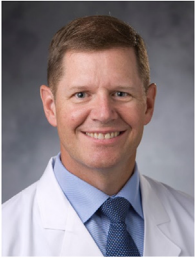




## Preface

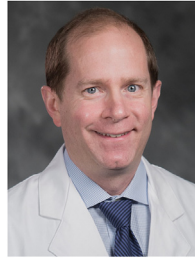
# Coaching, Mentorship, and Leadership in Medicine: Empowering the Development of Patient-Centered Care



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Health care today is complex and challenging. The daily challenges of exponentially expanding medical knowledge, upheavals from the COVID-19 pandemic, and ever-changing economic pressures, to name a few, weigh constantly on all of us engaged in caring for patients. Our expertise and knowledge grow exponentially; innovations multiply; and technological applications expand. With all these advances, why is the public's satisfaction with their health care and health care delivery *decreasing* over time? The answer—the development of our interpersonal and team-building skills and advances in how we care for our fellow humans—both patients and colleagues—have not kept pace with our technical development.

How do we make health care better? We make health care better by preparing ourselves for the leadership challenges that we face now and in the future. We learn to develop better interpersonal and team-building skills, to cultivate exceptional patient-centered teams, and to live lives that are rewarding and resilient.

How can we excel at our jobs while also decreasing burnout and increasing personal happiness? We can learn that through mentorship and coaching to be more effective leaders, and having these resources can decrease stress that is associated with decision making and implementing change. Coaching can also help to thoughtfully define priorities to help leaders to protect their time away from work and increase personal happiness.

How do we accomplish these goals? The simple answer is through developing ourselves as leaders through coaching, mentorship, and intentional leadership development so that we can collectively address the complex challenges of health care. Everyone has a responsibility to lead in health care. In medicine, we can better meet this responsibility and make health care better by continuously developing our leadership skills and intentionally teaching leadership skills to the next generation of medical leaders. Furthermore, by being fully engaged in this teaching process, established leaders will not only grow their leadership skills but also reap the invaluable rewards and satisfaction that come with serving their honorable profession and those who will follow in their footsteps while decreasing burnout.

In this special issue of *Clinics in Sports Medicine* dedicated to leadership and leadership development, we start with coaching, and how coaching accelerates professional and personal leadership development. Lepre-Nolan and Houde focus on coaching as a powerful process for developing leadership skills. Hull and colleagues provide specific insight on how coaching can effectively improve medicine and health care through enhanced leadership. Bernstein and Bozic focus on how executive coaching enhances the specialty of orthopedic surgery and can help to avoid burnout.

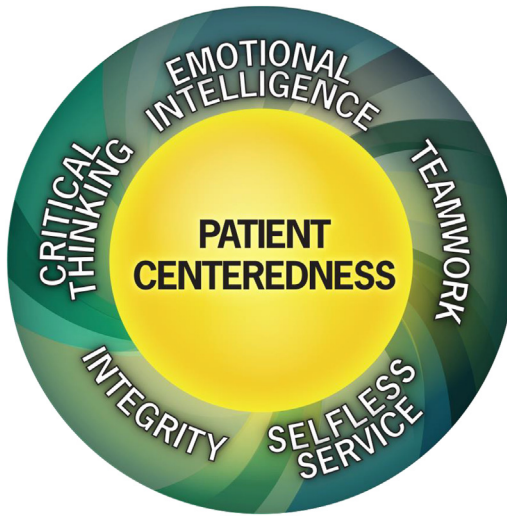
As the authors of this special issue clearly articulate, coaching and mentorship are complementary in leadership development, and although sometimes incorrectly used synonymously, they are significantly different concepts. In our section on mentorship, we explore these differences and how mentors and mentees can make the most of their mentorship opportunities. LeBeouf and Sweeney share their mentorship insights from the business world. From a medical perspective, West contributes insights on how to be a good mentor and what to look for in mentees, and LeClere and Bishop contribute insights on how to get the most out of mentorship from mentees' perspectives.

As we examine how coaching and mentorship accelerate leadership development, it is important to define the term "leadership," and specifically, "leadership in health care." Our definition of *leadership in health care is the ability to influence others for the benefit of patients and patient populations*. Through more effective, ethical leadership, all health care will benefit.

The question is, "How do we arrive at more effective, ethical leadership?" The answer is, by emphasizing and teaching recognized skills that will lead to improved health care leadership competencies. Hargett and colleagues<sup>1</sup> helped define what those leadership competencies are and developed a model that can be used as a framework for teaching leadership skills (Fig. 1). Patient-centeredness is intentionally positioned centrally not as a core competency but rather as a core *principle*. The core competencies are emotional intelligence, positioned at the top of the model as the "keystone" to effective health care leadership; service and integrity, positioned at the base as foundational competencies; and critical thinking and teamwork, positioned as pillars or struts to provide structure to leadership education.

This special issue explores in-depth these leadership competencies. Quinn and White critically examine why emotional intelligence is essential for leadership in health care in order to care for patients as well as colleagues. Coleman and Taylor help us develop all five leadership competencies in their reflections on the importance of diversity, equity, and inclusion for effective, ethical leadership. Critical thinking, emotional intelligence, service, integrity, and teamwork are also all highlighted in the insights of Gruenberg and colleagues in their investigation on leading change as seen through the lens of their Leader-Follower Framework.

In many ways, health care is behind other fields in leadership. For example, health care remains a very hierarchical profession when increasing complexity calls for more



**Fig. 1.** Duke Healthcare Leadership Model. (Copyright 2017 Dean C. Taylor, MD, all rights reserved.)

distributed leadership that empowers all in health care to address challenges at all levels appropriate to their experience and position. To help us advance our leadership skills in health care, we have assembled experts from the business world, athletics, and the military to share their lessons learned. Siang provides a wealth of insight from the business world. Whalen and colleagues share insights from professional football applicable to coaching, mentorship, and leadership in health care. Military leadership has many parallels with health care leadership. O'Connor and Kearney share lessons learned from an Army perspective that can enhance our leadership in health care. Gillingham and Kurtz provide us with a view from the Navy on developing highly reliable organizations so that we can more successfully create and advance health care organizations.

In concluding this special issue of *Clinics in Sports Medicine*, we have dedicated an article on coaching specifically in *sports medicine* by Gwathmey and Miller. Gwathmey and Miller tie together the concepts of coaching, mentorship, and leadership with examples from the sports medicine field.

We hope that you enjoy this special issue. Our goal is to improve health care through more effective and intentional leadership. The lessons learned and shared in this special issue will empower all of us to continue to develop our health care leadership

competencies and prepare us for the current and future leadership challenges involved in delivering effective, ethical patient-centered care.

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1. Hargett CW, Doty JP, Hauck JN, et al. Developing a model for effective leadership in healthcare: a concept mapping approach. *J Healthc Leadersh* 2017;9:69–78.