

Speaker 1 ([00:05](#)):

Hello, I'm Gora Geral and I serve as the Chief Wellness Executive and Vice President at Northwestern Medicine. I'm a psychiatrist and I also serve as the Wellbeing Consultant for the Center for Workplace Mental Health, brave of Hearts Fund. I'm excited to be joined today by Sarah Prom while I'll have introduce herself next.

Speaker 2 ([00:26](#)):

Hi. Thanks so much for having me. Sarah Prom, the Senior director of Clinical Services for Vital Work Life.

Speaker 1 ([00:33](#)):

Well, thank you so much, Sarah, for being here. And wanted to probably just start with this idea around the 2022 Healthcare Worker Rescue package that the National Academy of Medicine had put out and they said there's these five actions that everyone should really take a look at their healthcare systems. And one of those pillars was EAPs are not enough, do more. And I wanted to see how you thought about that and how you thought vital work life was a resource that really was doing more.

Speaker 2 ([01:12](#)):

Yeah, I think it's a valid point. EAPs have been around for a very long time and serve a really important purpose, but sometimes the way to access what's available, the breadth of resources that are available, the uniqueness of resources that are available through an E A P aren't enough for particular populations or for particular experiences. And so we recognized as a 37 plus year old E A P, that about 14 years ago, that we had to do something different in the healthcare space, most specifically for physicians because we had a lot of healthcare organizations with our E A P, but we were not seeing physicians access any of the resources. And so there had to be a reason. So after some research, some thinking around that, some working with those that were in our space already, we came to find that there were some unique things that needed to happen in order to support physicians in getting the support that they needed and being able to reach out in a way that might be different than what the typical channel was that the e a P had been for such a long time.

Speaker 2 ([02:27](#)):

So the resources that we have are very much physician focused. We'll talk a bit about physician peer coaching, which is a very unique offering and an important offering to be able to address the stigma of asking for help, but also to have a way to open the door to work with a colleague and a peer around things that can be really hard to talk about. The access also is a bit different in the program that we have in terms of how physicians and other practitioners can access the resources, the variability in ways to do that, the convenience in terms of doing that and really recognizing that eight to five isn't the way to go when it comes to offering resources for those in healthcare.

Speaker 1 ([03:19](#)):

That's very helpful. And for our audience, in full disclosure, I sit on the advisory board and I'm a peer coach for vital work life. And for me, I saw that the value of enhanced workplace resources here made a lot of sense because I think Sarah's observation of the low utilization rates historically for physicians is correct. And figuring out how to make sure that if we are really increasing access, that we are doing so in a way that people can actually utilize. So I appreciate that. How does the healthcare system work with vital work life? How do they come to find you all?

Speaker 2 ([04:01](#)):

Sure. I think there's a variety of ways that that can happen. There is a network out there now of healthcare organizations and systems that have our services and colleagues talk with colleagues. So a lot of how we are introduced to others is by word of mouth because there's conversation happening out there around physician wellbeing and what do we do about it? So there's a piece of that that happens just in conversation. Certainly looking for those very specific kinds of wellbeing resources for the healthcare space, whether it be a Google search or other ways to kind of see what's out there. We certainly come up in those spaces as well. And we have resources to be able to guide you to how to connect with us and how to ask questions that you may have and get more information about what's available. And we know that each healthcare organization is different.

Speaker 2 ([05:00](#)):

And so I think one of the unique ways that we connect with those looking for resources is a very early planning session of what does the landscape and culture look like at your organization? How would vital work life fit in with your wellbeing ecosystem? What else are you offering in the space of wellbeing, particularly for physicians? And how can we dovetail with that, but also support engagement in all of what's available? So this idea of co-opetition, maybe we're in the same space supporting wellbeing, but let's all do it together is one of the ways that we really approach this for organizations. And so rounding out what they offer is a part of how we plan and talk about being a part of what's available.

Speaker 1 ([05:47](#)):

Gotcha. That makes good sense. And I just want to clarify, I know we focused early on physicians. Is this a resource only for physician mental health or do you all serve other healthcare workers?

