Thank you. It is an honor to speak today. I am a pancreatic surgeon and I have been the Acting Chair at the University of Arizona since January of this year. I am also a Certified Executive/Leadership Coach. I speak to you today through a very personal lens and can attest to the impact that coaching and the ideas I present today have had on my life and career. I use these skills every day in the course of my job both in my own personal interactions and my interactions with our faculty, residents, staff, and the many colleagues I interact with on a day to day basis – sometimes overtly and sometimes in more subtle fashion. I also have my own coach (actually coaches) who help me intentionally create the relationships and outcomes I desire.

As full disclosure, I have a coaching business – I primarily coach surgeons, but I also coach leaders from different walks of life.
While this group doesn’t need it, I am going start with my definition of leadership as I feel this that impacts the answer to the question I was asked to discuss – specifically “Who needs a leadership Coach and When?”

As everyone in this room knows, we are all leaders - either by choice or by default. *Leadership* is simply interaction where influence occurs. The influence can be positive or negative, focused consciously or unintentionally, and the impact can be minimal or maximal. The leader is the individual in the interaction who knowingly or unknowingly creates the greater influence in the other person. In fact, every interaction presents the opportunity to lead and have a positive impact on others. With this definition, everyone in the Department – from students to the chair – can lead from where they are.
Academic surgeon face many challenges. The demands on physicians at academic healthcare institutions are expanding rapidly and include increasing regulation, increased demands on clinical productivity, difficulty getting funding, more people to care for with fewer resources, inefficient systems, the electronic medical record, rising student debt, and difficulty balancing professional and personal lives.

When we recruit surgeons at any level, we are making a huge investment. The role of the coach is to help the surgeon navigate this complex environment and achieve his or her full potential.
And I will argue that surgeons are elite athletes. Think of all the ways surgeons are the same as people like Michael Jordan, Wayne Gretzky, Serena Williams, and Peyton Manning....

Pat Summitt, Martina Navratilova, Michael Jordan, Dana Torres, Peyton Manning, Roberto Clemente, Walter Payton, Wayne Gretzky, Simone Biles, Serena Williams
Like elite athletes, we have a very specific and highly developed skill set; these skills are trained and honed over years of practice and require continual practice and discipline to maintain and advance. Surgeons are goal oriented, always striving to improve. We are part of a complex team and our performance and ability to interact with that team is key to our success. And no athletes achieve their highest potential without a coach.
Most elite athletes have coaches to help them achieve optimal performance and reach their full potential. Coaches help their physical and technical game. Like elite athletes, surgeons need to fuel, train, rest, and recover to perform optimally. There is an emerging body of literature on deliberate practice and recent literature on coaching of surgical, technical, and decision making skills in the operating room – which has clearly been shown to improve performance. But I want to focus on the mental game....
Why Do Surgeons Need Leadership Coaching?

- The mental game
  - Set goals
  - Manage stress
  - Self-awareness
  - Emotional intelligence
  - Cultivate positive relationships

A surgeon's mental game is critical to his or her long-term success. Our resilience and our ability to reach our full potential starts with how we see ourselves. The “mental game” of surgery includes goal setting, managing the stress inherent in our environment, self-awareness and emotional intelligence, and our ability to cultivate positive relationships and manage conflict.

I don’t have numbers on this but I would be curious about how many surgeons leave an organization because they are technically vs. difficult to get along with or not a good cultural fit.
In the Department at the University of Arizona (and my own life), we use leadership coaching as a developmental tool. As Department Chairs and Administrators, we presumably don’t hire people who we think are mediocre or have no potential; we strive to hire the best athletes. And coaching is about providing them the tools to achieve their full potential. Coaching makes good surgeons great.
This is a departure from the traditional use of leadership or executive coaching in surgery, where the focus has been on the struggling surgeon or the disruptive surgeon. Coaches are often brought in to salvage a situation that is already far gone instead of setting people up for success. Up until very recently, the need for coaching was viewed as a stigma.
This is not to say that coaching cannot or does not benefit the struggling or disruptive surgeon... in reality within any Department, we have people who fall all along this performance spectrum in both their mental and technical games. In fact, the same surgeon may be at different points of the spectrum at different times. Even at the same time, someone may fall on different parts of the spectrum in different parts his or her life. They may be performing well at work but struggling in their personal life or with their health. And I would argue that if people are struggling in any aspect of their life, it impacts their overall performance and holds them back.

