

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

