

Ep #31: The Science Behind Group Coaching with Dr. Tyra Fainstad and Dr. Adrienne Mann



Full Episode Transcript

With Your Host

Kristi Angevine

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Welcome to Episode 31. This is Kristi Angevine. If you've ever wondered about the evidence to support the efficacy of coaching, particularly when it comes to online and group coaching, you're going to love this episode.

In it, I interviewed doctors Tyra Fainstad and Adrienne Mann. They are the authors of the recent randomized control trial titled, [*Effect of a Novel Online Group-Coaching Program to Reduce Burnout in Female Resident Physicians*](#). We discuss the findings of their study, what drew them to coaching in the first place, and the hurdles they experienced when it came to helping physician colleagues understand what coaching was, and the efficacy of it.

Dr. Fainstad is a life coach, primary care physician and Associate Professor of Medicine at the University of Colorado. As a recovering approval addict herself, she coaches faculty and academia on impostor syndrome, confidence, time management, and relationships.

Dr. Mann is also a life coach, as well as an Assistant Professor of Medicine at the University of Colorado, where she's an Associate Program Director for the internal medicine residency program. She works clinically as a hospitalist.

Together with Dr. Fainstad, Dr. Mann co-directs a coaching curriculum for medical trainees called, *Better Together Physician Coaching*. Both physicians want to use the power of coaching as an agent of change for medical culture. In Dr. Fainstad words, "I believe that teaching physicians to process emotions with vulnerability and unconditional love will be what saves our profession from burnout."

If you're listening to this episode when it first releases, in August of 2022, and it whets your appetite to take this work deeper, the next round of the *Habits On Purpose* Small Group Coaching for Women Physicians, starts in October of 2022. To learn more, go to habitsonpurpose.com and join the waitlist. This way you'll be the first to get all the details about enrollment and CME credits. Enjoy the episode.

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Welcome to *Habits On Purpose*, a podcast for high-achieving women who want to create lifelong habits that give more than they take. You'll get practical strategies for mindset shifts that will help you finally understand the root causes of why you think, feel, and act as you do. And now, here's your host physician and Master Certified Life Coach Kristi Angevine.

Kristi: Tyra, Adrienne, welcome to the podcast.

Dr. Fainstad: Thank you so much. We're so excited to be here.

Kristi: So, I wish all of the listeners could see us, because it's just so fun, because we have never met before. But I have these two beautiful beaming faces looking at me, and it is really great to have you both here. So, for people who aren't yet familiar with your research, or who don't yet know you, could you guys just take a moment and introduce yourselves.

Dr. Fainstad:

Yeah, sure. So, I am Tyra Fainstad. I'm a general internist. I live here in Denver, Colorado. We both work at the University of Colorado, and I'm a primary care doctor. I am the resident clinic director at one of our continuity clinic sites. I have my own small panel.

And then, with the rest of my time, I run *Better Together Physician Coaching* with Adrienne. It's a life coaching program that we created, initially, for women residents here at CU. And now, we're getting ready to launch it across the country. I have two kids; they are four and six, they are starting school the day after tomorrow. And, a husband and a little life here in Denver.

Kristi: Oh, that is amazing. Thank you for that beautiful introduction. So, how about you?

Dr. Mann: I'm Adrienne Mann. I'm also an internist. I work as a hospitalist at the Rocky Mountain Regional VA Medical Center in Denver, and I'm an

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Associate Program Director for the internal medicine residency program at CU. I also have two kids, that go to the same school as Tyra's: they're nine and almost five. And I have husband, also in medicine.

I just feel like the luckiest person in the world to be able to work with Tyra. Advancing this project that we have, that came from a place of just love for, I think, the younger versions of ourselves, who really needed something like this when we were in training.

And both, having gone through our own paths with burnout, as early faculty thought, you know, we've got to make this happen. So, both of us got certified through the Life Coach School and started *Better Together*, just over two years ago now.

Kristi: So, I love that we all share, in common, that we have younger kids; my kids are six, and in a couple of weeks, ten. And, just hearing that your younger people, in your world, exist makes me think that we are, you know, that ripple effect of what we are learning.

We are, you know, sort of generationally passing down. So, that our children will understand things at a much younger age for many, many more years of repetition than we did. It gives me so much hope, just to know that, even just in our own little nuclear families, that we probably have so much change going on with our kiddos.

Dr. Mann: Can I tell a funny story about that?

Kristi: Please yes, I'd love it.

Dr. Mann: I have my nine-year-old's permission to share this story. But you know, I love a good Brené Brown podcast. But we can't listen on the way to school anymore, because my nine-year-old will just take whatever the lesson is, and whittle it into an arrow, and then shoot it between my ribs.

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But the most recent example of that, was when I said, “Hey, it's bath night,” and she goes, “I don't appreciate you using shame as a tool to modify my behavior.” I thought; Okay, this is a whole new bag.

Kristi: Oh, my goodness. That is amazing. That's great. So, I don't have anything that good when it comes to listening to podcast to share. Like, I've got nothing. The only thing I can say, is that my son, my youngest one, I think just out of his, like, desire to be amicable and his love of like seeing other people be happy.

