The Impact of Coaching within a Primary Care Network

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Faculty: Elizabeth Pedersen

Relationships with financial sponsors:
- **Grants/Research Support:** Ferring Amplex trial
- **Speakers Bureau/Honoraria:** none
- **Consulting Fees:** none
- **Patents:** none
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Disclosure of Financial Support
This program has received financial support from **Oliver PCN** in the form of payment for coaching services provided.
This program has received in-kind support from **no organization** in the form of no support.

Potential for conflict(s) of interest:
- Elizabeth Pedersen has received payment from Oliver PCN to provide coaching services described in this presentation.
- **No organization supported** a product that will be discussed in this program.
Faculty: Heather Toporowsk

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Why leadership coaching for physicians in Primary Care?

“We often speak of leadership in Family Medicine and it is important to remember that leadership comes in many forms and contexts. Whether it be involvement in national/provincial committees or working within our clinics and with our patients – leadership is woven into all aspects of being a family physician.”

Vishal Bhella, MD, CCFP, President, Alberta College of Family Physicians
Primary Care Networks

● Team based primary care
● 80% of Alberta primary care physicians (>3,800)
● > 1,400 other health providers
● 3.8 million Albertans enrolled
● 80% of funds for clinical services and 20% for administrative services
● NFP with joint governance agreement: physicians and AHS
Leadership, medicine and burnout?

“Finding ways to reduce work-related stress and burnout...is necessary if the challenges of engagement and leadership are to be realized.”
Canadian Society of Physician Leaders, White Paper (Jan 2017)

CMA National Physician Health Survey - 2018

Wellbeing: 17% low resilience; 29% low social well-being

Burnout: 26% high emotional exhaustion; 15% depersonalization

Canadian Society of Physician Leadership Study - 2015

Volume: >50 per cent of physician leaders work in two or more leadership roles at a time

Reward: many hours of their time were uncompensated financially
What is Executive Coaching?

“Coaching is a thought-provoking and creative partnership that inspires clients to maximize their personal and professional potential, often unlocking previously untapped sources of imagination, productivity and leadership.”

International Coach Federation (ICF)
Objectives of coaching

- Self-assess leadership capabilities, identify growth areas and develop plans to build capability
- Identify goals to maximize collaboration, communication and other team skills
- Identify goals to support their contributions to key PCN priorities (overcome barriers and achieve success)
- Plan for how to maintain work life balance and avoid burnout
Process

Discovery Session
- Assess fit
- Learn about client
- Contracting for engagement
- Goal setting
- Confidentiality
- Boundary setting

Coaching Sessions
- Review/look back
- Contracting for session
- Coaching
- Action planning & consolidation

Closing Session
- Identify learnings & growth
- Plan for continued momentum
- Coach feedback
Assessments

LEADS 360 (for Physician Leaders)

EQI 2.0
Themes

- Leadership opportunities
- Board roles and transitions
- Change leadership and resistance
- Work/life balance
- Clinical issues
- Office/team dynamics
- Managing emotions and emotional intelligence
- Values and culture conflicts
## Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strongly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The coach helped me set my own leadership goals</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>With the support of coaching, I was able to achieve my leadership goals</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>The coach helped me develop a plan to continue the momentum with my leadership development.</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>I have grown and developed my leadership skills as a result of coaching.</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>I feel more confident in my leadership skills and decision-making.</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
## Outcomes

<table>
<thead>
<tr>
<th>Description</th>
<th>Strongly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The coaching engagement made a positive impact on my personal health and wellness.</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>The coaching engagement has enhanced my ability/my team's ability to provide optimal care.</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>I participated in an assessment as part of my coaching engagement</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>The assessment was a useful tool which supported me to set coaching and leadership development goals.</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>I would consider executive coaching again with this coach</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Outcomes

- Helped recognize and articulate goals, kept on track in relation to goals
- Recognized need to work on well-being first in order to start to look at leadership, able to do so through coaching
- Worked on leadership skills, made a great start in identifying areas of growth
- Identified causes for burnout in work, started work on plans to reduce stressors
- Learned to manage negative emotions better - to not take things personally
- Changed listening and communication style, now a more active listener
- Came to appreciate leadership is a skill set; being naturally good in one area doesn’t necessarily transfer to leadership
Practical Implications

● Value of LEADS in a Care Environment Leadership Capabilities Framework and LEADS 360

● Potential for other applications:
  ○ Team coaching
  ○ Dyad coaching
Call to action:

“However I think the bigger realization I came to is that much of the burden of optimal care in practice as it works right now rests on the shoulders of family doctors, and the reasons for burnout are largely system related.

It is helpful to see that clearly in order to propose changes to address that issue going forward, including continuing work on optimization of the care team.”

Physician Leader
“It’s a wonderful sign that physicians are expanding from clinical care to include learning what it takes to be a good leader.

When you can marry the leadership skills and the clinical background, you have an opportunity to lead in a very distinct and different way.

When you get someone who knows what quality looks like, and pair that with a curiosity about new ways to think about leading, you end up with people who are able to produce dramatic innovations in the field.”

Maureen Bisognano, President and CEO of the Institute for Healthcare Improvement