

“Want to Get Great at Something? Get a Coach.”

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I don't come to you today as an expert. I come to you as someone who has been really interested in how I get better at what I do and how we all do. I think it's not just how good you are now, I think it's how good you're going to be that really matters.

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I was visiting this birth center in the north of India. I was watching the birth attendants, and I realized I was witnessing in them an extreme form of this very struggle, which is how people improve in the face of complexity -- or don't. The women here are delivering in a region where the typical birth center has a one-in-20 death rate for the babies, and the moms are dying at a rate ten times higher than they do elsewhere. Now, we've known the critical practices that stop the big killers in birth for decades, and the thing about it is that even in this place -- in this place especially, the simplest things are not simple. We know for example you should wash hands and put on clean gloves, but here, the tap is in another room, and they don't have clean gloves. To reuse their gloves, they wash them in this basin of dilute bleach, but you can see there's still blood on the gloves from the last delivery. Ten percent of babies are born with difficulty breathing everywhere. We know what to do. You dry the baby with a clean cloth to stimulate them to breathe. If they don't start to breathe, you suction out their airways. And if that doesn't work, you give them breaths with the baby mask. But these are skills that they've learned mostly from textbooks, and that baby mask is broken.

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In this one disturbing image for me is a picture that brings home just how dire the situation is. This is a baby 10 minutes after birth, and he's alive, but only just. No clean cloth, has not been dried, not warming skin to skin, an unsterile clamp across the cord. He's an infection waiting to happen, and he's losing his temperature by the minute. Successful child delivery requires a successful team of people. A whole team has to be skilled and coordinated; the nurses who do the deliveries in a place like this, the doctor who backs them up, the supply clerk who's responsible for 22 critical drugs and supplies being in stock and at the bedside, the medical officer in charge, responsible for the quality of the whole facility. The thing is they are all experienced professionals. I didn't meet anybody who hadn't been part of thousands of deliveries. But against the complexities that they face, they seem to be at their limits. They were not getting better anymore. It's how good you're going to be that really matters.

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It presses on a fundamental question. How do professionals get better at what they do? How do they get great? And there are two views about this. One is the traditional pedagogical view.

That is that you go to school, you study, you practice, you learn, you graduate, and then you go out into the world and you make your way on your own. A professional is someone who is capable of managing their own improvement. That is the approach that virtually all professionals have learned by. That's how doctors learn, that's how lawyers do, scientists ... musicians. And the thing is, it works. Consider for example legendary Juilliard violin instructor Dorothy DeLay. She trained an amazing roster of violin virtuosos: Midori, Sarah Chang, Itzhak Perlman. Each of them came to her as young talents, and they worked with her over years. What she worked on most, she said, was inculcating in them habits of thinking and of learning so that they could make their way in the world without her when they were done.

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Now, the contrasting view comes out of sports. And they say "You are never done, everybody needs a coach." Everyone. The greatest in the world needs a coach.

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So I tried to think about this as a surgeon. Pay someone to come into my operating room, observe me and critique me. That seems absurd. Expertise means not needing to be coached.

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So then which view is right? I learned that coaching came into sports as a very American idea. In 1875, Harvard and Yale played one of the very first American-rules football games. Yale hired a head coach; Harvard did not. The results? Over the next three decades, Harvard won just four times. Harvard hired a coach.

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(Laughter)

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And it became the way that sports works. But is it necessary then? Does it transfer into other fields?

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I decided to ask, of all people, Itzhak Perlman. He had trained the Dorothy DeLay way and became arguably the greatest violinist of his generation. One of the beautiful things about getting to write for "The New Yorker" is I call people up, and they return my phone calls.

06:07

(Laughter)

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And Perlman returned my phone call. So we ended up having an almost two-hour conversation about how he got to where he got in his career.

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And I asked him, I said, "Why don't violinists have coaches?"

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And he said, "I don't know, but I always had a coach."

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"You always had a coach?"

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"Oh yeah, my wife, Toby."

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They had graduated together from Juilliard, and she had given up her job as a concert violinist to be his coach, sitting in the audience, observing him and giving him feedback.

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"Itzhak, in that middle section, you know you sounded a little bit mechanical. What can you differently next time?" It was crucial to everything he became, he said.

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Turns out there are numerous problems in making it on your own. You don't recognize the issues that are standing in your way or if you do, you don't necessarily know how to fix them. And the result is that somewhere along the way, you stop improving. And I thought about that, and I realized that was exactly what had happened to me as a surgeon.

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I'd entered practice in 2003, and for the first several years, it was just this steady, upward improvement in my learning curve. I watched my complication rates drop from one year to the next. And after about five years, they leveled out. And a few more years after that, I realized I wasn't getting any better anymore. And I thought: "Is this as good as I'm going to get?"

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So I thought a little more and I said ... "OK, I'll try a coach." So I asked a former professor of mine who had retired, his name is Bob Osteen, and he agreed to come to my operating room and observe me. The case -- I remember that first case. It went beautifully. I didn't think there would be anything much he'd have to say when we were done. Instead, he had a whole page dense with notes.

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(Laughter)

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"Just small things," he said.

