

Coaching in Medical Education



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No Disclosures

Learning Objectives

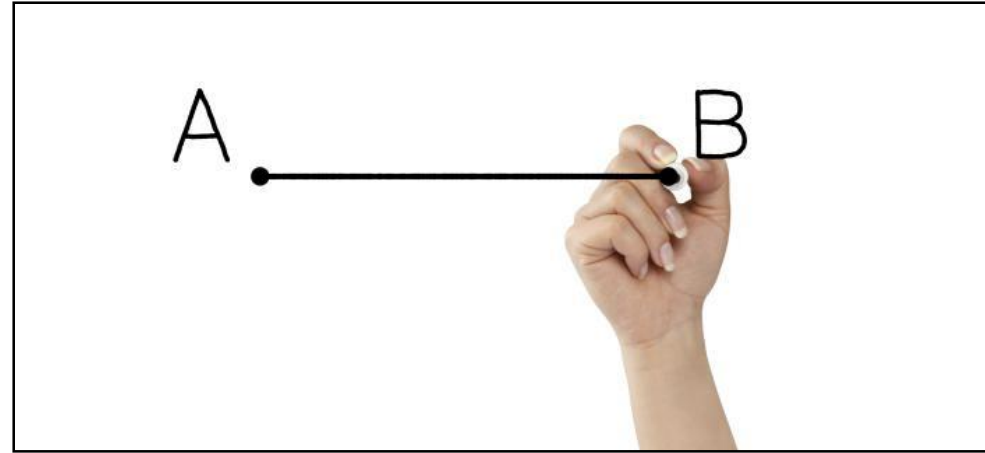
By the end of this presentation, participants will be able to:

- Identify the key concepts of coaching in medical education
- Describe how coaching will help to facilitate CBME/CBD
- Apply coaching principles to obstetrics and gynecology postgraduate training.
- Establish the principles associated with building a growth mindset.
- Explore the relationship of coaching and mentoring in CBD

Key concepts of Coaching in Med Ed



Coach



A coach is a person guiding another through a process, leading to performance enhancement

A coach helps an individual to do some task better, develop a new skill or achieve a specific goal

Want to get great at something? Get a Coach



https://www.ted.com/talks/atul_gawande_want_to_get_great_at_something_get_a_coach?language=en#t-208016

TED 2017

Coaching

**“... can help learners reflect
on where their performance
stands and how to improve.”**

- Deiorio, N., 2016



Coaching in Sports

The concept of a coach is slippery:

- Coaches are not teachers, but they teach
- Coaches may not be your boss, but they can be bossy
- Coaches don't even have to be good at the sport!

(Atul Gawande, New Yorker)

Coaching AND Medical Education

The Coach facilitates the self-directed learning of the trainee through:

- Questioning
- Active listening
- Appropriate challenge in a supportive and encouraging climate

The Trainee strives to increase self-awareness and personal responsibility for learning

Coaching in Medical Education

- Consistent, Longitudinal
- Built on a relationship of trust

COACHES:

- Understand the system and curriculum
- Do not need to be experts
- Facilitate reflection and prioritize goals
- Active Listening



Coaching in Medicine is not the Same!

The Music Coach

- Trained to be a coach
- Usually not an 'expert' performer
- Task is to coach the student
- No 'third party'
- Usually paid to coach
- Usually cannot 'take over'
- 'harsh' environment, highly critical

The OB/GYN Coach

- Informal coach (ie not trained)
- Often an 'expert'/highly skilled (but not always)
- Multiple tasks
- Third party: patients
- Usually not paid to coach
- Usually can 'take over'
- Nurturing environment, balancing support & challenge

How will coaching help to facilitate CBD?

Improved focus on competency attainment benefits from coaching

- helping learners self-identify the best path to success
- Hold learners accountable for identifying and closing gaps in their knowledge, attitudes and skills
- Contribute to life long learning – continual cycles of reflection and improvement to remain competent

The Coaching Culture



Create a Coaching Culture in ob/gyn training

From Assessment OF Learning
(summative assessment, high stakes,
judging in the moment, FIXED mindset)

