

PHYSICIAN CASE STUDY



THE CHALLENGE

The client, an emergency medicine physician, boasts high performance regarding medical decisions and has exceptional patient satisfaction scores. While an excellent physician, the client lacks the skills to communicate and manage medical staff and received numerous complaints regarding the leadership style used in the workplace - which was reported as rude, defiant, and condescending.

While the client didn't intend to convey these mannerisms nor foster this type of work environment, and despite being an excellent physician, hospital leadership has reached a breaking point and there is a strong chance employment will be terminated if a drastic change doesn't occur. Key areas of improvement include changing the perception of being overly direct, fast and without curiosity.

Professional relationships have become so dysfunctional and strained that the client has been placed on performance counseling by the hospital - formal documentation was required due to multiple people launching formalized complaints.

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THE SOLUTION

304 Coaching completed a discovery session with the client using feedback received from hospital administration and then comparing it to the client's own reality, assessing the gaps between the two. The client then engaged in weekly, one-hour sessions for the duration of 6 months.

During these sessions, we helped the client discover where the differences in perception between medical staff and the physician's perceived reality lives. We supported the process of coming to terms with the need to lead in a different way, and the ramifications if improvement was not achieved.

THE C-IQ® APPROACH

Using the C-IQ® approach, we guided the client to determine a personal, compelling reason to do the work. C-IQ® methods create a dynamic-based collaboration and trust between the coach and the client - removing power and fear. This approach can greatly improve the emotional state of not just the client but the entire working team by avoiding a feeling of needing to protect oneself, fueling adrenaline and fear. When a person feels safe and positive, neurotransmitters emit feelings of relaxation and trust - opening the brain up to higher decision-making capabilities and innovation.

THE C.H.A.N.G.E. MODEL: CO-CREATING...

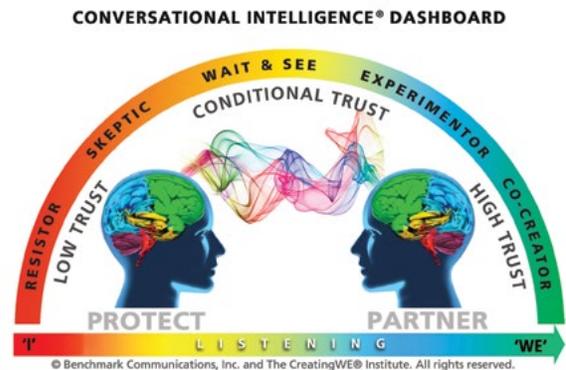
By appealing to the client's medical experience to review the C-IQ® model of Resistance and We-Centric, we introduced the C.H.A.N.G.E. model.

For each of the C.H.A.N.G.E. models, we focus on how to better communicate by changing our questions and words - using "Say More/Say Less" exercises. These exercises helped the client identify conversational triggers and behaviors that needed to be done less as compared to those that needed to be done more for a better outcome.

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SOLUTION PHASE 1 | EARLY SESSIONS

To begin, we focused on discovery - teaching the client the C-IQ® model one step at a time during individual coaching sessions and remaining on a phase until the client was comfortable with it. The client began to take the time to learn to be a listener of conversations held in the workplace by journaling after each shift, capturing conversations that took place during the day, the perception of the outcome and ultimately learning triggers that took place when speaking in a certain way that in turn created resistance from others.



In the beginning, it was a struggle for the client to come to terms with what was owned in these conversations. Having relied on strong medical skills as a justification for behavior for so long, it was difficult for the physician to take responsibility for the damaging conversations that took place during a shift, such as frequently speaking negatively about the skills of Residents and medical staff.

A particularly hard conversation yielded a dramatic paradigm shift. The client had received the required performance counseling at the hospital earlier in the day prior to our session and came to the realization that the medical career that was the focus of client behavior was in jeopardy if dramatic self-improvement did not take place.

SOLUTION PHASE 2 | CORE SESSIONS

After 6 weeks into our sessions, the client started to open up to the CHANGE model. Using a combination of C-IQ® learning and traditional International Coaching Federation (ICF) coaching, we slowly worked through different core competencies applicable to the client's needs.

EXERCISES | "SAY MORE/SAY LESS"

To begin, we worked with the client to evaluate each "Say Less" statement, and converted it into how the client was currently engaging in conversations. Next, we took real-life conversations taking place in the Emergency Room and created statements that could be used to "Say More." The client then created scripts on cards that were personally reviewed in the car prior to each hospital shift.

By continuing to journal daily conversations, the client was able to see slow change occurring with each conversation by changing how interactions with others took place.

Small wins allowed the client to start the slow process of moving toward trust - both internally and in the coaching work taking place. Trust then started to replace shame and fear of possible termination from the hospital. Once trust was established, the client became excited and focused to become the kind of physician that drove the client to pursue a career in medicine.

OUTCOME

Client Current State

After the physician finished the 6-month intensive program, we moved into a "Maintenance" phase and undertook the "Self Coaching" guide phase. We currently meet twice a month to discuss the client's relationships, where improvement is taking place and why - and also to discuss where the client is struggling and look for solutions on how to better manage that relationship.

LEARNINGS

During previous work with this client in a short engagement - prior to utilizing the C-IQ® framework - the client did not make progress. By requiring the client to commit to weekly meetings with a focused C-IQ® roadmap, it allowed the client to make massive changes in life and work.

The client was able to improve workplace relationships and is no longer in fear of termination from the hospital, create a circle of supportive friends by opening up to vulnerability, learn to ask more questions in order to move from assumptions caused frustrations in understanding someone else's thoughts and working within their truth, and has also improved family relationships by changing the communication style used from mostly directive to a "curiosity first - direction second" approach.

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OUTCOME SUCCESSES

The client is no longer undergoing performance counseling through the hospital and recently received a year-end performance review with favorable feedback that highlighted the noticeable positive change in communication-style with others in the hospital. The client hasn't received a formal complaint since working with 304 Coaching, and family relationships exude more confidence as a parent - now avoiding jumping to conclusions by slowing down and asking questions before making assumptions.

Because the C-IQ® approach was educational, it gave the client actual tools to pair with the coaching sessions - coaching alone wouldn't have allowed for learning new skill sets.

WHY THE C-IQ® FRAMEWORK WORKS

The C-IQ® framework is an important resource for meeting personal and professional goals. The difference lies in the specific coaching method, which provides education as on how to understand how to create a "we-centered" relationship and moving people to their prefrontal cortex using your words and questions - allowing the other person to be in a place of trust. This allows the mind to be open to feedback, honesty, learning and ultimately, growth.

Want to know how C-IQ® educational programs can improve relationships with individuals and teams in your organization? Schedule a conversation with Jennifer Thornton A.C.C., found of 304 Coaching at jen@304coaching.com.