Supplement 1
Competencies for Coaching Physicians & Physician Leaders

Purpose:
These are difficult and unsettling times for the medical profession and the healthcare industry. That said, being a physician has always been a demanding vocation. Physicians first navigate a difficult educational and training pathway. Then they arrive in practice settings that rely on a complex and evolving infrastructure, not designed for them to flourish. Disruptive trends in the industry for the last many years, now compounded by the pandemic and its aftermath, have brought severe pressure to bear on physicians and their organizations, and some are breaking under the strain. Burnout, early retirement or abandonment of clinical careers, mental health problems (depression, anxiety, suicide), preventable medical errors, and patient disaffection are endemic to the practice of healthcare today. Healthcare organizations struggle with retention, engagement, and the morale of their physician members.

Physicians and their organizations are in profound need of countermeasures to sustain their vital mission. Coaching is also a helping profession, positioned to be a powerful ally and support to medicine. It, too, has practices derived from a scientific and evidenced basis. Its training programs carry certifications confirming a set of overall competencies for its practitioners. Coaching has been well established in other industries and has been gaining recognition in healthcare, too.

If coaching is to honor its responsibility to medicine, it must be attuned to the medical profession's circumstances and needs, and coaches of healthcare professionals are obliged to deliver services of high quality. This calls for identification of a set of competencies particularly appropriate to healthcare as it is now and in the future. These include competencies already widely shared in coaching and needing special emphasis, as well as some freshly formulated for their relevance and utility.

In that spirit, we offer this compendium of competencies for coaching physicians and physician leaders in healthcare.

*Please note that these competencies are not intended to replace baseline coaching competencies. While some may reinforce components of general coach certification, we put these forth to elevate them over and beyond baseline coaching competencies.

**These competencies are directed toward coaching physicians in North America and are not meant to be international in scope.

Key Competency Areas

1. Physician-specific coaching competencies
2. Understanding physician and healthcare context, culture, and career-span
3. Coaching Theory & Science
4. Diversity, equity, inclusion & other social dynamics
5. Well-being and burnout
6. Physician leadership

1. Key Area #1: Physician-specific coaching competencies

PREAMBLE:
To effectively coach physicians, it is important for coaches to understand the unique factors that shape the physician mindset.

Physicians face myriad challenges in their careers. Training involves at least 4 years of medical school and 3-9 years of residency and fellowship depending on the specialty. It is heavily weighted toward the cognitive, with little to no emphasis on self-awareness, emotional self-management, and how to be an effective team member. Trainees are typically rewarded for striving toward perfection, always having the answer, captaining the team, and being in control.

Training supports a tight status hierarchy in medicine such that primary care physicians and other non-procedural specialists are considered the lowest rung, medical specialists are considered superior, and proceduralists such as surgeons, surgical specialists occupy the top rung. This combined with a focus on ratings, rankings, and comparisons, fosters perseveration on shortcomings, harsh self-criticism, and development of imposter beliefs.

Additionally, in any physician role the long hours involve significant personal sacrifice and often lead to a lack of healthy work-life integration.

Lastly, coaches need to be aware that stigmas around mental health issues and malpractice risks make physicians highly sensitive to breaches in their confidentiality.

1.1. Demonstrates ethical practice

In addition to abiding by the Code of Ethics of an established coaching certifying and/or accrediting body:
Coach:

- 1.1.1. Does not function in a diagnostic role and capacity, particularly around mental health issues.
- 1.1.2. Understands that their role is not to diagnose substance abuse or other mental health conditions while at the same time is attuned to their

prevalence in the physician population and is comfortable bringing the physician's attention to their existence.

1.1.3. Abides by patient privacy regulations specific to their country or region, and reminds the physician to never use personal health information when discussing patients.

