How transition-to-residency coaching can transform coaches too

DEC 9, 2022

Timothy M. Smith
Senior News Writer

Coaching has come a long way in medical training recently, but its structure is anything but settled. Like other elements of medical education, it is constantly being refined.

A webinar hosted by the AMA GME Insight Network explored a transition-to-residency coaching program at New York University Grossman School of Medicine that analyzed the building blocks of coaching to further medical education’s understanding of individualized pathways for learners. It also looked at what coaching programs do for coaches themselves.

The program, the NYU Transition to Residency Advantage, was funded by a grant from the AMA Reimagining Residency initiative, which was launched in 2019 to close the gap between undergraduate and graduate medical education (GME). Through $15 million in grants over five years, the initiative is funding 11 projects to help create a meaningful and safe transition from medical school to residency, establish new curricular content and experiences to enhance readiness for practice, and promote well-being in training.

Why the transition is tricky

One of the biggest changes learners encounter when they enter residency is that faculty members’ roles are much more fluid.

“Those people who, in undergraduate medical education [UME], were purely a teacher or a supervisor or an evaluator or an adviser or a mentor are now all of those things,” said Abigail Ford Winkel, MD, assistant director of the Institute for Innovations in Medical Education at NYU. Dr. Winkel is also assistant director of the school’s Masters in Health Professions Education Program and co-director of its Transition to Residency Experience.
Whereas an adviser gives advice and a mentor provides motivation, a coach must be structurally separate from those two activities and focus on advocating on behalf of the learner, Dr. Winkel noted. But the biggest difference is that a coach tries to get the learner to be the one who drives their lifelong educational goals. Instead of focusing on what worked for themselves in residency, coaches try to help learners gain insight and awareness into their own professional ambitions.

“The principles make a lot of sense, but it’s much messier in GME because our faculty are wearing a lot of hats,” Dr. Winkel said.

The AMA GME Insight Network is part of the AMA GME Resource Program, an online portal with original content that helps residency and fellowship programs meet accreditation requirements, now offers free and low-cost access to best practices, studies, lectures, didactics, workshops and other curricular elements to better prepare learners for practice.

**Everyone is a learner**

Launched in 2021, the NYU Transition to Residency Advantage first worked with faculty and interns in five programs: emergency medicine, internal medicine, obstetrics and gynecology, orthopaedics and pathology.

In the first round, faculty development consisted of robust training through workshops focused on the specific needs of learners during the transition, as well as coaching fundamentals. A group-observed structured clinical encounter with standardized learners provided practice around issues such as dealing with problems facing learners from historically excluded racial and ethnic groups.

For the second cohort, the curriculum substituted some in-person workshops for video lessons and expanded to include faculty on the undergraduate side, as well as peer coaches from the initial cohort.

The first coachees received a warm handoff from their UME advisers in April and May, and Dr. Winkel soon noticed the bridge coaches weren’t just using their new skills in their coaching relationships; they were using them with all learners, and even with patients.

According to Dr. Winkel, participants say things like, “Instead of rushing in with a solution, I've asked more questions. I've gotten a little more curious about that learner, about how they’re perceiving the problem, and I'm finding that they're looking for solutions that make more sense to them.”

She said that approach “leads to a little more motivation, a little more sticky solutions, because that learner owns that solution that they created themselves.”

Learn more about academic coaching in medical education.