Speaker 2 ([05:59](#)):

Yeah, so each organization, again is different in terms of certain populations that they want to focus on. It could be everyone falling under maybe a caregiver title or a practitioner title or a clinician title. We have services specifically for nurses as well, and we make sure that any of the peer coaches that we provide round out as many specialties as we can. So you're a coach for us, knowing that you kind of cover our psychiatry specialty. We have a dentist peer coach, we have nurse peer coaches, we have apps that are peer coaches. All the specialties I think are pretty well covered in terms of areas of practice. And so we want to make sure that we have diversity in our providers to support the diversity of the providers that we want to work with. So each organization gets to determine that and identify those populations that they want to have access.

Speaker 1 ([07:01](#)):

That's great. And maybe we can pivot to understanding coaching a little bit more in depth. Coaching is one of those hot buzzwords right now. And maybe we can start with, my understanding is you provide both therapy, counseling and coaching. Can you talk a little bit about the difference between true counseling and therapy versus coaching?

Speaker 2 ([07:24](#)):

Sure. I think the best way to think about that is twofold, the intention with which someone is coming to request support. So we look at what is the goal or the reason for seeking support. If we're seeing something more along the lines of emotional and mental health, maybe some family or relationship issues that really goes down that lane of counseling, getting them connected to a therapist to address

more of those dimensions of wellbeing. If we have someone come who's looking to build skills or reach a goal that they have in mind that they might have a barrier to and they just can't quite get there, that really is more on the coaching side of things. And so we're listening for that need and then identifying which lane they go in. And here at Vital Work Life, they actually can participate in both lanes. So if we hear a need on both sides, we're wanting to get them connected with a therapist that works well for them, but also a coach that matches what their specific coaching goal might be as well.

Speaker 1 ([08:29](#)):

Okay, that makes good sense. And you mentioned this idea of having coaches in all these different disciplines. Do you see an advantage to folks having a coach that is of the same discipline or could a coach that's not in the same discipline provide value?

Speaker 2 ([08:51](#)):

Yes, definitely. Yes. To the latter part of your question. I think the value in having a coach that we would identify as a peer, right, whether it be a physician, peer, nurse, peer, is that understanding of context. So as a therapist myself, I can do therapy with anyone, but I don't know what it's like to walk the halls of a hospital and have the responsibility that a physician and a p P and RN does. I can ask a lot of questions about it and I can get a sense and have them story tell for me, but when you connect someone with a peer who's locked in those shoes and bend there done that, there's not that need to paint the picture, right? Because the context is understood. And so the work can just begin on addressing what the goal is for coaching, what the need is there for counseling. So that really, I think is the true crux of the value of working with a peer is that understood context and experience of medical culture.

Speaker 1 ([09:52](#)):

I like the way you answer that because as a coach, I do think I can provide value and I do provide coaching to lots of different folks that are not physicians or even in healthcare. But I do hear you and I see there are times where that value add of knowing what it's like knowing what training was like, knowing taking an hour for lunch is not really an option. And so if you suggest that that's not going to really resonate with some folks. So I think that shared experience makes good sense. And can you talk a little bit about some specific sort of things that people get coaching around? I think again, it's still unclear in a lot of people's mind what it is, where the lines are. I think maybe telling folks about the types of things people seek out coaching for and where coaching can be effective could be helpful.

Speaker 2 ([10:47](#)):

Yeah, sure. I think when people are wondering and they call in and are trying to figure out, do I do counseling, do I do coaching? I don't know what this coaching is about. We're kind of asking them and getting a sense of what is the outcome you're looking for? So a lot of physicians especially will come and use coaching for things like maybe career related stressors. It could be practice challenges that they're trying to move beyond or figure out how to navigate. Coaching's a great place to practice having hard conversations, and so practice how to word things, how to start things and get feedback on those kinds of things. It could also be some decision making. We've had a lot of physicians come and use coaching to decide, should I be a part of this particular advisory board or should I take some of my time and energy and place it toward this project? Here's why or why not, and help me think through that. So those tend to be pretty typical. And then work-life balance goes without saying that everyone could use support in doing that better. And so it becomes definitely one of our top five reasons for utilizing coaching to get some feedback on what's working and what's not in terms of that balance.