1.1.4. Documents sparingly, recognizing that their notes can become part of medicolegal investigation.

1.1.5. Respects privacy for the physician and conducts coaching sessions in an agreed upon, private location, silencing electronic devices, and stepping away from other duties to be fully present for sessions. Coach encourages the same on the part of the physician so the physician can be fully present and available to get full benefit from the coaching sessions.

1.1.6. Understands and respects that intellectual property owned by the physician belongs to the physician.

1.1.7. Understands, maintains, and clarifies for the physician the distinctions between teaching, counseling, therapy, mentoring, consulting, and coaching, particularly when coach is a mental health professional.

1.1.8. Understands the sensitivity physicians have around confidentiality and disclosure of sensitive personal/mental health information and includes specific clauses/language around this in the coaching agreement.

1.1.9. Provides a safe space to discuss clinical challenges (including patient adverse events), recognizing there may be legal or other barriers to disclosure.

1.1.10. Is conscious of physician-coach compatibility considerations, allows the space for physician and coach to assess mutual fit and physician needs, and recognizes when they cannot meet physician needs with referral elsewhere when indicated.

1.1.11. Demonstrates willingness to openly address conflict in the coaching relationship, role modeling healthy approaches to conflict for the physician.

1.1.12. Coaches who are also clinicians follow state reporting guidelines consistent with their professional licensure.

1.2. Professional practice standards when working with sponsors and stakeholders

Coach:

1.2.1. Maintains curiosity without bias or judgment when receiving information from sponsors and stakeholders about physician performance and feedback.

1.2.2. Refrains from accepting the role of intermediary to relay feedback from sponsors and stakeholders, instead encouraging direct sharing to the physician.

1.2.3. Reviews with physicians what they can report to the sponsor only after they

first disclose this to the physician and get consent in advance.

1.2.4. Maintains confidentiality with physician information per stakeholder agreements and pertinent laws.

1.2.5. Manages confidentiality with sponsors and stakeholders in the service of trust and rapport with physician.

1.2.6. Because of potential prior or current collegial relationships, and/or if coach has multiple physicians and/or sponsors in same institution, coach is sensitive to physician-coach boundaries at onset of coaching.

1.3. Addressing physician mindset

Coach:

1.3.1. Understands, validates, and is comfortable challenging common elements of the physician mindset, e.g. expert, cognitive, fixer, perfectionist, competitor, captain.

1.3.2. Understands and helps physician work with a tendency to excessive sense of responsibility.

1.3.3. Has an understanding of, and holds space for the impact of unprocessed grief, post-traumatic stress disorder, and trauma, and that it may be appropriate to recommend a physician seek out mental health or other appropriate resources.

1.3.4. Is aware of common cultural triggers that can activate many physicians, (financial stressors, loss of autonomy, loss of time, myths of success, imposter phenomenon, malpractice fears, cultural issues, societal crisis) and helps a physician identify and work productively with these.

1.3.5. Helps physician develop receptivity to feedback.

1.3.6. Utilizes a strengths-based non-punitive framework, in distinction to the problem-focused approach physicians experience in training.

1.3.7. Helps physician step out of a tendency toward action/doing, and crisis orientation, helping physician to slow down and be present in order to see the value of reflection and introspection and counter the bias physicians have toward action.

1.3.8. Is willing to readily admit mistakes, modeling genuineness, responsibility, integrity, and growth-mindset, to balance the high sensitivity around medical error and always needing to have the right answer.

1.3.9. Establishes credibility as a professional through continuing self-development/improvement/education.

1.4. Evoking awareness and listening actively

Coach:

1.4.1. Recognizes and heightens awareness of the harsh self-criticism and lack of

self-compassion that physicians typically acquire in training.

1.4.2. Understands and deploys methods to build physician's self-compassion.

1.4.3. Normalizes and validates the challenges of a physician's career.

1.4.4. Challenges the physician to think beyond their current narratives about "the system" to develop resourcefulness for navigating the system in an effective way.

