

Graduate medical education success coaching for residents and fellows: a single-institution real-world experience

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ABSTRACT

While coaching has been employed as a success strategy in many areas such as athletics and business for decades, its use is relatively new in the medical field despite evidence of its benefits. Implementation and engagement regarding coaching in graduate medical education (GME) for residents and fellows is particularly scarce. We report our three-year experience of a GME success coaching program that aims to help trainees reach their full potential by addressing various areas of medical knowledge, clinical skills, efficiency, interpersonal skills and communication, professionalism, and mental health and well-being. The majority of participants (87%) were identified by themselves, their program director, and/or the GME coaches to have more than one area of need. The majority (79%) of referrals were identified by the coaches to have additional needs to the reasons for referral. We provide a framework for implementation of a GME coaching program and propose that coaching in GME may provide an additional safe environment for learners to reveal areas of concerns or difficulty that otherwise would not be disclosed and/or addressed.

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Introduction

Coaching has been a firmly established method for success in a number of elite and professional areas including athletics and business for decades, but is a relatively new and emerging concept in the medical setting despite evidence of its benefits [1–4]. Whereas mentoring is widely employed in professional development in medicine and often (but not necessarily ideally) [5] faculty-driven, coaching is a learner-driven process with an emphasis on mindset and growth through which coaches employ methods that enable the learner to gain insights to identify areas for improvement, specific goals, and strategies to achieve them [1,6,7]. Literature including implementation and engagement of coaching in graduate medical education (GME) is particularly scarce. The Ohio State University is one of the largest medical teaching institutions in the midwestern United States, with 80 ACGME accredited training programs, where a formal success coaching program was established in 2020. We describe our real-world experience of GME success coaching implementation for residents and fellows over a three-year period.

Materials and Methods

The GME success coaches were three individuals from various training programs who interviewed for

and were selected for the program by a board of program directors and the Designated Institutional Official based on prior experience in education and coaching and interest. Each coach received additional direct coaching training with an emphasis on professionalism. Referral for GME success coaching was either self- or program director (PD)-initiated. Services were available to any referred (including self-referred) resident or fellow without minimum requirements. The GME success coaches met as a team initially with the PD followed by the resident/fellow for a needs assessment, then periodically with both throughout the year to ensure longitudinal coaching goals were met and to surveil progress on those goals not yet achieved. The PD was asked to identify areas for improvement/reasons for referral among the following categories: medical knowledge, clinical skills, efficiency, interpersonal skills and communication, professionalism, and mental health and well-being. During the needs assessment(s), additional areas for improvement, if applicable, were identified through interview and discussion between the coaches and referred individual. The meeting time interval was individualized based on identified needs and coaching goals, and averaged 5.5 meetings per learner (range 2–25), including any planning meetings for the learner. Strategies employed by the

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coaches included personal coaching by the GME success coaches, additional professional coaching by certified non-GME coaches, emotional intelligence training, self-reflection, career counseling, clinical skills practice in a supervised simulation lab and observation of clinical skills during direct patient care, referral to the employee assistance program, and focused feedback. These strategies were implemented based on the coaches' needs assessment and by incorporating the goals for both the referring faculty and/or the individual to promote the greatest likelihood of achieving success. Both referring faculty and learners were asked to complete an exit survey at the end of the academic year. Coaching was voluntary and learners engaged until they achieved competency or graduation (range 4–30 months).

Results

Twenty-nine referrals encompassing 21 different medical and surgical specialties were made over a three-year period (Table 1). Twenty-five (25/29, 86%) learners were identified by both self or PD and the coaches to have more than one area of deficit. Interestingly, coach-identified deficits differed (including identification of additional deficits) from those identified by the PD or learner in 79%. Clinical reasoning was the most common reason for referral followed by medical knowledge, while interpersonal skills and communication was the most identified need by the coaches followed by clinical reasoning. Mental health and well-being and clinical skills were the second least and least frequently identified needs, respectively, in both groups. The number of coaching referrals increased from 10 to 19 over a 30-month period.

Discussion

With the expansion of personal and professional development initiatives inside and outside of medicine to address well-being and burnout, coaching is gaining increased attention and utilization in the professional setting. Coaching for learners in a medical setting is emerging as an important tool for helping trainees develop strategies for self-reflection and improvement for personal and professional success [1,6–8]. Our experience suggests that as knowledge and acceptance of these services increases, demand for coaching will also increase. PDs played a crucial role in identifying

individuals who would benefit from GME success coaching, with nearly all referrals being PD-initiated rather than learner-initiated. While the reason for this difference is unclear, research has shown an association with a lack of self-awareness and poor performance, and therefore may be related to poor insight on the part of the learner regarding the need for improvement [9].

Coaching at our institution includes the benefit of working with medical professionals outside of the learner's department, which promotes psychological safety that is needed for coaching success. Coaching helped to identify different or additional areas of focus that were not initially identified by the learner or PD. This is attributed in part to the safe environment provided by the program, which gives the learner a setting to communicate concerns more openly than they might with their PD. Coaching experience may also more accurately identify specific needs. Interestingly, despite increasing initiatives regarding mental health and well-being (MWB)/preventing burnout in medicine, MWB was the second least frequent need in our group of referrals. It is possible that MWB is being addressed through other means, or that there is an ongoing unmet need in this area. Additionally, 21/27 (78%) of referrals represented non-White individuals, five of whom had a background of prior training outside of the US. The racial disparity between White and non-White referrals requires closer evaluation and larger-scale studies to better understand this finding. Outcome data of coaching in graduate medical training is scarce [10], and larger studies over time with measurable outcomes are needed to adequately assess the efficacy of GME success coaching. Our experience nonetheless suggests an important space for such programs in providing a safe environment for learners to better identify and address deficits that may interfere with successful completion of their training program.

Abbreviations

GME, graduate medical education; MWB, mental health and well-being; PD, program director.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Table 1. Characteristics of GME Success Coaching referrals.

Total n = 29	# (%)
Male	17(59)
Female	12(41)
Referred by Program Director	27(93)
Self-referred	2(7)
Non-White	21(72)
Prior training outside of the U.S.	5(17)

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