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Support From Within: Coaching to Enhance Radiologist Well-Being and Practice

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BACKGROUND

The ongoing coronavirus pandemic (COVID-19) has cast physician well-being into sharp relief. It arrived amid a steadily mounting prevalence of radiologist burnout and fanned the flames of longstanding occupational stress, exhaustion, and mental health concerns (1-4). Consequently, COVID-19 has prompted renewed attention to means of safeguarding provider wellness, including through the deployment of tools such as coaching (5-7). The merits of coaching have been well-documented in the internal medicine and surgery literature, but few studies to date have considered its application in radiology outside of a peer review context (8-10). This perspective discusses the principles and benefits of coaching via real-world narratives. They shed light on physician perspectives and contribute to an appraisal of coaching's practical effects, which stand to enhance radiologist wellness, forestall burnout, and ultimately augment clinical practice. These lessons may be leveraged to establish coaching initiatives, build upon existing programs, and promote their long-term sustainability.

Coaching has been variously described as “support [of] a developmental process. . .to create goals, identify strategies to manage existing and potential challenges, improve academic performance, and further professional identity development toward reaching the learner's highest potential” and a “human partnership to help individuals promote growth to achieve the best version of their

personal and professional selves by focusing on goal setting, intrinsic motivation, and accountability (11,12).” At their core, these definitions share a common theme: coaching is a targeted and collaborative effort to nurture organic growth.

Coaches deploy active listening techniques to validate their clients' concerns and work to cultivate insight, reflection, and constructive engagement through a set of shared goals (11). In this sense, coaching bears a number of parallels to counseling; these similarities are surface-level with important distinctions. For one, coaching is prospectively oriented and seeks to modulate current paradigms to shape a future mindset, rather than retrospectively analyze past traumas for present management, as in counseling (12). Secondly, it is not intended to address crises or mental health concerns, but rather to enhance functionality and wellness; any therapeutic effects are incidental. Neither is coaching synonymous with mentorship. Whereas mentor-mentee relationships are geared toward the *transference* of discrete skills, coaches aim to impart their clients with a holistic awareness of their *existing* strengths (13). Instead, coaching occupies an intermediate niche between therapy and mentoring and can be thought of as marrying the methods of the former with the functional direction of the latter.

Leveraged appropriately, coaching can foster accountability, help seeking, and self-awareness over time. These are highly relevant in a clinical context, not least because all are Accreditation Council for Graduate Medical Education (ACGME) Milestones for diagnostic and interventional radiology residency programs alike (14,15). Said traits can serve as prophylactics for, and mitigate the effects of, physician burnout (16-18). Worrisome trends have persisted over a span of years; pre-pandemic survey data indicated that diagnostic radiologists faced higher rates of burnout than the average for all physicians (19,20,4). Ramifications are far-reaching, and range from disengagement and exhaustion to medical errors, loss of self-worth, and physician suicide (21,6). COVID-19 has exacerbated their underlying triggers and underscored the necessity of radiologist wellness support systems (22,23).

Under more benign circumstances, coaching can enhance both radiologist quality of life and quality of care. Apart from

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its already studied use in peer review settings, radiologist coaching may facilitate maintenance of a work-life balance and promote decisional clarity at integral career inflection points (10). It stands to confer skills which can be readily transferred to the home environment, through its promotion of mindfulness, stress management, and self-care (8). This is particularly relevant during the ongoing COVID-19 pandemic; with many radiologists working remotely, the distinction between work and home life have grown increasingly blurred. Applying the aforementioned techniques and developing strategies with a coach can promote appropriate boundary-setting. Relatedly, it stands to help physicians navigate professional transitions and their associated uncertainty, as well as hone emotional intelligence (22). Coaching can furthermore assist with professional development across the span of their careers. Advancement to departmental or institutional leadership roles may be unaccompanied by professional, logistical, or emotional supports. This presents a particular issue for physicians, for whom formal management training is the exception rather than the norm. These promotions can thus prove a mixed blessing; at a stroke, radiologists may find themselves removed from their familiar reading room or research group surroundings and placed in high-profile posts encumbered by the weight of decision-making authority. These processes compound their existing psychosocial stress, workload, and commitment burden, rendering this subset of radiologists at particular risk of burnout. Intervention here may prove a high-yield application of coaching services (22).

IN THEIR OWN WORDS: PHYSICIAN PERSPECTIVES

To illustrate the real-world effects of coaching, physicians were invited to share their firsthand experiences. The authors developed an interview guide (Appendix) containing ten questions clustered around three qualitative dimensions: (1) the scope of the existing coaching initiative, (2) their personal experiences with coaching, either as recipient, coach, or both, and (3) the program's future direction. This questionnaire was then emailed to four preidentified physician respondents in academic practice. These were selected from physicians across various institutions, specialties, career stages, and entry points into coaching, and included (1) mid-career radiology faculty in an urban mixed academic-private practice, (2) a senior radiology program director at a major medical school, (3) junior radiology faculty at a large urban research institution, and (4) non-radiology executive leadership at an integrated care system. Completed forms were collated, personally identifying information redacted, and results interpreted. Their narratives have been synthesized into representative quotes provided here.