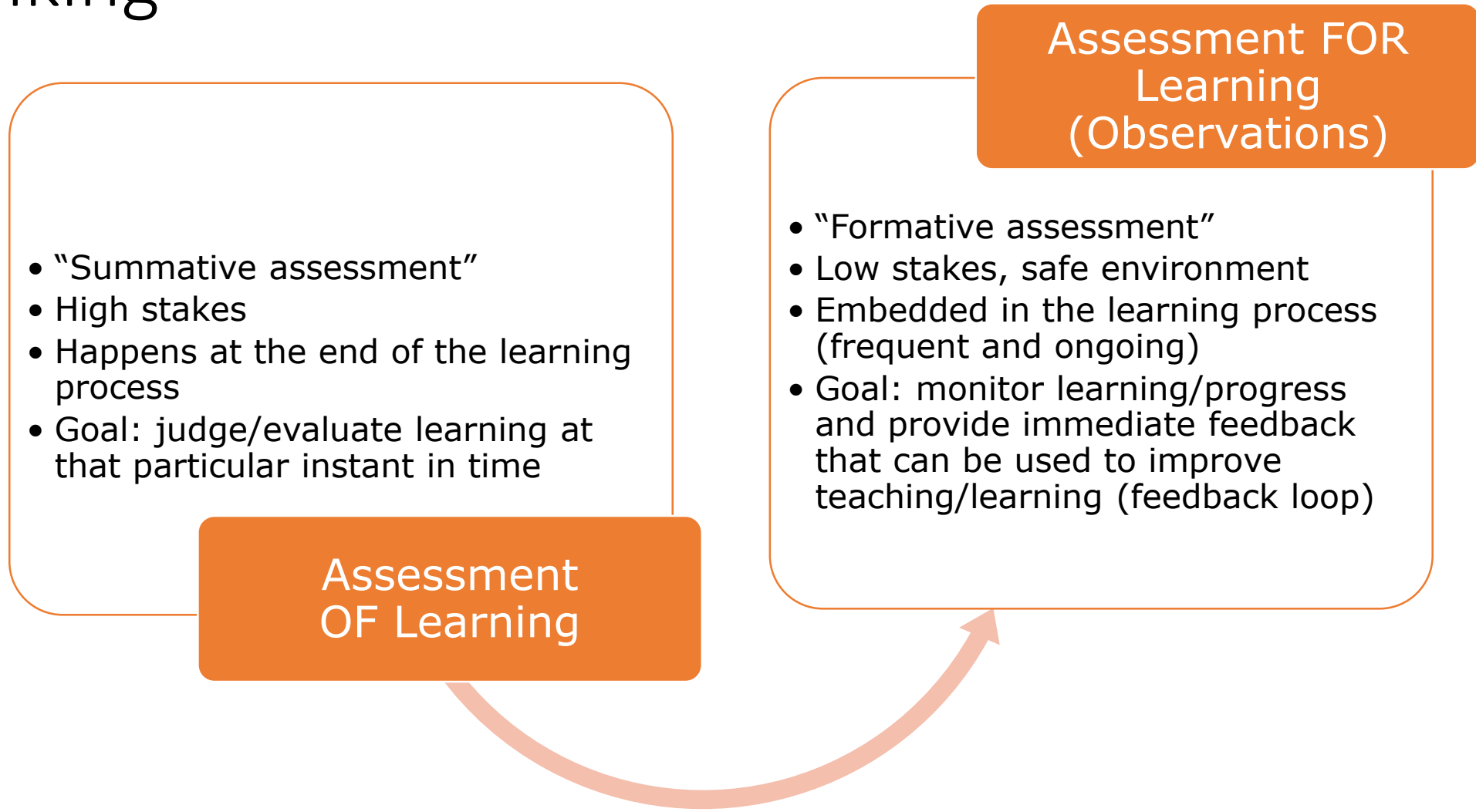


Assessment FOR Learning
(formative assessment, low stakes, identify
learning needs, GROWTH mindset)

~~High Stakes
Assessment~~



Paradigm Shift of Thinking



What about the Growth Mindset?

Coaching is helpful

Feedback is essential

Coaching is good; Feedback is good

Feedback is bidirectional

The purpose of coaching and feedback is to provide information/assessment that will promote further learning



