What coaching sounds like **in practice**

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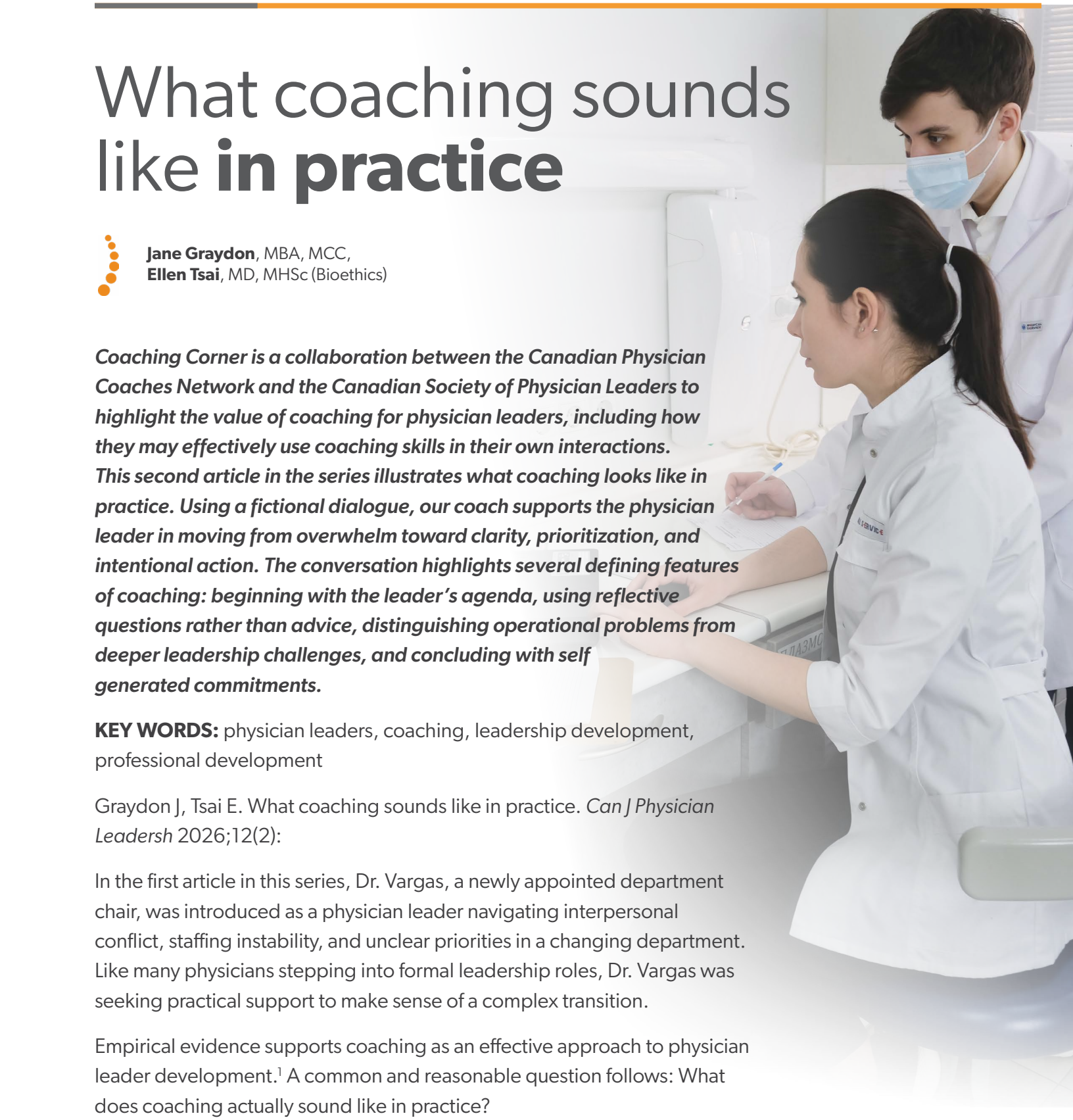

Coaching Corner is a collaboration between the Canadian Physician Coaches Network and the Canadian Society of Physician Leaders to highlight the value of coaching for physician leaders, including how they may effectively use coaching skills in their own interactions. This second article in the series illustrates what coaching looks like in practice. Using a fictional dialogue, our coach supports the physician leader in moving from overwhelm toward clarity, prioritization, and intentional action. The conversation highlights several defining features of coaching: beginning with the leader's agenda, using reflective questions rather than advice, distinguishing operational problems from deeper leadership challenges, and concluding with self generated commitments.

