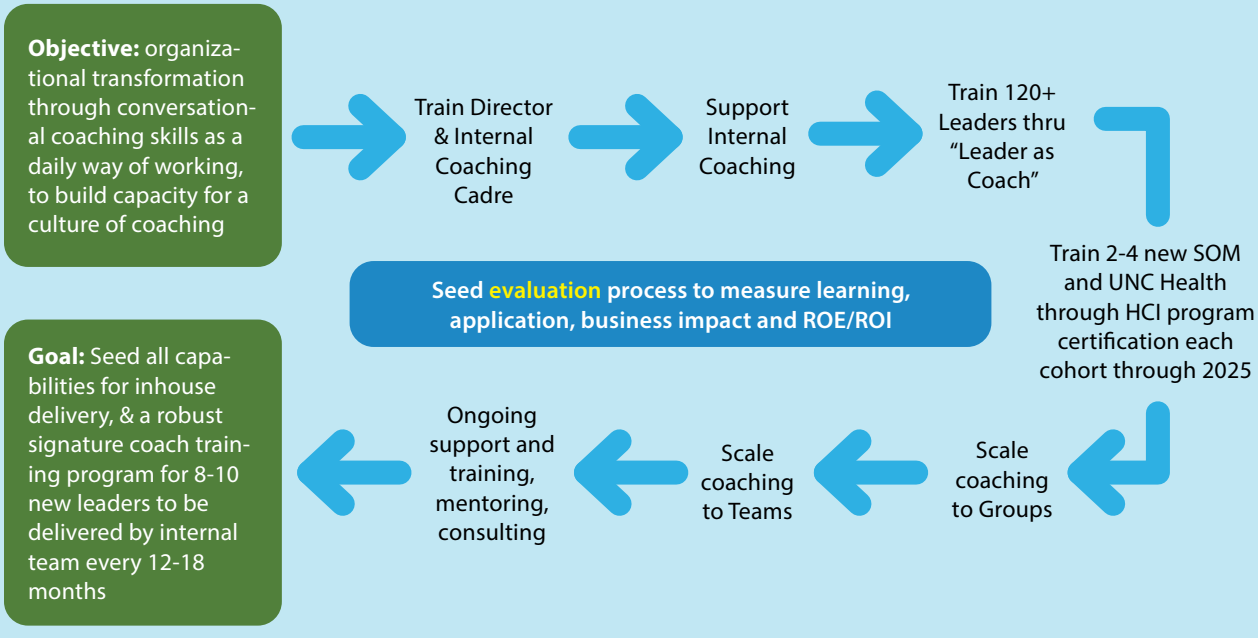
Addressing the needs of over 2,500 faculty and staff would require a significant investment of time and resources, and a way to secure administrative support for the initiatives. Pyramid made an early request of UNC SOM to assign coaches for not only the faculty, but for the stellar healthcare leaders who attend the Healthcare Coaching Institute course for Level 2 certification.

Where do we begin to exact the needed changes for coaching in healthcare? Below is a map for consideration and expansion. The journey map is a dynamic blueprint for how we established a destination for building this desired internal capability.

One major goal of the program was to increase the availability of credentialed faculty and staff that could provide coaching services for our community. Additionally, we wanted to provide basic coaching skills to many in leadership positions (including department chairs, hospital leadership and administrative leaders). Our ultimate goal is to provide access to a coach to anyone who requests one.

FACULTY AFFAIRS & LEADERSHIP DEVELOPMENT PROGRAM

Journey Map for building a culture of coaching serving all 2,500 employees



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Through the partnership with Pyramid Resource Group, we created the journey map on the previous page and established two programs as points of entry.

1. Identification of a cohort of faculty and staff who will undertake the full International Coaching Federation (ICF) PCC training pathway. Ideally, we will train one percent of our employee base or 25 coaches in a "jobs-plus" role to serve different needs throughout the organization. Steps for a faculty-plus role are detailed in the sidebar below.

2. Train 120 faculty leaders and license the "Leader as Coach" program, a 14-hour course and primer for sustainability so every leader will learn and practice coaching skills. This course equips participants with skills such as active listening and reflective inquiry. Currently, 40 faculty and staff have completed the program, and we have another 40 scheduled for the fall cohorts.

The feedback from the first 41 participants gave us quotes that resonated with others, such as the examples below:

- "This was my first exposure to coaching, and was literally transformative for me."
- "I expected to learn a few 'quick tips' to help in my leadership roles. I had no idea I'd be learning a completely different mindset and approach to motivating and guiding people in many different settings."
- "Being forced to practice coaching and being coached – lots of discomfort in this. But also tremendous growth, even from a 20-minute session."
- "I really appreciate the investment in us as leaders at UNC and am grateful for the opportunity to grow into my professional identity through this training."

Our enrollment for the next 40 participants is complete. We will reach our goal of training all 120 faculty leaders within 18 months of the program launch.

All of this work ties back to the FALD strategic priority of enhancing leadership development programming across the faculty lifecycle. Not only will the faculty being coached benefit from the coaching services; the faculty leaders being trained in coaching and participating in coaching relationships will also find new meaning in their roles and contributions to others. This level of connectivity has given us all a reason to hope that the changes we feel are needed, are available and possible.

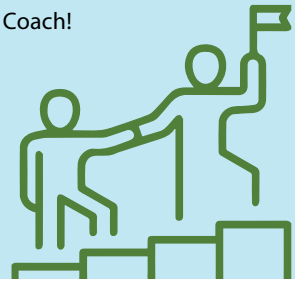
During the recent pandemic, an intense need for personal development and connectivity made coaching more than a desired offering; it became a critical need.

Scaling coaching to groups is a key step along the coaching journey. The commitment from those who lead the school of medicine and the UNC healthcare leadership initiatives are noteworthy. Key leaders from the school of medicine and the healthcare system have taken the courses, including the Leader as Coach training. They seek out information and research for impact, and are designing pathways to become leading edge as a new team who advance coaching in healthcare.

We believe in the future of coaching to elevate all leadership programs and approaches to exact the change we all desire, and as DJ Mitsch declares after 30 years of leading in the coaching field, "We change healthcare through coaching – one leader, one team, one organization, and one conversation at a time." •

THE FACULTY ++ PLUS COACHING ROLE

1. Identify those with enthusiasm, capacity, energy for serving in this role.
2. Interview those candidates emphasizing formal, informal, and high potential leaders.
3. Select future coaches who represent the mission, vision & values of the organization.
4. Enroll them in the coaching experience – recommend full Level 2 certifications/ credentials for those in the first cohort, to serve as guides for the journey map execution.
5. Roll out programs beginning with Leader as Coach, license in for newly trained faculty to train, seed the new coaching conversation!
6. Identify those who can best be coached by internal cohort, establish contracting approach.
7. Coach!



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KEEPING *HEALERS* HEALTHY

Coaching the whole leader in healthcare

By Jennifer Zach, ACTP, ISTTC

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"HEALTHCARE IS THE MOST DIFFICULT, CHAOTIC AND COMPLEX INDUSTRY TO MANAGE TODAY."

– **PETER DRUCKER**, Management consultant, educator & author

What isn't changing in the global healthcare picture? New technologies and treatments are developed nonstop. Emergencies happen at any moment. Worsening mental health, healthcare workforce shortages, supply chain issues, funding gaps and more contribute to the sweeping changes occurring across the healthcare industry.

The COVID-19 pandemic put global healthcare systems to a historic test and ushered in a new era of healthcare. As such, healthcare leaders and professionals are facing massive challenges – in particular, sustaining safe and effective health care under mounting pressure and being in position to deal with various mental health matters as professionals – making coaching one of the tools that should be in every healthcare leader's toolbox.

Unprecedented times call for new measures. The exacting nature of old-school leadership modalities like command-and-control are not well-suited to the complexities of today. The success of present-day healthcare organizations relies on strong, adaptable leadership teams and dyads who can create positive work environments that support employees and leadership at all levels with the right conditions to deliver safe and effective health care.

No one person can accomplish this on their own. It takes a unified, healthy team of leaders working in partnership, balancing different training and points of focus, to honestly assess the organization's capacity to meet patients' needs and the broader demands of the community.

HOW COACHING INSPIRES WHOLE-LEADER HEALTH

Untold challenges and compounding pressures take a toll on a leader's performance, but not before threatening their health and wellness. In today's climate, healthcare leaders and professionals must be able to adapt and overcome for their own well-being.

It's important for leaders to keep up with their own health and regularly renew their capacity to engage and restore their energy and eagerness for helping staff to do the same.

