

# Coaching in Medical Education

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# Disclosures

I have no disclosures or conflicts of interest.

# Learning Objectives

By the end of this session, learners will be able to:

- 1) Discuss the essential role of feedback in clinical education
- 2) Differentiate the 3 types of feedback, with a focus on coaching
- 3) Apply techniques to make verbal and written feedback more effective



# Let's Discuss...

What does your feedback look like in  
your program?



# Let's Discuss...

Clinical coaching is a way to leverage relationships to use feedback to promote learning and development

Coaching creates a context to receive and use feedback

# What is Feedback?

- Information that allows the learner to compare themselves to a standard
- A social interaction of safe and mutually respectful challenge of thinking, with the purpose of promoting growth of the trainee (and educator)
- Formal or informal, from supervisors, colleagues, trainees, staff, patients/families

# Group Participation

- Provide an example of difficult feedback you have given or received?

# Why is Feedback HARD?





# Feedback is HARD

- Educators feel they are giving frequent feedback while learners feel feedback is rare.
- Feedback is poor in quality (without observation, not thought to be credible, not specific, not actionable).
- Success of the feedback conversation depends on the comfort and skill of the giver and the receiver.
- Educators fail to include guidance on how to improve.
- Educators fail to protect the psychosocial needs of the receiver while assuring honesty, accuracy and professional standards.
- Receivers blame external factors and deny personal responsibility.
- Lack of time

# We ALL Need Feedback

Poor relationship between physician self-ratings and external ratings of performance

Worst accuracy in self-assessment among physicians who were *least skilled* and those who were *most confident*.



Davis 2006



# Feedback is important

“Without feedback ‘mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all.’”

# Components of Feedback



GIVING



RECEIVING



CULTURE

# Giving Feedback



# Feedback Is a Conversation



# Three Types of Feedback



Appreciation



Evaluation



Coaching

The purpose of the feedback is to help someone learn & improve



# What is Coaching?

“The goal of coaching as applied to medical education is to support a developmental process whereby an individual learner meets regularly over time with a faculty coach to **create goals, identify strategies to manage existing and potential challenges, improve academic performance, and further professional identity development toward reaching the learner’s highest potential.**”



# Feedback as Coaching

Feedback is based on performance today to improve performance tomorrow.

- What am I doing well that I should keep doing?
- How can I improve? What is my improvement goal and how will I accomplish it?



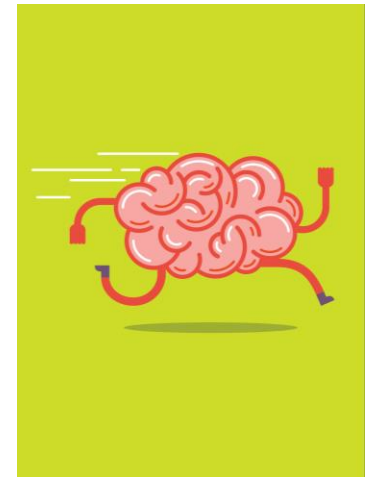
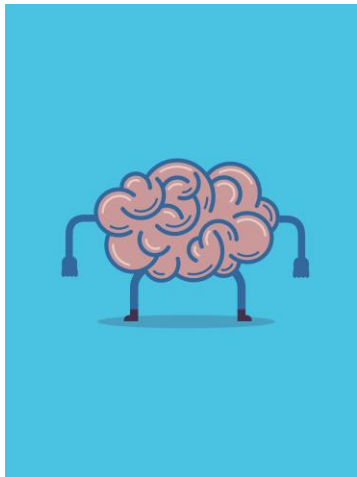
# Transforming Feedback