1.4.5. Helps build physical body awareness in the physician to allow access to a full range of physical and emotional experiences, acknowledging that physicians tend to be hyper-focused on their cognitive experience.

1.4.6. Speaks minimally (i.e. < 25%) of the time in sessions recognizing that it is the physician's views and words that are more important than theirs. If coach chooses to provide instruction, they will inform physician that they are removing their coach's hat.

1.4.7. Understands the concept of limbic activation patterns/hijack, negativity bias, and applies neuroscience-based tools to expand physician awareness of their emotional states and how to modulate.

1.4.8. Demonstrates openness and transparency as a way to display vulnerability, healthy boundaries, aware that they are role-modeling the being in a space of 'not knowing.'

2. Key Area #2: Understanding physician and healthcare context, culture, and career-span

PREAMBLE:
Coaches need to be aware of the many factors within healthcare that impact the physician. Medicine is a field that is constantly changing in knowledge, technology and disruptive innovation, and is highly regulated, requiring physicians to engage in extensive lifelong learning, compliance and adaptation. Common stressors on physicians which impact their ability to provide exceptional patient care include electronic record systems, significant scrutiny for errors and the risk of malpractice, ever-changing performance targets and financial incentives, and the pressures of productivity, efficiency, and growth of the organization's bottom line.

Given that more than 50% of US physicians are currently employees and no longer work in private practice, there has been a very real loss of control over work conditions, including practice hours, staff hiring/firing, patient flow, and more. With the current corporatization of healthcare, the emphasis has shifted from excellence in patient care to productivity, efficiency, and growth of the organization's bottom line. The resulting tension for physicians is high as they remain responsible for patient adherence and outcomes, often resulting in a type of moral injury where the physician's focus on clinical excellence is eroded by the need to attend to many other demands.

Additionally, given the emphasis on always being the expert and all-knowing captain, physicians are often ill-equipped to work in teams with the non-physician administrators who now occupy top spots in the healthcare system and hierarchy. At the same time, physicians are often regarded as the informal leader on their clinical team. Moreso than in the past, physicians' performance targets are often changing frequently, creating tremendous uncertainty and an increased demand for adaptability.

2.1. Healthcare system and culture of medicine

Coach:

2.1.1. Understands that there are various medical subcultures – medicine/nursing; specialties, etc.

2.1.2. Understands the cultural and/or formal hierarchy in medicine and how it impacts the individual physician, being attentive to any aspects of the hierarchy in the coaching relationship.

2.1.3. Understands and recognizes the concept of moral injury.

2.1.4. Assists physician to recognize often unrealistic expectations of physicians around human error and responsibility.

2.1.5. Understands that the medical practice environment is no longer under control of physicians and that physicians feel disempowered as a result.

2.1.6. Understands and acknowledges that physicians face potential ethical challenges around having to answer to employer, payer, and government entities at the same time honoring professional standards in patient care.

2.1.7. Recognizes that physicians typically leave their training with a fixed view of their role in healthcare; coach assists physicians to expand their adaptability and agility.

2.1.8. Recognizes and validates the emotional impact of the many conflicts amongst physician values and work demands, and assists physician to navigate them.

2.1.9. Demonstrates an understanding of the impact of productivity pressures on the well-being of physicians, helping them to optimize efficiency.

2.1.10. Understands and validates that physicians are now expected to complete many below-grade administrative tasks that takes away from their time taking care of patients.

2.1.11. Understands and validates infringement of work on physician homelife ("pajama time").

2.1.12. Helps physicians develop appropriate boundaries with patients without self-judgment or feelings of inadequacy.

2.1.13. Demonstrates an understanding of common societal and guild-specific expectations of physician behavior, including autonomy, productivity, and

subordination of physician needs to the job.

2.1.14. Demonstrates an ability to challenge and reflect upon her/his own assumptions about physician roles and societal expectations, as well as those of the physician.

