Academic coaches in medical school can spur competency-based med ed

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All medical students follow their own paths to growth. One model for competency-based medical education (CBME) firmly acknowledges this, but it also relies on medical students to surrender to a level of vulnerability that is unusual in today’s medical education system.

In a post on the International Clinician Educators Network blog, two medical education experts explored how academic coaching in medicine can further the goals of competency-based medical education in the short term and over the long haul.

Know how coaches are different

“We suggest that coaching—whether in the moment or in a longitudinal manner—is a critical element to implementing CBME with fidelity,” wrote the authors, Kimberly Lomis, MD, vice president for undergraduate medical education innovations at the AMA, and Denyse Richardson, MD, assistant professor and clinician educator University of Toronto’s Department of Medicine, in the Division of Physiatry.

“One imperative distinction is in the orientation of coaches toward asking over telling,” the authors wrote. “Coaching focuses on solutions: leading and guiding, not telling, any learner through a process of reflection, which enables them to identify personalized goals within the larger framework and create individualized pathways for learning.”

A textbook published this spring, Coaching in Medical Education: Students, Residents and Faculty, explores how successful medical school coaching programs further learners’ personal goals. The textbook is part of the AMA MedEd Innovation Series, which provides practical guidance for local implementation of the education innovations tested and refined by the AMA Accelerating Change in Medical Education Consortium.

URL: https://www.ama-assn.org/education/accelerating-change-medical-education/academic-coaches-medical-school-can-spur-competency

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How they can help short-term

According to Drs. Lomis and Richardson, the dyad of the individual learner and coach is a critical relationship—based in trust—essential to optimizing patient care.

“But it is important to acknowledge that, even within the context of medical education and CBME, coaching isn’t always going to look, feel or be the same,” the authors wrote, “nor is it likely that it should.”

In Canada, for example, implementing CBME includes competence by design—a coaching model that incorporates two distinct coaching roles: coaching in the moment and coaching over time.

The first prong, coaching in the moment, requires physicians to establish rapport and set expectations with their residents, observing them doing their daily work, providing coaching feedback and recording their encounters.

It follows a step-by-step process known as RX-OCR, which stands for:

- Rapport: Establish educational rapport between the resident and the clinician.
- Set eXpectations: Do this by discussing the resident’s learning goals.
- Observe the resident: This can be direct or indirect.
- Coaching: Engage in a conversation to improve their work.
- Record: Make a summary of the encounter.

“In medical learning environments, when acquiring skills and expertise in patient care are paramount, coaching may need to be more directive and less reflective, contrary to longitudinal models of coaching, which are founded upon the coach asking stimulating or reflective questions,” the authors wrote.

And also long-term

The second prong, coaching over time, “requires a more longitudinal relationship between a designated coach, not necessarily a clinician, and the resident,” the authors wrote, adding that this spans numerous settings and clinical experiences and is driven by multiple sources of performance evidence.

“The resources required to invest in programmatic coaching are not trivial,” they noted. “Given that thousands of trainees are preparing to advance in responsibilities this summer in the context of highly
individualized disruptions to their education, the medical education community might challenge ourselves to consider the costs of not knowing and responding to the individual developmental needs of each of them.”

The AMA Academic Coaching in Medical Education Video Series features nine short videos that explore academic coaching competencies through hypothetical situations involving both experienced and inexperienced coaches. All of these videos can be accessed for free on the AMA YouTube channel and the AMA Ed Hub™.