Evaluation &  
Assessment



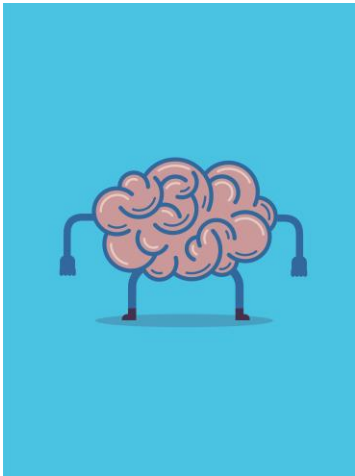
Learning,  
Growth &  
Development

# Transforming Feedback



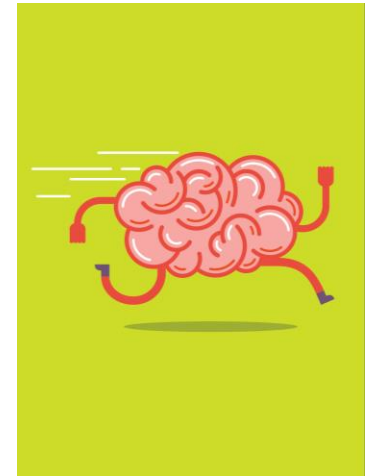
# Transforming Feedback

This feedback tells me I'm bad at X.



COACHING

This feedback will help me improve.



# Fixed vs Growth Mindset



## FIXED

Traits/skills are fixed and cannot be changed

Challenge is a threat – I may not be good enough

Effort does not change abilities



## GROWTH

Traits/skills can be developed or learned

Challenge is an opportunity for learning

Hard work pays off

**More accurate in gauging current abilities**

**Learn from feedback**

# What is Coaching?

- Two-way conversation
- Focused on specific areas/domains
- Involves direct observation and formative feedback
- Encourages critical self-reflection and personal responsibility
- Involves individualized goal setting
- The goal is for the learner to achieve their personal best

# Advisor vs Mentor vs Coach



**ADVISOR**

**Episodic, issue-focused** relationship depending on what the learner needs to know or asks. Based on advisor expertise.



**MENTOR**

**Longitudinal, personal** relationship focusing on the learner's longer-term development. Based on mentor experience.



**COACH**

■ Probing & listening   ■ Telling & Answering

# The R2C2 Framework

- **A Facilitated Feedback Conversation**
  - **R**elationship
  - **R**eactions/Reflection
  - **C**ontent
  - **C**oaching for Performance Change



# Long Term Goals of Coaching

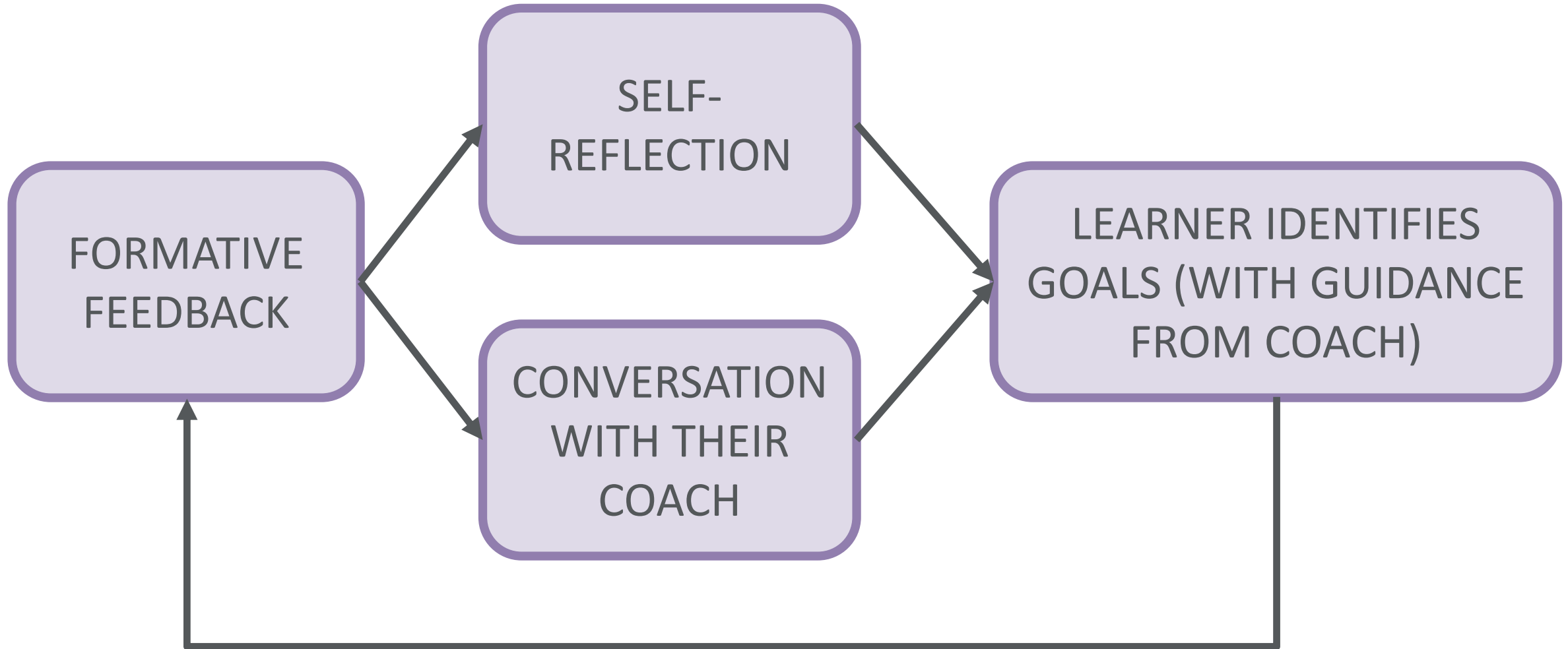
The learner cultivates self-assessment skills