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This shift invites innovation in coaching through practice and partnership. For example, coaches can place less emphasis on asking the perfect question and more value on being present, thereby coaching the whole leader. Being overly attached to asking the ideal question preempts a coach from doing their best work because it incites a fight, flight, freeze response.

When a coach attends to the leader in full by factoring in their thoughts, feelings and sensations, the coach helps them connect with their inner landscape, become more comfortable talking about their mental well-being and learn how to manage their fight-flight-freeze response. Doing so induces curiosity transcending fear.

Furthermore, coaches who partner with executive health program practitioners become part of a comprehensive care solution by being a spoke in the wheel that helps busy leaders prioritize their whole selves. Done thoroughly and effectively, coaching can equip healthcare leaders to simultaneously care for themselves and the organizations they serve.

LEADING BY EXAMPLE

In any sector, but especially in complex, heterogenous healthcare with its life-or-death circumstances, staff need to feel like they belong, their work is valued and that they can safely speak up when errors occur and processes break down. Leaders can only give what they have to give; healthcare leaders also need to feel safe, like they belong and that their work is valued. So, coaching healthcare professionals requires an extra measure of presence and validation.

> *It takes a unified, healthy team of leaders working in partnership, balancing different training and points of focus, to honestly assess the organization's capacity to meet patients' needs and the broader demands of the community.*

An investment in the wellbeing of an organization's leaders is an investment in the health of the entire organization. Coaching is key to helping healthcare leaders mold their self-awareness and stay accountable to their own well-being with the potential to create a contagion effect across the entire organization.

Budgets are tight in the healthcare industry. Turnover and inefficiency take a monumental toll on a healthcare organization's bottom line. However, healthier employees are more productive, and an organization that prioritizes wellness and prevention is more likely to cut costs and retain top talent simply by cultivating the culture of care and well-being that employees are increasingly looking to put down roots in today.

Actions speak louder than words, and it's crucial that leaders lead by example. It's easy for leaders to get swept up in the day-to-day and not take charge of their health. But that's a mistake. What message does that send to staff? Coaching can help healthcare leaders connect the dots between their own well-being and that of the organization by creating the framework for leaders to carve out time for essential self-reflection and self-care.

Commitment to health worker well-being must begin at the highest level of leadership to build a wellness and prevention focus into the fabric of health organizations.

Leaders set the tone. If they openly prioritize employees' health and well-being as a result of prioritizing their own, employees will likely follow suit, creating a ripple effect of organizational excellence.

SHARED BEHAVIORS DEVELOP HIGH-PERFORMING CULTURES

From patients and their family members to key medical staff, insurance companies and government agencies, the healthcare industry includes a lot of stakeholders. Leaders need the behavioral skills to handle these relationships well. Coaching helps leaders develop some of the best tools of the trade to build these skills, such as integrity to build trust, active listening to foster connection, curiosity to open the heart and mind, empathy that models love and clear expectations, and accountability that creates a sense of safety and advances healthy, productive behavior.

Whether it's enterprise-wide leadership coaching or executive one-to-one, coaching is a highly effective investment that helps engage and develop crucial competencies within leaders overseeing healthcare complexities – while empowering their teams to provide exceptional patient care.

Leadership coaching is for executives who want to achieve a particular developmental outcome. Executive one-to-one coaching is more specific and relates to effectively managing people, teams, and the organization.

Whether coaching is enterprise-wide or one-to-one, amidst inquiry and the self-reflective and action-oriented nature of coaching, the frontrunners gain awareness of the distinctive and collective impacts of their behavior on organizational performance.

Equipped with an institution-wide commitment to coaching, leadership teams develop shared behaviors that define safe, high-performance cultures by leaders being equally yoked in ensuring successful outcomes for patients and staff.

COACHING FOR ORGANIZATIONAL EXCELLENCE

A curated list of statistics from Upcoach, a professional training and coaching organization, reports that the five most common benefits of coaching are increased self-confidence, improved relationships, communication skills, interpersonal skills and work performance.

Harvard Business Review reveals that coaching boosts productivity by 44 percent. Hence, leaders know that to be successful and effective in their role, they need someone to help them find clarity to focus and prioritize their time and energy on the most critical tasks.

Moreover, studies have shown that executives who received coaching were perceived by their peers as being 55 percent

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more effective. Specific to healthcare, leadership coaching has become instrumental in attending to employee engagement and remedying burnout – factors that healthcare leaders are acutely aware of but not necessarily equipped to deal with as professionals.

Healthcare leaders are under immense pressure. However, they also lead purpose-driven organizations. Coaching that helps leaders consistently tap into purpose to cope with difficult situations has the dual benefit of recharging the leader and other team members, and is good for the organization at large.

> *Leaders set the tone. If they openly prioritize employees' health and well-being as a result of prioritizing their own, employees will likely follow suit, creating a ripple effect of organizational excellence.*

Strong healthcare leadership paves the way for better-quality patient care and is at the heart of an organization's capacity to improve and positively impact patient outcomes.

Even in the most complex industries like healthcare, coaching is a highly effective leadership support because it doesn't center on telling leaders what to do. Rather, it revolves around developing skills focused on leadership behaviors that impact the entire organization.

The health and well-being of healthcare leaders has a large impact on patient care and the overall success of any healthcare organization. Success emerges from the inside out, beginning at the top, translating into an organization that can only be as healthy as the people leading it.

People contribute better when they're healthier and feel safe. Organizations can't invest in everything, but programs, processes and systems that support the whole leader are a worthwhile wager when the stakes are as high as they are in healthcare. •

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Embracing the Future of Healthcare with Coaching

The case for coaching in the changing global healthcare landscape

By Andrea Jill Miller, MA, ACC, SHRM-SCP

As the world struggles with the ongoing changes to the global healthcare landscape, new challenges are surfacing. The COVID-19 pandemic revealed significant gaps in our health system and accelerated the need for unique solutions to address the increasing stressors to the system's greatest resource – its people. One such solution may lie in coaching, an area often overlooked by healthcare.

From the impact of COVID-19 and an increase in the already high prevalence of burnout and "moral injury" in healthcare, the often-unrealistic expectations placed upon healthcare professionals and the strains of an overburdened system, this article explores what sets coaching healthcare professionals apart from other leaders and clients.

AN EVOLVING HEALTHCARE PICTURE

Healthcare professionals and leaders face a unique set of challenges and pressures, and given these unique demands of healthcare, coaching takes on a distinct role. The rapidly changing landscape is being reshaped by many factors, not least of which, was the pandemic. It showed us, the incredible fragility of these healthcare systems, and challenged the resilience of our healthcare providers, pushing many of them to their limits.

It also brought to the forefront the issue of "moral injury"[1] among healthcare providers. In healthcare, the term refers to the psychological and emotional distress that healthcare professionals may experience when they are confronted

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with situations that may go against deeply held moral or ethical beliefs. It can occur when individuals are engaged in, fail to prevent, or witness acts that contradict their values or sense of right and wrong.

Healthcare workers often face difficult decisions and dilemmas like no other industry; choices that impact the well-being or even the survival of patients. These situations can lead to moral injury, as there may be no good or positive outcome, regardless of the decisions made.

This can be harmful to healthcare professionals, leading to feelings of guilt, shame, anger, and moral distress. It can also have a significant psychological and emotional impact on the well-being, job satisfaction, and overall quality of life of healthcare workers.

Healthcare workers often face difficult decisions and dilemmas like no other industry; choices that impact the well-being or even the survival of patients.

Healthcare worker burnout was a crisis long before Covid-19, it simply intensified the existing problem. There were/are many reasons why, including the high-stakes nature of the work, growing administrative demands by insurers, and relatedly, the lack of time with patients and an inability to provide the level of care they would like.

And yet, the demands continue to grow, as a rapidly aging population requires more services, worsening the already existing (and growing) talent shortage. In the face of these challenges, the potential for coaching to support healthcare providers is gaining increasing attention.

THE CASE FOR COACHING

In recent years, more research has been done on the benefits of coaching in general, as well as the potential benefits of coaching in healthcare settings. For example, a study titled "Providers' perspectives on implementing resilience coaching for healthcare workers during the COVID-19 pandemic" found that resilience coaching can provide a buffer against the intense pressures faced by healthcare workers during a crisis.

Similarly, the APA's research "New Research: Coaching Healthcare Workers Supports Wellness and Resilience During COVID-19," affirms the role of coaching in promoting wellness and resilience among healthcare workers.[2] The authors concluded that resilience coaching provided by internal staff can be an effective means to support hospital healthcare workers during a public health emergency.

