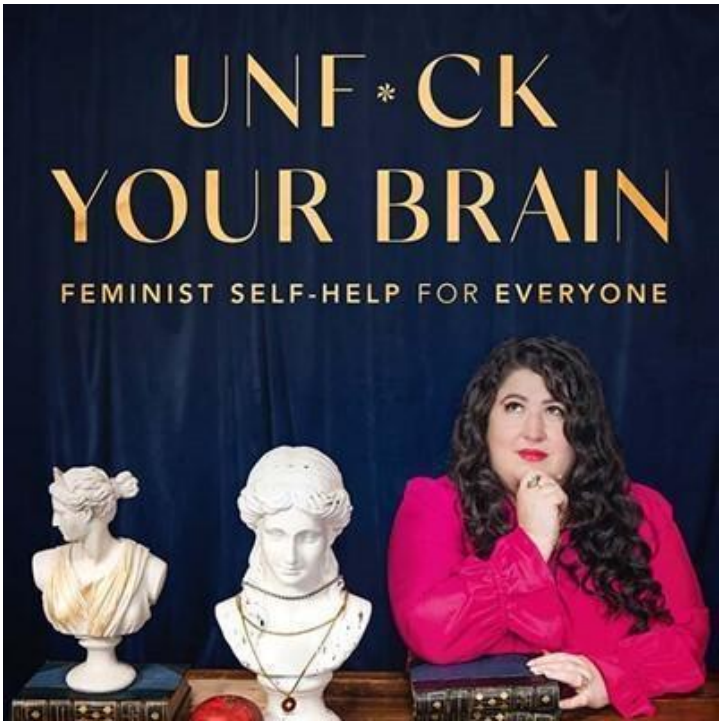
UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann



Full Episode Transcript

With Your Host

Kara Loewentheil

UnF*ck Your Brain with Kara Loewentheil

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Welcome to *Unf*ck Your Brain*. I'm your host, Kara Loewentheil, Master Certified Coach and founder of The School of New Feminist Thought. I'm here to help you turn down your anxiety, turn up your confidence, and create a life on your own terms. One that you're truly excited to live. Let's go.

Alright, hello, my chickens. How are we? I am literally, every time I do an interview, I'm so excited to talk to blah, blah, blah. But first of all, I only have people on I'm excited to talk to. But I am particularly excited. If I were a chicken it would be like it's a big juicy worm to talk to my guests today. Because they are doctors who just did a study on the efficacy of coaching that was just published in the Journal of American Medicine. And my work and my coaching and teaching was part of the study.

So I am really excited to talk today about all of the science and medical science behind why coaching works, why the kind of coaching that we do in particular in *The Clutch* and in kind of the cognitive coaching world generally, why it works. I'm just super excited to talk to them. And I have to preface this by saying, one of the reasons I'm so excited to talk to them is that when I first decided to become a coach I was obviously leaving a very more mainstream career. And my family are all doctors and lawyers and professors, just that kind of family.

And my uncle who's at NIH, a very skeptical man, said, when I told him about coaching, essentially his response was, "Well, I mean this is all self-reported. I mean it's not peer reviewed or anything." Which at the time felt so crushing. And now I'm like, "It is peer reviewed." Boom. I sent that, I emailed him last year when the first study came around and then I emailed this one. And I was like, "Now my shit is peer reviewed. Let's go." So I'm so

excited to be here with Doctor Adrienne Mann and Dr. Tyra Fainstad who are here to talk about their study.

So, welcome. I would love for each of you to tell us a little bit about your kind of medical practice, but then also you're both certified coaches and how that came to be. Do you want to go first, Adrienne?

Adrienne: Yeah, for sure. Hi, everybody. I'm Adrienne Mann. I'm an internal medicine physician. I take care of adult patients at a VA hospital in Denver. I'm an assistant professor of medicine at the University of Colorado and I'm an educator. So I am part of the residency program that trains people in internal medicine at the University of Colorado. I'm also a Master Certified life coach, just finished masters training a couple of months ago.

Kara: Congratulations.

Adrienne: Thank you. It's so fun. And I came to coaching because I had dips of really not knowing who I was or where I was going, especially in my early career, kind of coincided a little bit with becoming a parent. And so I had a kid late in residency training, one early in my career and kind of in both those periods of time there was a lot of things that are outside of my control. And I don't like that. I like it when things are all under my control.