When I will ask him what he wants to listen to in the car. If his sister's not there yet, in terms of picking like, a station or some music or something, he will go, “How about a podcast? I just love listening to them talk,” you know, or, “How about your podcasts? I can just hear your voice.” I don't know how long this is going to last, but he will be like, “I just love those coaches.” “Are you sure, buddy? Maybe, not some silly kid music or something?”

Dr. Fainstad: Actively shaping the next generation.

Kristi: Oh, my gosh, totally. So, I'm really excited about hearing a little bit about your research that you've done. And I mean, your research is a big deal, though. I don't know if you hear this from a lot of people, but it's a big deal. And it has, in physician communities and in coaching circles, left a meaningful impact, is my impression.

And I think people love, even people who aren't really into reading the research, every single line, they love the general sense of what you guys did and what you guys discovered. And so, I'm curious if you could just share, with the listeners who aren't familiar with what you have studied, just a little bit about what you studied, what you discovered?

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Dr. Fainstad: Yes, we would love to. So, we put together this life coaching program. Basically, Adrienne and I, unbeknownst to each other, were living parallel lives prior to the pandemic. I lived in Seattle at that time, and Adrienne was here in Denver. And we came to coaching in our own ways.

And when I came back home, this is my home, also to Denver, we had a mutual friend, who told us that basically, we have the same obsession with life coaching. And we had the same idea, which was to start a life coach program for women residents. And we had applied for like identical grants even, unbeknownst to each other. And both gotten these grants to create a life coaching program for women residents here at CU.

Kristi: Wait, so hold on. You applied for identical grants?

Dr. Fainstad: They weren't identical grants, but the application was identical. Adrienne applied for funding here, through the University of Colorado. And I actually had funding through the Society for General Internal Medicine, to support part of my time. But like if you read the proposals, they read really, really similar. And, we did not really know each other at that time.

So, it feels like there was a little bit of magic working towards us and pulling us together. And, started creating this program. And initially, we had thought it would be something like maybe ten to twenty internal medicine residents, for a kind of longitudinal group coaching session. We were both pretty newly certified coaches, through the Life Coach School, and just didn't have our feet under us, yet.

And so, we were like; let's try this out. We'll kind of do a proof-of-concept pilot. And we were building our little program online, and we sent out recruitment emails around November. And, we got like fifty responses in the first day. And among those responses, were women asking if we would be like; taking my best friend, who's in emergency medicine and my

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cousin's a surgeon, would you consider, you know, trauma surgery for a cohort?

And so eventually, we just decided to go big, and we opened it up across specialties here at CU, and we kept ourselves 100. We hadn't coached before, certainly not group coach, so we didn't know. We arbitrarily picked 100, that was kind of important, because at this point, we decided to do a randomized control trial, since we had the numbers.

And so, we enrolled the 100, and then after they enrolled and did their baseline surveys, which had a whole bunch of wellness indexes validated among residents, our primary outcome was burnout. So, we used Maslach Burnout Inventory (MBI). But the number 100 is important because we also had a statistician now, on our team, who told us we were really still underpowered to move the burnout needle in residence.

She was like; basically, it's just really hard to touch anything wellness in residents, but especially burnout. And, you need an 'n' (number of people in a sample) of between five and 600 to move it even one point. So, we're like; well shoot, definitely not going to like overextend ourselves. Let's keep this 100, and we'll still just kind of do a proof-of-concept pilot. So, we went forward anyways.

We measured burnout, self-compassion, impostor syndrome, and moral injury. As you can imagine, in November-December of 2020, their scores were abysmal, and looked awful; was a dark scene at that time. And then, we split them into an intervention and a control arm. The intervention arm got coaching from January to July of 2021. And, the control arm got nothing. They got residency as usual, between that time.

And we measured everybody's scores again at the end of the coaching program in July. And then, we offered coaching to the control group from July to December. So, the study was officially over, after that first six

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months, but we didn't withhold coaching from anyone that wanted it. We just did it in that staggered form.

And, what we found was that we did drop burnout. We dropped burnout by almost four points, compared to the control group, who actually got worse as is what happens over residency. And we also, had a curative reduction in impostor syndrome, and we hugely increased self-compassion. We trended towards significance in moral injury, but didn't quite get there. So, that's what we found.

Kristi: Can you give a context for the four points, for the people who may not be familiar with the MBI?

Dr. Fainstad: Oh sure, yeah. So, the Maslach Burnout Inventory, the MBI, is kind of the gold standard in measuring burnout, especially among healthcare workers, but in many fields. And we reached significance. Basically, if you hit a significant reduction, or the rate improvement, in any one of these points, it's called, you know, "decreasing overall burnout."

The one that we reached significance in, is emotional exhaustion. Which just kind of is a marker for how emotionally exhausting you find your work at the end of the day, how depleted you are. I think that one's probably the most straightforward one. We were excited that that was the one that we dropped the most, because it's actually also the one that is most correlated with anxiety, depression, even suicidality. Also, things like retention.