Additionally, the "Effectiveness of Quality Improvement Coaching on Process Outcomes in Health Care Settings: A Systematic Review" provides further evidence for the potential of coaching in healthcare.[3] Quality improvement or QI is an understandably important focus in healthcare, as it has the potential to affect both costs and outcomes. In this review, the researchers found that the literature suggests that coaching interventions have a positive impact on clinical outcomes.

In particular, the researchers concluded that QI coaching interventions may affect certain processes of care activities in healthcare settings, which could support better patient care.

THE ROLE OF COACHING IN ENHANCING PERFORMANCE

The significance of coaching is not limited to resilience and quality improvement. It also plays a role in supporting specific areas of healthcare, such as palliative care. The study "Coaching as a Model for Facilitating the Performance, Learning, and Development of Palliative Care Nurses" found that coaching can be a powerful tool for enhancing the performance, learning, and development of palliative care nurses.[4]

Palliative care is a critical and growing area of healthcare that often involves some of the most challenging ethical and emotional issues. Through coaching, these palliative care nurses were able to gain the skills and resilience they needed to navigate complex issues more effectively, thereby enhancing the quality of care provided to patients. Furthermore, the Evidence suggests that coaching strategies can foster emotional self-management and self-adjustment to daily life among nurses, which not only improved their overall performance but also their well-being.

COACHING AS A TOOL FOR CHANGE & TRANSFORMATION

Evidence of the more practical, operations-related applications of coaching in healthcare can be seen in "Case Study | A Large Academic Health System Uses Coaching to Lead Cultural Transformation Their Way," a case study conducted by University of Wisconsin School of Medicine and Public Health (UW) in 2022.[5] The study outlines how this large Wisconsin-based academic health system effectively used coaching to lead a culture transformation.

By integrating coaching into their organizational culture, the health system was able to improve communication, enhance teamwork, and foster a culture of continuous learning and improvement. This, in turn, resulted in improved patient outcomes and staff satisfaction.

Given the changing global healthcare picture, there is a clear need for the use of coaching. The growing workload, the increased administrative burden, the ethical dilemmas, and the risk of burnout – all these factors highlight the urgent need for supportive strategies to bolster the healthcare workforce. By providing a safe space for reflection, skill development, and resilience building, coaching can play a crucial role in addressing these challenges.

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Additionally, the rise of technology and artificial intelligence (AI) in healthcare further underlines the need for coaching. As technology continues to revolutionize healthcare, it is essential that healthcare professionals are equipped with the skills and knowledge to navigate this new landscape. Coaching can support this transition, fostering digital literacy, and helping healthcare providers become more comfortable with these and other changes so they're better able to leverage these technologies and enhance patient care.

CREATING A COACHING-CENTERED HEALTHCARE WORKPLACE

Building a coaching-centered healthcare workplace starts with recognizing the value of coaching and incorporating it into the organizational culture. This involves a shift from an often-hierarchical management style to a more collaborative and inclusive approach. In this model, coaching is not seen as a remedial measure, but as a proactive tool for continuous learning and improvement.

Coaching programs should be tailored to the specific needs of healthcare providers, addressing the unique challenges they face. This might involve resilience coaching for frontline workers dealing with the emotional toll of patient care, or leadership coaching for managers seeking to foster a supportive and inclusive team culture.

Importantly, coaching in healthcare should not be limited to individual sessions. Group coaching sessions can be a powerful tool for fostering a sense of community and shared learning among healthcare providers. By creating a supportive environment where healthcare professionals can learn from each other's experiences and insights, group coaching can help to combat feelings of isolation and burnout.

The global healthcare landscape presents both challenges and opportunities. While the COVID-19 pandemic, talent shortages and the rise of technology have increased pressures on healthcare providers, they are also forcing a profound change for greater innovation and transformation.

Coaching, with its focus on personal development and resilience, offers a promising solution to these challenges. By incorporating coaching into our healthcare systems, we can support healthcare professionals to navigate this changing landscape, enhance their performance, and ultimately, improve patient care.

The evidence is clear: coaching is not just a nice-to-have, it's a must-have in today's healthcare world. It's time to embrace the future of healthcare with coaching. •

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Strategies to Integrate Coaching

into Healthcare Systems Culture & Practices

1 Institutionalize Coaching
Formalize coaching into your organizational model by integrating coaching into leadership development programs, performance evaluations, and organizational development strategies.

2 Build Internal Coaching Capabilities
Develop a cadre of internal coaches. They can provide continuous coaching support to various levels of the organization and also act as champions, encouraging its adoption across the organization.

3 Focus on Resilience Coaching
Given the high-stress nature of healthcare work, resilience coaching can help healthcare professionals manage stress, prevent burnout, and build the emotional resilience needed in their demanding roles.

4 Leverage External Coaches
In addition to internal coaches, external coaches can provide fresh perspectives and unbiased support, addressing complex issues and developing innovative solutions.

5 Promote a Culture of Continuous Learning
Foster a culture that values continuous learning and development where coaching is seen as a necessary tool for personal and professional growth, rather than a remedial measure.

6 Measure & Showcase the Impact of Coaching
To reinforce the value of coaching, it's essential to measure its impact and share the results. This can be done through metrics like employee engagement, patient satisfaction, and retention rates.

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feature

THE STRENGTH OF TWO

The dyad partnership and coaching

By Sara Kagarise, MA, PCC, PMP, CRP & Cory Colton, MM, PCC, BCC

Dyad leadership models, which pair physicians and administrative leaders, are critical in healthcare delivery, and essential to achievement of a health system's mission. The dyad relationship model taps into the unique skill set of each partner to support the alignment of administrative and clinical responsibilities.

Effective dyad partnerships result in synergistic, shared decision-making, aligned goals, consistent communication and delivery of outstanding patient care. Collaborative and balanced dyad relationships result in effective department functioning and interactions, whereby the system scorecard can be met while still improving patient outcomes and experience.

Dyad leadership addresses administrative and clinical needs, helping to foster higher levels of physician and administrative engagement and retention. Strong, interdependent dyad leadership helps to overcome challenges, remove barriers, and lead confidently in healthcare's new frontier.

SELF-AWARENESS & COACHING

Self-awareness for leaders is essentially "the extent to which a leader is aware of his or her strengths and limitations, how others perceive the leader, and the ways in which he or she makes an impact on others" (Bozer and Joo, 2015, p.39). Higher degrees of self-awareness lead to deeper understanding and utilization of strengths, clarity around gaps, and improved emotional intelligence.

Focus is traditionally placed on the singular aspect of leadership development through coaching – meaning that if a single leader becomes more self-aware and increases their effectiveness, positive results can be experienced within that department. With dyad coaching, results include two leaders with increased self-awareness, a deeper understanding of how to leverage each other's strengths, acknowledgement of deficits, collaborative decision-making, spread of accountability among the team, and improved holistic understanding of department functioning along every step of a patient's journey.

Dyad leadership addresses administrative and clinical needs, helping to foster higher levels of physician and administrative engagement and retention.

Dyad coaching results in authenticity, vulnerability, strength, and increased wellbeing for both partners and the teams they lead.

CONSIDERATIONS FOR SUCCESSFUL DYAD COACHING

- How does your organization view coaching – as more developmental or correctional? A focus on coaching as developmental contributes to the endeavor's success.
- How is coaching viewed differently by administrative vs. physician leaders? Administrative leaders may have positive experiences coaching in the context of training and promotion; physicians often rise to leadership without the benefit of development and coaching. Additionally, physician training may create confusion between modes of mentoring, coaching, and advocacy.

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THE CARILION CLINIC INSTITUTE FOR LEADERSHIP EFFECTIVENESS MODEL

PRE-ASSESSMENT	MONTH 1	MONTH 2	MONTH 3	MONTH 4
• Prism by Sure People • Well-being • Personality & communication styles • Responsbilities and expectations • Goal achievemet • Change management	• Role Clarity and Expectations • Dyad coaching for application	• Self and partner personality and communication preferences • Dyad coaching for application	• Communication and shared decision-making • Dyad coaching for application	• Leading change • Dyad coaching for application

- The coaching competencies of reflection and inquiry align with how physicians learn and helping both leaders to understand the technology of dyad coaching will reduce potential anxiety and ensure open lines of communication.

COACHING APPROACH

Carilion Clinic's Institute for Leadership Effectiveness (ILE) recognized an opportunity to enhance dyad leadership development through the addition of focused individual and dyad coaching. The goal was to create a regenerative leadership outcome with improved wellbeing, self-awareness, and interdependent "community" functioning.

This model has proven to be effective because partnering strong, collaborative and authentic administrative and clinical leaders to focus on achieving a shared vision is a critical model for achieving a highly successful, truly integrated healthcare system. Dyad coaching helps leaders align personal and organizational values and goals to ensure that patient care remains the focus of everyone's work, while promoting understanding of how every action and interaction lifts or diminishes patient and team outcomes.