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(Laughter)

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But it's the small things that matter. "Did you notice that the light had swung out of the wound during the case? You spent about half an hour just operating off the light from reflected surfaces." "Another thing I noticed," he said, "Your elbow goes up in the air every once in a while. That means you're not in full control. A surgeon's elbows should be down at their sides resting comfortably. So that means if you feel your elbow going in the air, you should get a different instrument, or just move your feet." It was a whole other level of awareness. And I had to think, you know, there was something fundamentally profound about this. He was describing what great coaches do, and what they do is they are your external eyes and ears, providing a more accurate picture of your reality. They're recognizing the fundamentals. They're breaking your actions down and then helping you build them back up again. After two months of coaching, I felt myself getting better again. And after a year, I saw my complications drop down even further. It was painful. I didn't like being observed, and at times I didn't want to have to work on things. I also felt there were periods where I would get worse before I got better. But it made me realize that the coaches were onto something profoundly important.

09:57

In my other work, I lead a health systems innovation center called Ariadne Labs, where we work on problems in the delivery of health care, including global childbirth. As part of it, we had worked with the World Health Organization to devise a safe childbirth checklist. It lays out the fundamentals. It breaks down the fundamentals -- the critical actions a team needs to go through when a woman comes in in labor, when she's ready to push, when the baby is out, and then when the mom and baby are ready to go home. And we knew that just handing out a checklist wasn't going to change very much, and even just teaching it in the classroom wasn't necessarily going to be enough to get people to make the changes that you needed to bring it alive. And I thought on my experience and said, "What if we tried coaching? What if we tried coaching at a massive scale?"

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We found some incredible partners, including the government of India, and we ran a trial there in 120 birth centers. In Uttar Pradesh, in India's largest state. Half of the centers basically we just observed, but the other half got visits from coaches. We trained an army of doctors and nurses like this one who learned to observe the care and also the managers and then help them build on their strengths and address their weaknesses. One of the skills for example they had to work on with people -- turned out to be fundamentally important -- was communication. Getting the nurses to practice speaking up when the baby mask is broken or the gloves are not in stock or someone's not washing their hands. And then getting others, including the managers, to practice listening. This small army of coaches ended up coaching 400 nurses and

other birth attendants, and 100 physicians and managers. We tracked the results across 160,000 births.

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The results ... in the control group you had -- and these are the ones who did not get coaching -- they delivered on only one-third of 18 basic practices that we were measuring. And most important was over the course of the years of study, we saw no improvement over time. The other folks got four months of coaching and then it tapered off over eight months, and we saw them increase to greater than two-thirds of the practices being delivered. It works. We could see the improvement in quality, and you could see it happen across a whole range of centers that suggested that coaching could be a whole line of way that we bring value to what we do. You can imagine the whole job category that could reach out in the world and that millions of people could fulfill.

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We were clearly at the beginning of it, though, because there was still a distance to go. You have to put all of the checklist together to achieve the substantial reductions in mortality. But we began seeing the first places that were getting there, and this center was one of them because coaching helped them learn to execute on the fundamentals. And you could see it here.

13:15

This is a 23-year-old woman who had come in by ambulance, in labor with her third child. She broke her water in the triage area, so they brought her directly to the labor and delivery room, and then they ran through their checks. I put the time stamp on here so you could see how quickly all of this happens and how much more complicated that makes things. Within four minutes, they had taken the blood pressure, measured her pulse and also measured the heart rate of the baby. That meant that the blood pressure cuff and the fetal Doppler monitor, they were all there, and the nurse knew how to use them. The team was skilled and coordinated. The mom was doing great, the baby's heart rate was 143, which is normal. Eight minutes later, the intensity of the contractions picked up, so the nurse washed her hands, put on clean gloves, examined her and found that her cervix was fully dilated. The baby was ready to come. She then went straight over to do her next set of checks. All of the equipment, she worked her way through and made sure she had everything she needed at the bedside. The baby mask was there, the sterile towel, the sterile equipment that you needed. And then three minutes later, one push and that baby was out.

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(Applause)

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I was watching this delivery, and suddenly I realized that the mood in that room had changed. The nurse was looking at the community health worker who had come in with the woman because that baby did not seem to be alive. She was blue and floppy and not breathing. She

would be one of that one-in-20. But the nurse kept going with her checkpoints. She dried that baby with a clean towel. And after a minute, when that didn't stimulate that baby, she ran to get the baby mask and the other one went to get the suction. She didn't have a mechanical suction because you could count on electricity, so she used a mouth suction, and within 20 seconds, she was clearing out that little girl's airways. And she got back a green, thick liquid, and within a minute of being able to do that and suctioning out over and over, that baby started to breathe.

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(Applause)

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Another minute and that baby was crying. And five minutes after that, she was pink and warming on her mother's chest, and that mother reached out to grab that nurse's hand, and they could all breathe.

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I saw a team transformed because of coaching. And I saw at least one life saved because of it. We followed up with that mother a few months later. Mom and baby were doing great. The baby's name is Anshika. It means "beautiful." And she is what's possible when we really understand how people get better at what they do.

16:24

Thank you.