It's the one that, at least for physicians, is arguably the most important. So, we were excited about emotional exhaustion, which is the one we dropped four points. We trended towards significance, but didn't reach statistical significance in the other two, which are depersonalization (DP), and that one is just sort of feeling apathetic and like what you do doesn't matter.

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And then, a sense of personal efficacy. And that one, is sort of a reverse measurement because you want that one to go up. And so, the reverse would be, you know, feeling like what you do does matter and feeling like your patients matter. And not just seeing them as numbers on an EMR, but as patients that you want to take care of.

So, those are the three facets of the MBI. Ours was significant in emotional exhaustion, which kind of makes sense for what coaching does.

Kristi: I'm just sitting here thinking, reflecting back, on my experience in residency and as a, you know, even those first like five plus years as an attending. If somebody had come by and said, "Hey, listen, there's this thing, like a vitamin..." Or, you know, "Two hours a week..."

Or, "Some weird vegetables that you need to eat, that's going to reduce your emotional exhaustion during this period of time. And it might actually, for you, help you with depersonalization and the sense of like, your locus of control and your personal efficacy. What do you think?" I would have been like? Yes, absolutely.

And of course, like when I'm saying this, people who listen to this podcast don't know that I speak with my hands a lot, I do a lot of gestures behind the scenes. Even when I'm recording alone in my office, without people. I can't think of any physician who wouldn't be interested in something... Particularly that's not, you know, doesn't require that much. It's not like a medication. It's not like you have to eat weird foods that would help with that.

Dr. Fainstad: There's no bad side effects, right? Like we can't hurt you, is what we're pretty sure of. And in fact, I'll let Adrienne tell you about the program in detail, but like, you don't have to do any part of it. And what we learned from the data...

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We also did a qualitative analysis, where we interviewed 17 participants. And learned, in that analysis, that actually, even the ones that never got directly coached by one of us, the ones that were just sort of watching on the sidelines, maybe listening to recorded calls after hours or doing worksheets, were still benefiting.

They still got arguably, just as much benefit as the ones who got direct coaching. Which I think, really speaks to the power of group coaching, or watching your peers get coached. Instead of just individual coaching kind of on the side.

Kristi: And so, and I don't want to, like stay in this spot for too long, because I want to hear from Adrienne about that sort of mechanics of things. But I think that bears repeating. Like, there were people who did not actually directly get coaching, or they maybe just observed or listened to things. And as some people might say, they weren't actually personally involved as much as people who were, and yet they got benefit.

Dr. Fainstad: Yeah, absolutely. I mean, it was a hugely vulnerable ask to have residents, who didn't necessarily know what they were signing up for, get on these coaching calls and be really vulnerable about sensitive topics. And so, some of them didn't.

And I think being able to meet the resident where they're at, was a big strength of the program. And allowing them to stay as anonymous as they wanted was a big strength of the program. They were talking to our research assistant, who did all of the, we had two research assistants that did all of the interviews.

And one of them said that they would have like, Friday Netflix® binge parties with her coaching calls, and they'd have like friends over for pizza and wine, and watch us coach.

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Kristi: I think that's so huge. And I love hearing that you actually have data, qualitative information from a study that shows this, because my personal experience with being in group coaching programs, where I was more like the quieter one who would observe and maybe wouldn't share as much.

Or, in coaching programs where I've been with peers or with clients, where there have been people who were like thinking; you know, am I going to get that much out of this, if I'm not comfortable being, you know, actually sharing all of my stuff, you know, live? Am I going to be able to glean things from it that are actually helpful?

And the answer is, you know, generally, yes. Sometimes, maybe, maybe not. Like, if you're, like, just not really listening or not doing anything. But generally, you do. You do get a really meaningful benefit.

Dr. Mann: Would it be helpful if I told you a little bit about what our intervention was?

Kristi: I would love to hear that.

Dr. Mann: Okay, great. So, we know that the residents, who signed up for our program, are really busy, and that they have hours that are long, and irregular, and inflexible. And so, we wanted to create something for them where they could access coaching in a way that worked for them, and their schedule, and their learning style.

What we did was, we created a six-month program, where during the course of six months, we would have twice weekly coaching calls. So, those occurred on weeknights, at 7pm Mountain Time, with either Tyra or I. So, two times a week would be a live call. And as many or as few folks as could come live, would come. And if they wanted to, they would raise their hand and come up for coaching, just kind of like we're doing on Zoom™. We would record those calls later, and save them on a secure drive, so

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folks could listen to them later if they weren't able to join live. That was the first way they could get coaching.

The second way was through written coaching, on our secure Members Only website, so they could type in anything that was going on for them; submit it in the middle of the night if they were on a call shift. And within a day or two Tyra and I would respond back on the forum, so folks could read, everybody could read, the coaching that that person asked for.

And those submissions were anonymous, so nobody could tell who had written it in. It was really powerful that they could kind of share, in that space, what they were going through, and everybody could benefit from reading it.

And then the third way, was through kind of self-study. So, we created modules for every week that covered just a bunch of topics. At the very beginning, we introduce them to the thought model. We teach them the tool for thinking about their thinking.

