ABSTRACT: 2022 ELAM Institutional Action Project

Project Title: Professional Sustainability in Medicine: Rebuilding the Foundation through Physician Leadership Development and Coaching to Restore Well-being

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Topic Category: Faculty Development

Background:

Coaching, an intentional dialogue between trained coach and recipient, is designed to support recipients in attaining valued professional outcomes. Professional coaching for physicians can positively impact well-being, reduce burnout, and improve quality of life. Leadership coaching for physician leaders may have added benefits of positively impacting teams that report to them. The well-being of leaders and specific leadership behaviors, directly correlate with the well-being of those they supervise.

Purpose:

The goal of this project is to implement two models of leadership-oriented coaching for Division Chiefs at NCH, DV and evaluate the differences between models.

Objectives:

Implement professional coaching for physician leaders at NCH DV, comparing two models:

 Measure impact on division chiefs' well-being metrics (burnout, professional fulfillment, quality of life and self-valuation), Measure impact on division members well-being metrics, Evaluate changes in leadership behaviors perceived by division members

Methods:

Leadership Learning Cohort and Coaching Model (LLCC): 10-12 Division Chiefs will participate in a 3-day, experiential leadership skills development program, developing this group as a learning cohort. The conceptual framework will be Emotional Intelligence. Participants will develop skills related to self-awareness, group dynamics, inclusion, equity, feedback, conflict, power dynamics in hierarchical organizations and change management. Following this program, each chief will have individual coaching, to refine leadership skills. The learning cohort will reconvene quarterly. Leadership Coaching Model (LCM): 10-12 Division Chiefs will participate in individual coaching with certified coaches, focusing on their role and efficacy as Division Chiefs.

We hypothesize there will be measurable improvement in well-being, professional satisfaction and self-valuation metrics for the leader and team. We anticipate improved leadership behaviors as reported by the team for both coaching models, with those involved in the LLCC model demonstrating greater gains.

Approach

Work completed to date:

• Bibliography compiled, Research/analysis of other programs completed, External coaching source identified, Budget prepared, Pre/post-surveys developed, Division Chiefs Identified, Baseline burnout assessment completed, Theoretical return on investment calculated

Anticipated work

• Proposal presented to finance and key leadership team, Surveys disseminated pre coaching to chiefs and teams, IRB proposal submission, Learning communities established, cohort 1, Coaching sessions completed, Post coaching survey analysis

Evaluation Strategy/Outcomes:

Pre and post program surveys will be completed using existing well-being assessment measures, including:

• Mini-Z Burnout Assessment, Professional Fulfillment Index, Self-valuation Scale, Mayo Clinic Leaders Index

Summary/Impact:

The goal of this project is to develop clinician leaders to positively impact their own professional well-being and that of those they supervise. We aim to measure positive impact in various domains of well-being. This project will pave the way for intentional physician leadership development, using coaching as a tool for growth and create a culture of coaching.