The Carilion Clinic ILE model (diagram above) includes both a robust psychometric assessment, Prism by SurePeople, and a "dyad health" assessment that examines individual contributions and perceptions of the dyad within five categories (see chart above). The pre-assessment is followed by eight coaching sessions over four months targeting the above assessment categories, in addition to four focus areas: Role Clarity and Expectations; Dyad Communication; Shared Decision Making; and Leading Change. All sessions are facilitated by an internal ICF accredited coach, and a physician coach to provide additional context to the physician leader.

IMPACT OF DYAD COACHING

At the time of publication, Carilion Clinic has implemented this model with multiple dyad leadership teams. While each team presents unique challenges, common themes do emerge. Interestingly, most dyad leaders indicate confidence in their abilities to lead as a dyad; paradoxically, they are unclear as to exactly what the role entails.

This finding reinforces the need to develop dyad leaders together with a focus on collaborative leadership. A coaching approach to dyad development helps to address the unique challenges of each dyad, while helping to create a consistent framework of joint leadership for the system.

Evaluation thus far indicates significant improvement in the ability to flex personality preferences to improve communication, make better decisions, create achievable shared goals, and maintain the focus on the patients and families. Feedback from participants has been positive, including the following comments.

Physician Leader: "The dyad coaching helped improve communication between us. We were able to develop joint goals for the department that we can focus on and work towards."

Administrative Leader: "Going through the dyad coaching program has assisted both leaders (clinical and administrative) to have a better understanding of collaboration in the respective areas…what areas of overlap exist and how they can be successfully addressed together. Each leader has key focal points but it's good to think about the other leader's perspective and responsibilities in the dyad. The coaching program has further helped improve that understanding and leadership in the section."

Ensuring effective and cohesive delivery of care through a dyad leadership model can only be accomplished when both leaders increase self-awareness, and leverage individual and collaborative strengths.

While structured learning can provide fundamental growth, the incorporation of coaching into dyad development provides the opportunity for the leaders to explore their individual motivations, preferences, reactions under pressure, leadership shadow, and to build trust and trustworthiness. •

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Good Questions

How they can change the relationship between healthcare professionals and patients

By Tensei Yoshida, BA, MCC, EIA SP

Most coaches would agree with the idea that a coach and client should be on an equal footing, instead of building a hierarchical relationship between each other. However, could I, as a coach, immediately build an equal relationship with a new client I contract with? I would like to say, "Of course!" But if Dr. Edgar H. Schein, the founder of organizational psychology, were alive, he would probably dismiss it with a laugh and say, "You don't understand it at all."

Dr. Schein has stated that a client seeking support finds themselves in a 'one-down' position. This represents a temporary loss of status or confidence; a state of not knowing or being unable to figure out what to do next.

On the other hand, those who are asked to provide support inevitably find themselves in a 'one-up' position, as Dr. Schein described in his book, Helping: How to Offer, Give and Receive Help. He illustrated this with the following examples of such human service professionals: doctors, lawyers, consultants, pastors, social workers and coaches.

That's why we coaches are always required to be sensitive in our relationships with our clients. But what about doctors and patients? Since doctors are there to treat patients rather than coach them, it seems that there would be a 'one-up' and 'one-down' relationship. But is it acceptable to consider this as natural, and assume there's no issue with it? If so, the lessons we learn from Dr. Schein's book, including his achievements, would be negated. But of course, that's unlikely to be the case.

The Right Question Institute (RQI), an educational non-profit organization based in Cambridge, Massachusetts – the same city where MIT (where Dr. Schein was enrolled) is located – started a program about 30 years ago to create a more equal relationship between healthcare professionals and patients.

By enhancing the ability to "formulate good questions," RQI has been successful in identifying and resolving issues that arise between healthcare professionals in a one-up position and patients in a one-down position, and has made progress in rebuilding the relationship between the two. (RQI's method, known as the Question Formulation Technique (QFT), has now expanded into the fields of education, local governance and business.)

Through learning QFT myself, I've come to firmly believe in the value of enhancing the ability to ask questions for those in the one-down position. In general, one might imagine that the coach is expected to ask good questions, and the client is supported through being asked these questions.

However, I am convinced that the moment a good question posed by a coach truly becomes a 'good question' – a question that stimulates the client's thinking and triggers desirable changes – is when the client sincerely chooses and poses this question to themselves. Even if the coach asked the question, at that moment, the question belongs to the client.

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As a result, a single question could lead the client to start their journey to explore and discover the answer by themselves, and I become a companion on their journey.

Doctors relinquish answers through the power of questioning, while patients take the initiative through the power of questioning.

In many coaching processes, although coaches may appear to be the ones asking questions, it is important for clients to become the participants in questioning. At that moment, the coach steps down from a one-up position, while the client moves up from a one-down position.

When healthcare professionals and patients can engage in conversations with good questions, what desirable changes can we expect? Dr. Kenji Doi, an emergency physician who specializes in health professions education in Yokohama – a city that has long served as the gateway to introducing new cultures from overseas to Japan, shared the following thoughts:

"By enhancing their questioning skills, healthcare professionals can avoid engaging in unilateral communication with patients due to their preconceptions. Unilateral communication can undermine the other person's desire for recognition and reduce the psychological safety within that relationship. As a result, there's a risk that professionals might continue to act in ways that deviate greatly from what the patient desires."

The problem RQI encountered in Boston 30 years ago was exactly what was mentioned in Dr. Doi's statement. He shared the following example:

"Consider an elderly individual who suffers a heart attack. The standard optimal treatment from a medical perspective would be catheter treatment followed by intensive care. However, there are cases where the patient and their family might think, 'We have already lived a full life. We just want to receive treatment to alleviate the pain and spend the rest of our time at home.' If these feelings are not shared with the doctor and the doctor cannot think of such a scenario, the treatment the doctor considers best will be carried out. As a result, the last moments of a person's life could end up being spent in a struggle against a disease they never wished to fight."

Dr. Doi added that the doctors' questioning ability he referred to was a "questioning ability in a broad sense," stating: "Being able to ask good questions is based on the ability to observe and listen to others, as well as the ability to perceive one's own emotions. These abilities, when combined, could enhance the capability to ask good questions."

He also mentioned the questioning skills of patients and their families, who are involved in the same issue. "Good questions enhance the ability of patients and their families to think by themselves and encourage them to actively take part in healthcare. In many situations in the medical field, where it's difficult to find a single scientifically clear answer, it's necessary to reach a mutual agreement that everyone would accept. I believe it's essential to create a process for democratic decision-making – based on social rationality – by encouraging stakeholders' participation in the treatment."

A single question could lead the client to start their journey to explore and discover the answer by themselves, and I become a companion on their journey.

During the coaching process, there are times when a client discovers important subjects, becomes aware of cognitive biases, or resolves to take on challenges. These are the moments when the client becomes an active participant to inquire and explore. At those moments, it seems as if the client is not just thinking about a question posed by the coach, but rather, embodying the inquiry and the exploration itself.

This is also a moment when the coach steps down from a one-up position and the client moves up from a one-down position. As stated in the definition of professional coaching by the International Coaching Federation, we aim to create a relationship that stimulates thinking and maximizes potential across all aspects of life.

Dr. Doi's words give me high expectations of the establishment of an equal relationship between patients and healthcare professionals, where even those who are struggling with pain in the final stages of life can fully live their lives through their own choices. This, I believe, will make the patient feel a sense of fulfillment by saying, "I am alive" and "I have lived a fulfilled life."

Dr. Masanori Yoshida, the deputy director of Yokohama Hospital, talked about the significance of fostering communication through good questions in the medical field as follows:

"The advancement of technology is likely to change the role of healthcare professionals. AI is becoming capable of replacing tasks such as examinations, diagnoses, and considerations of treatment plans. In the future, information provided through AI will have the power to rectify the judgments of healthcare professionals based on their experiences and values. Therefore, it is necessary to involve stakeholders to together think about how to handle the information obtained from AI.

"A crucial aspect in this process is the ability to ask good questions, which can prompt healthcare professionals to abandon their preconceptions and create an environment where patients are encouraged to take the initiative and move forward together."

