The concept of academic coaching at the medical school level has taken hold in recent years. Can those coaching relationships be beneficial to physicians in training as they move from student to physician?

A panel of resident physicians offered perspectives on that question during a recent AMA meeting that focused on best practices in implementing coaching programs at the graduate medical education level. Here are some key insights the group offered.

A different focus

While coaching should be tailored to the needs and goals of the coachee, those needs and goals evolve, panelists said. That might be a transition from learning strategies to career growth and development.

“The goals of coaching in medical school are broad,” said Katie Zurales, MD, a fourth-year ob-gyn resident at Michigan Medicine. “In residency, you are it. You are a doctor now. I see coaching as: How can my coach help me be the doctor I want to be? The one I wrote about in my personal statement. Someone who can remind you of those things and debrief.”

Your training institution may offer academic coaching. Learn how to tell whether it’s effective.

Addressing the time crunch

Many of the residents on the panel participated in coaching programs during their graduate medical training, and some of those programs were mandatory.
“For some residents who were feeling stretched thin, particularly our second-year class who had done a ton of ICU rotations, for them it felt like another thing being added to the plate,” said Alana Harp, MD, a chief emergency medicine resident at Stanford Medicine. “Because of that, I don’t think they were as engaged in the experience. Whereas people who have been looking for that kind of focused one-on-one coaching to further their career goals may have responded differently, so I think having a voluntary component when you are starting your [coaching] program is helpful.”

What forms your identity? Understanding that is key to coaching diverse learners.

Nonclinical value

There was debate about the value of having a coach who observes residents directly with patients, as opposed to one who may not even be from the same specialty. Residents spoke of the importance of having a coaching relationship be a safe space in which they didn’t feel that their coach was evaluating their ability.

“So much of it depends on what your goal is as a trainee,” said Brandon Esianor, MD, a chief otolaryngology resident at Vanderbilt University Medical Center. “Do I need assistance with providing feedback to one of my junior residents? If that’s what I need assistance with, I don’t think a coach needs to be there to directly observe. In the planning phase of going through my experience and providing my coach with context, hopefully we can work through that. If it’s a surgical technique goal that I want to improve upon, in that case I would need the coach to be present and provide feedback.”

Find out how academic coaches can spur competency-based medical education.

Learn more about coaching

A textbook published this spring, Coaching in Medical Education, explores how successful medical school coaching programs further learners’ personal goals.

Separately, 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™.