A starter’s guide to pursuing an academic coaching program

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Released in 2017, “Coaching in Medical Education: A Faculty Handbook” aims to provide a practical framework for medical educators who are forming programs for medical student coaching. These programs typically involve a learner and a coach working one-on-one to craft strategies that will allow the learner to master a skill set.

The AMA-published coaching handbook features eight chapters on academic coaching, each of which was written by faculty members at schools in the AMA's Accelerating Change in Medical Education Consortium. Several of the text’s contributing authors offered insight on the keys to implementing an academic coaching program during a recent discussion in the AMA Accelerating Change in Medical Education Community.

Why do institutions implement coaching programs?

Several of the participants discussed that, in the circumstances of their medical schools, implementing an academic coaching program was part of a larger curricular adjustment. Panelists also indicated that the coaching programs have been met with enthusiasm from students.

Mary Casey Jacob, PhD, professor of psychiatry and obstetrics and gynecology at University of Connecticut School of Medicine: “Having a coach was helpful to students as they navigated a dramatically different curriculum, since the students could not rely on upper classmen for help and advice in the ‘normal’ way. I have also found that training the coaches to know quite a bit about the new curriculum has helped spread the word among the faculty. These are some unexpected, early benefits of the coaching program. It is exciting to know that you are finding benefits too!”
Who can be a coach?

A coach differs from both an adviser and a mentor in that coaches aren’t student advocates (as mentors often are) nor must they possess a significant track record of experience that is relevant to a student (as a mentor typically does). Panelists indicated that, in most instances, coaches were faculty members who coached in addition to other academic responsibilities. Though most coaches held advanced degrees, not all are physicians.

**Jacob:** For our coaches for the first two years of our new curriculum, we have both physician coaches and investigator coaches - all are faculty. The physicians and investigators [a post-graduate faculty member who is not a physician] work in pairs. Each has their own five students to directly coach, but the students can also access the other coach in the pair. As we prepare to implement the third year of our new curriculum, we anticipate that the students will each acquire a new coach, who will be a physician and ideally, one in a specialty of interest to the student.

**Eric Skye, MD, associate professor at University of Michigan:** For our medical students we have chosen to only use faculty physicians as coaches for both role modeling and logistical reasons. Our institution, however, has a robust coaching program that physicians access and most of those coaches are not physicians but are institutional leaders trained in a formal coaching program.

What student information should be accessible to coaches?

The consensus among panelists seemed to be that the more metrics coaches are able to access the better equipped they are to get a clear picture of a student’s strengths and weaknesses.

**Nicole Deiorio, MD, professor of emergency medicine and assistant dean for student affairs, Oregon Health & Science University:** Coaches should have full access to student data, so students can’t paint a selective picture of themselves when speaking with their coach, either intentionally or because they don’t have good self-assessment skills yet.

Do you provide coaching for residents?

The consensus seemed to be that there is value in providing coaching to residents. The type of coaching might differ—a chapter on this topic in the handbook says that coaches should work to build confidence when working with residents. Finding time is also a challenge of coaching a medical resident.

**Ronda Mourad, MD, assistant professor of medicine, Case Western Reserve University School of Medicine:**

URL: https://www.ama-assn.org/education/accelerating-change-medical-education/starter-s-guide-pursuing-academic-coaching-program
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Our coaching program includes categorical internal medicine residents, and this year we expanded it to include [pediatric] residents. We started the program in academic year 2016–2017, so our current PGY-2 and PGY-1 classes participate in coaching.

Amy Westcott, MD, associate professor of geriatrics and palliative medicine and Hippocrates Scholar Program director, Penn State College of Medicine: At [Penn State] we offer both formal and informal coaching programs for residents and fellows. The more formal programs are learner-centered and goal-oriented. The informal ones are more consultant-type coaching.