When healthcare professionals, entrusted with patients' lives, are liberated from the necessity of always providing the correct answer, it could potentially open up new possibilities for healthcare professionals, healthcare organizations, and medical services. •

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NAVIGATING THE RETURN

The essential role of executive coaching to assist patients in returning to work

By Schira Lillis, MBA, MA, BBS, ICC

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In today's dynamic work environment, individuals are increasingly looking for flexibility and a wide range of benefits from their employers. Enabling employees to take intentional breaks and leaves of absence is seen as a key tool for fostering loyalty, work-life balance, overall job satisfaction and performance. However, when the leave is unanticipated, both employers and employees struggle to respond to the new set of circumstances. Unlike planned breaks, medical leave often arises unexpectedly and requires a nuanced response. This article delves into the issues that a patient faces in preparing for a return to the workforce following a medical leave, and the role that the coaching profession can play in easing this transition.

THE CASE FOR PATIENT COACHING

Throughout my career, I have had the privilege of taking deliberate breaks and leaves of absence to prioritize personal growth and explore various aspects of life. From savoring the joys of travel adventures to embracing the transformative journey of parenthood – and even pursuing further education as an adult – each break has been a purposeful choice that has enriched my perspective. These experiences have ignited my advocacy for corporate programs that facilitate leave opportunities for employees of all genders. Such flexible benefits empower individuals to embark on fulfilling new ventures, while ensuring a seamless transition back into the workplace.

However, the experience of returning from medical leave introduced an entirely unforeseen challenge – one that caught me off guard. Often unexpected or allowing little time for preparation, absences for medical reasons can leave behind a trail of unfinished tasks, unmet client needs, and colleagues struggling to handle unfamiliar responsibilities. I personally encountered this ordeal following a serious accident during a routine dog walk, which resulted in multiple broken bones that required many painful weeks of recovery.

The coaching mindset teaches you to look at any situation as a potential opportunity, and thus can bring a positive attitude which is so valuable for patient recovery. As a patient, you spend a lot of time waiting. Medical professionals are over-stretched, and the lack of resources has become all too evident since the start of the covid-19 pandemic. To take my mind off the list of stressors piling up, I decided to observe what was happening both around and inside of me.

The patient must deal with a range of emotions – relief that they are being taken care of, frustration at being taken away from their regular life, concern over their path to full recovery, and discomfort of adding medical visits as a regular feature to their new existence. On top of this, they may worry about how they might return to their work roles, feel distress over missed targets and the likely resulting loss of income or bonuses. In many countries worldwide, there is no guarantee that the patient's job will be there when they return, so these individuals may also be facing the search for new employment as soon as they have recovered.

Both the patient and their medical team need to collaborate effectively to help the individual through this difficult period. Many recognize that it is important to ensure that medical professionals receive the support they need (Patrick 2023). The patient, however, is often left to fend for themselves.

For the patient, much of the healing time may be spent alone in a hospital bed or at home. This can be a trying and isolating time. While a therapist may help deal with the inevitable mixed emotions, they are ill-equipped to help the patient plan their re-integration into the workplace. An executive coach can make a huge difference in preparing the individual, boosting the potential of their successful return.

DRIVING POSITIVE OUTCOMES

It is well-recognized that positive well-being and outlook help reduce the risk of medical incidents (Yanek et al., 2013) and protect against negative outcomes for patients returning to work. By assisting a patient to anticipate and tackle potential obstacles they may face, a coach can help smooth the path to returning to employment.

Over the months I spent recovering, I met with all kinds of medical professionals, but wondered what else I could be doing to help not just my physical recovery, but also my mental preparation. As a certified executive coach, I have access to a wealth of resources and most importantly a community of coaches with whom I am proud to have trained

QUESTIONS TO CONSIDER

Coaches can help patients returning from medical leave by asking the following questions:

- ? What challenges are you concerned about facing on your return to work? What might you do to avoid or diminish these challenges?
- ? What strengths or skills can you draw upon to navigate your return?
- ? How do you imagine your ideal work environment in your first few weeks or months? What is most important to you?
- ? How would you define success in terms of your return to work?
- ? What support might you call on to help you settle back into your role? Are there additional resources that you might need to help you settle in?
- ? Reflecting on your time away from work, what lessons might you bring with you that will help you be more resilient going forward?
- ? Do you have specific goals for your return to work? What steps might you take to achieve these?
- ? How might you integrate new self-care practices into your work routine?

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and worked. I was able to tap into this network to help me address my worries, and map out a plan of action to come back to work mentally stronger and more resilient than before my accident.

Others are not so lucky. The challenge that returning after sick leave can pose must not be underestimated. Many companies recognize that mothers (and fathers) returning from parental leave will need a time of adjustment. Some even provide mentorship or coaching to help a new mother settle back in. Yet for patients returning from another kind of medical leave, the experience can be quite unsettling and support is often lacking or missing altogether. Having been encouraged to "take the time you need" while out sick, on their return they may quickly feel under pressure to perform. This puts added strain on the patient, potentially undermining their self-confidence.

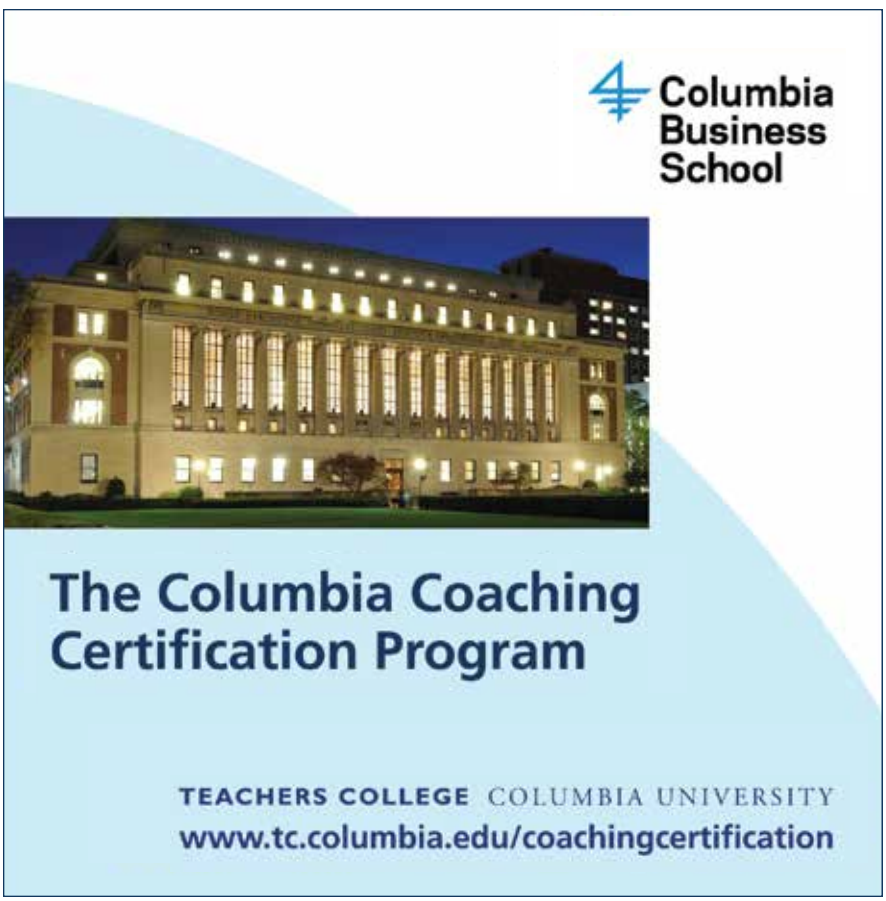
Just as coaching can mitigate the risk of burnout among executives under stress (Bittinger 2023), it can also help a patient avoid relapse after returning to work. The coach through active listening can identify the patient's concerns, role play conversations the coachee might have with colleagues to re-establish relationships, and prepare the individual for different scenarios they may face.

PATIENT RESOURCES

After my experience, I have spent considerable time thinking through and researching the invaluable role the coaching profession can play to help with patient recovery and return to the workforce. There are a number of actions coaches may explore:

- Encourage the organizations with whom you are working to consider offering coaching support to employees returning from leave. It not only would facilitate effective reintegration of high performing executives, avoiding potential pitfalls, but would also send a message to other employees of how the company truly values its people.
- If you are working with medical practitioners, consider joining forces with them to offer patients a full range of rehabilitation options. Thus, personalized coaching could help bridge the gap between patient and professional roles for the individuals concerned.
- Design re-insertion coaching packages for individuals ending medical leave, and be vocal about the benefits individuals can obtain from being accompanied early on in their return to the workplace.
- Assist your "patient" clients by addressing the physical and emotional aspects of returning to work after a medical leave, and exploring how to mitigate the potential impact of absence on skills, confidence and professional identity.
- Support your coachees as they rebuild relationships with co-workers and their professional networks, while also acknowledging the impact of the new shift in their work-life balance.