Lifelong learning is promoted

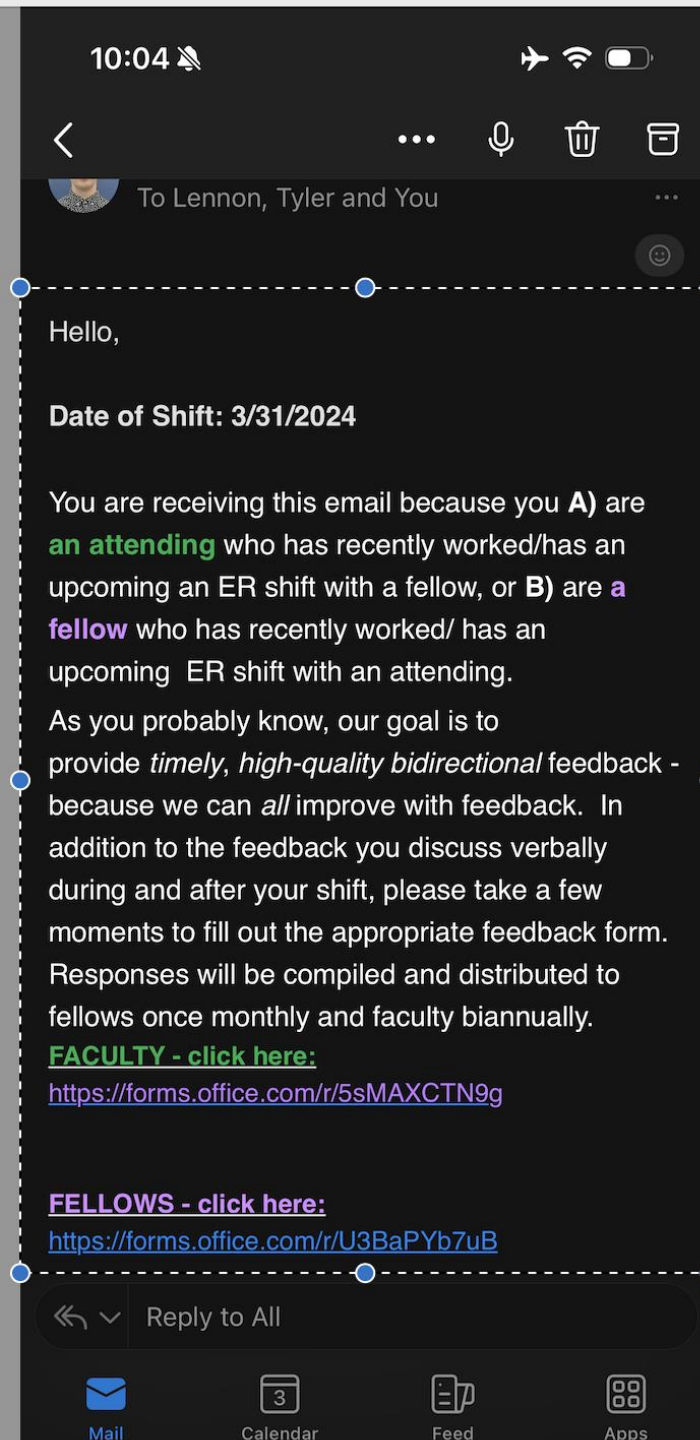
“Master Adaptive Learner”