2.1.15. Understands that physicians carry the ultimate legal and often ethical accountability for patient outcomes, and that this often brings a sense of excessive responsibility.

2.1.16. Helps physician identify drivers of success and accountability particular to their practice setting.

2.1.17. Recognizes when the physician feels powerless to a system (e.g. reimbursement issues, corporatization of practice, etc) and steers them back to their own agency.

2.2. Role management

Coach:

2.2.1. Understands and raises physician's awareness and understanding that many power dynamics (clinical/departmental/organizational) exist in healthcare, and help the physician navigate these resourcefully.

2.2.2. Understands and helps physician understand if/when they experience a victim mentality, its impact on the team, helping physician to reframe the narrative in the service of a more effective stance.

2.2.3. Helps physician heighten self-awareness that excessive focus on physician primacy and entitlement can erode team and organizational efficacy.

2.2.4. Helps physician recognize tensions between organizational and clinical priorities and helps physician optimize their resolution.

2.2.5. Assists physician in their consideration of potential conflicts of interest with external entities.

2.2.6. Promotes reflection to empower physicians' ability to engage in critical conversations with superiors.

2.2.7. Acknowledges that physicians work in teams, and help physician understand the value of collaboration, informal leadership, and interdependence.

2.2.8. Helps physician recognize and manage potentially disruptive behaviors and understand how these behaviors can contribute to disciplinary actions against the physician.

2.3. Physician career paths

Coach:

2.3.1. Helps physician-in training develop and incorporate performance expectations as they transition roles (student to resident, resident to

attending.)

2.3.2. Assists physician-in-training around identity formation as they transition roles (student to resident, resident to attending.)

2.3.3. Ascertains relevance of career transitions to physician and helps refine choices.

3. Key Area #3: Coaching theory & science

PREAMBLE:

Just like the cardiac surgeon needs to understand the anatomy and physiology of the heart and healthy arteries and veins, the coach understands the scientific foundation of coaching techniques and processes. Physician coaches can be most effective in their work by understanding the purpose, theory, philosophy, and science behind the skills and techniques used in coaching.

The understanding and application of evidence-based theories and domains that support coaching broadens the possibilities for coaching inquiry and exploration. For example, understanding the distinctions between high quality motivation (autonomous, and intrinsic or internal) and low quality motivation (introjected or external) offers multiple lines of inquiry to explore a physician's sources and types of motivation.

Some established models of coaching competencies have integrated robust theories and evidence that support the knowledge and skills of coaching, and some models have not yet completed this important work. Hence, these general competencies related to the knowledge and application of coaching theory and science, (aside from physician well-being) will be familiar to some credentialed coaches and less familiar to other credentialed coaches. Our intent in including this compendium of theories and science is to inspire coaches to expand their base of scientific knowledge and translation into coaching.

Coach is well informed and able to translate into coaching inquiry and exploration:

3.1. Physician well-being

3.1.1. The prevalence, causality, dimensions, and interventions for physician mental health, burnout, well-being, and leadership.

3.1.2. The relevant science and components of evidence-based models of post-traumatic growth.

3.1.3. The relevant science and components of evidence-based models of grieving.

3.1.4. The relevant science and components of evidence-based models of burnout reduction and well-being improvement.

3.2. Mindfulness

3.2.1. The relevant science and components of evidence-based principles and models of mindfulness, including self-awareness, self-reflection, and self-regulation.

3.3. Emotional intelligence

3.3.1. The relevant science and components of evidence-based principles and models of emotional awareness, exploration, and effective navigation of emotions for self and others.

3.3.2. The relevant science and components of evidence-based principles and models of self-compassion understanding that physicians learn harsh self-criticism.

3.4. Self-determination theory

3.4.1. The relevant science and key constructs of self-determination theory, including the nature of high quality motivation, and the core psychological needs (autonomy, competence, and relatedness).

3.5. Positive psychology – psychological capital, appreciative inquiry, character strengths

3.5.1. The relevant science and evidence-based principles and models of psychological capital, appreciative inquiry, positive emotions, and character strengths.