It is important to recognize that an individual returning from medical leave has likely changed through their experience. This may not at first be evident to their employer. With the help of coaching, individuals can reenter the workforce stronger and more resilient than before, leading to increased productivity, job satisfaction, and overall well-being. •



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The Genius Quotient

Strategies for coaching brilliant scientist leaders

By Suzi Pomerantz, MT, MCC

How unique or different can it really be to coach healthcare professionals versus other leaders in other industries? It's like the difference between hard-boiled eggs and fairy tales. In other words, vastly different!

As someone who has coached hundreds of executive leaders across all sectors and diverse industries, I'm here to tell you that Planet Healthcare is a special planet indeed. Many coaches feel intimidated by the oversized intellectual prowess of medical and scientific leaders, who truly are the smartest of the smart. In reality, they are gracious and appreciative coaching clients.

Decades ago, my coaching clients were mostly attorneys, so I'm no stranger to working with extremely smart, intimi-

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dating leaders. If you're lucky enough to be hired by a PhD scientist or an MD in a healthcare company, research agency or hospital system, you'll need the context and strategies below to help you navigate that which is unique and different about coaching healthcare leaders.

While I am not a healthcare professional, I've learned these strategies over 30 years as an executive leadership coach. During those decades I've had the honor of providing customized leadership support in more than 28 different healthcare-related organizations from "Big Pharma" to medical device manufacturers to therapeutics research companies and scientific grants agencies.

That amounts to over a hundred individual scientific leaders I've coached for extended engagements of six months or more (several for many years). The vast majority of them have been in the National Institutes of Health, which is an umbrella organization composed of 27 different institutes and centers. I've coached individual leaders and PhD scientists in 19 of those institutes and centers.

My point here is that I've had plenty of practice to develop and hone the strategies I'm sharing with you. I can tell you with certainty that these healthcare clients are different from other executive clients. Instead of serving profit and bottom line impact, they serve patient care and sometimes congressional directives.

You need not be a scientist or experienced in the healthcare industry to coach them, and you needn't be afraid of their top-tier intelligence.

WHO ARE THEY?

First and foremost, these leaders are brilliant. Many are genius-level intelligent. They are expert scientists and medical doctors, and they are steeped in the depth of their particular scientific research and grant-making pursuits. Some of them steward millions of dollars of research grant money, allocating funds for the most needed scientific research in our country.

As such, they spend a great deal of time in their heads. They are thinkers: rational, logical, analytical, and often introverted. They are mission-driven, and care deeply about the science as well as the impact of their work on patients. They are often world-renowned, traveling globally to deliver presentations about their research to the larger scientific community.

They do not often have the highest social-emotional intelligence when they are first promoted into supervisory status, which impacts who they are as leaders and the cultures they inadvertently create, however they want to be good leaders and dive eagerly into learning how to lead. Empirically excellent students, they rely on their intellectual ability to learn and often approach leadership like academic coursework, more systematically than creatively.

As in many technical fields, when these brilliant contributors rise to the level of leadership and now find themselves supervising other brilliant contributors, they cross the line from conscious competence to conscious (and sometimes unconscious) incompetence, which is very disruptive to their confidence. They are masterful experts in their scientific realm, and have very little training in or experience with management and leadership.

They become supervisors, often while still running a lab and continuing to advance their own research or grant portfolios, and this makes them uniquely grateful for any support you provide as their coach while they grapple with the challenges of leadership.

You need not be a scientist or experienced in the healthcare industry to coach them, and you needn't be afraid of their top tier intelligence. These three strategies will do the trick.

1 Just Listen

It's lonely at the top, no matter what field your leadership role is in. Scientist leaders are often isolated in their scientific stovepipes and do not often have the time or inclination to seek out leadership peers to share common challenges and best practices. They do a lot of analytical thinking about the people issues they face in their leadership roles, and they truly value and welcome a safe space to think aloud, process their thoughts, untangle the knots of possible approaches, and craft a way forward.

This is where their genius helps you as the coach, since you can ask them to share their thinking and they will gratefully lay out the orderly mess of their inner rationale. Due to their intelligence, just by hearing themselves lay it out for you, their coach, they connect dots, see opportunities, generate possibilities, and solve breakdowns without you needing to ask or say much of anything.

Do not underestimate the power of your trained listening. Deep, generous listening creates a safe space for them to see reflected back to them their own thoughts such that they can see things they didn't see before.

2 Remind Them of the Mission

Most scientist leaders are so committed to the mission of their organization and how it links to patient care, they don't need reminding. However, when they get tangled in their intricate thoughts about various employees who are perhaps causing a toxic work environment, or conflicts between employees that they get dragged into the middle of, it helps to ask them what matters most and to redirect them to their core mission.

They can often find a values-aligned approach for a difficult employee that is consistent with the culture they want to foster and congruent with their mission. You can also ask them about why they became a scientist or doctor in the first place – what

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drew them to healthcare? For many it seems there is a personal connection … a beloved family member who was saved by medical advances, or their own experience with healthcare that left a lasting impact and sparked a passion.

When they hear themselves tell you what matters most, it redirects their thinking toward constructive solutions that fit the mission.

3 Design Experiments

Scientists think in experiments. They know how to design them. They know how to tweak them and adjust them when the data reveal flaws or necessary pivots. They can take in and process vast amounts of data, analyze, synthesize and integrate that data, and generate innovative solutions. Not just scientifically, but in your coaching conversations.

When you identify an opportunity for growth or transformation and reflect it back to them, you can ask them how they might design an experiment to identify the root cause of an unconscious behavior, or to try a new leadership strategy in conversation with a peer or employee, or a new communication practice that might serve their relationships.

If you uncover something in a coaching engagement that they are resisting or otherwise scared to address, you can help them to hold it as an experiment and you'll see a shift in their energy from fear to possibility. Then the conversation will turn to the design elements of the experiment and you're off to the races with an "action plan" built in.

> *Deep, generous listening creates a safe space for them to see reflected back to them their own thoughts such that they can see things they didn't see before.*

The bottom line is, don't be afraid to coach scientific geniuses. Yes, they are smarter than most of us will ever be, but their commitment to excellence that helped them advance in science and medicine also helps them strive to perform well as leaders, so they are wonderfully committed coaching clients and often quite lovely and very caring human beings. •

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COACHING STYLES REVOLUTION

Seven organizing forces behind great coaching

By David Morelli, PhD, MBA

If I asked you, "What's your coaching style?," how would you answer? If you're like most coaches, you'd likely say that you deeply listen to and empathize with your clients. You'd probably add that you help them grow and change through coaching. You might even talk about your niche. But what style is that?

What if I asked you, "How does your coaching style compare to other coaches?" Would you be able to answer easily?

Until now, we haven't had a shared language for understanding our own coaching styles and those of others. And certainly not one that's based on research.

When I started my PhD, I'd been coaching for 20 years. I had taken my coach training with some of the founding members of the International Coaching Federation (ICF). I thought I knew what coaching was and how to do it.

But in approaching my doctoral work, I decided to set aside my personal experience and investigate what's known and unknown within coaching and leadership research. I relied on peer-reviewed, empirically valid academic literature for rigor. In the process, I discovered a surprising fact: leadership styles are the most-researched topic in management literature.

What are styles? A style is the combination of one's behavior and the intention behind that behavior. Transformational leadership, authentic leadership and servant leadership are some of the more familiar leadership styles. But styles didn't exist in coaching literature. Then, I started to wonder, "Do coaches have styles? And if so, what are they?"

THE RESEARCH

I used these questions to guide my research, which included interviews with 16 top coaches – a former coach at Google, a bestselling author in coaching, the founder of an ICF-accredited coaching school, and others. These coaches had an average of 18 years' experience in coaching, including 14 years coaching executives. I asked them to describe their coaching interactions: what specifically they did during sessions and why.

While I could have chosen to read about established coaching methodologies, I chose to study coaching in the wild. I didn't want to rehash coaching school philosophies or potentially biased beliefs about coaching. Instead, I wanted to know what successful coaches actually do. What are their behaviors, and why do they choose various approaches?

My interviewees said things like, "I hold others accountable because I'm trying to get them to make progress on meaningful goals." Or, "I'm empathizing with them because we all need to feel accepted, just as we are." These quotes held key information about the potential existence of styles.

By categorizing 2,235 relevant quotes from the interview transcripts, seven coaching styles clearly emerged. They are now known as the RESPECT Coaching Styles, based on their acronym.

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THE STYLES

Here are the seven RESPECT Coaching Styles and how each tends to work, including an example question:

Rallier helps coachees accomplish more by focusing on achievement, motivation and accountability. E.g., "What important goal do you need to set right now?"

Educator works with coachees to identify knowledge and skill gaps, then helps them apply learnings, ideas or frameworks to fill them in. E.g., "How could you apply that insight in this situation?"