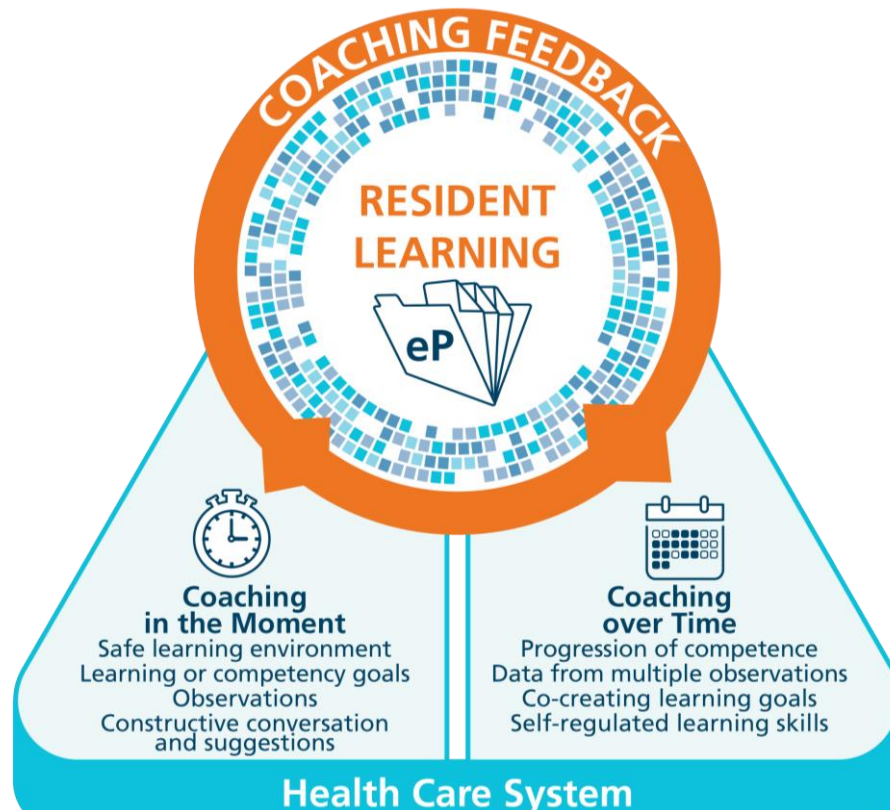
Growth Mindset

Growth Mindset: Aligns with coaching as a *teaching and learning method* to promote development.

Fixed Mindset	Growth Mindset
Believes that level of achievement is predetermined, and that effort dedicated toward learning will <i>not</i> promote greater achievement.	Believes there is potential for an individual's <i>growth</i> and <i>improvement</i> .
Desires to <i>prove</i> and avoid looking unintelligent.	Desires to <i>learn</i> , and looks for opportunities to challenge current status.
Asks: Will I succeed or fail? Look smart or not?	Asks: Will I grow? Will I overcome challenges?
Questions the effort of bothering.	Believes that growth and learning require effort.
Ignores constructive criticism.	Learns from feedback and uses it to improve.

Dweck, 2006

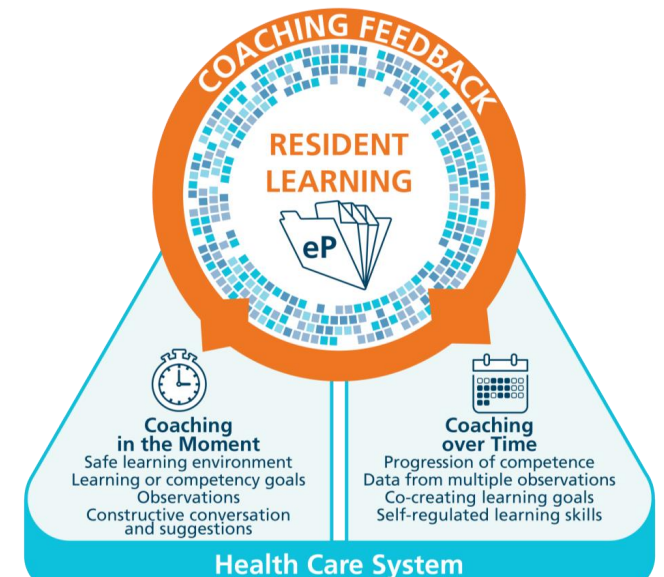
CBD Coaching Model



Facilitating learning and development of a residents' competence

Coaching in the Moment is...

- workplace-based, occurs in a clinical environment
 - a key component of Workplace-Based Learning
 - part of normal learning activities
 - low stakes and frequent
 - timely and efficient
-
- Guidance for improvement
 - The coach's priority is to promote improvement!



Coaching in the Moment: A Process



- 1) **R**APPORT
- 2) **E**XPECTATIONS
- 3) **O**BSERVE
- 4) **C**ONVERSATION
- 5) **D**OCUMENT

RX-OCD



Initial Conversation: Rapport

- Employ techniques to create a safe learning environment
- Form an educational partnership – Growth mindset
- Being explicit about the part of the clinician's role as a learning coach