Kara: I always thought doctors and lawyers, both professions are really good at things not being in their control, just attracts really laid back go with the flow kind of people.

Adrienne: Yeah, we're so easy. And I didn't know about urges. I didn't know about naming and processing emotions. And so I did a lot of shaming myself. And I also did a lot of eating my feelings. And so I came to coaching through a coach who some of you may all know. I came to

coaching through Katrina Ubell and through her program learned about the model and learned tools that just changed the way I related to myself. And changed the way I related to my work. And everything else in my life too, my partner, my kids, everything.

And I thought, why didn't I know this before? It's not fair. And I needed this as a resident. And so Tyra will share her story, but we were both kind of going through similar journeys and both kind of realized the power of coaching. And thought we need to bring this to people in residency training. This could be dramatically impactful to the culture of medical training and medicine as a whole. And so we built the program that we're going to talk to you about today.

Kara: Awesome. Tyra.

Tyra: Yeah. Hi, everyone, I'm Tyra Fainstad. I am also an internal medicine doctor and a primary care doctor here at the University of Colorado. And came to coaching in a similar way. And Kara, your introduction resonated with me so much because I was a pretty typical medical student and resident. In that I was totally addicted to approval and was hinging my value on everybody else's opinion of me. And doing things that kind of worked in the moment. When I became an attending doctor I also had two kids pretty quickly right then.

My old habits weren't working at all anymore. And sort of the floor dropped out from under me because I stopped getting regular feedback once I was not a trainee anymore. My own inner critic became very loud and I had no internal compass to tell me I was doing okay. So I basically had this barrage of you suck at work. You are a terrible mom. I had two incredibly colicky kids. And I tried all the things. I tried very doctory things. I basically tried to read my way out of it or work harder to get out of it.

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

So I saw a psychiatrist and I got on an SSRI, which for me didn't have any effect at that time. I tried scaling down at work because I thought maybe I just need to be a mom more and then that didn't work at all. And I tried scaling up at work and I went back full-time and that didn't work anymore. And I had a friend who was going through coach certification and offered me a coaching call and I rebuffed. I was kind of like your uncle, I was like, "This isn't real."

I am an allopathic western attending doctor at the university of Washington at that time. This is not real. But it was a dear friend and so I agreed to give her one coaching call as a client. And honestly, in that conversation more about my life changed than in the last two decades probably. I learned I didn't have to believe my thoughts just because I was thinking them. Nobody had ever told me that before.

Kara: Nor, me neither. I was like, "Shut the front door, what?"

Tyra: I don't have to believe myself, why did nobody tell me this? So I was totally hooked and I sought out coaching for myself just like Adrienne did after that. And what came out of it was just this profound gratitude, but also like, what the fuck, medical school. Why would you not just teach these very tangible skills that would decrease suffering so easily?

And so, fortunately, along the same timeline, I was moving back to Colorado and having this epiphany just when Adrienne was and we came together through a mutual friend and created a coaching program for women residents. We essentially created a program that we ourselves would have wanted.

Kara: Well, that's where it all comes from. So that's funny, you guys, it's not like you were colleagues and both got into coaching. You both had

discovered the same body of work and type of work separately then met. You're in the secret society too.

Adrienne: I think we might have even talked about you. We were like, "Do you know about Kara?"

Kara: You know there was a former academic who does it. So I think it will be real. We went to Harvard, I think it's okay, if it is a cult it's a smart cult. So obviously you are physicians. But let's maybe talk a little bit just about kind of why residents are such a good population to do this work on. Because I think for anybody listening, you may not be a medical resident, but you're going to recognize a lot of kind of what residents experience, albeit with the rest of us get a little bit more sleep and my sister-in-law's a resident right now and it just is completely insane.

But I had the same experience of going through law school. I think a very similar thing happens where you get broken down to be rebuilt into a different kind of thinker. And that's the point of the endeavor is to change the way that you think. But there's no care given at all to the potential negative consequences of doing that. So you're taught to be hypercritical, but you're not given any protective sort of mechanism for the downsides of that. I mean I feel I could have had a completely separate career than the one I thought I was going to have, which is basically just doing this with lawyers and law schools.

And every law school in the country needs to have this before people go through 1L year which is notoriously demoralizing and soul crushing because of that. So I'm curious to hear you talk a little bit, what happens to you in residency in your brain and why does it cause all of the kind of burnout and self-criticism that you're now trying to then address with the coaching?