Strategist supports coachees in problem-solving and planning, often helping them identify patterns. E.g., "What are the key steps to resolving this issue?"

Provocateur is about helping the coachee identify the uncomfortable truths about decision-making, actions, or misalignments. E.g., "What could potentially go wrong with that plan?"

Explorer uses curiosity to expand the coachee's thinking and creativity by helping them discover new ideas and perspectives. E.g., "What's truly possible here?"

Confidant connects to the humanity of the coachee through empathy, vulnerability, and authenticity – helping them feel truly seen and heard. E.g., "How are you truly feeling underneath the layers of shoulds?"

Transformer supports coachees to become their best selves through finding the gifts and opportunities in themselves and their present experiences. E.g., "What untapped potential within yourself do you need to finally embrace?"

After discovering these seven styles, I compared them with the ICF Core Competencies and their descriptions. I found evidence of all seven styles repeated within the 63 bullet points describing various competencies and their characteristics.

A SURPRISING DISCOVERY

Next, I created the first research-backed coaching styles assessment to measure the frequency and expression of these seven styles. I discovered something that surprised me.

After running hundreds of coaches through the RESPECT Coaching Styles Assessment, I found that most coaches frequently use some combination of just three of the seven styles.

This showed that coaches have style tendencies – unless the coach consciously works to expand their repertoire. For example, in my doctoral research, the coach with the least experience used the fewest styles. The one with the most experience showed deliberate use of all seven styles, and this coach had been coaching for 37 years.

Until now, we haven't been able to see ourselves in the mirror. There has been no way to reflect on what we do and don't do from a styles perspective. And given the confidentiality of our work, we haven't been able to compare our style preferences to those of other coaches.

> "You can ask yourself, "Which styles do I most frequently choose, and why?" Then you might ask, "Which styles might I avoid, and why?""

So, how might we expand our use of styles? Besides taking the assessment yourself, one way is through style awareness. You can ask yourself, "Which styles do I most frequently choose, and why?" Then you might ask, "Which styles might I avoid, and why?" This may lead to some useful insights.

IMPLICATIONS FOR TRAINING & SUPERVISION

One increasingly popular way to improve as a coach is through mentorship or supervision. When you understand your own style preferences as a coach, you also need to ask, "What are the implicit style preferences of your mentor or supervisor?"

If your mentor or supervisor has preferences or biases towards certain styles and against others, how might that impact the feedback you receive? You can see the inherent problems in not having had a shared language and understanding of styles.

To take this a step further, I've done some preliminary work with coaching schools and their founders using the RESPECT Coaching Styles Assessment. Based on the data, it seems coaching schools have style preferences built into their training. Each appears to favor some combination of three of seven styles, just 43 percent of the possible style expressions. And the implications for coaches/coaches-in-training who gravitate toward coaching styles not favored at their particular school is profound.

Finally, coaching is meant to be a tailored interaction to serve the needs of the coachee. It's not meant to be an interaction limited by the style preferences of the coach.

For this reason, I believe that the seven styles are a powerful tool for understanding our own coaching styles, for expanding beyond our own preferences, and for learning to use a full range of styles.

I offer the seven RESPECT Coaching Styles as an empirically supported foundation for how we coach, supervise and train others. Without it, we unconsciously approach our craft in invisible, yet substantially disparate ways. With this foundation, we can better recognize the organizing forces behind every question, statement, or pause we make. And ultimately, we can be more choiceful and more effective in our interactions. The time for a shared understanding has arrived.

Therefore, it is my hope that this coaching styles research changes the coaching world forever. •

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WORKPLACE INCIVILITY

Its costs, and how coaches can help

By John M. O'Brien, PhD, ACC, NBC-HWC

People worldwide are more stressed and depressed than ever, according to a recent Gallup poll. In fact, the numbers indicate that we are at the worst point ever recorded for people's stress and mood. When people are more stressed, they often engage in problematic behaviors that impact both themselves and others. One of the most toxic behaviors for workplaces has to do with incivility.

Incivility can be defined as, "the exchange of seemingly inconsequential and inconsiderate words and deeds that violate conventional norms of workplace conduct" (Porath & Pearson, 2013). Although related, bullying and incivility are different concepts. Bullying involves intentional acts designed to intimidate, pressure or provoke the targeted individual. On the other hand, incivility can be unintentional, but is nonetheless a negative behavior that demeans, belittles or humiliates a person.

Some argue that incivility is what "smart bullies" are now doing in workplaces, knowing that they can avoid being held accountable under organizational anti-bullying policies. However, the perpetrator of incivility may be unaware of the impact of her/his behavior. In addition, some acts of incivility, such as leaving one's dirty dishes in an office kitchen, are not directed at any one person, but demonstrate more general lack of consideration of the communal environment.

The incidence of incivility varies depending on how this concept is defined and measured. Porath and Pearson (2013) found that 98 percent of workers surveyed reported some uncivil behavior at work. Porath (2016) indicated that 62% of employees surveyed worldwide indicated rude behavior on the part of colleagues at least once per month. Given the higher levels of stress among individuals noted in the Gallup poll, people are likely to be engaging in even more uncivil behavior in recent years. Anecdotally, I have certainly heard about and witnessed this in my own life since the start of the worldwide pandemic in 2020.

THE IMPACT OF INCIVILITY

There are many negative effects on both the target and the perpetrator of incivility. Targets experience an increase in symptoms of depression and anxiety as well as a myriad of other impacts. Perpetrators find that their reputation suffers and, depending upon the business, they can be dismissed from their job due to these behaviors. Additionally, targets often focus on how they will retaliate, either directly or indirectly, against the perpetrator, which can impact both the target and the perpetrator negatively.

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These dynamics serve as a distraction from the primary focus of the business and cause the individuals involved to be caught up in unnecessary ruminations. In addition, there are specific effects for the business, including:

- **Reduced Productivity:** Research shows that nearly half of people who have experienced incivility will intentionally decrease their work effort and time spent at work. Over a third of those targeted will decrease the quality of their work on purpose. One quarter of these individuals admit taking out their frustrations on customers.
- **Increased Absenteeism & Resignations:** People who have experienced rude or demeaning behavior from a boss or coworker will often be distressed or distracted when at work. Nearly two-thirds of workers reported losing time to avoid contact with the perpetrator. Just over 10 percent of employees leave their job altogether to get away from uncivil treatment.
- **Quiet Quitting:** The term "quiet quitting" has emerged in recent years to describe workers who put in "only the minimum amount of time, effort or enthusiasm that is necessary" (Daugherty, 2023). Porath and Pearson (2013) found that 78 percent of targets of uncivil behavior reduced their sense of commitment to the employer. These individuals felt unsupported when faced with rude behavior in the workplace and therefore reduced their loyalty to the team.
- **Toxic Work Environments:** Uncivil behavior rarely occurs in isolation. If left unaddressed, uncivil behavior often leads to targets taking out their frustrations on coworkers (or customers as noted above). Porath and Pearson (2013) found that 94 percent of targets found a way to retaliate against the perpetrator. An ongoing cycle of incivility can create toxic work environments, leading to anger and even workplace violence.

All of these behaviors lead to lower rates of production and sales which can be quite costly to businesses. Absenteeism and employee resignations lead to resources being directed to temporary workers as well as recruitment and onboarding of new employees. Quiet quitting leaves an employer with a worker collecting a salary and benefits while performing at the lowest level necessary. Toxic work environments lead to massive resignations and difficulties with filling positions when word gets out about the work environment.

> "Research shows that nearly half of people who have experienced incivility will intentionally decrease their work effort and time spent at work."

As an example, this writer is personally aware of a healthcare organization with a notorious reputation for poor morale and uncivil treatment of their staff that has been unable to hire primary care physicians for over three years.

HOW CAN COACHES HELP?

Incivility is a very real issue in our culture, and in workplace environments worldwide. Coaches have an important role to play in both identifying and intervening in situations that involve incivility. Here are a few suggestions:

1 **Listen for this behavior in coaching sessions.** Coachees may describe situations in which they are dealing with uncivil behavior on the part of their boss, their peers or their employees. Help your coachees identify the behavior as uncivil, and provide education about the impact of the behavior.

You may even see the behavior on the part of your coachee and consider addressing it. I recall coaching a leader who described how his employees found him to be dismissive and said he could not understand why. Later in the coaching work, this same leader rolled his eyes and made a sarcastic comment about something I said. I stopped the interaction in the moment and processed what happened with him. While this was difficult for him to integrate in the moment, he later thanked me for pointing out what his employees were experiencing.