# The Coaching Cycle



# Example



# Example

10:04 Outlook

4. During your shift together, what did the fellow do well? \*

Enter your answer

5. Based on observations during your shift together, what can the fellow do to improve their performance? Please use at least one of the following phrases in your response: Because..., Next time..., Try..., Recommend..., Consider..., I suggest... \*

Enter your answer

6. This feedback was discussed with the fellow post shift: \*

Yes

No

AA forms.office.com

# Example

## Overall

### ED Clinical Feedback Form

Time frame for the following evaluations were conducted during:

Text Scale

Average

Peer Average

Minimum

Maximum

Standard Deviation

N/A

N/A



Priya Jain: 1/9/2024 11:00:46 AM  
'Dec 1-31, 2023'



Priya Jain: 12/11/2023 11:59:49 AM  
'Nov 1-30, 2023'



Priya Jain: 2/6/2024 11:04:39 AM  
'Jan 1-31, 2024'

During the shift together, what did the fellow do well?

Text Scale

Average

Peer Average

Minimum

Maximum

Standard Deviation

N/A

N/A



Priya Jain: 1/9/2024 11:00:46 AM  
'Dec 1-31, 2023'

- A) Arino did a great job with the medical management of the patient's we saw together during shift. He took time to teach the residents and also double checked orders - which I appreciate.  
B) He oriented a new rotator (who uses cerner) to Epic and the ED. He helped an EM rotator with assessment and plans He also provides great information to parents with a caring attitude.  
C) Highly organized, great situational awareness of what was happening team-wide  
D) He did a great job of explaining things to families, and nailed an LP after a resident had an unsuccessful attempt!



Priya Jain: 12/11/2023 11:59:49 AM  
'Nov 1-30, 2023'

- A) I had minimal to no changes in any of Arino's plans!  
B) Arino has a wide and deep knowledge base and is able to generate impressive differential diagnosis and teach residents about these diagnoses with each interaction. He has a great approach and the residents enjoy working with him and learning from him.  
C) During our shift together Arino did a great job teaching the residents and managing a series of complex medical cases. He took every patient and managed ED flow well during this time. He works really well with the residents and does a lot of great teaching.'



Priya Jain: 2/6/2024 11:04:39 AM  
'Jan 1-31, 2024'

- A) Spent time teaching trainees, kept flow of pod moving forward, continuous and appropriate follow up on each patient. excellent clinical decision making  
B) Arino is a pleasure to work with. He engages discussions with residents and is confident in presenting plans for workup and management. He understands both small and large details and how to best treat the patient and family as a whole. I am continually impressed with how respectfully he treats families and how he makes them a part of the care of their child.  
C) Saw multiple patients and made thoughtful decisions.  
D) Excellent communication with families. Uses easily understandable language.'

Based on observations during the shift together, what can the fellow do to improve their performance?

Please use at least one of the following phrases in your response: Because..., Next time..., Try..., Recommend..., Consider..., I suggest...

Text Scale

Average

Peer Average

Minimum

Maximum

Standard Deviation

N/A

N/A



Priya Jain: 1/9/2024 11:00:46 AM  
'Dec 1-31, 2023'

- A) Arino wanted to work on incorporating ultrasound into his flow and did a great job with this (2 scans during shift). He also has made a significant improvement in taking the extra step to ensure patient comfort and safety around the department (ie. ensuring vitals are normal prior to discharge, examining patients with respiratory issues prior to transfer, etc).  
B) Did a great job  
C) Try precepting patients as soon as they're ready to be presented. Important to keep patients moving forward to decrease LOS so we can turn the waiting room over more.  
D) We talked after the shift about the balance between spending time in rooms to explain things to families versus spending less time in rooms (especially in the 1-2 hours before shift change) to get patients settled and get through the bolus of patients that sometimes comes just before shift change. We also talked about being intentional about thinking through differentials for patients, while balancing this with keeping patients flowing through the ED.'

