

The Competence by Design (CBD) Coaching Model

The Royal College has developed a coaching model to support resident learning. In addition to the oversight of patient care, expectations of a clinical teacher now include more observation and coaching of residents.

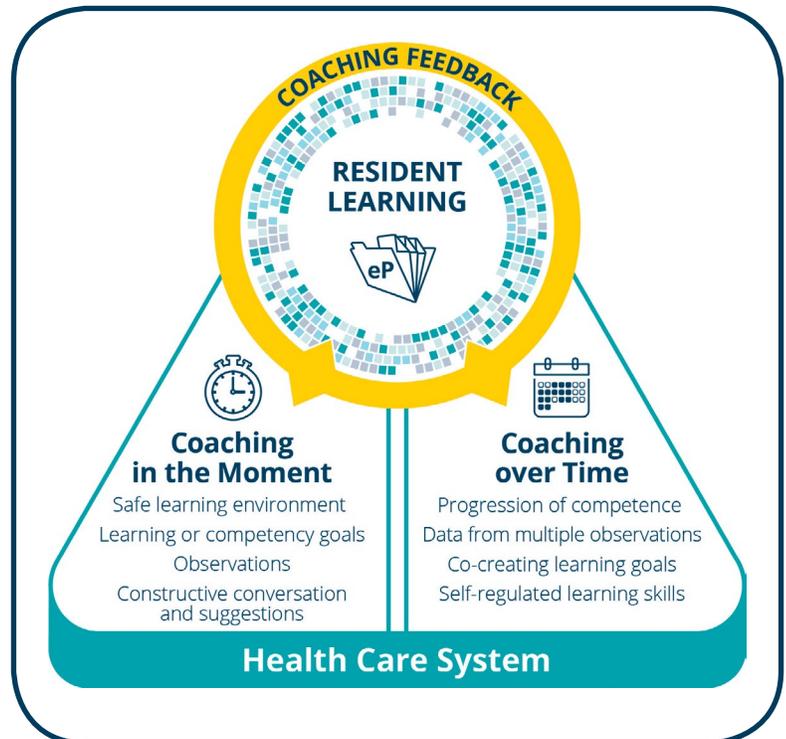
Resident learning is positioned at the centre of this new model to reflect the importance of a learnercentred, developmental approach to competency acquisition.

In CBD, coaching is both a teaching method and an important element of workplace-based assessment, where assessment is designed to be formative in nature.

The CBD Coaching Model includes 2 coaching components:

1. Coaching in the Moment (CiM)
2. Coaching over Time (CoT)

Both “Coaching in the Moment” and “Coaching over Time” are integral to the growth and improvement goals of CBD¹.



Coaching in the Moment



Coaching in the Moment requires clinicians to establish rapport and set expectations with their residents, observe the residents doing their daily work, provide coaching feedback, and document the encounter. Frequent observation is a key ingredient in resident learning and assessment.

Coaching in the Moment follows the RX-OCD step-by-step process:

- R:** Establish educational **R**apport between the resident and the clinician (an educational alliance or partnership).
- X:** Set e**X**pectations for an encounter (discuss learning goals).
- O:** **O**bserve the resident (directly or indirectly).
- C:** Engage in a **C**oaching conversation for the purpose of improvement of that work.
- R:** **R**eport a summary of the encounter.

¹ While CiM and CoT are represented as separate components, it should be noted that some clinicians will be responsible for both, especially in smaller programs.

Over time, many “Coaching in the Moment” conversations and documented summaries help build a complete picture of a resident’s progress, which is stored in a resident’s e-Portfolio (eP) and informs the work of a program’s competence committee.

What is Coaching Feedback?

In CBD, clinicians are encouraged to think of themselves as coaches. “Coaching Feedback” is a conversation between resident and clinician, and is meant to guide learners through a growth process that leads to performance enhancement. Coaching feedback tells residents what was witnessed during a direct or indirect observation, and, most importantly, focuses on specific actionable suggestions for improvement. In other words, coaching feedback helps a resident understand what adjustments and modifications will allow them to progress to the next level of capability/proficiency.

Coaching Over Time



Coaching over Time requires a longitudinal relationship between a clinical faculty member and a resident. This educational partnership lasts longer than any one clinical experience. It requires regularly scheduled face-to-face discussions about the resident’s progression toward competence. Learning opportunities are planned to address any recognized performance patterns. For an educational partnership to work well, residents must feel confident that the clinician has the resident’s best learning interests in mind.

This component of the model, in particular, focuses on helping the resident become an independent, competent clinician that is prepared for a career as a self-regulated learner.

Coaching and Progression



A modification of the coaching model highlights an important relationship between coaching and a resident’s progression through the CBD stages of training.

In this “coaching and progression” diagram, you see the addition of a competence committee. This addition is meant to illustrate that a competence committee regularly reviews data, from multiple EPA and milestone observations to make evidence informed decisions about when a resident is ready to progress to the next stage of their program.

A resident and their “Coach over Time” will often use competence committee reviews and recommendations to inform the resident’s learning and performance goals.

