

Three Hats of a Leader: Coaching, Mentoring and Teaching

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An important responsibility of a physician leader is to help facilitate both the personal and professional development of his or her colleagues. Three different roles that can be assumed in this process are that of coach, mentor and teacher.

The common denominator of all three is that they are conducted in a helping context, with no overt effort to impose a solution (which distinguishes them from directing or correcting.) Yet the three roles are quite different in terms of situational appropriateness and objective, and they require very different conversations on your part.

Coaching

Coaching is the art and science of facilitating self-directed change. It is a collaborative process designed to alter an individual's perceptions and behavioral patterns in a way that increases their effectiveness and personal fulfillment.

The coach's role is to help the person think through a situation with greater depth and clarity than they could do on their own and assist them in discovering their own solutions. A coach can point out possible solutions, but only for the purpose of facilitating self-discovery. The key here is self-discovery; the individual must arrive at their own conclusion about what is most appropriate for them.

Suppose a colleague who has a problem handling unfair criticism from another physician comes to you for help and advice. Wearing a coaching hat, you might begin by asking, "If you were handling it in the manner you'd like to, what would you be doing differently?"

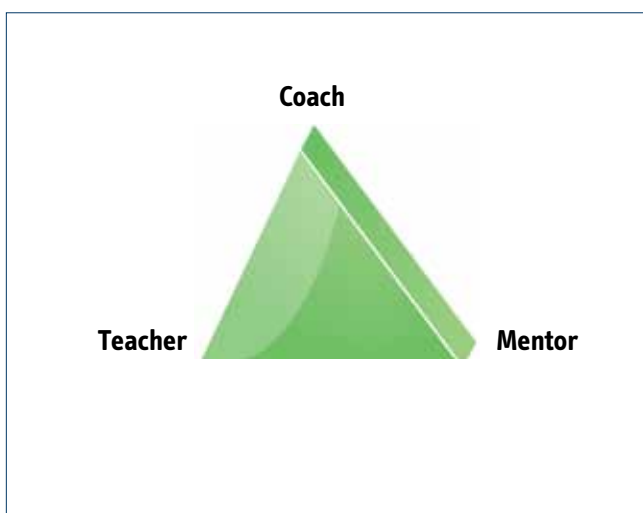
Following this line of inquiry, you shift the focus from a problem outside the person's control—someone else's opinion—to one within their control, how they are going to change their response to it.

As a coach, your objective is to facilitate your colleague's self-discovery of what he needs to do differently going forward to deal with the situation.

Mentoring

Mentoring is the sharing of your knowledge or professional experience with another person in order to advance their understanding or effectiveness. It's what we do

Figure 1.
The Development Triangle



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most of the time when a colleague approaches us with a problem or issue they need help with.

We act as a trusted friend or counselor, sharing our personal or professional experience, giving advice and recommending the best course of action. The advice we give is based primarily upon our own experience, values and beliefs.

If you decide to take a mentoring approach to the situation described earlier—where a colleague has a problem handling unfair criticism from another physician—you might respond by telling him what you would do in the same circumstance.

For example, you might say that “I’d first try to see it from the other person’s point of view to determine whether or not there was any truth to it,” then go on to describe what you would do, depending upon your conclusion.

Teaching

Teaching provides a framework for understanding based on an objective body of knowledge, not necessarily from one’s own experience. In a teaching mode, you provide the logical thought or reasons leading to a suggested action, sometimes referring to outside sources or models for corroboration.

A classic example would be instructing a colleague on best practice for dealing with a particular situation.

Returning to the situation described earlier, if you adopt a teaching role you might tell your colleague that a proven 3-step formula for dealing with unfair criticism in a non-confrontational manner is to first question the critic using a word or phrase they have used; then paraphrase their response back to let them know you heard them; then transition to your point of view by saying “I think there might be another way of looking at this”

Switching hats

It is important not to confuse these three roles—coach, mentor and teacher—and to avoid switching back and forth between them during a single conversation without explicitly “changing hats” so that the other person knows where you are coming from.

That said, in many developmental conversations you will be wearing only one hat. In other words, you will make a situational assessment of which approach will most benefit your colleague and stick with it.

There are times when a coaching conversation is called for, when your colleague needs to think through and self-discover what action he needs to take. Then there are times when he needs the benefit of your knowledge, experience and advice on what course of action he should take. Finally, there are times when he simply needs guidance on best practice in dealing with a particular situation.

Notwithstanding that you need to select a primary approach, there are those times when you might need to switch spontaneously from a coaching role into a role as mentor or teacher during the course of a conversation. At that point, it’s important to signal your colleague what you are doing.

A good technique is to say something like, “Let me put on my mentoring hat for a moment,” emphasizing the change by making a motion of putting on a hat. This signals to your colleague that you are momentarily switching from a coaching conversation into sharing your experience in similar situations.

If subsequently you want to switch back into a coaching role, use the same physical signal and say “Let me put my coaching hat back on.” This makes it clear what your intentions are and how you want to direct the conversation. In short, making the process explicit by clearly communicating your intentions will significantly increase your effectiveness.

Coaching, mentoring and teaching are all roles that an effective physician leader needs to adopt from time to time. The key is to understand the difference, determine which is more appropriate based on the situation, and smoothly transition between them if and when it is called for. This requires both self-awareness and practice on your part, but it is a skill well worth developing.