KEY WORDS: physician leaders, coaching, leadership development, professional development

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In the first article in this series, Dr. Vargas, a newly appointed department chair, was introduced as a physician leader navigating interpersonal conflict, staffing instability, and unclear priorities in a changing department. Like many physicians stepping into formal leadership roles, Dr. Vargas was seeking practical support to make sense of a complex transition.

Empirical evidence supports coaching as an effective approach to physician leader development.[1] A common and reasonable question follows: What does coaching actually sound like in practice?

At its core, coaching is a reflective conversation that helps leaders think more clearly, examine assumptions, reconnect with values, and identify meaningful, aligned action. Coaching unfolds within a collaborative relationship between coach and client.[2] Many leadership challenges — particularly those involving culture, conflict, or ambiguity — are not resolved by quick answers alone. They require space for reflection and processing complexity before action. In coaching, that space is intentionally created through presence, deep listening, and thoughtful questioning. It is within this relational space that the coach facilitates learning of new perspectives and supports the client's forward movement.[2]

The fictional dialogue below illustrates what an early coaching conversation with a physician leader may involve.

Getting clarity

Coach: What would make this conversation valuable for you today?

Dr. Vargas: I need help sorting out where to focus. Everything feels urgent. I'm dealing with newer surgeons who are openly critical of us senior surgeons. The hospital leadership is putting pressure on me to improve the efficiency of the operating room when the problem is that there aren't enough nurses, and hiring more nurses isn't my responsibility. I feel pulled in too many directions.

Coach: What feels most important to focus on today?

Dr. Vargas: The tension in our department. It's affecting morale, and I worry that another surgeon might leave because of the negative climate, which would eventually affect patient care, recruitment, and the department's reputation.

Coach: What would you like to have by the end of our conversation?

Dr. Vargas: More clarity — and a better sense of what to do first.

Coach: What makes this issue rise above the others?

Dr. Vargas: It touches everything. And people are watching how I respond as the new chair.

Coach: Hmm.

Dr. Vargas: I want to be fair and thoughtful. And I don't want to avoid the issue.

Coach: Hmm.

Dr. Vargas: I think I've been hesitating because I want the perfect approach.

Coach: What effect is that hesitation having?

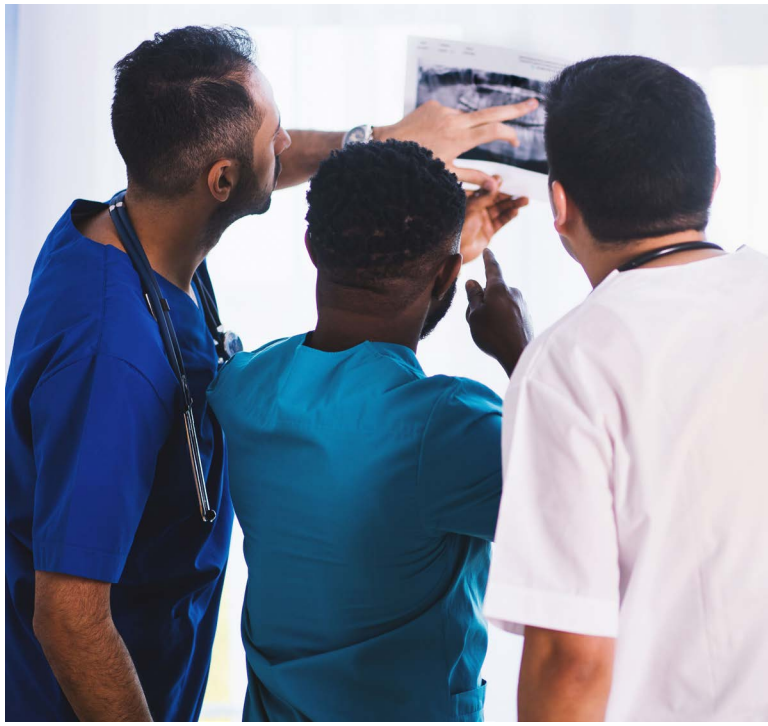
Dr. Vargas: More ambiguity. I'm worried that people think I don't see the issue — or that I'm a weak leader.

Coach: How does that fit with the leader you want to be?

Dr. Vargas: It doesn't. I want to be calm and deliberate, but also willing to address difficult things directly.