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

Adrienne: I think it starts even before residency and it starts with the type of people who think that they want to become physicians. It's this very idealized, sometimes has flavors of martyrdom. Somebody has to do this hard work and it's going to be me. Sometimes has flavors of some savior stuff, I'm going to be the person to help all of these people. And these are well meaning people who want to use their energy and their smarts and all of that in service of other people. And we're selected over and over and over again for those types of traits.

Those are the types of people who can come into medicine and then we say work harder and jump higher and do more and do it better. And also now the stakes are high because people's lives are at risk. And you are in charge of whether that person gets better. Or maybe if you make a mistake, you could be responsible if they don't. And so I think the stakes get really high. And we've selected for people who maybe have high perfectionism, high, Tyra help me figure out what I'm trying to say, but basically we select for these types of people.

Tyra: Yeah. I think we did that on purpose. When residency became a thing a century ago, it was really steeped in a God complex, physician-hood in general was pretty deity focused. And residency was this, can you hack it? Let's see if we can, as you said, break you and then reform you into this pretty paternalistic [crosstalk].

Kara: [Crosstalk] since it was also mostly men.

Tyra: Yeah. And I think that ignoring emotions in your own self-care actually probably served that culture back then when it was way more homogeneous than it is now. When it was all mostly white men who had stay at home wives and could actually sacrifice self-care and family life and work life integration to put their everything into their career. And now where

we're seeing it, I think it was still toxic for them back then, people didn't talk about the bad outcomes like divorce and substance abuse and suicide. That shit happened, but nobody was talking about it like they are now.

And now we've seen the field become way more diverse and people are starting to talk about how unsustainable it is if you want to take care of yourself and potentially have a life outside of medicine. But I think it's true that it starts really in day one of training. There's also this constant scrutiny of evaluation that you learn early on in medical school. The good medical students learn how to play the game really well of being serving but not too serving to their teams.

How to figure out how to manipulate the people around you so that everybody likes you and will give you an honors grade. But how to do that in a way that is people don't know that they're being manipulated. It sounds awful when I say it right now, but we've lived and breathed this life when we were medical students. And it takes all your energy to figure out how everybody wants you to show up so that you can get this grade. And the stakes are actually very high.

If you don't get the grade, you're not going to be able to get the residency that you want. You're not going to be able to live where you want to live. You may not be able to practice how you want to practice. And so it feels very important to make other people like you and to cover up your deficits in a way that ends up being just totally self-sabotaging once it's over.

Adrienne: And then residency starts and you just continue that. And I think a lot of those beliefs become more entrenched and become more true in your own brain.

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

Kara: Yeah. So one of the things that we talk about in the podcast a lot is the sort of gap between how men and women are socialized and how that shows up. And I know one of the pre-existing knowns that you had was that it seems like it was already established that women residents burn out more than male residents. Can you talk a little bit about why you think that's the case and what kind of work has been done on that already?

Tyra: Yeah. There's a huge burnout gap I mean in all fields really. But it's probably accentuated in medicine. Depending on the study that you look at women have anywhere between two and ten times the burnout rates that men do. And honestly, it's true with almost every wellbeing index that you look at between the genders. And we get asked this question so much. Why do you think that is? We were just asked that last week. And I can't say it any better than sexism and the patriarchy, that's why.

It is harder to be a woman, there are more tasks for you to do in order to play that game that I was just talking about as a woman than it is as a man. That career was made for men 100 years ago. And so I think it is just much objectively harder to exist in a space that wasn't made for you.

Kara: I love the people who are like, "This is just so perplexing. What do you think could be making it harder to be a woman in medicine?"

Adrienne: Help us understand.

Kara: That's sexism or the patriarchy.

Adrienne: It's got to be something else.

Kara: Well, [crosstalk] socialized. This is the brain gap that I talk about, which is the difference between how men and women are socialized. It's

not just socialization. There's the structural stuff but then also there's, I mean the idea of a God complex is something that you just see a lot more in straight white men with doctoral degrees than you do in women or people of color or other marginalized communities. Because we're not socialized to think that we know everything whereas certain groups of men are.

Tyra: Yeah. And the way that patients see us sometimes can make the work more compressed. There's all these studies showing that women primary care doctors get between three and five times the amount of messages through the electronic medical record that men do. They also spend anywhere from 120 to 150% of the time that men do in the room with a patient. It's harder to get satisfaction scores despite doing the extra work.

