Chapter 8: Coaching in graduate medical education

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Take home points

1. Coaching is appropriate in graduate medical education due to the goals of training and needs of the population.
2. Support from program leadership, facility and residents is required.
3. Time for coaching needs to be protected.
4. Good coaching may prevent burnout.
5. Recognizing residents' propensity toward negative self-talk, a coach should focus on the positive, creating an environment of empowerment and resiliency.

From bunch-ball soccer to Olympic competition, athletes have coaches. In sports, it is a clear concept of what a coach is, and what a coach is not. A coach is someone who takes another from where they are to where they want to be. Traditionally, physicians in training have benefited from a model more like mentoring and advising than that of coaching. The pairs meet, but often with no schedule, no agenda, and no specific goals. Ultimately residents and faculty gain very little from these relationships, and often residents would choose other faculty members more aligned with their career interests, or research goals to serve as mentors. As has been outlined in previous chapters, coaching differs from this method in a variety of ways. This chapter will serve to outline some of the important aspects of coaching during graduate medical education (GME), residency and fellowship training.

Vignette

Dr. Kevin is the faculty member assigned to coach a first year resident who has moved from out of state. He just got married and comes to Dr. Kevin to discuss physician wellness as an intern.

Thought questions:

1. What type of questions would you ask this resident to help him create a wellness plan for himself?
2. What resources exist at your institution to help residents with wellness?

Differences in coaching in GME

The mean age for matriculation into medical school has remained steady at 24-25 since 2013.[1] It stands to reason that these students would make the transition to residency at age 28-29. Four years older, these individuals are more likely to endure life's stressors typical of the age. Considering marriage, the illness of a family member, the purchase of a home, and (perhaps already purposely delayed) children, are all major life events that can be faced during GME.[2,3] The stage of life for the majority of residents is different than those of medical students. Not only are things at

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home different, but the expectations and stress from work environment are very different. No longer are the stresses of work theoretical. Many residents will be face-to-face with end of life issues with family members for the first time, and all will be feel the pressure of making meaningful decisions in the lives of others. No one can escape this important and meaningful process to becoming a well-rounded physician.

Benefits of coaching

Even though medicine self-selects individuals who are driven, self-critical, and competitive, many residents perceive themselves as underperforming. While coaching is not a suitable replacement for evaluation and remediation of underperforming residents, this constellation of focus on the negative and inability to recognize one's own successes leads to feeling like an intellectual fraud. This is also known as imposter syndrome.[4,5] A coach can aid a resident in better self-evaluations, helping them to see their own strengths. A coach should focus on the positive, creating an environment of empowerment and resiliency.

This type of environment is key to preventing burnout, improving performance within residency, and contributing to overall improvements within the residency program. Physician burnout continues to receive more attention in both the lay media and scientific publications. While complete prevention may be difficult, residency programs have it in their own best interest to keep their residents psychologically grounded, while simultaneously addressing burnout's association with sub-optimal patient care.[6] Coaching provides a strategy to address these concerns.[7,8] Coaching meetings serve as a periodic sign post, checking in with the successes throughout the training calendar. It allows those who focus on the negative and ignore the good to reflect to recognize the successes of their previously stated goals and re-connect with a faculty member in a non-threatening environment. This skill will benefit the young physician for the rest of their career.[9] Programs that do this well, that create an environment and culture of resident growth and lifelong success, will find themselves benefiting from residents with positive energy and graduates who speak highly and promote the residency. It is to the benefit of residents, patients, and the program to create a strong coaching program.

Often overlooked are the many benefits to the coach in this type of model. Many academic physicians are interested in becoming part of the graduate medical education community. This is a perfect opportunity for a faculty member to get started in an important residency related leadership role with potential for career advancement. There are opportunities for collaboration with colleagues and development of important skills outside the realm of medicine. In addition, and always appealing to young faculty members, there is ample opportunity for scholarship.

A resident's coach would be a person with whom one could reflect on personal performance as well as set and achieve goals for both long term and short term success. Positivity is the hallmark of the faculty/learner interaction. While each relationship and interaction may be different, the nature of the relationship should leave both the resident and the faculty member encouraged to continue forward in success, feeling assured that their actions are meaningful.

Challenges of coaching

While there are many benefits to a coaching program, there are also some challenges. One big challenge is the actual implementation of such a system. The first step is usually buy-in from departmental leadership. Lack of investment by

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leadership has been the downfall of well-intentioned coaching programs.[10]

Communication between faculty who are coaching and program directors is another challenge. It should be an open dialog, and faculty who are coaches should be notified of concerns brought up for struggling residents. Faculty who are coaches would not officially report to the Clinical Competency Committee, although if there were significant concerns, they would communicate with program leadership. The hope is that the faculty who is coaching would be a person with whom a resident could work on the knowledge, skills, and attitudes necessary to become an excellent physician.

Coaching solutions

Few published examples of coaching programs in GME exist, with the most widely cited belonging to the coaching program at Harvard Medical School.[8] Beginning with only internal medicine residents, this model has since been adopted by many other specialties. Nationally, over 25 residency programs have adapted Harvard's program.

The program consists of quarterly meetings which follow the same format:

1. Check-in and agenda setting
2. Share a positive story
3. Engage in a coaching exercise
4. Set/revisit ideal goals for a perfect year
5. Set three-month goals for the next meeting.

Financial support for the coaching program director can range in FTE from .10 to 0.30, depending on how many training programs would be included in the program. Coaches themselves are volunteers, however, they are often recipients of institutional recognition, as well as other advantages.

As a primer for the program, the program director trains prospective coaches on the basics of coaching, gives a lecture on positive psychology, and models the dyad experience and relationship of coach to learner. Other support is offered throughout the year and an annual retreat for further skills development occurs to build the community of coaches. In order to create a protected space for reflection and exploration of goals, learners are paired with a coach from a different division or department. The majority of coaches start with two learners in the first year, and can take on an additional learner each year thereafter. Each dyad meets after the coach's initial training, with prompt scheduling of quarterly meetings to continue until the end of the learner's training.

It is important to handpick faculty coaches, when possible, and to protect faculty time to cultivate the relationship. In addition, the ISMART goal setting rubric and ways to evaluate and score ISMART goals using the specific rubric can be implemented.
ISMART goals:

1. Address IMPORTANT topics
2. Are SPECIFIC
3. Include MEASURABLE or clearly describable outcomes
4. Have a mechanism of ACCOUNTABILITY
5. Are REALISTIC
6. Have a TIMELINE for accomplishment.[11]

The role of peer-to-peer mentoring models are still relatively unexplored, but has been shown to be an effective tool in other teaching modalities.[12] Programs have the opportunity to shape a coaching program in the way that it best fits their own culture and specific needs.

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In review

In revisiting the vignette, it is recommended that Dr. Kevin meet with the resident and ask him what his priorities are for the year, both professionally and personally. Residents hear of the stress that the intern year can put on a marriage, and they can be somewhat apprehensive about it.

Dr. Kevin can ask the resident to describe what his year would look like if it went perfectly well. After reflecting on those answers, you ask him to brainstorm on one attainable goal until you meet up again.

Dr. Kevin follows up with him in person in one month at the very least and by email as needed. When you meet you ask him if he has been able to accomplish his goal. If he has not, you explore with him why and help him utilize the available resources for wellness at your institution.

Conclusion

The coaching model is an effective tool for GME. While departmental support is generally required to free a coach's time to work one on one with residents, the return on this investment is evident. By identifying specific needs of each individual resident and by focusing efforts on using strengths to overcome areas of weakness, coaching can enhance resident performance, improve medical care delivered, and may help prevent physician burnout.

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