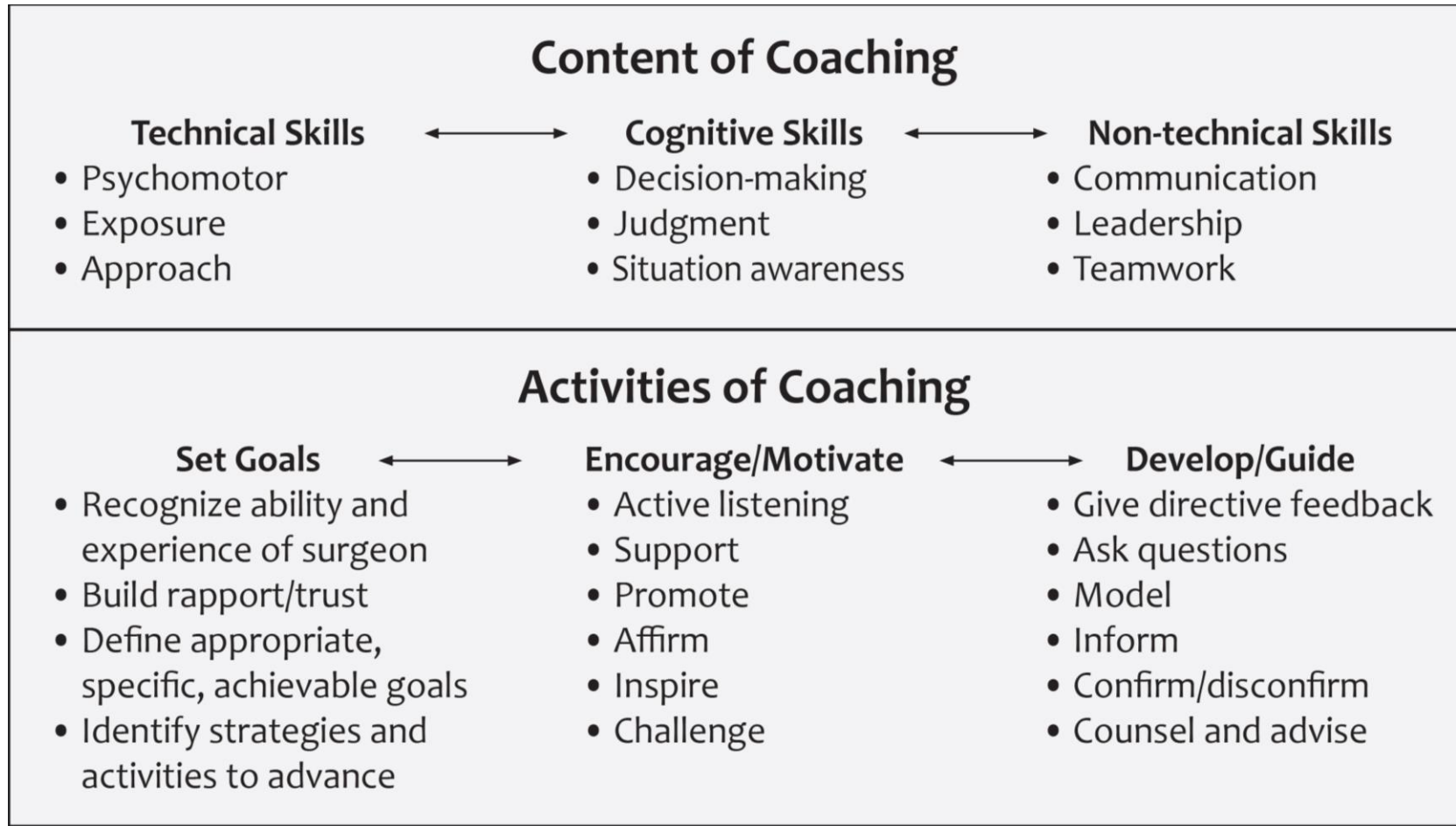
RAPPORT



Initial Conversation: Expectations

- Discuss specific learning goals and objectives, related to milestones, competencies and EPAs

EXPECTATIONS



The Wisconsin Surgical Coaching Framework (Greenberg et al, 2015)

Observation of Work*



Workplace- Based Observation

** Key ingredient in
Assessment FOR Learning*

OBSERVE

Observation

Direct Observation

- a clinician watching a resident doing work
 - in real time or asynchronously (i.e. videotaped)

Indirect Observation

- review of products of the resident's work
 - clinical notes, presentations, or written reflections
- observations from secondary sources