And so I think there's a little bit of we're seen as we should be more approachable and oftentimes we are more approachable. But in that paradigm, it means that there just exists more work for us. There are more questions for us.

Kara: Right. People feel both more entitled to care from women and also less respectful or kind of trusting of it. And that's obviously even worse for women of color or people in other marginalized identities. So let's talk about the study. So you did this study on, tell us sort of how many people were involved, what it entailed. I think for those of you who are in *The Clutch*, you're going to hear this sounds a lot like what we do in *The Clutch*. And then for those of you who aren't, this will give you a sense of what we do.

Tyra: Yeah, I can talk about the study and then I'll let Adrienne talk about how the program is set up and why we think it works so well. This study that was just published was a mirror design to our pilot study, which happened here at the University of Colorado two years ago. This study

happened across the nation one year ago. So in the fall of 2022, we recruited and enrolled over 1,000 women resident and fellow physicians. So physicians that have graduated from medical school but are still in training for their specialty.

We started out studying only women because of the reasons we just said. The need there is the greatest and there's a paradigm for going where the need is greatest in research. So we enrolled people that identified as women and were in their training years. And then of those people that enrolled, we randomized half of them to receive our coaching program and half of them to not receive the coaching program. So just to have training as usual without our coaching program. And our coaching program is four months long.

So in that time, we delivered Better Together physician coaching to about 500 of those women in the fall. And we delivered pre-tests and post-tests before and after that four month cohort to everyone. Those pre- and post-tests measured things like demographics but also measured validated scores of wellbeing which basically means a survey instrument that has been tested over and over again in a whole bunch of different populations across cultures and time to be able to say, "Yes, we're measuring what we think we measure."

And our main ones that we used, our primary outcome was burnout. We used them as a burnout inventory. We also measured imposter syndrome, moral injury, self-compassion and flourishing. And I will say in our pilot, we had some reason to believe that this would work because we did this here at CU and we got statistically significant improvements in burnout and in a couple of other scores and not in some of the other ones. And that's pretty much what you see.

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

Kara: Can I pause you for a minute just to define two of those? Because I think people listening to this, won't know what moral injury and maybe aren't flourishing. You sort of have an idea but what's moral injury and then what does flourishing mean in this context?

Tyra: Yeah. Moral injury is essentially this phenomenon where you feel as if your employer, in this case it was moral injury for healthcare professionals. So it's sort of the medical system at large is operating on a value system that is not aligned with your own. And so where you commonly see that come up for doctors is you can have a lot of moral injury if your values are to serve every patient that comes to your doorstep and your hospital won't take such and such insurance. And so you have to turn them away and that can cause a huge amount [crosstalk].

Kara: So it's sort of the emotional suffering of feeling like you can't live or work based on your values because your boss, your employer or the system, whatever doesn't reflect them. Is that right?

Tyra: Yeah.

Kyra: So I think a lot of people experience that outside of medicine, [crosstalk] common [crosstalk] experiencing moral injury under capitalism, potentially.

Tyra: Yeah. I mean the term was originally coined for people in the military having a bunch of moral injury, having to go out and shoot people they didn't want to be shooting. So that's sort of an extreme example but yes.

Kara: And what's flourishing, is there some technical definition for flourishing?

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

Adrienne: Yeah, it's basically a synonym for thriving. And it's a way to measure not just distress but also areas of wellbeing. And so we were wondering if we could take people who are also doing pretty good to great. And so it's just if you feel like you're thriving in all areas of your life is the definition of flourishing.

Kara: And there are people who feel that way before coaching? Amazing.

Adrienne: No.

Kara: I feel like flourishing was zero [crosstalk]. Okay, so that's what you were measuring.

Adrienne: Yeah. And then we delivered the program. We post-tested everyone. And what I will say is that we also delivered the coaching program after the study was over to the 500 people that weren't randomized to the intervention group.

Kara: [Crosstalk] bad for them.

Adrienne: Yeah, I know. We would never withhold coaching.

Kara: Is that the call I did in the spring, is that [crosstalk]?

