COACHING WITH THE END IN MIND: DEVELOPING COACHING SKILLS TOWARD MEANINGFUL INDIVIDUAL LEARNING PLANS

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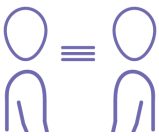
Coaching is a means to fully engage residents in their learning plan development. Although a relatively new concept in medical education, coaching has been used in sports, business, and the arts. Coaching supports learner self-reflection, assessment, and direction to achieve their fullest potential. It allows the exercising of agency, which creates conditions for intrinsic motivation.[1]

When considering the role of coaching with your residents, remember the following:

- Coaching is not the same as advising or mentoring (both crucial for resident support).[2]



ADVISING

Advising is a FACULTY-CENTERED activity, with the advisor giving direction based on their expertise and past resident performance (eg, traditional quarterly resident planning meetings).

MENTORING

Mentoring is a personal relationship developed through role-modeling and sharing experiential wisdom along a shared pathway (eg, informal sharing of experiences with resident).

COACHING

Coaching is a RESIDENT-CENTERED activity that provides clarity and direction based on the resident's own insight, which is developed during the coaching process. The resident sets the agenda and goals for developing a competency based, individual learning plan (ILP) while partnering with the coach, who facilitates the process.

- Coaching is independent of the assessment process, although it can be part of the faculty advisor's role with the resident. Alternatively, coaches can be assigned as a separately identifiable faculty resource for the resident. If a faculty member is playing more than one role, ambiguity should be removed by being explicit about which role they are wearing when meeting with the resident.
- Coaching requires a separate skill set to be fully effective. Programs that invest in faculty development on coaching skills should consider using existing resources, such as the American Medical Association's Faculty Coaching Handbook.[3] Process- and content-oriented skills are needed.
- The coaching process is foundational for coordinating the resident's practice goals with the American Board of Family Medicine's Core Outcomes. This results in greater satisfaction and engagement for the resident as it's grounded in self-determination theory practices.[1]
- Many faculty with coaching skills find it professionally fulfilling despite any time or coordination burden.[4] It can also be more effective and efficient than traditional models as foundational issues can be uncovered earlier.
- The effective coach:
  - Develops a relationship with the learner based on mutual trust and vulnerability
  - Balances the self-directed nature of the interaction with progression toward achieving the Core Outcomes
  - Encourages dialogue with the learner rather than monologue (by either party)
  - Incorporates effective coaching skills, including active listening and open-ended and clarifying questions.

Effective coaching requires faculty development, as it represents a paradigm shift in faculty-resident relationships. By encouraging ownership in the ILP process, the resident becomes an active participant in their learning and becomes a master adaptive learner.[5]

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