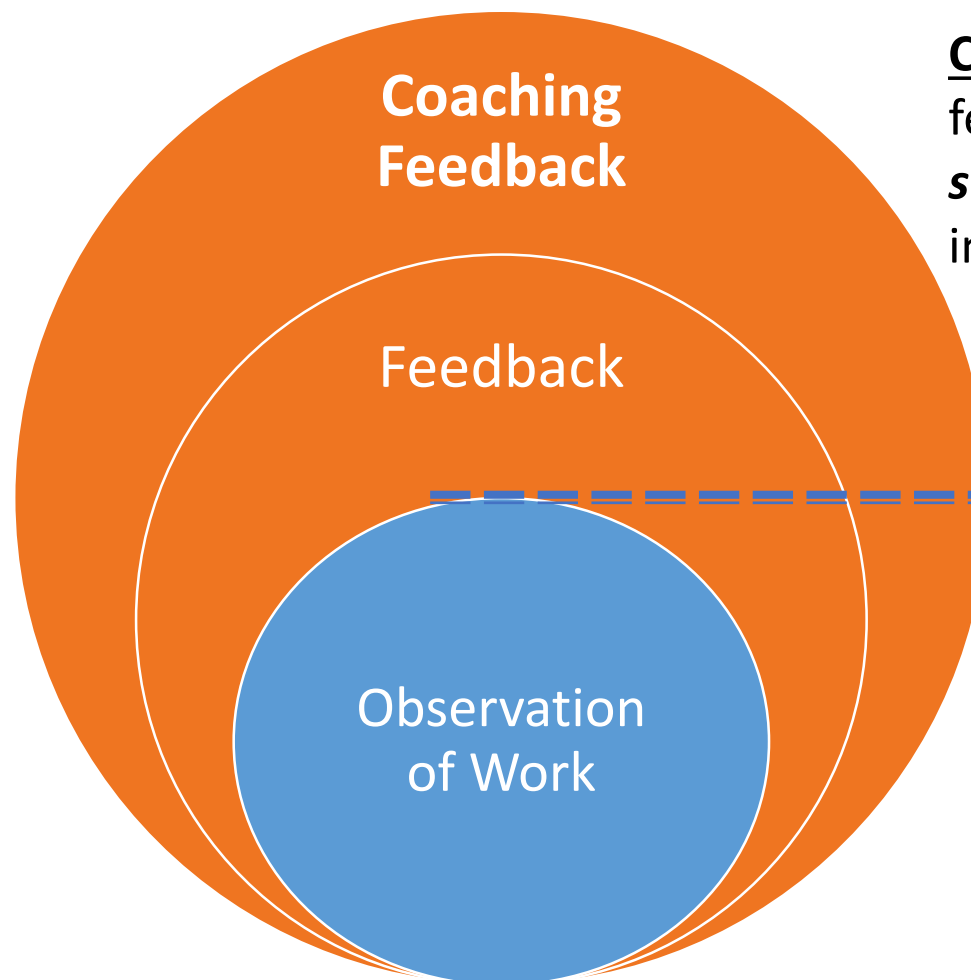
Engage in a Conversation

- Between the clinician and the resident
- Related to the task that was observed
- To ensure the resident understands how **improvements** could be made (growth mindset)

CONVERSATION

Coaching Feedback

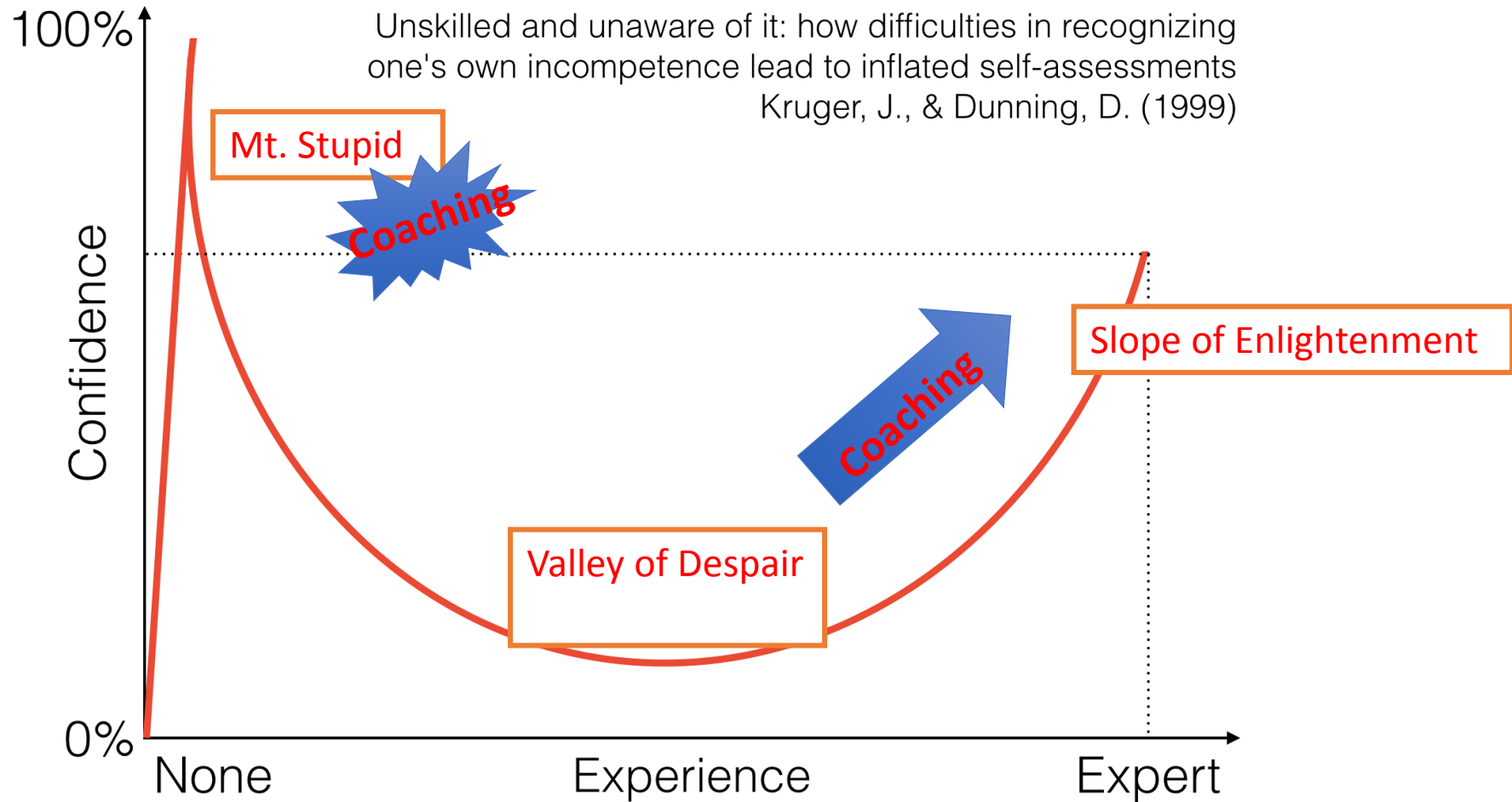
Feedback = **information**
about what was
observed compared to
an expected standard