Coaching has the ability to improve the performance of every one within the organization, regardless of where they fall on the spectrum.
There are many benefits of leadership coaching and I am going to talk about these benefits in the context of the question of who needs leadership coaching.
The obvious choice is the new leader – a division chief, a chair, a vice chair, center director – can benefit greatly from coaching; the new leader, at whatever level, is often walking into a new role and the skills that got them recognition and respect in their previous role, don’t necessarily translate into they need to succeed at the next level. In the Leadership Pipeline by Ram Charan, he points out each turn in the leadership path requires a change in:

The skills needed to succeed
Where they spend their time and energy
What the they value in their work

For example, the early mid-career faculty member focuses on their technical skills. They spend time and energy on execution, punctuality, reliability, and quality and they value their own technical expertise and achievements.

Whereas a division chief or chair needs to be able to identify potential leaders and invest in their development; they need to see beyond own area to issues impacting the business overall; their time and energy are focused on management and leadership skills within their expertise; and they value leadership capability in those reporting to them rather than personal delivery of technical work.

Coaching can help new leaders navigate these turns – and navigate new cultures.
and environments in the case of leadership positions at new institutions.
Faculty do not necessarily need to be in a formal leadership role to benefit from coaching. Junior faculty starting out face all of the challenges in academic medicine that I described earlier... coaching helps them clarify their goals and vision and systematically work to achieve those goals. Coaching can also help them develop self-awareness and emotional intelligence and help them identify blind spots and developmental opportunities early before remedial coaching is required. It can also help them successfully integrate their work and personal lives, and keep them fully engaged as their lives change, they take on increasing responsibility, and their priorities shift.
Imposter syndrome is defined by an inability to internalize accomplishments and a persistent fear of being exposed as a "fraud"; I have to admit that experienced my own dose of imposter syndrome in preparing this talk and the inner dialogue went something like this... “I am talking to all these surgical chairs and administrators and I’m an acting chair - not even a real chair; I am new to coaching and not very good; everyone will wonder why I was asked to give this talk. They will discount or dismiss what I am saying.”

In my own personal experience and my role as a leadership coach, I am amazed at how often I work with surgeons who suffer from imposter syndrome. This quote refers to women, but it occurs in men too. It takes many forms including perfectionism, overworking, undermining or dismissing personal achievements, discounting praise, and fear of failure that keeps people playing small. Coaching can help people recognize this internal dialogue and its impact and change it.
There has been significant attention focused on the disruptive surgeon as of late. Most of us - and most health care professionals - have witnessed our colleagues engaging in disruptive behavior with coworkers, relatives, patients, and other acquaintances at one time or another. At times, I am sure, we’ve all been this person! I know I have been.

Story of 7 am start....
I’m right.... Being right is a big thing for surgeons. But I realized somewhere along the way that being right wasn’t enough. If I communicate in that way that people can’t hear me – because they are too busy running for cover; it doesn’t get my case done faster – in fact, it often makes things worse – how do you think the new scrub tech in the room feels?

It’s critical to make the distinction between being disruptive and advocating on the behalf of a patient which may be an appropriate and effective behavior. However, when a physician demeans a nurse or resident in public, raises his or her voice, shouts profanities in a committee meeting, these actions are inappropriate and potentially disruptive. Even when the surgeon is right.