© New Innovations 2/9/2024 2:13:54 PM

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## Faria de Oliveira Neto, Arino - 11/1/2023 - 2/1/2024



Priya Jain: 2/6/2024 11:04:39 AM  
'Jan 1-31, 2024'

A) There were two things that came up on shift that we discussed. The first was the fellow was supervising a procedure and did not get me when it was not going well or notify when it was beginning. Unfortunately, this resulted in an incomplete procedure and the inability for appropriate billing/supervision. While Arino is a competent clinician, it is important to also acknowledge that the attending likely has some additional experience in a given area and should be involved in challenging situations.

The second was a patient with an unexpected lab finding of elevated liver enzymes. Arino was quick to comment that this was most likely viral and recommended that the floor team could just repeat the lab as opposed to considering other etiologies that may be important and affect clinical outcome. I would be careful with this type of premature closure. Generally, yes, things turn out well and common things are common, but even if a patient is admitted, they are our responsibility in our care and we should do appropriately thorough evaluations. This patient was admitted, I did call the floor after the shift to ensure that they both noted and would follow up on the lab.

B) No comments at this time

# Example



### Clinical Coaching Post-Meeting Form

Fellow's Name: \_\_\_\_\_ Coach's  
Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

#### R2C2 MODEL

Please check the circle next to the portions of the R2C2 model you incorporated into your facilitated feedback conversation:

- Build the **R**elationship
- Explore **R**eactions
- Explore **C**ontent
- C**oach for Performance Change

#### GOALS

How did the fellow do accomplishing their goals from the last meeting?

List the goals set by the fellow (add on 2<sup>nd</sup> page if more than 2 goals):

1) GOAL #1 –

a. What I will do to accomplish this goal:

b. How I will know my goal has been accomplished:

2) GOAL #2 –

a. What I will do to accomplish this goal:

b. How I will know my goal has been accomplished:

# Summary

- Feedback is HARD and NECESSARY
- Appreciation, Evaluation and Coaching all have a place in feedback. Faculty & trainees should be giving & receiving feedback with a **coaching** lens: Based on performance today to improve performance tomorrow.
- Coaching encourages trainees to use feedback for growth and development (rather than as evaluation) and promotes life-long learning.

Thank you!





# Cases

# Case #1

**Trainee:** I'm doing fine.

**Attending/Fellow:**

This trainee is really struggling. They are below the level of their peers and don't realize it. They seem to miss key parts of the history and exam – which then leads to management plans being off base. They can't handle as many patients as their peers and yet seem overwhelmed – which leads to delays, things being missed and you (the attending) needing to step in more often than you'd expect. Truthfully, with the way this trainee is performing, you don't trust them – either to take care of patients or to recognize when they are in trouble and to ask for help. The trainee is professional and seems to be trying but struggles with organization and medical knowledge.

# Case #2

**Trainee:** I'm doing fine.

## **Attending/Fellow:**

This trainee worries you – not because of their medical knowledge, but because of their attitude towards particular patients and families. They do well with the well-educated and well-to-do families but seem to judge other patients/families harshly and unfairly. The other day you overheard them expressing frustration that a patient's parent did not understand the diagnosis or plan and thought they should just leave and seek a traditional healer. The trainee has also struggled with families that are not well-educated, especially when they have questions or need updates. You've noted more than once that they don't spend time with the family and speak very dismissively towards them. When you've mentioned this, the trainee notes that it takes too long to talk to them and it "isn't worth the time".

# Case #3

**Trainee:** I'm doing fine.

**Attending/Fellow:**

This trainee is excelling. They are professional, kind, and a pleasure to work with. They are efficient, organized, trustworthy, eager to learn and a good clinician. Patients, families and nurses seem to love working with them. You really couldn't ask for more from a trainee – and look forward to working with them again.