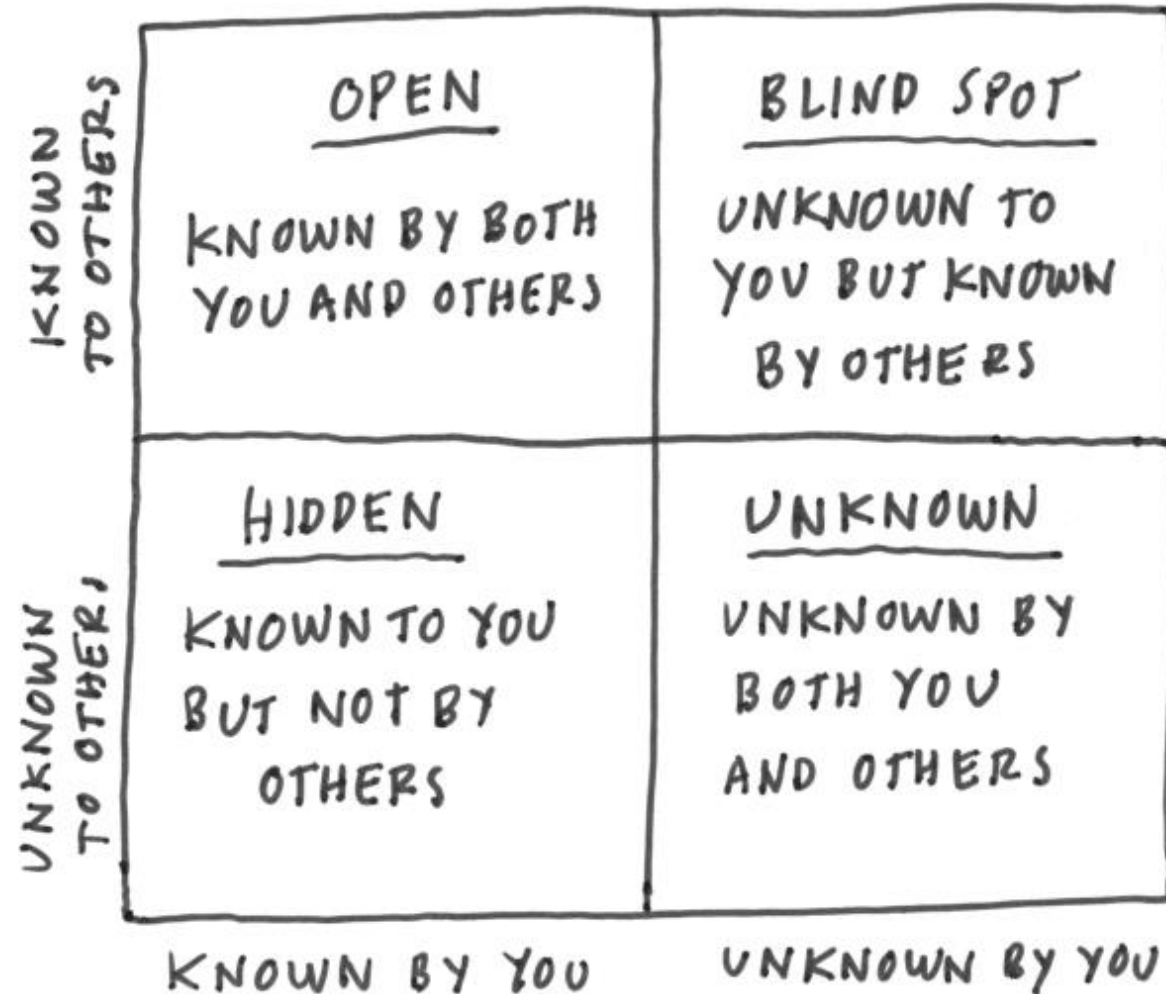
Coaching Feedback =
feedback + **actionable**
suggestions for
improvement