Tyra: Yeah. Exactly, our control group, who we love. And then what we found through a bunch of really fancy statistics and an awesome analytics team was that we found statistically and what I'll say, I'll say clinically meaningful. And what I mean by that is we didn't just find a tenth of a point difference that was real, but maybe that's not a huge difference. We found big sweeping differences across all scales that we measured.

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

So every single outcome that we measured had a statistically and real life meaningful improvement between the intervention group and the control group after we had delivered the coaching program. And this is unfounded, there is not a wellbeing intervention.

Kara: Wait, not unfounded, unheard of.

Kyra: Unheard of. It's founded.

Kara: [Crosstalk], it's very founded, yeah, the data, unheard of.

Tyra: It's unheard of. Yeah, there are scoping reviews on physician burnout. It's really hot right now, obviously after the pandemic, everyone's studying this. And there's not an intervention that hits every target. Some of them barely improved, this one, but not this one. And most of them don't improve anything. There's not something that kind of hits every single wellbeing and distress marker that we found.

Kara: [Crosstalk] for coaching. Amazing. So did you want to talk a little bit, Adrienne about what the study kind of included? I think just for everybody listening, the tools and the concepts and everything are not medicine specific. This is the same stuff that they hear me that I teach on the podcast, that you experience if you join *The Clutch* or if you work with similar coaches. It's been given to residents, but it's not, here's how to use the technical medical language better or something very specific to medical.

Adrienne: That's exactly right. Yeah. So it's a four month program. In the first month, we basically teach about the thought model, the relationship between circumstance, thought, feeling, action and results just like you teach in *The Clutch*. And we teach about naming and processing emotions,

which we, as I think physicians and probably a lot of other folks too, are deficient in our vocabulary about and our skill in doing. So we spend the first month a lot there.

The second month we apply that same concept, we apply the model into us and our relationship with the world outside of us, in our work and outside of our work. But I think about month two is, okay, this is me and the work that's happening around me. So how do I want to be engaging in a growth mindset at work? What about feedback when I get feedback that feels like it's either poor quality or just wrong? Or what if I feel defensive when I get feedback? How do we take what other people say or think about us and apply that for growth if we want to? And we sometimes spend a lot of time thinking about if we want to.

The third month is what I think about is how we apply those concepts to ourselves. So this is perfectionism, imposter syndrome, approval, addiction. It's learning how to have a conversation with your inner critic and think about your thinking about yourself.

And then the final month is really about envisioning that next version of yourself and how to be deliberate in planning how you want to show up now that you've applied these tools within and without. So folks, when they're participating in the program, we have live group coaching calls. So those happen on Zoom. They're between two and five times a week where folks can join when their schedule permits. And those will be kind of loosely based on the theme of the week, kind of the things I just shared about or we can just accept coaching on anything.

And so folks joining the webinar raise their hand and come up and get coached by Tyra or me or one of our coaching team. And that's kind of the primary way folks get coached. We save all those recordings so they can

listen asynchronously if they can't attend live. Residents are very busy and so not all of them can always join.

We also have written coaching on our secure website and new now but I think not included in the study, we also offer some one-on-ones. So folks can really engage in the program actively and visibly. They can come on and raise their hand and be active in that spot. Or many actually I think the majority do a lot of coaching voyeurism or just listening to other people getting coached, which is so powerful.

Kara: Yeah. We need another name for that that doesn't sound weirdly sexual, but I think that that's super important because I feel like I'm always talking in *The Clutch* about how you don't need to do everything, you're not supposed to. And you can learn in a lot of different ways. And I feel it's so hard for perfectionistic women to hear that now and be able to be like, "Peer reviewed and proven." You don't need to do it all or do it in the exact right order or be on all the things live or whatever in order to get benefit.

Adrienne: No way. Yeah, exactly right. And I think, I mean, I have a suspicion that when you're watching someone be coached in front of you but you're not being coached. And you can have compassion for that person, you can have empathy for what they're going through, maybe you've experienced things that they're describing and you really have no choice but to offer empathy and compassion for that person getting coached on the screen.

I think it only takes one or two times of watching that before you can see, shoot, maybe I'm also deserving of compassion and empathy. And I think sometimes it's more powerful to see it happening in front of you than it is to be live.

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

Kara: I always say it's almost better because when you're getting coached, your brain there's a lot of cognitive dissonance happening. Also you feel like you might black out. You're not going to remember what's going on. You're nervous. You're trying to meta watch yourself getting coached and say the right thing. And then you want everybody to like you and just so much is happening. When you're watching someone else, you can just actually be learning, your brain's not deer in headlights while it's happening.

