

Residents under strain can benefit from a coach in their corner

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When it comes to physician trainees, teaching does not end after medical school. The same can be said of academic coaching. Residents, like medical students, can benefit from interacting with a coach who has their long-term goals in mind.

The unique methods for coaching residents are chronicled in a chapter in “Coaching in Medical Education: A Faculty Handbook.” The AMA digital publication provides a practical framework for medical educators who are forming programs.

Amy Westcott, MD, associate professor of geriatrics and palliative medicine and Hippocrates Scholar Program Director, Penn State College of Medicine, co-wrote the chapter on coaching in graduate medical education. She says residents face new pressures that should factor into how a coach interacts with them.

“The professional development piece is that when you’re a medical student, you may not entirely understand the context of your role with the team. Then, as a resident, your role changes, having more direct responsibility on your shoulders in clinical decision-making,” Dr. Westcott said. “So there’s a responsibility, and the weight of that responsibility changes.”

Factoring in life changes

In addition to a change in professional responsibility, many residents are seeing their life situations change. A 2013 study indicated that 57 percent of male residents and 38 percent of female residents were married, and thus, they were more likely to experience work-life conflict. Addressing those issues is paramount to a resident becoming a well-rounded physician.

“Being honest and open with your coach about all of your questions, concerns and insecurities is helpful. Then a coach can have a handle on helping you get where you want to go,” Dr. Westcott said.

In terms of their work demeanor, residents have shown a propensity to focus on the negative, to the point that some show signs of imposter syndrome. A good coach can help them celebrate their successes, building confidence and lessening the symptoms of burnout.

“Residents feel so many pressures from residency,” Dr. Westcott said. “Having a positive, enthusiastic,

brain-storming, driven coach can help them think through the solutions to something.”

For example, she said, coaches can help residents “come up with pocket phrases to manage conflict [and] help them be mindful about their wellness plan and how they can accomplish it.”

Coaching relationship needs time to flourish

Availability is perhaps the biggest hurdle in implementing formal coaching programs at the GME level. Coaching sessions should occur with regularity. And to ensure that they do, the handbook recommends that institutions give faculty coaches protected time to conduct them. Another time commitment: Faculty member follow-ups, whether informal or through email, text, etc., are a key to holding trainees accountable.

The commitment to a coaching relationship is a two-way street.

“[Trainee] buy-in can be challenging because they aren’t quite sure what it’s about,” Dr. Westcott said. “Is it really going to help me? Even though coaching is very learner-centered, sometimes they feel like it’s just another meeting they have to go to.”

Residents in coaching programs should be shown the potential benefits of their active participation. Setting goals and achieving them is one of those benefits. The handbook advises an ISMART rubric as one potential option to guide the goal-setting process for the learner. ISMART is mnemonic to describe a method of addressing important topics that are specific, include measurable or clearly describable outcomes, have a mechanism of accountability, are realistic and have a timeline for accomplishment.

A less tangible benefit, but one that Dr. Westcott finds equally important, is that coaches offer residents a compassionate ally.

“[A good coach] is somebody who can truly care about the outcome of the resident and help them get

to where they want to go,” she said. “If you care about somebody and their success, that’s one ideal ingredient.”