And over the course of six months, we covered topics like; how to receive feedback, and what to do with feedback that doesn't sit right with you. Assessment bias, perfectionism, impostor syndrome, approval addiction, how to have self-appreciation and self-compassion.

And so, there was a lot of themes, and every week had a theme and some associated self-study materials, like some reading and worksheets. Folks could engage in any or all of those, in any real way or time that they wanted to.

And like Tyra was referring to in the qualitative study, what we really learned is that that flexibility was huge. So, people could play when they wanted to play, basically. We weren't taking attendance. We weren't, you know, giving gold stars for attending every call. It was really for them, and

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to be used in the way that was best for them. And I think that was a huge reason for the success.

Kristi: So, I have a question. What I'm curious about is, if there were any dynamics where, and maybe this just isn't relevant based on your position in the programs, but are you both in positions where you are evaluating the very residents who are participating in the program, or not so much?

Dr. Mann: That's a great question. So, we both supervise residents and so there were some residents who were in the program who we would supervise. And, we explicitly don't evaluate them or vote on them, in any sort of promotion or competency committee.

Dr. Fainstad: We just recuse ourselves from an evaluation or an assessment-based role, but we still teach. And I think the second part of that point is teaching attendings, here at the University of Colorado, and a lot of internal medicine residents know us. And so, a big question was like; did that affect recruitment? And, did it affect people showing up?

And, I think that'll be something really big that will be answered with the next level of our program, when we sort of expand across the country. We had plenty of people that did not know us and were from other specialties.

Kristi: Yeah, that's a beautiful point you brought, that in terms of, could that affect, you know, who was interested or not interested in it? I think one of the issues that I do hear in some circles is, you know; if I were to do a program, but I knew one of my supervisors, who does evaluate me, was participatory in that, I wouldn't feel comfortable sharing some of you know, etc., etc.

So, I love that you're able to recuse yourself from that role, because that seems like it would be such a boon for, you know, the confidentiality, and the... You know, because getting coached requires, I would say, it's almost

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like an admission fee, is some willingness to be vulnerable in front of peers, in ways that many of us may not always be comfortable with.

Dr. Mann: Literally. We're really explicit with our participants about that upfront, and ask the same of them. Everything that happens on the *Better Together* call stays within the group of people in the program. It's required, I mean, I think it's like foundational for something like this to work.

Kristi: Yeah, absolutely. I think that's one of the things that I think over the years that has, particularly with physician coaching, I think it's implicit, but it really bears being explicit. Saying, "Hey, radical confidentiality is the foundation that will never change. What happens here goes nowhere."

And that degree of psychological safety, that we have with our patients, right, I think extending that is so easy and natural to do. But I think it's so important to make sure clients know, particularly trainees. Everyone, but particularly trainees.

Yeah. So, I stole that from Bev Aron, one of my teachers; she talked about radical confidentiality. And it's not just like; yeah, we'll just kind of keep it quiet. It's like; no, no, no. We don't even know that you're here. We don't even mention that we have a relationship. It's completely up to you, just like it would be with a patient we see in the grocery store.

Adrienne, before we move on. Are there any other pieces about sort of how you guys implemented this, that you wanted to share?

Dr. Mann: I think I can reflect a little bit. So, we ran the six-month program twice for the first group, and then in January of 2022. So, this past January, we ran it again, for 116-ish people. And based on kind of feedback, we got over those three groups, we have decided to condense the program into four months. Because six months is a long time to have your attention kept.

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And, it's hard for anybody in the summer. So, we've condensed the whole thing to four months, and we're going to be launching that in September.

Kristi: So, I have a question that may seem like a little bit of a hard right. But I think it is, I think it's important, because of some of the ideas that some of my listeners might have about what coaching is, and for sure, ideas that I know physicians have about coaching. And so, when I think about my first introduction to coaching, I mean, I learned about coaching through a podcast.

And I had some, you know, not very favorable ideas in my mind about what coaching was. I just really didn't, as a physician, I didn't understand it. I really, for my OB-GYN practice, I loved anything that was based in lots of evidence. And so, the stereotype that I had, in my mind wasn't the greatest. And I know that some of my colleagues shared a little bit of this disdain.

And, you know, the things that I would hear, you know, that you'd like, either openly or sort of in the margins, was that coaches were someone that, you know, they got paid to be a cheerleader, or like an accountability partner, they were a therapy wanna-be, or that coaching was something that was quite elitist, and Uber wealthy; you would pay for somebody to tell them nice things about themselves.

And sometimes, like, it could be like a money-making scam, that was just something that about it, like, I remember just didn't sit well with me. And it took me a while once... Like, once I learned more about it, and I realized how powerful it was. I remember there was a phase where I was sort of like, I would tell my friends that I did coaching, but I would very much whisper.

Or, if somebody asked me if I did coaching, I'd say, "Well, you know, I'm a physician. And you know, I also do a little coaching on the side." But I would distance myself from it, until I knew it was a safe person to have a conversation about how amazing I really thought it was. So, I'm curious,

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with that sort of thing, I'm curious what type of hurdles you may have faced, when you were attempting to do such a large institutional study?

Dr. Mann: Such a good question.