Speaker 1 ([12:10](#)):

Yeah, I like that. And I've definitely found people also find benefit on things like perfectionism and imposter syndrome, job crafting, sort of getting clear on their values and their North Star. Those are some things that I like to share with folks as really good coaching targets that you just put your head down and you go from one thing to the next and you sort of wake up and you sometimes can feel a little bit lost. And coaching can provide an opportunity to really get clear again on what's my mission and purpose for myself. So I think it's got a lot of opportunities for value. I think one of the things that you have to overcome in the healthcare world around coaching or people wanting to use coaching was historically there's a perception that if you got coaching, you're about to get fired or that we were only going to give coaching to the problem folks. How do you think about that? Are we still providing coaching for those sorts of issues or more around the issues that we talked about?

Speaker 2 ([13:17](#)):

I think there's definitely proactive and reactive and entrees into coaching that we still see. We try and get very clear if we have leaders that are calling saying, this person needs coaching to work on X, Y, and Z, we're helping to manage the expectations of that because coaching really the philosophy of that is that the person coming to coaching is highly motivated. And so if you're being told to go to coaching and someone else is motivating you to do that, typically the outcome really doesn't become as sustainable. And so we do still see it as something that is used in a reactive way, but we're helping leaders, managers, administrators look at it more as a tool building experience as opposed to something that's experienced as punitive or a part of a performance improvement. So yes, it's used for that, but we also are serving a lot of physicians who are just proactively reaching out and are learning more about coaching.

Speaker 2 ([14:22](#)):

Like you said, it's a hot topic, it's a hot button area. And so as people learn about coaching, and like we say all sports athletes, they all have a coach. And so why can't we make that okay, that is okay. It's such an important part of their development and of their learning and their growth as an athlete. That for us to liken that to everything else just makes sense. So flipping the script on that and helping people think about it in a different way is a big part of how we educate and manage those expectations too.

Speaker 1 ([14:57](#)):

I always tell people the highest performing athletes and in the business world, the senior leaders, the leaders in companies that they know, the companies know are going to make a difference. They have multiple coaches oftentimes for various different things, and the companies know that For your high performers especially, you really want to keep developing them and have them grow. So I would love to see that culture change.

Speaker 2 ([15:25](#)):

Yeah.

Speaker 1 ([15:26](#)):

Can you tell me a little bit, obviously you all have been around for a while. Can you tell me a little bit about your results or if there's anything that you track in terms of those coaching work?

Speaker 2 ([15:36](#)):

Yeah. We did start to do some very pointed tracking on results for physician peer coaching specifically because we were new in the space of it and had this unique bench of coaches where we were able to connect people based on, like I said, specialty or other preferences of who to work with. And so we wanted to see is this making a difference? Is what we're doing moving the needle? And it is, which is exciting information to have, and it's doing so in a pretty short amount of time. For the most part, we operate off of a six session model, and so we're looking at how many sessions are used, what are the outcomes that are happening within those sessions? And so a couple of statistics that I think are important to look at, 92% of the physicians that we support through coaching said that it helped them to make the decision to stay in their role or stay in medicine.

Speaker 2 ([16:37](#)):

And so significant number when we think about the shortages we're all facing and the access issues and the variety of reasons people are choosing to leave or not even consider medicine. So that was a really powerful thing for us to find. Yes, and some of the other research around physician peer coaching too that we knew, but kind of was proved was that 88% of physicians identified that when they were looking for support or wanting to get help, having that peer element was what helped them make the decision to really take that step and get the support that they needed. The other outcome, that's my personal favorite, is that consistently since 2018 and the research that we've done on our physician peer coaching sessions is that the number one takeaway for physicians in an average of four sessions was that they gained self-awareness. And for being a therapist, that's huge. Being someone who studies human behavior, that's huge. Just to recognize that in that short amount of time, people gained some insight and an ability to inwardly focus and really decide what's needed for them. And so for physicians that I feel like that's a gift that they gave themselves in that time spent coaching.