Existing Coaching Initiatives

- Coaching is a “private business, run by a physician who has other physicians and nonphysician coaches working for [them]”

- “The coaches were. . .from a private firm, although I think many of them were independent coaches who were contracted by my organization”
- “My department completed an 18-month leadership training program for leaders which concluded a few months before COVID”
- “I participated in the. . .internal coaching training program and have been a peer coach to faculty members. . .since June 2020”

Personal Experiences

- “I could not have returned to my former job so quickly without it! Through coaching I was able to get myself out of burnout, address how I saw issues at my job and now enjoy my job. I am more balanced and happier in general”
- “for some [colleagues], as time has passed, any lessons they may have learned and applied initially have since been forgotten as they ‘regressed’ back to their prior approaches to leadership”
- “My most recent well-being index results, my highest scores since the institution implemented annual completion in 2016, unequivocally reflect the impact of coaching”
- “I think coaching is important at all career levels, but particularly early on, because we do not learn about leadership/business/managing others as physicians, even though we're thrust into these roles once we start practicing”

Future Direction

- “After myself and several others experienced burnout, there is more of a focus on wellness. We have more flexibility in terms of work...[and] our group president also seems to more frequently check in to see how we are doing—asking about life, kids, etc.”
- “No one I work with had ever used a coach in this form and many did not even know what coaching was”
- “I find myself reflecting on the coaching session exercise wheel of life far more than I could have imagined I would”
- “I was very fortunate in that I was very compatible with my coach and I found the experience invaluable. However, I know some colleagues who were not so fortunate and mostly saw it as checking one more box. So this is a potential drawback — rather than being beneficial, it can actually turn people off to coaching in the future if the match to a coach isn't a good one”
- “The [department] anticipates training additional internal coaches”

DESIGNING A SUSTAINABLE COACHING PROGRAM

There is significant heterogeneity in the nature and delivery of coaching services. Some institutions engaged peer

physicians and others contracted with professional firms, while some respondents hired coaches in their personal capacities. Departmental initiatives tended to be offered free of charge, while private engagements were naturally fee for service programs. All respondents displayed enthusiasm for expanding coaching programs, although it was unclear whether certain institutions possessed the capacity, or indeed the awareness to do so. This highlights the need for continued scholarly and practical recognition of coaching as a service in its own right.

Although contracting with a private firm of dedicated professional coaches offers the gold standard approach, this option may not be available to all radiology departments or practices. For those facing budgetary constraints, an internal system of peer coaches may be constructed around a cadre of senior physicians trained in the appropriate techniques. Those participating as internal coaches may receive certification through formal channels – such as the Physician Coaching Institute – or attend intramural training sessions offered by the institution itself (24). They can be drawn from other departments to mitigate confidentiality concerns and expand the pool of possible coaches. Programming may be offered on a monthly basis, mirroring the scheduling of grand rounds or faculty development meetings, and alternatively feature one-on-one and group coaching sessions.

This would represent an improvement upon the status quo of *no* established coaching program, and moreover find support from a number of utilitarian arguments; coaching services can raise productivity, improve morale, exert a force multiplier effect on existing support programs, and enhance patient safety through burnout prevention, thereby driving value. Ultimately, all radiologists in the department should be exposed to at least some measure of coaching. Beyond individual self-management, incorporating its tenets into daily practice can permeate through the organization in a self-perpetuating manner. These area effects would readily lend themselves to scaling, particularly to trainees who may benefit from the informal coaching of their attendings.

A number of respondents drew attention to “off-target” effects of coaching initiatives, namely that some peers may treat the engagements as tasks to be completed and neglect to internalize their underlying lessons. To an extent, this is an inevitable consequence of any department-sanctioned offering, particularly if framed as a requirement. However, it is also revealing of the more fundamental issue of coach-radiologist fit. Organic relationships are essential to a coaching program’s success, as is a longitudinal approach delivered across an extended period of time. If possible, initial coaching assignments should be preceded by a personality assessment, encounters with two or more coaches, or both. Departments should further institute coaching check-ins multiple times per year, across several years and at identified career inflection points (e.g., upon promotion, lateral transfer, fellowship completion, prior to departure, etc.). If a peer coach were to exit the institution or decline to continue participating,

radiologists should be assigned a new coach as soon as possible to continue the coaching.

CONCLUSION

For too long, the onus of wellness and professional development have been placed squarely on the shoulders of the individual physician. Radiologists today face higher demands than ever before, driven on by technological advances, organizational complexity, and changing reimbursement patterns; it is now time for institutions to step in to support them. Professional coaching offers a potent instrument for doing so. It promises to promote physician wellness, enhance care, and forestall the onset of burnout. Although it is steadily gaining traction across a range of medical specialties, there is a paucity of literature characterizing its application in a radiology context. In this piece, representative physicians unanimously attested to its value, but revealed substantial institutional differences in program structure, interest, and awareness. Radiology departments should consider establishing coaching programs; with the return of pre-pandemic imaging volume, the time is ripe. If cost concerns preclude engagement of an external firm, then intramural peer coaches should be identified and trained. Departments can then concentrically extend eligibility from leadership to all employed radiologists, and from thence to residents. After a critical mass of participation is achieved, coaching-enabled best practices may suffuse through departmental workflow in a self-sustaining fashion. In light of its minimal costs and outsize potential to stem the tide of burnout, coaching is a tool simply too significant to be ignored. Its manifold benefits can and should accrue to all radiologists, their trainees, and ultimately patients at large.

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SUPPLEMENTARY MATERIALS

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