Adrienne: Yeah, you're just like, "Whoa, I didn't know I could think that." I just got permission to think something new by watching someone else get coached.

Kara: So good. I mean getting coached yourself is also wonderful and also you get the most from that usually watching the replay. It's very rare that as it's happening it's all processing.

Tyra: Yeah, it's so true. And there's a ton of randomized controlled trials, not a ton, there are a handful of randomized controlled trials out there on one-on-one coaching programs that only do sort of executive coaching for physicians. And their impact is not as large or as broad.

Kara: You're not seeing that solidarity and that feeling like it's not just you. If you're going one-on-one, going to coach one-on-one, you can still keep believing there's something wrong with you. So you need this secret help because you're so bad at life. Whereas when you are watching everybody else, there's only so often you can, I mean I remember this from my body image work.

Actually I was already a coach, but I had had people in my program. It's only so often you can watch somebody who looks like a runway model, get coached about how she hates how she looks and never wants to have sex

with her partner because she feels bad about herself. Even your very resistant brain is like, “I don’t know, maybe how you look doesn’t determine how you feel.”

Tyra: Yeah. Or I mean, we’ve branched into coaching attending physicians now, super senior attending physician and we’ll blend the calls. Sometimes we have calls where medical students, residents and attending physicians are on the same call. And watching and attending physicians struggle with the same imposter thoughts that you as an intern or a medical student is having.

Kara: Saves you so much time of having to go through that all yourself, only to discover you still have the same thoughts. You might as well stop them now. Totally. Have you watched, they do these alumni calls for the school where we all got coach certified. And people are getting coached about the same shit on the seven figure call as the six figure call. It’s pretty much all the same.

Adrienne: Yeah, as the four figure call. It just doesn’t change it, the arrival fallacy is blown in those moments.

Kara: So where are you expanding this work? You said now you’re working with attending physicians, but where do you, when you think about your work in 10 years, what do you want to study, where do you see this going?

Adrienne: I can say that right now we’re moving into this domain. So we’ve built out programs so that we have separate offerings for medical students, residents and fellows, faculty and staff. So folks out of training and also advanced practice providers. And so we’re able to touch a lot of people at a lot of different points in their training. And then like Tyra said, we kind of host some intersectional calls to go across those so that we can have

everybody on at once. Tyra, I'll let you share a little bit what the research directions are going to be there.

But largely we want to be surveying physicians across the country. And part of our model that's really important is we're based out of the University of Colorado. And we think that this is a type of intervention that institutions or groups or practices or training programs should and can subscribe to serve their folks. So we don't offer it to the consumer so much as to the institution. And so we see ourselves at institutions across the country serving as many people as possible for free to them.

Tyra: Yeah, I think that mission is really important, especially in healthcare right now. Because something that I feel as a struggle as someone that offers a coaching program right now, when so many physicians and trainees are burnt out. Is that there's actually quite a bit of stigma against anything that asks the individual to take on any more burden than they already have. And so actually we aren't allowed to say what we've coined the R word, which is resilience. There was la bunch of resiliency trainings.

Kara: They're like, "We do not want that, no."

Tyra: We don't say the R word and we don't do anything around resilience and coaching. The data actually shows physicians tend to be more resilient than age matched peers. So it's not like we have a resiliency problem. But that's sort of how institutions have looked at it for the last maybe two or three decades. Until the pandemic came, and then everyone kind of got outraged. The employees started to say, "This is bullshit, I'm not taking a resiliency training. I'm not taking a yoga class, fuck off with your free coffee."

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

The problem is our broken medical system. The problem is we don't have a single payer system. The problem is you're asking me to do more with less constantly. And then there's this battle that happens where it's either the individual's responsibility…

Kara: It's not either or, it's both. And this was social justice stuff all the time. Yes, the oppressive systems are a problem. And they don't seem that interested in changing and they're not going to tomorrow and also who's going to change them? It's you and your brain. I hear that same thing, it's not medical specific, but just in that sense of marginalized people are already so resilient. Yeah, but what does resilient mean? Does it mean you've managed to keep going and survive without processing everything that's happened and then fight or flight the whole time?

That's not actually resilience we're talking about creating here. We're talking about creating the ability to maintain more equanimity and actually emotionally bounce back, not just the ability to sort of grit your teeth or get through yet another struggle.