Speaker 1 ([17:58](#)):

Yep. Couple more questions for you. Obviously, if a system's working with you, you would be offering what's called external coaching, i.e. the coaches or people that are not employees of the healthcare system. I know there's also people that are developing internal coaching coaches that work for the system. Any thoughts on the differences and pros and cons of those two different models?

Speaker 2 ([18:25](#)):

Yeah, I think there's certainly pros and cons for sure. I think one of the pros is that the coach who is internally employed, knows the system, knows the culture, knows the mores of how people are operating together. And so there's inherent benefit in that for sure. I think part of what may create some challenge with that is, gosh, I know who that person is. I've seen them in the hallway. I don't know that I want to go and be seen walking into their office or that I want to share what I have to say. I hear it's confidential, but I'm not sure. And so there's still that bit of a concern, I think about the anonymity and the confidentiality that we've certainly still continued to experience because we ask for name and date of birth and we get people saying, well, I thought this was anonymous, right? So we're still managing those expectations too. But I think with an internal program that has to be very carefully thought out right down to where is the office, where is the information for where I even go to speak with this person? So it takes some real thinking about and perspective taking from a lot of perspectives in terms of the best fit, internal versus external.

Speaker 1 ([19:49](#)):

I love that. I'm pretty new to social media, but I do have LinkedIn and what I see a lot about is physician coaching around the E M R, around inbox and email management. Is that something that you see as a target of coaching and as useful for burnout, et cetera?

Speaker 2 ([20:09](#)):

We do. We have a very targeted partnership with an entity that supports charting specifically and working on the skills that it takes to kind of get a handle on that. We also, to your point earlier, have some coaches that are very focused in on the perfectionistic tendencies that underlie some of the challenges with staying up to date on charting and notes and things like that. And so when we do our intakes, we're listening for is it more internal where you're getting in your own way to be able to finish the things that you need to on time? Is it external skills that you need to learn on time management, inbox management, different forms that are necessary, or how you navigate through those? So it's a perfect way to leverage coaching because they're the end goal in mind. Get that inbox under control, get my understanding and my time management of E M R at its best. So great reason for coaching.

Speaker 1 ([21:12](#)):

Excellent. And correct me if I'm wrong on this, but I think a lot of this toolkit is about helping people and healthcare systems to action, but there's a different group that I'm also interested in as I sit and I'm a member of several different associations. Am I right that you have a relationship with? Is it the American Society of Clinical Oncology? Is that right? Asco,

Speaker 2 ([21:44](#)):

Right? Yes. Yep. We do provide services and support for that society through an agreement.

Speaker 1 ([21:53](#)):

And so that would be another group that could potentially partner with you so that we could be a healthcare workers, additional resources and access. And is there anything to that story or how a different association like that might reach out to you and work in partnership?

Speaker 2 ([22:13](#)):

Sure. It's certainly a different model than just business purchasing the resource for their employees. So it's really more on that association or membership model that we're leveraging membership fees, we're leveraging the variety of those that are a part of that association and providing service across any number of states or areas or things like that. That doesn't really matter, which is nice because of first, there's no licensure regulation on coaching, so that can be done over state lines, which is great. And it allows us to really open up our network to those in a variety of areas. So partnering with associations and looking at ways to really round out membership benefits is another great way that we can provide these services.

Speaker 1 ([23:07](#)):

I love that. I mean, I think having paid a lot of membership dues, but also now putting on a lot of leadership councils, I think how these associations demonstrate benefit to their members is important, and being able to access these sorts of resources, even if my institution or my place of employment won't, I think that gives us another opportunity. So I wanted to clarify that. Well, I really appreciate all the work that you do taking the time with us today. I think there's a great utility, and again, using services like vital work life to improve access to care in a challenging time, and really just recognizing

that there's a continuum of resources, right? There are folks that absolutely do not need coaching. They need counseling and therapy. But on the other hand, there's folks that would do great with coaching and they don't need therapy, and we shouldn't be filling our therapist schedules with folks that could be using a different modality. So we really wanted to share this resource with our audience today. So thank you so much.

Speaker 2 ([24:18](#)):

Yeah, my pleasure. Thank you.