3.6. Motivational interviewing

3.6.1. The relevant science and motivational interviewing (MI) techniques, as well as the spirit of MI, which is evocative, collaborative, and autonomy-supporting.

3.7. Transtheoretical model

3.7.1. The relevant science and principles of the transtheoretical model in order to help physician assess and improve readiness to change.

3.8. Intentional change theory

3.8.1. The related science and components of intentional change theory in order to help a physician cultivate a vision of their future ideal self and develop a learning agenda that closes the gap between current self and desired future self.

3.9. Growth mindset

3.9.1. The relevant science and components of growth mindset theory and principles to facilitate a focus toward learning and growth (getting better), rather than judging, performance (looking good).

3.10. Adult development/subject-object theory

3.10.1. Coach provides input, feedback, or challenges physician in order to identify blind spots and growth opportunities and support physician's change and growth - moving from subject (attached to and controlled by a self concept) to object (observe self concept with detachment, reflection, and objectivity).

3.11. Goal-setting theory & design thinking

3.11.1. Coach facilitates physician design of outcomes, goal setting, action planning, and accountability techniques, and applies design thinking principles where appropriate, for example to frame goals as experiments to test.

3.12. Coaching outcomes research

3.12.1. Coaches are up to date with scientific literature on coaching outcomes, with specific attention to physician coaching and outcomes measures.

4. Key Area #4: Diversity, equity, inclusion & other social dynamics

PREAMBLE:

Because of longstanding patterns of societal, structural, and individual racism and other forms of inequity both in healthcare and North American society, it is critically important that coaches have awareness and comfort around Diversity, Equity, and Inclusion (DEI) issues. Additionally, DEI includes such domains as gender, neurodiversity, sexual orientation, ethnicity, and many others, and the intersectionality thereof, This involves seeing larger systemic structures at play that go beyond the individual, showing genuine empathy and letting go of biases when coaching others who might feel excluded or be perceived as different, and respecting that these differences might need time to reveal themselves and could be impacting the client's ability to perform, relate, or communicate as well as impact our own perspectives as a coach.

Given the unique nature of physician-patient relationships, sensitivity around DEI issues also involves awareness of biases patients have against physicians or physicians have toward patients, and the moral imperative physicians face to care for all patients.

While many aspects around DEI may not be unique to coaching physicians, because these may not be included in ICF and other basic coach credentialling systems, we believe it is important to establish these as competencies in physician coaching.

Coach:

4.1. Demonstrates an understanding that structural racism, sexism, homophobia, and other forms of bias, inequity (and intersectionality thereof) exist within the medical setting, and that physicians are not immune to experiencing or perpetrating such structures or beliefs.

4.2. Demonstrates an understanding that physicians have a uniquely intimate and personal relationship with patients against whom they may hold bias.

4.3. Demonstrates an understanding that physicians have a uniquely and personal relationship with patients who may hold biases against them.

4.4. Helps client utilize current models, tools, and techniques to respond to DEI issues.

4.5. Cultivate~~s~~ awareness, checking and reflecting on biases

4.6. Develops their own curiosity, asking questions over making suggestions, and practicing cultural humility

4.7. Demonstrates flexibility and willingness to adjust plans and communication style, integrating accommodations for identity-based needs for psychological safety.

4.8. Demonstrates willingness to identify, expand awareness, and let go of their own agenda, communication style, and biases across culture, race, nationality, gender, age, sexual orientation, religion, neurodiversity, and the wide range of human differences.

4.9. Recognizes situations where the coach's and physicians' identity or values differ from one another, and coach is conscious of when these differences could inhibit an effective coaching relationship, and is comfortable addressing this concern when appropriate.

4.10. Identifies and manages their own emotions around equity, power dynamics, diversity, and inclusion as dialogue and experiences around these topics arise.

