Coaching a Learner in Medical Education

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Academic coaching requires an inquiry-based approach to framing questions that will lead learners to their own conclusions. It complements advising, which answers specific questions, and mentoring, which is longitudinal and relational. Coaches see the learner as expert, and they assist with planning, achieving goals, and remaining accountable. Coaching can support academic performance, wellness, professionalism, leadership development, or skills training and does not require subject expertise. Notably, in skills coaching, coaching may look more directive than described below.² All 3 roles—coach, advisor, and mentor—entail developing a trusted relationship designed to support the learner; however, coaches spend more time probing and listening than telling and answering, as depicted below.

Consider a learner who hopes to become an endocrinologist and currently seeks assistance from someone in each of the 3 roles:

RATIO OF ENGAGEMENT





know or asks. Based on advisor expertise.

Episodic, issue-focused relationship depending on

what the learner needs to

ADVISOR

"In my experience, you should find an endocrinology mentor, perform well on an advanced physiology or endocrinology elective, and apply to 10 residency programs."





MENTOR

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

"What do you like about the work I do?" "This was my journey; is that a path you see for yourself?" "Let's partner in finding a research project for you."

STRATEGY	WHAT A COACH SHOULD DO	WHAT A COACH SHOULD SAY
Strengths-based coaching	Prompt the learner to envision their future Partner with the learner to work together toward achieving the learner's goals based on what has worked in the past, as opposed to immediately "fixing" the learner's problems.	"You describe wanting to be a strong, respected clinician. Let's work with that in mind."
Relationship building	Promote an environment of safety, trust, and respect Create an atmosphere of equality, honesty, and autonomy.	"Even though we may sometimes have difficult conversations, I will always keep your best interests in mind."
Meeting management	Facilitate learner-driven meetings Ask the learner to set the agenda and encourage them to set timelines for goals and expectations.	"Let's be sure we set up future meetings, so we don't lose momentum."
Appreciative inquiry	Ask, don't tell Lead with questions. Appreciate what is working. Envision what could be. ³	"What does a 'strong clinician' look like to you? What makes you say you have not achieved this yet?"
WOOP & ISMART goals	Assist with goal setting and provide accountability Use concrete frameworks, such as Wish Outcome Obstacle Plan (WOOP) or Important Specific Measurable Achievable Realistic Timely (ISMART) goals. ^{4,5}	"'Matching into a good residency' is an admirable goal, though lacks specificity. Let's think about a timeline of concrete steps."

Disclosures: None reported.

References:

- 1. Deiorio NM, Carney PA, Kahl LE, Bonura EM, Juve AM. Coaching: A new model for academic and career achievement. Med Educ Online. 2016;21:33480.
- 2. Gifford KA, Fall LH. Doctor coach: A deliberate practice approach to teaching and learning clinical skills. Acad Med. 2014;89:272–276.
- 3. Sandars J, Murdoch-Eaton D. Appreciative inquiry in medical education. Med Teach. 2017;39:123–127.
- Saddawi-Konefka D, Baker K, Guarino A, et al. Changing resident physician studying behaviors: A randomized, comparative effectiveness trial of goal setting versus use of WOOP. J Grad Med Educ. 2017;9:451-457
- 5. Lockspeiser TM, Schmitter PA, Lane JL, Hanson JL, Rosenberg AA. A validated rubric for scoring learning goals. MedEdPORTAL. 2013;9:9369.