Mentoring vs. Coaching—Do You Know the Difference?

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Dr. Rhymer is chairman and CEO of the employed physician group of an urban, four-hospital health system. A senior cardiology colleague has come to him to ask about the recently posted chief of cardiology position at the system's heart hospital.

Cardiologist: I was thinking about applying for the chief's position, but I really wasn't sure what the situation is over there or what they're looking for. What do you know about it?

Dr. Rhymer: Well, in my opinion the most immediate challenge will be coming to terms with Dr. Hanson, chief of cardiac surgery. He's been in that role for a long time, and you might know he's very opinionated. He really doesn't listen to anyone else's ideas, so he can be difficult to deal with. He'll be retiring next year though, so you'll only have to work with him—or around him—for a few months.

Cardiologist: What else is involved?

Dr. Rhymer: Let's see ... you'd be working with the cardiologists on service line development. I've found them to be quite supportive, though, so that shouldn't prove too difficult. The cath labs are in good shape, but the EP labs need a technology upgrade, and probably relocation to a different floor.

Cardiologist: Do you think I can handle it?

Dr. Rhymer: I think so. You've got the necessary experience, and you seem to have an interest in medical leadership. It's a logical next step for you. If I were you, I'd go ahead and apply.

This is a textbook example of a mentoring conversation. Dr. Rhymer immediately understood that what his colleague wanted was the benefit of his advice and professional experience. His advice was based on his own observations and beliefs about what the job entails and his colleague's ability to handle it.

Sometimes, however, that's not what's required. Sometimes your colleague needs someone who can stand...
apart from the issue and help them see it from a different perspective. They need to self-discover what’s right for them, reaching a conclusion based on their own values and beliefs—not yours. That’s when a coaching conversation is called for.

Consider the following conversation later that afternoon, when another colleague approaches Dr. Rhymers to talk about the same job:

**Cardiologist:** I’ve been thinking about the chief of cardiology job at the heart hospital, but I’m not sure. I’d like more of a leadership role, but maybe it would be better just to remain in my practice and continue what I’m doing.

**Dr. Rhymers:** So what would be the downside of doing that?

**Cardiologist:** I might not get another chance at a medical leadership role, certainly not one here in town.

**Dr. Rhymers:** What else is a possible downside?

**Cardiologist:** Actually, the one I’m most concerned about is having to work with the chief of cardiac surgery. We both know Hanson’s not easy to deal with. I’m not sure I can handle the conflict.

**Dr. Rhymers:** So, though you say you want more of a leadership role, you also say that there are some real liabilities to taking on the chief’s job. But suppose you took on the job and were able to handle it, what would be the upside for you?

**Cardiologist:** Well, the job could be really interesting, and it would give me an opportunity to lead the expansion of our cardiology service line, which is something the community really needs. I’d find that quite challenging.

**Dr. Rhymers:** What else would you find worthwhile?

**Cardiologist:** It’d also give me an opportunity to learn more about hospital operations. I don’t have much opportunity to observe them as a practicing cardiologist.

**Dr. Rhymers:** So I hear you telling me a couple of things so far. You’re interested in a leadership role, and in becoming more involved in service line development and hospital operations, but you have concerns about handling the personal conflict that might come with it. Let me ask you, have you ever been in a situation where you’ve been successful in handling conflict with another physician that you’ve had to work closely with?

**Cardiologist:** Well...yes as a matter of fact. Several years ago when I became chief resident, three months into my tenure they appointed an interim residency director, and he had an impossible personality.

**Dr. Rhymers:** How did you handle it?

**Cardiologist:** Day-to-day. Mainly, I was able to win the support of the other residents and the chairman of internal medicine. They really supported me, and that gave me the leverage I needed.

**Dr. Rhymers:** So based on your experience, what does that tell you about your ability to handle any potential conflicts with Hanson?

**Cardiologist:** I guess I can deal with him; especially since I hear he has only a few months left on the job.

**Dr. Rhymers:** OK, so based on what you’re telling me, how sure are you that you really want to pass this up and remain doing what you’re doing?

**Cardiologist:** (Pause)...Now that I think about it, I don’t think I should pass it up.

**Dr. Rhymers:** Because...?

**Cardiologist:** Because I know it would take me in the direction I want to go, and I could deal with Hanson just like I did the interim residency director. All things considered, it sounds doable for me.

This is an example of a coaching conversation. Dr. Rhymers quickly picked up that what his colleague needed was not advice, but rather help in self-discovering what was right for him and what action he ought to take. Rhymers’s professional experience and knowledge of the chief of cardiology’s job was not what was required.

A good coach doesn’t have to know anything about the specifics of the issue; in fact, it probably helps if he doesn’t because it helps keep him slipping into the role of mentor/adviser. What the coach does have to know, however, is how to lead his colleague through a process of self discovery.

Note that Dr. Rhymers made effective use of three tried and true coaching techniques:

- Clarifying ambivalence
- Finding exceptions
- Summarizing

First, he questioned his colleague on what would be the downside, then the upside of a decision to go ahead (clarifying ambivalence). By asking first for the downside, he got all the objections out on the table, including the downside of not going ahead.

By then asking about the upside, he got his colleague to paint a mental picture of what success would look like. In a situation like this, a mental picture is worth a dozen bullet points.

Next, Dr. Rhymers asked his colleague if he had ever been successful in handling a similarly difficult situation (finding exceptions). Notice he didn’t ask how he would handle this one; instead he focused his colleague on how he had successfully dealt a similar situation in the past, which helped build confidence that he could do it again.
Finally, Dr. Rhymer offered a short summary (summarizing to allow the person to hear their own key points), then used the “because” frame to encourage his colleague to express in his own words what he was motivated to do.

There are times when mentoring is required, when your colleague wants the benefit of your knowledge, experience and advice on what course of action he/she should take. Then there are those times when a coaching conversation is called for, when your professional experience and beliefs are not what’s required, and can even get in the way.

In times like these, your goal is to facilitate your colleague’s process of self-discovery, helping him surface his true feelings and commit to action based on his own conclusions. The difference between these two situations is significant, and they require very different conversations.

Your goal in coaching is to facilitate your colleague’s process of self-discovery, helping him surface his true feelings and commit to action based on his own conclusions.