2 **Point out impacts for perpetrator.** If your client is engaging in incivility, you can help them realize the impact that this behavior has on relationships and reputation. Help clients consider how their behavior – whether in formal or informal settings – can shape the ways they are viewed, and therefore impact their ability to advance in their career.

3 **Identify effective responses to incivility.** If your client is the target of incivility, you can assist the client with identifying ways to effectively act – not react – to this behavior. Normalize for your client that the urge to retaliate against the perpetrator is understandable, but can negatively impact them and their reputation. As James Russell Lowell once said, "No mud soils us but the mud we throw."

Incivility has always been a part of the human experience, and likely always will be. However, the incidence and impact of uncivil behavior has grown significantly in the past several years. Our job as coaches is to help clients reduce this behavior, thereby helping to lower stress in individuals and improve workplace cultures around the world. •

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The Coaching Event of the Year

The 14th Annual Conference on Leadership & Healthcare brings together hundreds of coaches for three days of inspiration

World-class speakers and coaching scholars joined together (virtually) April 27-29 for the 14th Annual Coaching in Leadership & Healthcare Conference, in partnership with the Institute of Coaching, McLean Hospital and Harvard Medical School.

Considered "The Coaching Event of the Year," this year's annual conference brought together hundreds of coaches and healthcare professionals to focus on the theme of innovation, discussing what it takes to create vibrant and sustainable paths in healthcare and leadership.

Speakers and attendees engaged in discussions on a number of groundbreaking topics. Margaret Moore, co-founder and chair of the Institute of Coaching, opened the conference stating, "We are all on Team Well-being", underscoring the role that coaches and leaders have in individual, institutional and global wellness.

Gary Hamel presented on the concept of Humanocracy and how to unleash the power of human ingenuity at work. Nicky Terblanche discussed his research with Artificial Intelligence, showcasing how we can democratize and scale coaching with AI. In the multi-generational conversation titled, "The Power of Age and Generational Diversity For Coaches," Alisha Moreland-Capuia shared, "For any good leader, you have to be a good teacher and a good student."

In her session "Promoting Racial Equity: Moving from Principle to Practice," Dr. Jamillah Williams presented her research on the "principle-to-practice gap," highlighting evidence-based trends and proposing how to leverage these insights to build more effective inclusion strategies. In a riveting conversation with IOC director Angela Passarelli, Tatiana Bachkirova discussed the coaching

VISION OF EXCELLENCE AWARDS

The Institute of Coaching annually honors contributions to the field through three prestigious awards chosen by a committee and presented during the Annual Coaching in Leadership and Healthcare Conference.

This year's Vision of Excellence Award recognizes a scientist and scholar whose contributions are vital to coaching science and excellence was presented to Steven Hayes for his enormous scientific contributions in establishing psychological flexibility as the skillset that is a gateway to thriving.

The Anthony Grant Award for Research Excellence, established in the name of Dr. Anthony Grant in honor of his commitment to innovative, impactful and practically relevant coaching scholarship, was presented to Tatiana Bachkirova for her extensive body of research on developmental coaching and coach supervision, and her broad contributions to establishing the field of coaching psychology by mentoring junior scholars, editing scholarly journals, and establishing one of the field's earliest doctoral programs for coaching and mentoring studies.

And the Ellen Shub Award for Coaching for Social Good – established in honor of Ellen Shub's commitment to social activism, the art of photogra-

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The multigenerational panel, "The Power of Age and Generational Diversity For Coaches," included (clockwise from top): Adrion Porter, Mojdeh Pourmahram, Alisha Moreland-Capuia, Ian Tien and Jeffrey Hull.

dogmas that hold the field of coaching back. Additionally, Kerri Palamara led a discussion around physician well-being, the role of coaching, and how to facilitate burn out recovery.

In the final keynote, Jean Oelwang, CEO and president of Virgin Unite, and former freedom fighter and African stateswoman Graça Machel discussed the power of connection and collaboration and the framework for deep connection.

Recordings of presentations are available as a member benefit through the Institute of Coaching. •

SAVE THESE **DATES**

OCTOBER 2 – 20, 2023
Coachfest: A Season of Change
Online & In-person
henley.ac.uk/events/coachfest-a-season-of-change

OCTOBER 16 – 18, 2023
18th Annual Teaching Learning Coaching Conference
Orlando, Florida
instructionalcoaching.com/tlc2023

DECEMBER 8 & 9, 2023
Coaching Ethics Forum 2nd Interactive Virtual Conference
coachingethicsforum.com

NOV. 30 - DEC. 2, 2023 (ONLINE DEC. 5 & 6)
Annual International Conference on ADHD
Baltimore, Maryland
chadd.org/conference

Steven Hayes

Tatiana Bachkirova

Charmaine Roche

phy, photojournalism and the field of coaching – was presented to Charmaine Roche for her pioneering work to bring a racial and social justice lens to coaching through both research and practice.

Congratulations to all of the winners!

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THE AGE OF **HUMANITY**

By George Anastasopoulos PCC, CSL

Exponential increases in innovation have manifested a modern age swarming with technology and artificial "intelligence." With our dependence on technology to solve our problems, what's happening to the people using that technology?

A quick scroll through your LinkedIn or other social media feed quickly reveals the problems and challenges your clients face. As we're all forced through this period of intense change, the new world and the people enduring it are crying out for new and more effective ways of living, working and playing together.

Now is not the time to cling to what is and what should be. Now is the time to lead and create what could be. The days of business's singular obsession with producing profit are coming to an end – being replaced happily, by the age of humanity.

The relevance of coaching as a mechanism to facilitate change and support people to reach meaningful, human goals has never been more pronounced. Many are disillusioned by the world of work because they haven't been treated as human beings at work. Many executives are noticing, some are listening, and a few are acting. Who better to guide them through this period of rapid change than you, their coach?

> "The relevance of coaching as a mechanism to facilitate change and support people to reach meaningful, human goals has never been more pronounced."

But in this brave new world, we must re-imagine what is possible with coaching. We've grown beyond the need to coach executives to think better, decide better, feel better, and reach new plateaus of professional and personal success. The time has come to equip and hold these executives – nay, all managers – accountable to becoming great coaches themselves.

I contend that our job isn't done until our clients become the coaches their team members need, empowered to create more leaders and coaches themselves. Are you up for this challenge?

If we embrace the notion that leading happens by example, we must be willing to practice what we preach, reinventing our own role and responsibilities to encompass this awesome task. This is about their journey, and many are ready and willing to recreate themselves. They're calling on you for help and guidance.

Many coaches operate mainly as independent operators. I offer this suggestion on this road to reinvention: Band together in solidarity – to brainstorm, coach each other, co-create, and reinvent each other and our industry. Reach out and create regular, collaborative communication with other coaches. They are not competitors but collaborators, co-creators and partners on this journey of reinvention.

Form a mastermind group with other coaches to explore this topic, challenge yourselves with an audacious goal, and soon the insights you uncover as a team will bear fruit. Is this any more than what we're asking of our clients at their companies? Let's show them by example, by doing so ourselves. •

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V21N4 – December 2023

Neuroscience & Coaching

What's the truth about neuroscience and coaching? What are the biggest neuro myths? How do you coach neurodiverse clients? What has changed in neuroscience and coaching with the new understanding of the brain? What is the future of coaching as it relates to neuroscience? Join us as we explore how the latest science of the brain impacts our profession.

ARTICLE DEADLINE: **Closed**
ADVERTISING DEADLINE: **October 15, 2023**
MAIL DATE: **Mid December, 2023**

V22N1 – March 2024

Topics We Avoid That Impact Coaching

What topics influence your attitudes and frame of reference around partnering as coach – even those that are invisible during interactions? What subjects do you avoid talking about with clients? What's unspeakable for clients, so you avoid bringing it up? What topics do you believe cannot be raised in coaching? What happens when the coaching conversation gets too uncomfortable for you or the client? How do you handle the unspeakables? E.g., religion, politics, sex, money, etc.

ARTICLE DEADLINE: **December 1, 2023**

ADVERTISING DEADLINE: **January 15, 2024**
MAIL DATE: **Late March, 2024**

V22N2 – June 2024

Is a Coaching Livelihood Feasible or Fanciful?

How do we talk about value and translate it into increased income? What keeps people from becoming a coach, and/or prevents them from staying in the field? How do you determine a client's readiness for coaching? What are the methods for educating and contracting with clients to ensure they get everything they want? How do you fall in love with networking and find joy in asking for the contract? What is the livelihood of a leader who fully embodies coaching? How will AI impact making a living as a coach?

ARTICLE DEADLINE: **March 1, 2024**
ADVERTISING DEADLINE: **April 15, 2024**
MAIL DATE: **Late June, 2024**

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