4.11. Helps to create awareness around the physician's emotions around equity, power dynamics, diversity, and inclusion, as dialogue and experiences around these topics arise.

4.12. Trusts and validates the physician's lived experience and honors the physician's interpretation of those experiences.

4.13. Empathetically and courageously creates opportunities for exploration with the physician in the service of growth and development when faced with conflict across social identities, privilege, power, and oppression, even when inviting these opportunities present~~s~~ a sense of vulnerability for the coach.

4.14. Demonstrates awareness of the stereotypes and implicit bias that exist within various group~~s~~ and power dynamics in medicine that may influence a physician's

perspectives. i.e. surgical vs. medical, trainees vs non-trainees, sub-specialist vs generalist; academic vs. community medicine.

5. Key Area #5: Well-being and burnout

PREAMBLE:
Physicians are uniquely at risk for threats to their well-being, including burnout. Mental health disorders occur at higher rates for those in medicine than other careers, with multiple studies revealing that these higher rates can begin as early as medical school. Training and practice are physically demanding; the often inflexible and significant time demands, combined with the push for perfection and invulnerability, limit the physician's ability to sleep, exercise, perform other self-care, and attend healthcare appointments. Boundaries are difficult to maintain, with work often occurring on weekends and evenings.

The physician's training and orientation is to care for others; attention to self-care, one's own emotions, and well-being are only recently emerging in medical training. At the same time, there can be vicarious traumatization from witnessing trauma in medicine—patients with significant amounts of suffering, the impact of violence, the consequence of societal inequities, and, most recently, the many burdens created by a global pandemic that severely stretched resources. The physician bears ultimate responsibility for the care of the patient even in the presence of an entire care team. Above all, the burden assumed by responsibility for others' lives can take a heavy emotional toll.

While many physicians place blame for diminished well-being and moral injury on "the system," coaching provides an avenue for physicians to take responsibility for their well-being by focusing on that which they can control as opposed to that which they cannot.

5.1. Developmental tasks to support well-being

Coach:

5.1.1. Understands the importance of connecting physicians with their values, passion, strengths, purpose (i.e. their Why) as a means of restoring professional meaning and reducing burnout.

5.1.2. Demonstrates an understanding of the common models of emotional intelligence for purposes of emotional self-awareness, self-regulation, and relationship management as a buffer to burnout.

5.1.3. Helps physician acknowledge harsh self-judgment and potential impostor beliefs to enable engagement in self-compassion.

5.1.4. Helps physician raise awareness of the value and impact of self-compassion, and develop capacity for self-compassion practices.

5.1.5. Has skills to help physician access sources of inner wisdom (e.g. Future or Higher Self, Inner Ally, Inner Captain) to counterbalance societal and professional definitions of value and success.

5.1.6. Understands that physicians are sometimes confused about boundaries of care, and understands the effects of compassion-fatigue and empathy-fatigue.

5.1.7. Helps physician identify where they draw their energy and sustenance, and to seek out potential paths and settings beyond clinical work that enable these elements.

5.2. Self-care

Coach:

5.2.1. Understands that physician may experience a deep conflict between values of self-care and boundary setting to meet patient expectations and needs.

5.2.2. Helps physician articulate beliefs in culture of medicine about physicians being invincible, self-care as selfish, and reaching out for help as a sign of weakness or failure; challenges these beliefs to help physician appreciate the need for and value of self-care.

5.2.3. Helps physician identify and periodically monitor warning signs of burnout.

5.2.4. Is aware of the many lifestyle dimensions of well-being (nutrition, exercise, sleep) and raises physician awareness of physical needs.

5.3. Stress management, burnout, and resilience

Coach:

5.3.1. Understands the key components of burnout, and helps physician develop their understanding of these components.

5.3.2. Helps physician challenge their presumption of control and establish agency by identifying what is truly within control and what is not.