In the ideal setting these behaviors would be coached early. Coaching provides the opportunity for the surgeon to develop self-awareness regarding his actions, their
impact, the triggers, as well as alternate approaches to the same situation. However, coaching can help the disruptive surgeon recognize when being right is really important and, when it is, advocate for his patient more effectively; and when it’s not, let it go.
The traditional model in surgery encourages success by running faster and faster on the hamster wheel until exhaustion sets in with major collateral damage and eventual burnout, as evidenced by alarming rates of burnout amongst surgeons. In addition, traditional surgical culture and does not create an environment that encourages them to take care of themselves.

Pain is weakness leaving the body

Back story

The struggling or burned out surgeon often believes that happiness and successful career in medicine are mutually exclusive. Coaching can help the struggling surgeon change how they respond to the stress inherent in their environment, identify their priorities, define their own success, make conscious choices, and successfully integrate their work and personal lives.
Residents are another group that can really benefit from leadership coaching. They don’t have control over anything in their world EXCEPT the way they choose to respond to their circumstance. We are good at teaching residents to operate and take care of patients, but we are not good at teaching them resilience or providing them with the tools to respond to the stress inherent in their environment in a way that helps them maintain their wellbeing.
Few of us have the resources to provide one-on-one coaching for the residents; but I would argue that it doesn’t have to be costly. In July of 2016, we implemented a coaching-based resiliency and wellbeing program for our residents. I meet with the residents every month – often bringing in outside speakers. We start with a model called “Energy Leadership” which helps create self-awareness and emotional intelligence and provides a common language the group moving forward. All the sessions are experiential (not didactic talks) and interactive and include team building, strategic diet and exercise, work-life integration, goal setting, empathy, and many other topics.
To measure the impact of the program, the residents complete the Energy Leadership Index, the Maslach Burnout Inventory, the Perceived Stress Scale, the Beck Depression Inventory, and other assessments at the beginning and end of the year. We are presenting these data at the Southern Surgical in December; the initial results are encouraging – the residents have less perceived stress, lower burnout scores as evidence by less emotional exhaustion and greater professional efficacy, and increased emotional intelligence. More importantly, the program creates a sense of community:

- I know every resident.
- Tucson half marathon in December.

And our resident satisfaction scores went up from 80% to 96% on the ACGME annual survey.

**Year 1 Results**

- Decreased perceived stress
- Decreased burnout
  - Decreased emotional exhaustion
  - Increased professional efficacy
- Increased average resonating level (emotional intelligence and self-awareness)
- Increased resident satisfaction on ACGME annual resident survey
- Increased sense of community
And coaching does not need to be limited to surgeons. Our department administrators, staff, and multidisciplinary teams benefit from coaching. When Dr. Neumayer became chair in 2014, she hired a coaching team and went through a leadership team alignment process, which was part of creating an intentional culture, which has benefited the department greatly. This team still meets with the coaches each month for strategic planning and problem solving. Our growing divisions, lab teams, and cross-disciplinary teams have also benefited from team coaching.
Coaching helps people clarify their values, goals, and vision.

I have alluded to the many benefits of leadership coaching, but I want to highlight a few more specifically. One of the major benefits of coaching in my personal life has been clarification of my values, goals, and vision for my own future.

Story about the fork in the road.

Four years ago, I could tell you what I didn’t want.... But I couldn’t tell you what I wanted. If you don’t know where you are going, how can you get there? In the traditional academic surgery model, there is a very narrow, definition of success; If a surgeon’s goals fall outside that model, he or she often doesn’t feel valued for what they contribute. In modern departments, there are many more paths to academic success. While the traditional “triple threat” remains in some departments, there are now leadership paths through education, research, and building clinical programs.

Helping surgeon clarify their values, goals, and vision helps define their career paths and helps them recognize when things you are doing are NOT aligned with that vision; it helps them create and maintain boundaries and make conscious decisions.
Respond vs. React

“Between stimulus and response, there is a space. In that space lies our freedom and power to choose our response. In our response lies our growth and freedom.”

