Coach’s Corner
the coaching model in the CBD curriculum

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Disclosure

• no financial conflicts of interest to declare
Learning objectives

At the end of this workshop, participants will be able to:

1. Define the role of an academic coach
2. Distinguish the role of a coach from that of a supervisor or mentor
3. Describe the process of coaching for performance change
What is the difference?

Mentor

Supervisor

Coach
The role of the academic coach

• to facilitate a learner’s improvement in their clinical performance
  – via a review of objective assessments and feedback
• typically does not evaluate the learner
• can support a learner around broader issues (e.g., career planning, wellness), but this is not a primary responsibility
Goal of the academic coach

- to help the learner become proficient in self-directed learning
- typically does not directly provide clinical teaching
Tasks of the academic coach

• meet regularly with the resident
  – every 4-8 weeks suggested
  – more frequently if resident is having some challenges
• review the electronic encounter cards and other evaluations (e.g., ITERs, OSCE results)
• help the resident reflect on this feedback and identify their learning needs
Tasks of the academic coach

• facilitate the resident in developing learning plans to address these needs
  – may need to seek out more opportunities to practice specific skills and get further direct observation and feedback

• identify areas in which the resident is not getting enough direct observation and feedback
R2C2 as it applies to coaching

- build Rapport and Relationship
- explore Reactions to and perceptions of the assessment data
- explore resident understanding of the Content of the data/report
- Coach for performance change
Build **Rapport and Relationship**

- establish a supportive and safe educational climate
- take the time to get to know the resident and have them get to know you
- ask them about their interest in Psychiatry and possible future career plans
Explore Reactions to and perceptions of the assessment data

• “Did anything in the evaluations surprise you? Tell me more about that…”

• “How does this feedback compare with how you think you were doing? Any surprises?”

• validate and support any surprises or negative reactions to the feedback
Explore resident understanding of the **content of the data/report**

- ensure they understand the specific things they are doing well and the specific things they need to improve
- help them identify any patterns or themes in the various evaluations and feedback
Coach for performance change

• “What 1-2 things would you target for immediate action?”
• “What actions will you have to take?”
• “Who/what might help you with this change?”
• “What might get in the way?”
• “What else might you do to progress to the next level?”
Exercise

• your PGY-1 is currently on their Psychiatry ER rotation
• review the following feedback from encounter cards
• how would you engage a resident in a discussion about these assessments?
• how would you go about coaching for performance change?
Encounter cards

- FoD1
  - gathered history fairly comprehensively
  - too many closed-ended questions
- FoD1
  - excellent rapport with patient
  - did not probe for medical comorbidities and medical differential
- FoD 3
  - asked about key risk factors for suicide
  - somewhat “checklisty” approach with questions
- FoD1
  - avoided jargon and spoke at patient’s level
  - repetitive use of same empathic response “that sounds difficult”
- FoD5
  - supportive and empathic approach
  - need to take more of a medical history and assess current medical stability
- FoD6
  - safe positioning in room and talked to patient in a calm manner
  - consider also substance-related causes of agitation
Questions and discussion