Tyra: Yeah. So it's become hard to sort of pose that to people as we still believe coaching will work and we know it's not your fault that you're here. It's nobody's fault ever, that they're here. That's a paradigm that coaching teaches is that it's not like your fault if you think that you don't belong where you are. It's not your fault if you don't have self-compassion. It's not your fault if you have moral injury. And it's your privilege to be able to figure it out. And so by having a model where the employer or the hospital or the institution is investing in their people. Then we can sort of get at that dual responsibility part.

Kara: Yeah, I mean, I guess what I would say for people listening to this who aren't in that situation is it's still worth doing it even if you have to do it

yourself. It would be great if all of our employers and institutions offered this, but they're not always going to. And you always get to choose, you can decide that you're not going to help yourself at all because you believe it's somebody else's responsibility to solve their problem and you can totally make that choice.

And that's not just you and institutions, people do that in relationships. People do that in all sorts of contexts. And you can always choose that, but you might be waiting a while. So do you want to feel better sooner or do you want to kind of have the, I guess, the righteous satisfaction of waiting for the person whose responsibility or institution's responsibility you believe it is?

I think there's this misconception that if we try to help ourselves solve our own problems then that's letting the institution or the other person off the hook. But of course number one, the institution or the other person doesn't suffer or care that you are suffering so they're not that motivated obviously. And if you want, especially with institutions, who is going to become the head of all these hospital systems? It's the people who are coming up now.

So is the institution, the system better off if you burn out, quit medicine and go do something else because you didn't take this coaching program? Or if you take it, can keep going and then you change the institution. There's just this, it may not be fair, but this is reality, here's where we are, how are you going to meet that now?

Adrienne: I remember learning that lesson that acceptance of the thing, does not mean approval of the thing.

Kara: Yeah, [crosstalk], yeah.

UFYB 312: Scientific Proof This Coaching Works Published in JAMA: A Conversation with Dr. Tyra Fainstad and Dr. Adrienne Mann

Adrienne: And I think that's tricky because if you think that by accepting that I can be responsible for more of my experience in my work and outside of work. Then the idea that that lets other people off the hook, that that just keeps me suffering, [crosstalk].

Kara: Right. [Crosstalk] that somehow you blaming the person or institution is making them suffer or change.

Adrienne: Holding them accountable, it's not.

Kara: It's not, right. It's like a puppet show in your head either way. And you're like, "I'm holding you accountable." They're like, "I'm not thinking about you at all."

Adrienne: Yeah, exactly.

Kara: Anything else that you hoped I would ask you or that you want to share about the study that you didn't get to?

Tyra: No, I don't think so. I would say, check out, we've done qualitative research. We've researched this longitudinally. So we've found out a little bit more about why it works, which are the things that we were just talking about. We've also found out that self-compassion stays sustained high up to 12 months after the program is over. So there are many people that come back for more and more and more. And sometimes you just need one epiphany to sort of change a paradigm in your life, even for up to a year afterwards, probably longer, we just haven't asked it yet.

Adrienne: I think the other thing I want to highlight is we built this right during the pandemic and our participants never really get to meet each other on Zoom, webinar and there's no crossover. And we don't have any

chat or ways that folks can talk. But one of the things that came up in some qualitative interviews we did was the sense of community that participants in our program enjoyed. And I'm sure it's the same in *The Clutch*.

But again, just that idea of knowing that you're not alone in the thing you're experiencing and how powerful that is, even if you never are in the same room, even if you never meet. But there's a lot in the news about the epidemic of loneliness and we didn't study loneliness but seeing yourself in other people.

Kara: Right, those connections, and we've all been in a room full of people and felt totally lonely. It's not the physical proximity. It's the thoughts of connection and rapport that create that.

Adrienne: Yeah. I think the more of us that are doing this work and bringing this to each other, the better. And we're just excited to share it with you. So thanks for being a part of our program.

Kara: You're welcome.

If you're loving what you're learning on the podcast, you have got to come check out *The Feminist Self-Help Society*. It's our newly revamped community and classroom where you get individual help to better apply these concepts to your life along with a library of next level blow your mind coaching tools and concepts that I just can't fit in a podcast episode. It's also where you can hang out, get coached and nerd out about all things thought work and feminist mindset with other podcast listeners just like you and me.

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