Coaching for Competency across the Continuum
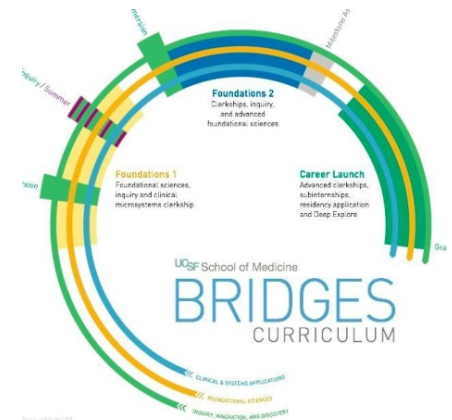## February 2020

Karen Hauer, MD, PhD

Christopher R. Peabody, MD, MPH

Anna Chang, MD

University of California
San Francisco

Outline: Coaching for Competency

- Introductions

- Discover small group coaching techniques anchored in positive psychology

- Apply a framework for feedback to learners within a coaching relationship

- Engage in a coaching conversation, using coaching strategies

Coach

Supports you in achieving personal or professional goals

Focus is on helping you find solutions and strategies, be the best you can be

Helps you build skills, use your resources

Mentor

Someone more experienced

Teaches and shows you the ropes

You may want to be this person someday

Advisor

Offers advice

Deep technical knowledge in a particular area

UCSF School of Medicine Coaching program

Before we get started

- Your goals for today's session…..

Coaching – small group

Christopher R. Peabody, MD, MPH
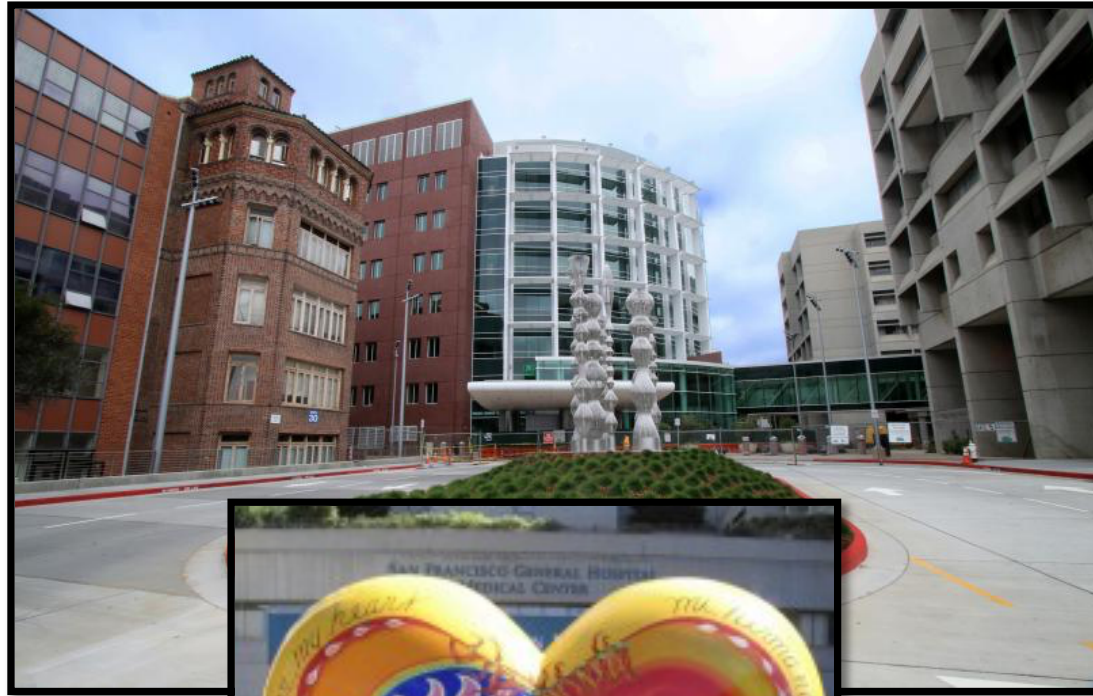
Service above Self

Developing Medical Educators of the 21st Century , San Francisco CA, Feb 10-12, 2020

ERECTED
BY THE CITIZENS
OF THE COUNTY OF LOS
ANGELES TO PROVIDE HOSPITAL
CARE FOR THE ACUTELY ILL AND
SUFFERING TO WHOM THE DOCTORS
OF THE ATTENDING STAFF GIVE
THEIR SERVICES WITHOUT CHARGE
IN ORDER THAT NO CITIZEN OF THE
COUNTY SHALL BE DEPRIVED OF
HEALTH OR LIFE FOR LACK OF
SUCH CARE AND SERVICE