5.3.3. Helps physician expand awareness of need for appropriate boundaries around work, and helps physician understand the importance of doing so in the service of well-being.

5.3.4. Helps physician identify people in their personal and professional life who can help validate and support them and their needs, and cultivate and sustain those relationships.

5.3.5. Recognizes how burnout leads to an overly negative lens and helps physician develop greater awareness of this tendency.

5.3.6. Helps physician increase awareness of their early warning signs of burnout, facilitating early intervention.

5.3.7. Utilizes positive psychology approaches and tools to help physician shift out of a burnout lens of negativity into seeing realistic positives in self and

environment.

5.4. Mindfulness

Coach:

5.4.1. Understands how mindfulness builds calm as well as restores inner autonomy.

5.4.2. Utilizes mindfulness techniques to help physician work with unhelpful thoughts, fears, worries, mental stories, and narratives that can contribute to burnout.

5.4.3. Draws on mindfulness concepts of letting go, non-striving, beginner's mind, and trust in one's own values to help physician manage burnout.

6. Key Area #6: Leadership skills (coaching physicians who have formal leadership roles)

PREAMBLE:

Physicians often have the opportunity to assume formal leadership roles throughout their careers. Many physicians will at some point in their careers take on a leadership assignment for a time-limited period (for example, heading a committee or being an interim team lead) and often face the challenging task of integrating leadership into their regular clinical, educational, and/or research responsibilities. Some physicians, however, will move into formal leadership and then proceed further up the organizational chart as a career (for example, going from division chief to associate department chair, to department chair, to associate dean, to dean; or from clinic director to medical director, to associate chief medical officer, to chief medical officer, to CEO). It is not uncommon for physicians to assume leadership roles without formal leadership training or support. Key areas that physician leaders typically need to develop competence in (but are not limited to) Communicating effectively; Conflict management and collaboration; Delegating; Developing individuals and teams; Emotional and social intelligence; Listening; Adjusting and adapting; Overcoming imposter syndrome; Self-awareness and self-regulation; Well-being and self-care (for self and others); and Workload (i.e. priority management, time management, and setting healthy boundaries).

6.1. Leadership mindset

Coach:

6.1.1. Helps physician build self- and other -awareness, self- and other -regulation, empathy, curiosity, and social skills that are necessary for leadership success.

6.1.2. Understands that Imposter Syndrome is common with leaders and supports physician if/when present.

6.1.3. Helps physician shift from identity as individual contributor to leader (i.e.,

isolation, potential alienated by previous colleagues, etc.).

6.1.4. Helps physician shift from strictly hierarchal to team orientation.

6.1.5. Helps physician develop their executive presence, influencing others' perceptions of them as leader.

6.1.6. Understands and helps physician understand and convey the importance of inclusive leadership.

6.2. Managing adversity

Coach:

6.2.1. Helps physician maintain their own morale and that of their physicians (focusing on what they are accomplishing; avoiding the vortex of negativity).

6.2.2. Supports physician in crisis management skills, including risk assessment, communication during critical events, and post-crisis restoration and innovation.

6.2.3. Understands and helps physician successfully implement "critical conversations," such as negotiation, mediation, and conflict management.

6.2.4. Helps the physician build buy-in and manage physician resistance toward organizational mandates, compliance measures, etc.

6.2.5. Has skills in trauma-informed coaching, due to the pervasiveness of trauma in both physicians and physician leaders.

6.3. Communication skills

Coach:

6.3.1. Builds physician’s awareness to effectively communicate how their unit and people align with organization’s mission/vision.

6.3.2. Helps physician acknowledge and strengthen listening, written, and verbal communication skills.

6.4. Organizational development

Coach:

6.4.1. Helps physician recognize importance of and proactively developing current and future leaders.

6.4.2. Recognizes and helps physician build personal and authentic approaches to tasks such as building strategy, board alignment, navigating a competitive healthcare environment, managing external stakeholders, and media relations.