Observer makes
determination of
quality of observed
task

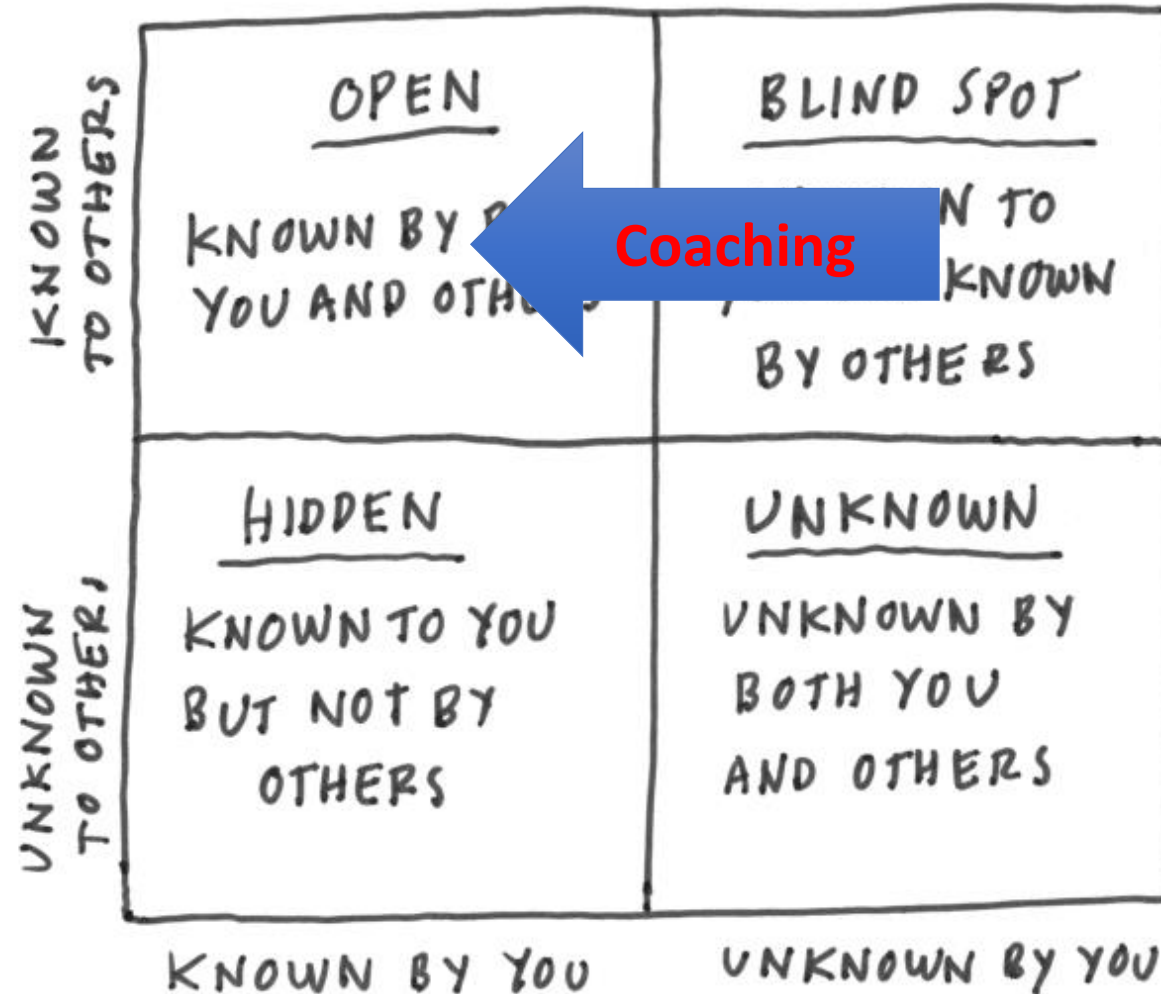
Dunning-Kruger Effect



THE JOHARI WINDOW

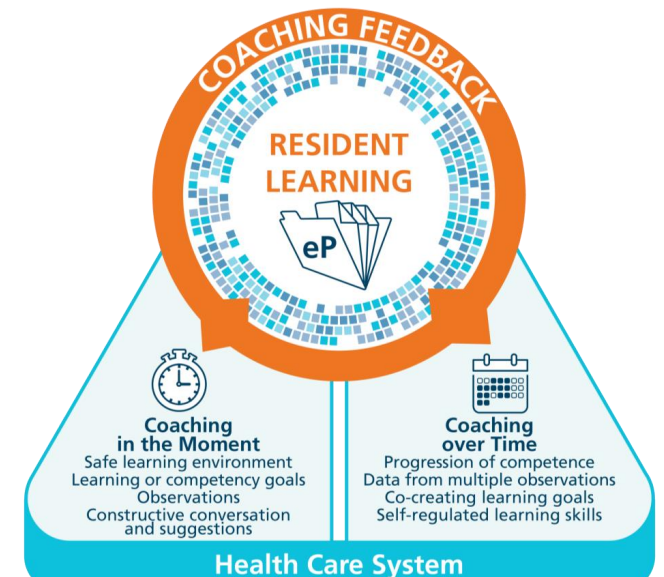


THE JOHARI WINDOW



Coaching Over Time

- Another educational partnership/alliance
- A longitudinal relationship between clinician and learner
- Learners: greater responsibility for reviewing observation data & setting learning goals