Dr. Fainstad: Yeah, I share that sentiment exactly. When I came to coaching, I came to it because I had a friend going through certification, and she wanted to coach me and get feedback. And I like, begrudgingly, I rolled into it having the same thoughts as you.

Like, this is a little snake oil. What even is this? It's unregulated, right? Like anyone can call themselves a life coach. It's the wild, wild west out there. Like, this is not a thing. And we come from... Like, physicians are the most regulated.

Kristi: And, if you were to have, you know, as much regulation as you could have through like, the International Coaching Federation, some physicians are like; is that just like a made-up institution, that has some loose standards?

Dr. Fainstad: I mean, it still is pretty unregulated. And so, I rolled my way into it. And at first said, "No, thank you." And you know, this friend and I go way back. And eventually I said, "Okay, fine." And I was at a particularly low place in my life. And I kid you not, I still remember that first conversation, like, it blew my mind on so many levels; it changed everything.

In that conversation, I learned that I could be grateful for my anxiety, which was like, a complete paradigm shift for me. And the second thing I learned, was that I didn't have to believe my thoughts, just because I was thinking them. I wasn't under no obligation to believe them, which sounds so foundational now. And like, I probably would have nodded along then. But for whatever reason, maybe now I know what reason, but it landed with me.

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And I remember just being so mad that I didn't learn these things in medical school or like before. And I'd say we probably, I think Adrienne and I probably have been both very lucky, but also both super intentional with how we put our life coaching into academia. And so certainly, I can say, at least for myself, I felt a pull to study it from the very beginning, and study it pretty rigorously, because of what you're saying.

Because we're in a world where like, currency is scholarship, and nobody kind of believes anything, and maybe rightfully so. How can you really prove that something is right, except through evidence. And so, we felt so deeply that this was going to be effective, that it was almost, we joke, like, we were just showing what we already knew to be true. But we had to show it to an audience who hasn't experienced it, yet.

And of course, we dropped the MBI four points with only fifty people. Like, we know that this is such powerful intervention. But there's no way to convince anyone of that, here in academia, except kind of through an RCT, through a randomized controlled trial.

Kristi: Which is one of the reasons why I think it is so powerful that both of you joined forces to do something like this. In an academic setting, at an institutional level, that's not just a coaching private practice that is not followed. Because of, you know, the evidence gives this table really sturdy legs. So, that it just doesn't feel like this house of cards.

Dr. Fainstad: This was not a pre posttest, in a like program that people pay for, like that was never going to be published for us. So, we knew, like from the beginning, it had better sort of pass the test.

Dr. Mann: The other thing we're really committed to showing...I was thinking, when you were talking about the more traditional concept of coaching and how it applies in medicine, is largely around like leadership

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coaching, or executive coaching, professional coaching. And I didn't know this until we started doing this, but how similar but also different that is from life coaching. And I think one of the reasons it's so exclusive, like you said, is because traditionally it's done one-on-one.

And what we're showing, I think, is the power of group coaching, which is super novel, and not at all described in the medical literature. And so, I hope that we're making this super powerful tool available at a scale that can touch so many more people. So, it doesn't have to be only executives who have their coach that they meet with twice a month, right? Like, we all needed this, before we could afford that.

And how cool would it be to have a mechanism to deliver this to people, earlier in their training?

Kristi: Oh my gosh, it would be a way to change generations of training experiences. That just makes me really emotional. And, I love that that exists and that you're doing this work. And I'm curious if you can speak a little bit too?

Because I think it's a really important point that you just made. about the fact that the traditional way that coaching, you know, or very similar to therapy is delivered, is similar to, you know, one physician or one nurse and one patient. It's one-on-one, it's individual.

And so, sometimes there's hesitancy with, you know, experiencing things in a group setting. And I'm curious, what you would say the power of the group is, you know, relative to an individual experience?

Dr. Mann: I think the power is to see that you're not alone. And it's easy, still, to feel alone when you're one-on-one. The thought I would have in my head is like; yeah, but you don't really know. Right? Like, it would be easy for me to be like; yeah, they're listening, but they don't really know.

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But to see somebody else and have myself reflected through the experience of someone else, I think is mind blowing. I mean, that's how it was for me when I was in a group coaching program. So yeah, I think just not being alone, feeling seen.

Dr. Fainstad: Yeah, that's like the number one thing that came out in our qualitative data. When we interviewed the participants, pretty much every single one of them started off, baseline, saying, "It's nice to know I'm not alone." Like to be able to watch, and they keep referencing in their minds, what they're watching is all these really powerful women. They always think that the other women that are watching, are so much better than them and definitely deserve to be doctors and have it together.

And so, when they watch them come on, and cry with the same thoughts that they're struggling with, it is unbelievably powerful. And so, not only are they getting that it's not just me, but then they're also hearing the coaching that we're delivering.

And we're always prompting them to figure out; how can you make this apply to you? What's your scenario, that you feel impostor syndrome? How is perfectionism sabotaging you? You know, show of hands. And then, the next person comes up and just shows the group that version. It's so powerful.

