

The Coaching Mindset

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Everyone has a built-in desire to set things right. It's part of our nature. When we see something wrong we naturally want to fix it; we want to close the gap between the way things are and the way we think they should be.

This is called the righting reflex, and physicians certainly have their share of it. Take the following familiar example:

Dr. Tinker is a clinical chair in a large academic medical center. His relations with his departmental colleagues suffer because of his tendency to provide answers to their problems immediately upon hearing about them. He sees himself as someone who can incisively get to the heart of a problem and offer a solution, while his colleagues see him as a "know it all" who is determined to exhibit his wealth of knowledge and experience at every opportunity. Tinker cannot understand why his colleagues get upset when he offers clearly workable solutions to their problems.

When a younger physician came to him asking for help on how to deal with a particular problem, Tinker subjected him to an interrogation (in order to sharpen his analytical skills he later explained) and provided advice in such an abrupt manner that the fellow avoided further face-to-face conversations, preferring instead to communicate by email.

When asked about why the relationship had suffered, Tinker replied that it was the insecurity of the young physician, certainly not anything he had said or done.

Tinker failed to realize a fundamental principle underlying the coaching process: the coach's role is not to point out the solution, but rather to create the conditions necessary for a successful mentoring/coaching experience.

Research indicates that the determinate in the outcome of a successful coaching intervention is the mindset and behavior of the coach. This is quite contrary to how successful physicians behave in their daily interactions with patients.

Implicit in the medical model is the presumption that the physician knows what's best for the patient. The physician's role is to diagnose and prescribe, and if the patient fails to follow through on the professional's recommended course of treatment, the fault lies with the patient.

In the medical model, the physician is held accountable for the accuracy and timeliness of his/her professional advice, not for the patient's reaction and subsequent behavior.

Mindset matters

So how does a successful coaching interaction differ from the medical model? It starts with a coaching mindset.

A coaching mindset begins with the realization that it is not your role to diagnose and solve your colleague's problems. Your role as coach is to help them think through their problems in such a way that they're able to develop their own problem-solving abilities and grow as a professional.

Does this mean that you can't offer them advice? No, of course not; but it does mean that successful coaching involves mainly listening and questioning rather than telling. Notice the difference between the following two conversations:

Situation 1: A new physician is having difficulty in working with the office manager and is looking for advice from one of the senior practice leaders.



Reflective listening is one of the most important (and challenging) skills for the mentor/coach. Reflective listening involves checking rather than assuming that you know what is meant.

New Physician: I don't think Mary is being very cooperative. I keep asking her to do some things differently and she refuses to do anything that I ask. I don't know what to do.

Physician Leader: Well, why don't you try talking to her?

New Physician: Every time I try to talk to her she becomes very defensive and we end up arguing.

Physician Leader: Maybe she's just having a bad day. She's been under a lot of stress lately.

New Physician: We've all been under a lot of stress. I don't think that's an excuse. We've all got to be willing to cooperate—even if times are tough.

Physician Leader: I agree, but maybe if you were a little more patient with her she would respond in kind. I've known Mary for years and I think she tries hard. Have you tried cutting her some slack?

New Physician: Yes I have and it hasn't worked.

Physician Leader: Okay, perhaps you should try to talk to her again but do it at a time and place where she isn't likely to be under so much stress or pressure.

Now, compare the above conversation to this one:

New Physician: I don't think Mary is being very cooperative. I keep asking her to do some things differently and she refuses to do anything that I ask. I don't know what to do.

Physician Leader: What have you tried so far?

New Physician: I've tried being patient with her, giving her the benefit of the doubt.

Physician Leader: That's a good move on your part. What do you think keeps her from responding to your efforts?

New Physician: I'm not sure. It could be that she is not used to me doing this with her.

Physician Leader: So, you think that even though you're trying hard to be patient with her she may not understand

what you are trying to do. Is that right?

New Physician: I think that is one thing that could be happening.

Physician Leader: What else could be happening?

New Physician: I know that she's under a lot of stress right now. That could be interfering.

Physician Leader: Good observation. So it may not be you but the situation.

New Physician: That's true, I hadn't thought of it that way.

Physician Leader: OK, so given that's what you think, what can you do going forward?

Notice that the goal in a coaching conversation is to give the other person space to think things through and scope their own solution. When a person hears himself talk through a problem with someone who provides a listening ear and probes with insightful questioning, he becomes more committed to the outcome.

In the language of self perception theory, “as I hear myself talk, I learn what I believe.” In everyday language, we can literally talk ourselves into or out of things. Hearing ourselves talk through problems makes us the center of the problem-solving process and develops our ability to think for ourselves.

How does the coach do this? The method is summarized by the acronym OARS (Open Questions, Affirming, Reflecting, and Summarizing).

1. Ask Open Questions

It’s important that the coach listen carefully and encourage their colleague’s self-expression. One key for encouraging the person being coached to do most of the talking is to ask open-ended questions, questions that don’t invite brief answers. Some closed (short-answer) questions may be necessary, but they should be few and far between. It’s better to concentrate on questions that open the door for the person to explore and expand upon their thinking.

2. Affirm

You build rapport and reinforce open exploration for solutions by affirming and supporting the person being coached during the coaching process. This can be done in the form of compliments or statements of appreciation and understanding, such as:

- “That’s a good move on your part.”
- “Good observation.”
- “I appreciate that you’re concerned about this and want to do something about it.”

The appropriate level and frequency of affirmation will vary, but the point is to notice and support the coachee’s efforts. And it’s vital that you mean what you say.

3. Listen Reflectively

Reflective listening is one of the most important (and challenging) skills for the mentor/coach. The reflective listener forms a reasonable guess as to what a person means by a statement and then reflects it back to them. Even if you’re wrong, you’re right because the person will appreciate your effort and try to help you gain a better understanding. Reflective listening involves checking rather than assuming that you know what is meant. It’s also another way of affirming the person since it validates that someone is truly paying attention to what they’re saying.

4. Summarize

Summary statements are ways of collecting the key points made by an individual and feeding them back to them. It is different than reflecting in that your goal is to feed back information that has been communicated to create periodic points of closure in the conversation. Summaries are usually short—just a sentence or two—and should continue rather than interrupt the person’s momentum.

Coaching is a process that is dependent on the mindset and capabilities of the coach rather than the wisdom of the coach’s advice. This process requires that you suppress your natural righting reflex and utilize these specific coaching skills.