Coaching and Mentoring

COACHING
MENTORING



Coaching and Mentoring

	Coaching	Mentoring
Key Goals	To correct/reinforce behavior, improve performance, impart skills	To support and guide personal development and growth/potential
Initiative	The coach directs the learning (may change over time)	The Mentee is in charge of the learning
Volunteerism	Volunteering not necessary although all parties need to be engaged	Voluntary relationship
Focus	Usually immediate problems and opportunities; task oriented	Long-term personal career development, usually not task-oriented
Roles	Heavy on telling, with appropriate feedback	Heavy on listening, role modeling, making suggestions and connecting
Duration	Short term and as needed	Long term
Relationship	Coach is often the boss	Mentor is rarely the boss

Coaching Challenges

Time

Place/Space

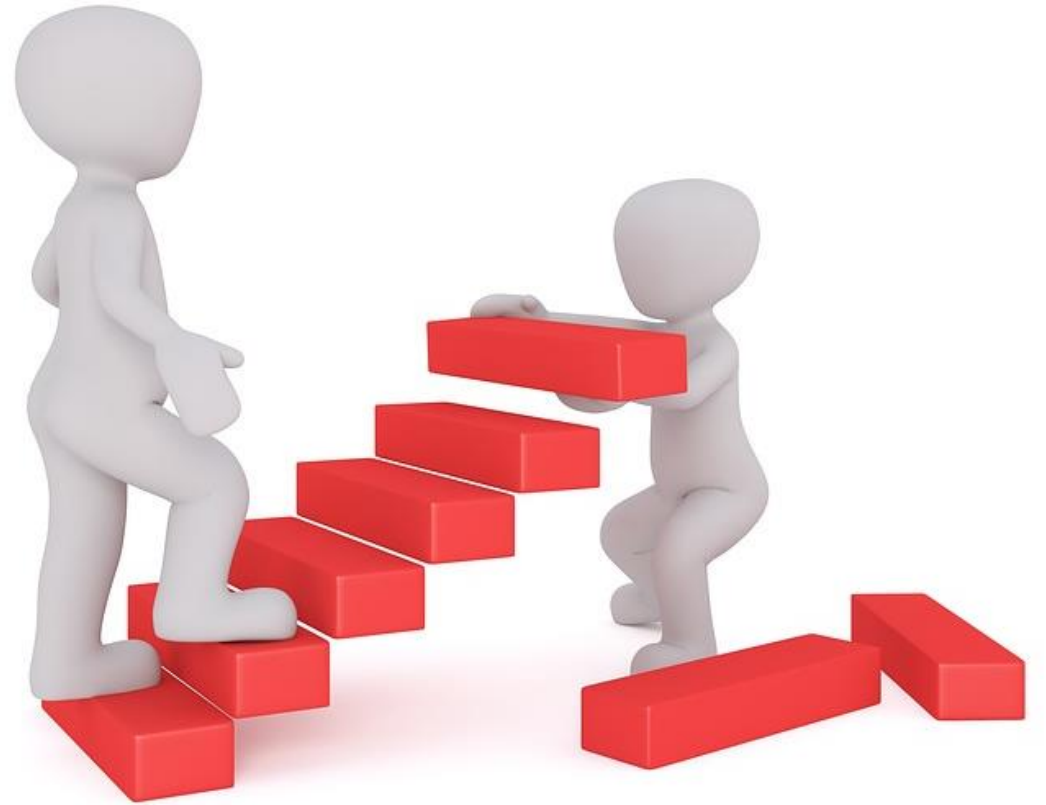
Feedback culture

Fixed mindsets

“not my area of expertise”

Fear of being perceived as negative

Fear of being perceived as imperfect



Coaching Video from UofT OB/GYN

<https://www.dropbox.com/s/y4wakwp42m6jvh1/Surgical%20Coaching.mp4?dl=0>

Summary

Coaching in medicine is similar yet different compared with traditional coaching in the arts and in sports

There is a need to build a culture of coaching

Focus on Assessment FOR learning

Establish the concept of the Growth Mindset

Coaching Feedback = feedback + ***actionable suggestions*** for improvement