Kristi: Oh, my gosh, yeah. So, to be seen, witnessed, heard, and then have it been normalized, it's just so powerful. So, you're not only just validated, in your own watching of things, but you're realizing that this is not just me and a group of my girlfriends, or a group of my resident classmates who are struggling, this is much broader. When other people are experiencing it, too. It's I mean, that the power of not being alone. Yeah, especially when you have that tendency to compare and despair, is huge.

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Dr. Mann: And there's something about like, the container that it exists in. When people come for coaching, like, we know that this isn't just a vent session, right? It's not just getting a bunch of people, who are really tired and overworked, together so that they can tell you how overworked they are.

No, they come to this knowing, like; if I share a little bit, if I talk through this, like I can find a way through it. Instead of just, the dump. You know, it's somebody else's [cross talk]. And having that container is so different from anything else I ever participated in as a resident.

Kristi: Yeah, I remember getting so much value from just the camaraderie and the commiserating, with my peers, that was super useful. And yet compared to this, that's like two drops of water. And this, is like a whole gallon. In this way, this is a productive way that we can all be recognized. We're all on the same page, going through a lot of the same suffering.

And yet, here's a productive, very, you know, effective way to navigate it, that can actually make us feel better and give us more a sense of agency and feel empowered. So, in your findings, was there anything that surprised you, that you kind of didn't expect to find?

Dr. Fainstad: My biggest surprise was one of our themes from the qualitative analysis. Which, now that we've just talked about it, it kind of dovetails on what we were just saying. But one of our major themes was community building. And it seems obvious now, with the amount of normalization and validation that happens, but our entire program is virtual. They never get together; they never meet in the same place. We're all online, just like this.

And I'd say, a majority of them get coached a handful of times, if at all, and they're just sort of anonymous; it's a webinar format. So, you can stay completely anonymous on the calls if you want to. And so, we were hopeful

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that maybe we give them some tools, and a theme might be metacognition, and thinking about your thinking and how that helps you move through the world.

But one of the biggest themes that came up, was that they felt like they had a real community, even among these people that they have never met in real life. That was so fun to see.

Kristi: And I'd love that that was possible on... For people who may not be familiar with how Zoom functions, Zoom has a few different ways. I mean, many people in the pandemic are completely intimate with Zoom. But for those of you who may not be, Zoom has a webinar format and a meeting style format.

And, I always call the meeting style format, "the Brady Bunch format," it's like what we're doing right here, when we're recording. It allows people who are on, to turn their camera on to be seen, or even if their camera is off, there's like a little black screen that shows their name, if they would like.

And on webinar style calls, there's the speaker and then everyone else is just not listed. So, you don't know if there's 1,000 people or if there's 100 people. And so, if you just don't feel like people knowing that you're there, a webinar format allows that, which, you know, permits that anonymity. I can say that word correctly today. That I think is so powerful and so amazing, that in that container, that you had a sense of community building.

You would think that would be just counterintuitive. You know, you have to tell me your comfort level on answering this question. I would love to know... It's basically two parts: Like what drew you to coaching in this world? And I was going to ask what drew you to doing this study, but I think you've kind of already answered; sort of like the desire to create more evidence around something you found to be powerful.

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So, let's just stick with like; what drew you both to coaching in the first place? I mean, if you take all the internal medicine physicians and academia and you poll them, it's a small percentage that are probably as passionate about coaching as both of you are.

Dr. Mann: I came to coaching reluctantly, similar to Tyra. I had had two kids and complex pregnancies and deliveries: late residency and early career. And had found myself, basically running in many directions at the same time. So, I was pursuing, like institutional leadership, educational leadership, I was trying to be a mom to two little girls, my husband's also in medicine.

And the only strategy I had, to deal with any of that, was to eat. And so basically, it kind of all came to a head with my second daughter. I didn't recognize myself in any of the ways that I should see myself. So, I didn't recognize myself in the mirror. I didn't recognize myself in my work. I don't think I could see myself anymore. I get emotional talking about it.

But a friend of mine said, "Gosh, you've got to listen to this podcast; *Weight Loss for Busy Physicians*." And I started listening to Katrina Ubell. And through Katrina, I learned that I didn't have to eat... Like eating wasn't, like required as a processing strategy for any emotion. And it's funny, I laugh about it now. But I think then, I didn't know that. I thought, like; oh, I'm stressed, I should eat. Oh, I'm sad, I should eat. Oh, I'm happy, I should eat. And, I didn't have any tools.

And so, I did Katrina's program, I think two or three times, and it changed everything about my life. Like, it changed my relationship, not only to food, but with my kids, to my husband, to my relationship with work, I started saying no, sometimes, and declining opportunities that that previous me would have thought; oh my god, that'll never happen again. So, trust that you know...

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I mean, I have to attribute a lot to Katrina and her program. And I know, like, the weight is the thing that still is work for me to do. And, I'm okay with that. I'm learning how to do that every day, from a place I think more of self-love and acceptance, which is my challenge now. And, that's my work to keep doing.

Kristi: I just get emotional, as well, thinking about just that description of just feeling absent from your own life. And I think there are many people listening to this, who can very much relate to that. So, I'd love the how you describe that. And I think many of us do use, you know, had that shared experience with, these are the items that we use, and the activities we use, to just sort of try to temper our experience, as our like, safety net.

