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
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
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)
Paradigm Shift of Thinking

**Assessment OF Learning**

- “Summative assessment”
- High stakes
- Happens at the end of the learning process
- Goal: judge/evaluate learning at that particular instant in time

**Assessment FOR Learning (Observations)**

- “Formative assessment”
- Low stakes, safe environment
- Embedded in the learning process (frequent and ongoing)
- Goal: monitor learning/progress and provide immediate feedback that can be used to improve teaching/learning (feedback loop)
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.

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

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) RAPPORT
2) EXPECTATIONS
3) OBSERVE
4) CONVERSATION
5) DOCUMENT

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
Initial Conversation: Expectations

• Discuss specific learning goals and objectives, related to milestones, competencies and EPAs
The Wisconsin Surgical Coaching Framework (Greenberg et al, 2015)

### Content of Coaching

<table>
<thead>
<tr>
<th>Technical Skills</th>
<th>Cognitive Skills</th>
<th>Non-technical Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Psychomotor</td>
<td>- Decision-making</td>
<td>- Communication</td>
</tr>
<tr>
<td>- Exposure</td>
<td>- Judgment</td>
<td>- Leadership</td>
</tr>
<tr>
<td>- Approach</td>
<td>- Situation awareness</td>
<td>- Teamwork</td>
</tr>
</tbody>
</table>

### Activities of Coaching

<table>
<thead>
<tr>
<th>Set Goals</th>
<th>Encourage/Motivate</th>
<th>Develop/Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Recognize ability and experience of surgeon</td>
<td>- Active listening</td>
<td>- Give directive feedback</td>
</tr>
<tr>
<td>- Build rapport/trust</td>
<td>- Support</td>
<td>- Ask questions</td>
</tr>
<tr>
<td>- Define appropriate, specific, achievable goals</td>
<td>- Promote</td>
<td>- Model</td>
</tr>
<tr>
<td>- Identify strategies and activities to advance</td>
<td>- Affirm</td>
<td>- Inform</td>
</tr>
<tr>
<td></td>
<td>- Inspire</td>
<td>- Confirm/disconfirm</td>
</tr>
<tr>
<td></td>
<td>- Challenge</td>
<td>- Counsel and advise</td>
</tr>
</tbody>
</table>
Observation of Work*

Workplace-Based Observation

* Key ingredient in Assessment FOR Learning
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)
Coaching Feedback

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

Observer makes determination of quality of observed task

Coaching Feedback = feedback + actionable suggestions for improvement
Dunning-Kruger Effect

THE JOHARI WINDOW

- **Open**: Known by both you and others
- **Blind Spot**: Unknown to you but known by others
- **Hidden**: Known to you but not by others
- **Unknown**: Unknown by both you and others
The Johari Window

- **Open**
  - Known by you and others

- **Blind Spot**
  - Known to you, but not known to others

- **Hidden**
  - Unknown by you and others

- **Unknown**
  - Unknown by both you and others

Coaching
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 and Mentoring

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