~ Viktor Frankl

Victor Frankly story/quote

While we don’t control many things in our environment, we get to choose how we respond.
Nothing in my environment changed, only my ability to respond.
Coaching taught me that in every moment I have choice: I get to choose what I think, how I communicate, how I show up, and the results I generate.
Coaching helps people find that space between the stimulus and response and choose something different.
Leadership coaching creates self-awareness and improves emotional intelligence which are essential to the ability to respond effectively to our worlds. It is our mental game! Emotional intelligence single strongest predictor of success in the leadership world today. It is defined as the ability to recognize one’s own and other people’s emotions, to discriminate between different feelings and label them appropriately, and to use emotional information to guide thinking and behavior. Emotional intelligence is really comprised of an array of non-cognitive skills, capabilities, and competencies that influence a person’s ability to cope with environmental demands and pressures.
Be at the CAUSE and not the EFFECT of Their Lives

“I influence and take responsibility for everything that happens in my life. I have a choice.”

“Things happen to me. I can’t affect or control what others say or do or what happens to me. I don’t have a choice.”

Coaching helps surgeons be at the cause of their lives – to proactively and deliberately create the outcomes they want rather than be in a constant reactive state to events around them. Most people are not aware of why things go well for them one day and not the next...

Meeting preparation:
- What is the goal of this meeting?
- What would be the ideal outcome?
- What energy do I want to bring to this meeting?
- How do I listen to what the other person is saying so that I can understand what is important to him or her?
Burnout has become an epidemic in surgery, with a lot of conversation over the past few years. While burnout represents the extreme end of the spectrum. If people are struggling, conflicted, or feeling powerless in any aspect of their life, it impacts their overall performance and holds them back from achieving their greatest potential in all areas. But in order to burnout, you had to have been on fire…. All too often in academic medicine, people don’t reach their full potential for one of two reasons…. 1) they are never on fire…. Or 2) They were on fire and the burned out. This is critical, because as faculty grow and change and their situations and environments change their priorities shift as well. To maintain that fire, we need to learn to change with those priorities and make conscious choices.

Coaching can help us do that and leads to fulfilled, engaged, focused surgeons; once we get this right the rest is easy. Our teams have increased discretionary energy and wRUVS, teaching, research productivity follow.
Improved Retention

• Cost of physician turnover:
  – Cost to replace a physician is 2-3 times the physician’s annual salary
  – Direct costs associated with recruitment
  – Lost revenue during recruitment, onboarding, and ramp up

Shanafelt et al. JAMA Intern Med.
Published online September 25, 2017.

It is essential that we help our elite athletes reach their highest potential. Physician turnover is expensive – it costs 2-3 times a physician’s annual salary to replace him or her including direct recruitment costs and lost productivity, not to mention morale.
In summary, the benefits of leadership coaching are many and coaching should be used as a developmental tool. As department chairs and administrators, we strive to hire the best athletes. And coaching is about providing them the tools to achieve their full potential. Coaching makes good surgeons great.

And so I’ll turn the title of my talk around and ask you...

### Leadership Coaching Optimizes Performance

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<th>Benefits of Leadership Coaching</th>
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<td>Improved self-awareness and emotional intelligence</td>
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<td>Better communication</td>
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<td>Conflict resolution</td>
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<td>Increased confidence</td>
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<td>Motivate, influence, and lead people</td>
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<td>Lead, sustain, and motivate change</td>
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<td>Improve time-management</td>
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<td>Team building</td>
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<td>Think and act strategically</td>
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<td>Create desired outcomes</td>
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<td>Clarify, values, goals, and vision</td>
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<td>Work-life integration</td>
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<td>Make conscious choices (respond)</td>
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<td>Define success (for the individual)</td>
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Leadership coaching can optimize the performance of athlete in your surgical team...

Who DOESN’T Needs Leadership Coaching?

ho doesn’t need leadership coaching????
Who doesn’t need leadership coaching????