Like I will eat, I will drink, I will exercise, I will shop, like kind of the classic four things that physicians do, right? To sort of get through a time that's challenging. And to realize that; oh, wow, there are other things I can do, that can meet me where I am. And maybe not have some of the negative side effects, that could be there for some of us with you know, all those other, you know, sort of coping mechanisms. It's life changing.

Dr. Mann: I'm 100% different. Looking back now, I can see like, oh, man, she was doing the best she could. I mean, it breaks my heart to look back and see...

Dr. Fainstad: When you introduced, you never said this before, but when you introduced that concept, at the very beginning of this podcast, you said we created this program out of love for our younger selves. Like, I just got chills when you said that. I had to mute myself because I made some noise. So, good. That's exactly right. Like this program, its attributes, its content really are a tribute to our younger selves.

My story has like different behaviors on the outside, but I think something that we, as physicians and women physicians share in particular, is my

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story that brought me to coaching was not all that dissimilar. I identify as a severe approval addict. Just like really hinged my self-worth on what evaluations I got in medical school, what grades I got.

And then in residency, I just sort of collected praise, like I had a little, like praise purse; that if it was full, then I was doing okay. And if it wasn't, I was not doing okay. And it became very necessary for my sense of self. And so, then, when I stepped into an attending role, and like unbeknownst to me, all forms of feedback pretty much ended.

And I had not built any sort of internal compass to know how I was doing. Like, the floor just dropped out from under me. And so, I did the only thing I knew how to do, which was I got on the like, academic hierarchy, treadmill ladder, that went nowhere. Because nobody ever told me that you won't feel better when you collect more praise or more scholarship, or publications.

And when it really came to a crux for me was when I had my two kids. I was a pretty junior faculty member; I was working at the University of Washington. And I got hit so hard, with my firstborn, with postpartum depression. And I just did what I had always done to try to scramble my way out of it. Which was like; do more, read more, try harder to do it right. It was like the first time in my life that that didn't work at all, and in fact, completely backfired. Because, you know, babies are not medicine.

And so, the harder I tried, the worse it got. And, that actually, happened to be when that friend reached out to me and said, "Hey, I'm going through coaching certification, can I give you a call?" And I was really at my rock bottom; I had a psychiatrist, I had tried a couple of SSRIs (Selective serotonin reuptake inhibitors). I tried scaling up at work, I tried scaling down at work.

I thought, like, something needed to change. I did not recognize myself, nothing was working. Until this call, honestly, this one call changed the

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trajectory of my life. Learned those lessons; I learned how to name and process an emotion and not be afraid of it; which is really everything. And that's the work that I have to keep doing over and over again. But again, I just kept coming back to, how is it possible that we weren't given these tools earlier in this career?

Like, how to name and process an emotion, what in the world could be more important for a doctor in training? Like, certainly not the coagulation pathway. Nothing could be more important than naming and processing an emotion. I can't believe... I was enraged. And so, that's kind of how this program was born for us.

Kristi: Oh, my gosh. There are so many pieces of what both of you said that just resonates so deeply, because I can relate to them in so many ways. And one of the things, that labeling emotions, processing them, understanding how to do that, to me now, it seems like just one of those essential skills that...

I mean, my kids are not surprised when we talk about that now. And my kids, you know, again, they're nine and six, and they understand it. It is not something I have to explain for more than about two minutes to them, we don't have to peel back all the layers of socialization to get it to them. So, it's easier.

And so, because it's so simple and so easy, it is sort of just shocking, that we wouldn't have these, particularly when we're about to undertake something that's as intensive as medical training can be; it'd just be a beautiful tool to have.

Dr. Fainstad: Yeah. And essential for a lot of people. I mean, there's a lot of people, obviously, who don't need coaching and who it comes sort of naturally to, but I'd say they're the minority. I mean, physician burnout is here, we think because we don't have these tools.

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Kristi: So, and I will say, you know, that caveat, but I also sort of sprinkle through these podcasts is that, you know, I'm a big fan of coaching, mindset work, somatic work, whatever flavor works for you. Everybody has their own thing that they like. And just because the three of us are very passionate about coaching, is not to say that, taking SSRIs or getting therapy or doing, you know, work with some other specialists, or seeing your physician for regular medical care, it's not to poopoo those and say that those are not also useful.

It's to say that adding to the toolbox of options is this other thing. It has many, many tools in it, you know, it's the toolbox of coaching. And one of the things that I know my listeners can relate to, is that sort of the hamster wheel of, you know, getting accolades. Whether that is thank you's from patients; whether that is another, you know, another degree, whether that's another award, another nomination like best teacher at ... institution.

Whatever it is, whenever... I think it's so important to point out that there's nothing wrong with those things. Like, if you are passionate about those things, absolutely great. It's just when we're seeking something emotional or mental, like a solution to an emotional or mental problem, in our accolades or using food to solve for something that's internal. There will never be enough food, there will never be enough shopping, there will never be enough accolades, to solve for that.

