

## PHYSICIAN CASE STUDY



### THE CHALLENGE

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

While the client neither meant to convey these mannerisms nor foster this type of work environment and despite being an excellent physician, hospital leadership has reached a breaking point. 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's 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 reality, assessing the gaps between the two. The client then engaged in weekly, one-hour sessions for six 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 coming to terms with the need to lead differently and the ramifications if improvements were not made.

## THE C-IQ® APPROACH

Using the C-IQ approach, we guided the client to determine a personal and 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 the client and the entire working team by avoiding the need to protect oneself that fuels adrenaline and fear. When a person feels safe and positive, neurotransmitters emit feelings of relaxation and trust, opening the brain to higher decision-making capabilities and innovation.

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

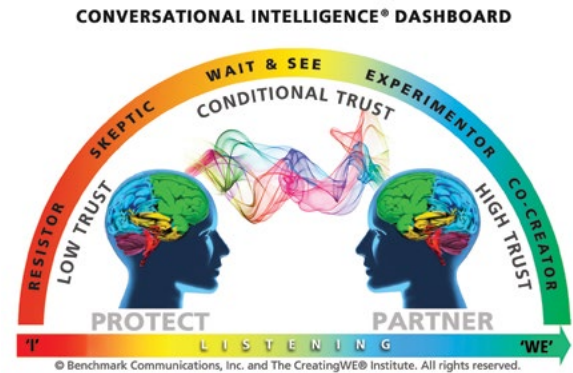
By appealing to the client's medical experience to review the C-IQ® model of Resistance and We-Centric, we introduced the C.H.A.N.G.E. model.

For each of the C.H.A.N.G.E. models, we focus on better communicating 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 exhibited less than those that needed to be displayed more for a better outcome.

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## SOLUTION PHASE 1 | EARLY SESSIONS

After six weeks of sessions, the client began opening 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. 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 they were comfortable with it. The client began to take the time to listen to conversations held in the workplace and journal 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, the client struggled in coming to terms with what was owned in these conversations. The physician had relied on strong medical skills as a justification for behavior for so long that it was challenging to take responsibility for the damaging conversations during a shift, such as frequently speaking negatively about the skills of Residents and medical staff.

A particularly tough conversation yielded a dramatic paradigm shift. The client had received the required performance counseling at the hospital earlier in the day before our session and realized that the medical career that was the focus of client behavior was in jeopardy if dramatic self-improvement did not occur.

## 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.

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## EXERCISES | “SAY MORE/SAY LESS”

First, we worked with the client to evaluate each “Say Less” statement and convert it to match their current engagement in conversations. Next, we took real-life discussions in the Emergency Room and created statements that could be used to “Say More.” The client then created scripts on cards that could be personally reviewed in the car before each hospital shift.

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

Small wins allowed the client to start the trust process internally and in the coaching work. Trust then began to replace shame and fear of possible termination from the hospital. Once we established trust, the client became excited and focused on becoming 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 where the client is struggling so we can look for solutions to manage that relationship better.

## FINDINGS

Progress was not made during previous work with this client in a short engagement—until utilizing the C-IQ® framework. Requiring the client to commit to weekly meetings with a focused C-IQ® roadmap allowed the client to make massive changes in life and work.

The client improved workplace relationships, created a circle of supportive friends by opening up to vulnerability, and asked more questions to move on from assumptions that caused frustrations in understanding someone else’s thoughts. They have also improved familial relationships by changing the communication style used from primarily directive to a “curiosity first - direction second” approach. In addition, they are no longer in danger of termination by the hospital.

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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. The client hasn't received a formal complaint since working with 304 Coaching. In family relationships, more confidence is exuded as a parent; the client avoids 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 essential resource for meeting personal and professional goals. The difference lies in the specific coaching method, which provides education on understanding how to create a “we-centered” relationship and move people to their prefrontal cortex using 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., founder of 304 Coaching, at [jen@304coaching.com](mailto:jen@304coaching.com).**