

Chapter 1: Introduction and definition of academic coaching

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Take home points

1. Coaching represents a new and significant opportunity in medical student education.
2. Coaching can be a powerful tool to assist learners in reflection and self-actualization.
3. The role of a coach must be clearly defined to extend the benefits of a coaching relationship beyond traditional mentoring and advising.

Defining academic coaching

Executive coaching is a rapidly growing field and resource in the business community, with a multitude of companies and professionals offering executive coaching services. Executive coaching has been defined in various ways but generally assumes a short-term relationship designed to improve an executive's effectiveness. Contrast this to the relatively new emergence of academic coaching in the medical field and more specifically in medical education.¹⁻³ Although the core definition from the executive coaching literature remains relevant, there is a need to further define academic coaching to consider the needs and goals of learners. Deiorio et. al. recently defined academic coaching as, "An academic coach is a person assigned to facilitate learners achieving their fullest potential. Coaches work with learners by evaluating performance via review of objective assessments, assisting the learner to identify needs and create a plan to achieve these, and helping the learner to be accountable. Coaches help learners improve their own self-monitoring, while modeling the idea that coaching will likely benefit them throughout their career."⁴



*The need to incorporate external feedback will continue throughout one's career.

Vignette

MJ is a 2nd year medical student who has developed a good relationship with her coach through the first year of medical school. After shadowing extensively and doing summer research in oncology, MJ has confirmed that she wants to go into Oncology and requests to switch coaches to a physician in her preferred field in order to better prepare for her future career.

Thought questions:

1. Once a student identifies a preferred specialty, is it in the student's best interest to establish a new coaching relationship with a faculty in that field?
2. What is the advantage of continuing to have a coach if the learner needs to also have an adviser or mentor?

This definition allows us to differentiate a coaching relationship from the more traditional medical education relationships of advising and mentoring. Mentors are defined in various ways but traditionally embrace the concept that a mentor is of advanced academic rank and/or experience and acts as a guide and teacher who helps develop their mentee.^{5,6} Implicit in this definition is that the mentor has expertise and experience in the realm of need of the mentee and is sharing or passing this to their learner. Advisers are generally assigned to learners, have experience in the learner's area of need and are generally expected to provide oversight, advice, answers, and guidance to the learner. In contrast, an academic coach may or may not have expertise in the realm of the self-identified need(s) in their learner but is skilled at helping the learner accurately reflect on their performance, their needs for growth, and gain insight into desired outcomes. Coaches also help learners create specific action-oriented plans to achieve their goals while providing a space for accountability and re-assessment of their needs.

Expertise of an academic coach

To understand the role of a coach in medical education it can help to further consider what is not traditionally considered under the purview of coaching. Many of these non-coaching needs are often appropriately managed in the advising and mentoring roles that faculty or peers may play.

Role of advisers

Advisers may have responsibilities such as assisting students in course scheduling or registration decisions, managing curricular obligations, deciding on specialty options, residency applications, and planning for research opportunities and other school or program specific needs. Advisers may often also be responsible for roles such as writing letters of recommendation, assisting in regular performance reviews and other academic requirements. Advisers may only have limited and/or learner-reported knowledge of the learner's strengths, weaknesses, and assessment information.

Role of mentors

Mentor roles are often less formalized and are specific to a learner's needs but are predicated on the mentor's knowledge and expertise of a shared vocational field or desired experience. In this role, the mentor often is called upon to share experiences, provide advice and recommendations in order to help direct a learner's plans. As a coach,

there is little or no assumption of expertise in the field. Coaches will assist the learner in setting appropriate goals and developing action plans based on the learner's priorities, however compared to the role of mentor there is judicious advice and recommendations provided compared to the guided discovery and actualization derived from coaching.

Role of coaches

When a professional athlete or a CEO obtains a coach there is no assumption that the coach will be a senior leader or expert in that field. Rather, coaches are frequently sought out for their skills in coaching in a specific realm and may have limited experience in the full scope of their client's expertise. This is in contrast to what the authors have observed in many medical education coaching programs where coaches are frequently physicians sought out for their interest or skills in advising and mentoring learners. The decision to engage skilled physicians as coaches for medical learners is easily understood but has predictable consequences that we must consider.

It is natural for the medical learner to look to the physician coach as a mentor and/or potential adviser given they have reached a level of success in medicine that the learner desires to achieve. Coaching programs may be intentionally integrated into current advising and mentoring programs, which can

lead to expanded program goals which have the potential to create role tension and/or potential conflicts of interest. This should be carefully considered at the outset, and role responsibilities must be continually reinforced. For instance, coaches would generally be provided with a breadth of performance data on their students in order to assist the students in accurate reflection and goal setting, and students may divulge sensitive personal information in this confidential setting. An adviser, who may be in the learners' field or a related field, would often have access to a more limited scope of information that is intended to allow for appropriate career guidance. In addition, coaches may not have appropriate experiences in curricular or specialty

requirements without additional advising training. Coaches may also be exempted from formal evaluation of the learner in order to provide a safe and neutral space for students to identify personal needs and challenges and work with their coach toward setting specific goals and action plans. There is also a natural tendency for a learner to want to present themselves in the best possible light to an adviser who might impact their future career opportunities, yet this would undermine the opportunity for a coach to assist a student in managing meaningful change. These potential conflicts warrant specific policies and procedures around a coach's role in a student's formal education and evaluation to avoid these potential conflicts of interest.