And so, then we keep on going. And what I often hear is that because it doesn't work, the conclusion is some version of; well, there must be something wrong with me. Because like, I did all this stuff.

Dr. Mann: And I think the key in that, is the realization that everybody's thing will be different. And this is why it's something that, like, if you ask an institution to solve wellness for all of its providers, that's something that will

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be so hard. Some people want 6am yoga, and some people want free coffee, and everybody wants something different.

But what I hope that coaching brings, is a vocabulary for people to be able to define what they need for themselves, with support to pursue that. And one of the things Tyra and I like, foundationally believe, is that it should be a resource provided for individuals by the institution. And that way, it can be more of a collaborative approach to the well-being of the entire system.

Kristi: Yeah, if it's just something that's as included as the textbooks or the white coats.

Dr. Fainstad: Wouldn't that be amazing?

Kristi: So, would you be comfortable sharing what's on the horizon for you guys, in terms of future studies?

Dr. Fainstad: Oh, yeah. We are really, on the very up-close horizon, we're getting ready to launch, basically a mirror of our pilot. But as a real huge multi-site study, we have twenty-eight programs enrolled across the country, graduate medical education program, so residents and fellows. And, over 1,000 participants have already signed up. So, we are in recruitment, right now.

We will randomize them to an intervention or control arm, and we start coaching our intervention arm September 1st. So, in a couple of weeks, that's happening. We are so lucky to have collaborated with over a dozen volunteer physician coaches, who will be offering calls to support that level. But I mean, the key point here, again, Adrienne mentioned scalability of our group coaching program.

What we learned is that now that we've built the curriculum, we've built the self-study modules, all the webinars, it's done. And so, to actually run it

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requires very little one-on-one physician coach time. Like, Adrienne and I did it where we ran one call a week each, for our last three cohorts. And it was kind of to a point where we were like; you know, if we have fifty people on this call, it's not really that different from having 500 people watching this call.

Like, wouldn't it be great if just every resident can watch this call? Because it's so powerful. And it was like; well, why not? Like, let's get 1,000 residents in the next version. So, that's what we're doing.

Kristi: I feel like, hearing this, there are going to be people who are going to take this back to their private communities, to their, you know, their residency programs, and you're going to... I feel like people who are in positions of power, who want to integrate this into their residency programs or at a national level, want to start having this conversation about how can we, in the field of OB GYN start making this type of work available in all of our... You know, at least one in every state?

Yet, even more broadly, I feel like people listening are going to be, hopefully clamoring to you to ask how they can, you know, lean on you for support, model something after what you've done. And that just, like, lights me up so much. So, how can people, who are going to want to reach out to you both, how can they find you? What's the easiest way, if they want to continue this conversation, that they can get in contact?

Dr. Mann: Probably the best way is through our website, which is bettertogetherphysiciancoaching.com. And, there's a little click where you can send us an email. Or, you can reach either of us...

Dr. Fainstad: You can put our emails in the show note. Yeah, and I would say for right now, we're still in the study phase. So, we're testing generalizability, and feasibility of doing a program of this size. We fully expect to be able to offer this program on an ongoing basis, to graduate

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medical education and beyond. But it would be something like; hey, if you want to work with us, this is how much it would cost to offer this to your residents.

And we're ideally collaborating with a bunch of coaches and able to be sort of a hub of coaching, and deliver this as institutions need or want it. So yes, stay tuned, it's coming. The other thing I want to mention is that we're also studying this, and then this year, of course, men also need coaching. And the more we coach everybody, the more everybody benefits, and so we are also doing a pilot with men, starting in the winter of 2023 here at CU. It will look exactly like what we did for women residents.

And after that, hopefully, our outcomes are similar and after that we'll test it in coed groups. So, we definitely want to be able to offer this broadly. We started in women, because burnout is so much more profound in women, but stay tuned. It will be offered broadly.

Kristi: This is phenomenal. And I've just loved hearing all the details of this. Is there anything else that you'd like to share before we wrap-up?

Dr. Mann: Thank you so much for having us. This has been a delight.

Dr. Fainstad: Yes. I agree.

Kristi: Thank you both for being here. And, I just look forward to what your next study reveals. And what I would love to be able to do is be organized enough to, once that study is out and we have that, can be able to also, for people who are listening to this, you know, we're recording this now in the summer of 2022. But for people who are actually, instead of listening to it now, who are listening to this in 2023 or 2024, for them to be able to go the show notes and see like, what we don't know today, but they will be there then. All right. Well, thank you both so much for your time.

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Dr. Mann: Thank you, Kristi.

If you want to learn more about how to better understand your habits, stop feeling reactionary, and get back into the proverbial driver's seat with your habits, you'll want to join my email list. Which you can find linked in the show notes. Or, if you go to habitsonpurpose.com, you'll find it right there.

And, if you're serious about taking this work deeper, and going from an intellectual understanding to off-the-page implementation, I offer coaching in two flavors: Individual deep-dive coaching with a somatic and cognitive approach. And, a small group coaching program. The small group is currently for women physicians only, and comes with CME credits.

You can be the first to learn more about both, the individual or group coaching options, by getting on the email list.

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