This early exchange illustrates a core feature of coaching. Rather than offering solutions, the coach supports Dr. Vargas in clarifying the issue, noticing what is driving hesitation, and reconnecting with their intentions as a leader. The use of reflective pause in coaching is not avoidance. It often creates the conditions for more thoughtful and effective action, which has also been observed in other medical contexts.[3,4]

Expanding awareness



Coach: When you are at your best as a leader, how do people experience you?

Dr. Vargas: Steady. Respectful. Someone who listens carefully.

Coach: Which of those strengths will be most useful here?

Dr. Vargas: Steadiness.

Coach: What could steadiness look like over the next two weeks?

Dr. Vargas: Not rushing to judgement, but also not waiting for things to resolve on their own. Maybe I could meet individually with key people, understand what's underneath the tension, and then decide what further conversations are needed.

Coach: What assumptions might you be making right now?
Dr. Vargas: That the conflict is mostly generational. That may be too simple — it could also be about insecurity, status, workload, or fear of losing influence. I think I'm projecting my own feelings into my interpretation of this situation.

Coach: How useful is that realization?
Dr. Vargas: Very. It reminds me not to settle too quickly on one story. I also need to be aware that I'm not 100% objective as I address this conflict.

For new leaders, the pressure to act quickly can be strong — particularly when others are watching. Coaching helps distinguish urgency from reactivity. In many leadership situations, the primary task is not immediate problem solving but understanding the system more accurately. Coaching supports leaders in organizing complexity, transforming diffuse overwhelm into clearer priorities.

Exploring new perspectives

Coach: If we zoom out, what are the major buckets of work on your plate?
Dr. Vargas: Well, I still have a pretty heavy clinical workload. And I've discovered that getting settled in this new role as chair of our department is taking more time and energy than I expected, especially with all the meetings I am expected to attend with hospital administration.

Coach: Which requires your attention most right now?
Dr. Vargas: Department culture and surgeon conflict — and establishing myself as chair. They feel connected.

Coach: How so?
Dr. Vargas: How I respond to this conflict will signal what kind of chair I am.

Coach: Beyond resolving the conflict, what is the leadership challenge here?
Dr. Vargas: Setting the tone. Showing that disagreement can be handled professionally, that respect matters, and that I'm willing to address difficult issues directly.

Coach: What part of that is within your control right now?
Dr. Vargas: Having conversations where I listen well and naming expectations more clearly.

Coach: Where is the best place to start?
Dr. Vargas: Listening first. Then naming expectations.

Here, the conversation shifts from the presenting issue to the underlying leadership task. This is often where coaching is most valuable. Physician leaders are typically highly skilled at managing clinical and operational problems. Leadership, however, also involves shaping culture, relationships, and norms. Coaching supports leaders in responding to these responsibilities in ways aligned with their values and leadership identity.

Moving to action

Coach: What will you do between now and our next session?
Dr. Vargas: I'll meet one on one with four people — two senior surgeons and two newer surgeons — to understand their perspectives before deciding what intervention is needed.

Coach: What intention will you bring to those meetings?
Dr. Vargas: Curiosity first. Then clarity.

Coach: What might get in the way?
Dr. Vargas: Wanting to smooth things over too quickly — or being so cautious that I avoid asking hard questions.

Coach: What support do you need from yourself?
Dr. Vargas: Remembering that I don't need to solve everything in one conversation. My first job is to understand the landscape.

Coach: What are you taking away from today?
Dr. Vargas: That I don't need the perfect answer before I begin. I need a clearer understanding of the system — and to lead into this intentionally.

By the end of the conversation, Dr. Vargas leaves with greater clarity, a grounded leadership stance, and self generated next steps. This illustrates why coaching can be so valuable for physician leaders: it strengthens not only action, but the quality of thinking that informs that action.

Coaching may also have a broader ripple effect. As physician leaders experience effective coaching, many begin to integrate coaching practices into their own conversations, becoming more authentic as leaders and increasing their leadership effectiveness.[5] Questions such as "What feels most important here?" or "What assumptions might we be making?" can foster reflection, ownership, and engagement within health care teams.

Conclusion

This fictional dialogue highlights several defining features of coaching: beginning with the leader's agenda, relying on reflective questioning rather than advice, expanding perspectives, and concluding with commitments generated by the physician leader. Coaching is particularly well suited to leadership challenges involving conflict, complexity, competing values, or uncertainty. Coaching can support leaders to behave more authentically in alignment with core values, which, in turn, is positively correlated with leadership effectiveness.

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Jane Graydon and Ellen Tsai discussed the outline, content and format of this article. Jane prepared the initial draft and Ellen contributed to subsequent revisions. Both authors approved the final version of the article.

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