Goals of a coaching program

The decision to establish a coaching program in addition to the other resources provided to a learner suggests there are outcomes or goals unmet by the currently available student programs. Just as athletes rely on their coaches to help perfect their form or musicians rely on coaches to perfect their pitch, so too can medical trainees benefit from coaches to help them reach their fullest potential as physicians. In our delivery system where understanding of diseases and their management is constantly evolving and physician roles are diverse, it is important for medical students to develop and foster habits of self-reflection and monitoring early to achieve individual professional goals. These emerging needs of our learners represent an important opportunity for the development of a coaching program for medical learners. Current medical education takes place in distinct blocks, where learners work with many different teachers across their training, often for short and distinct periods of time. Coaching allows for a consistent, longitudinal,

and open relationship that is neither supervisory nor evaluative, but offers structured opportunities for students to discuss personalized, actionable goals and action plans as they progress through different phases of medical school.⁷

The feedback literature suggests that learners incorporate feedback best when a longitudinal relationship is formed with a trusted person and an "educational alliance" exists.⁸ Coaching is uniquely positioned to meet this framework as it can offer a safe, ongoing dialogue with a person who, due to the nature of the coaching commitment, is credible as having the learner's best interests in mind.

As coaching programs are increasingly introduced in medical education they may be additive to current student programs and designed to meet specific coaching goals. The individual goals of a coaching program at any given school may be different based on the institution's needs.

Potential goals for a coaching program

- Providing students with a safe space for informed reflection on academic, personal and professional performance
- Ensuring student wellbeing
- Assisting students in setting and reaching goals that will lead to high levels of academic/professional achievement and personal satisfaction
- Encouraging students to establish habits of continuous reflection, goal setting and lifelong learning.

In review

In revisiting the vignette, we can see that a learner's coach would need to have only a general awareness of the field of interest of that individual which most medical faculty are likely to possess. In contrast to an adviser or mentor who would be providing specialty-specific advice and direction related to specialty choice, a coach would continue to assist a learner in clarifying their self-identified needs and creating learner-directed plans to meet their goals. In this situation the coach may help the learner identify the need to find an adviser or mentor in their field of interest to further understand this career field and the pathway to matching in this specialty. The learner's coach would also continue to be available to assist the learner in identifying and addressing personal and professional goals that are not specialty-specific.

MJ's coach should be focused on the longitudinal self-identified needs of the learner and will likely have access to most if not all performance metrics from the student's educational program. This will likely differ from the filtered or student-identified resources available to advisers and mentors provided to direct/advise students. In addition, the coach is not intentionally paired with a student in their field of mutual interest. This separation provides the student a unique confidential relationship that can address concerns that may not be comfortably disclosed to advisers or mentors in their anticipated field where advisers could potentially have conflicts of interest in the resident selection processes.

Conclusion

In the chapters that follow, the authors provide a practical framework for how to design, sustain, and optimize a coaching program and delve deeper into what a coaching session – and ultimately a coaching relationship – looks like. Finally, the authors share how to measure the success of a coaching program and use case studies like the one above to help illustrate key concepts. The authors hope that this practical guide to coaching in medical education will be useful to all, whether one is thinking of starting a new coaching program, hoping to refine an existing one, or preparing to take on a coaching role. The authors also hope that this resource can be used broadly by all medical educators to stimulate conversations about academic coaching and to influence individual practice to incorporate coaching principles when working with learners whenever appropriate.

References

1. Gawande A. Personal best. *The New Yorker*, 3 October 2011. Available from: <http://www.newyorker.com/magazine/2011/10/03/personal-best> [cited 11 July 2016].
2. Gazelle G, Liebschutz JM, Riess H. Physician burnout: coaching a way out. *J Gen Intern Med*. 2014; 30 (4): 508-513.
3. Gifford KA, Fall LH. Doctor coach: a deliberate practice approach to teaching and learning clinical skills. *Acad Med*. 2014; 89: 272-6.
4. Deiorio NM, Carney PA, Kahl LE, Bonura EM, Miller Juve A. Coaching: a new model for academic and career achievement. *Med Educ Online*. 2016; 21(1).
5. Carey E, Weissman D. Understanding and Finding Mentorship: A Review for Junior Faculty. *J Palliat Med*. 2010; 13(11): 1373-1379.
6. Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. *Acad Med*. 2009; 84 (1): 140–144.
7. Lawlor, K, Hornyak, M. Smart goals: how the application of smart goals can contribute to the achievement of student learning outcomes. *Developments in Business Simulation and Experiential Learning*. 2012; 39.
8. Telio S, Ajjawi R, Regehr G. The “educational alliance” as a framework for reconceptualizing feedback in medical education. *Acad Med*. 2015; 90(5): 609-614.