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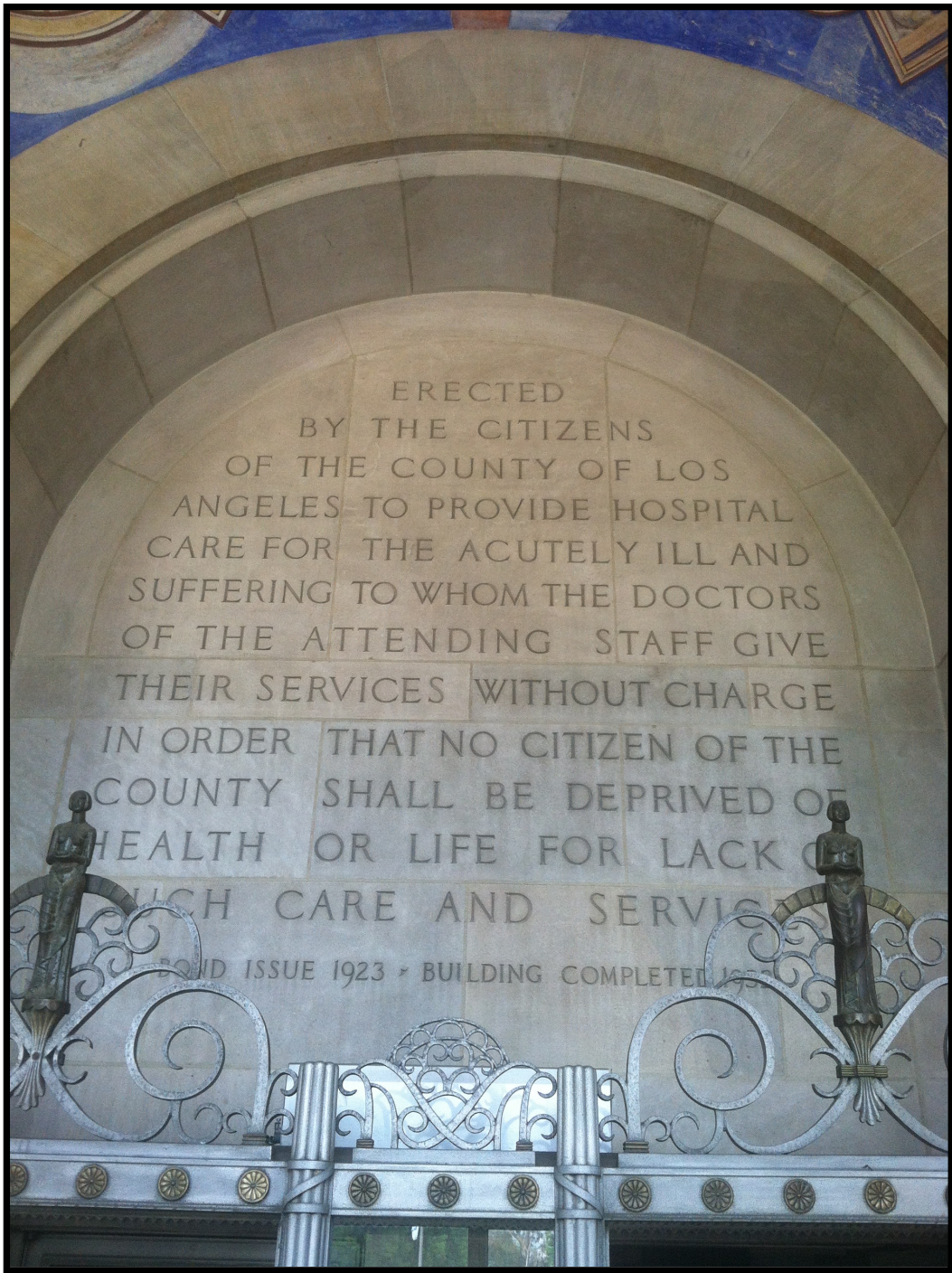
Self Reflection

Why did you go into health professions education?

What is one goal you have for this conference?
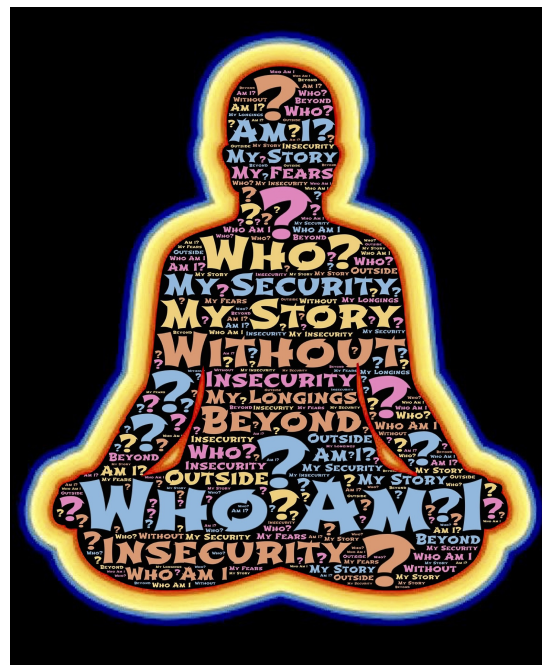
Dyad Exercise

Turn to person next to you

One person speaks, the other listens

Share the reason why you went into health professions education

Coaching

Practical Tips of the Trade

- Establishing norms
- Structured Check-in
  - Happiness Project
  - Dream Teams

Norms

Establishing ground-rules early: a key to success

- Confidentiality
- Amnesty (give each other benefit of doubt)
- Compassion (for each other)
- Be. On. Time.

Background: Physician Training Model

Compassionate,
Idealistic Students

Crucible of Medical School + Residency

Burnt-out Attending
Physician
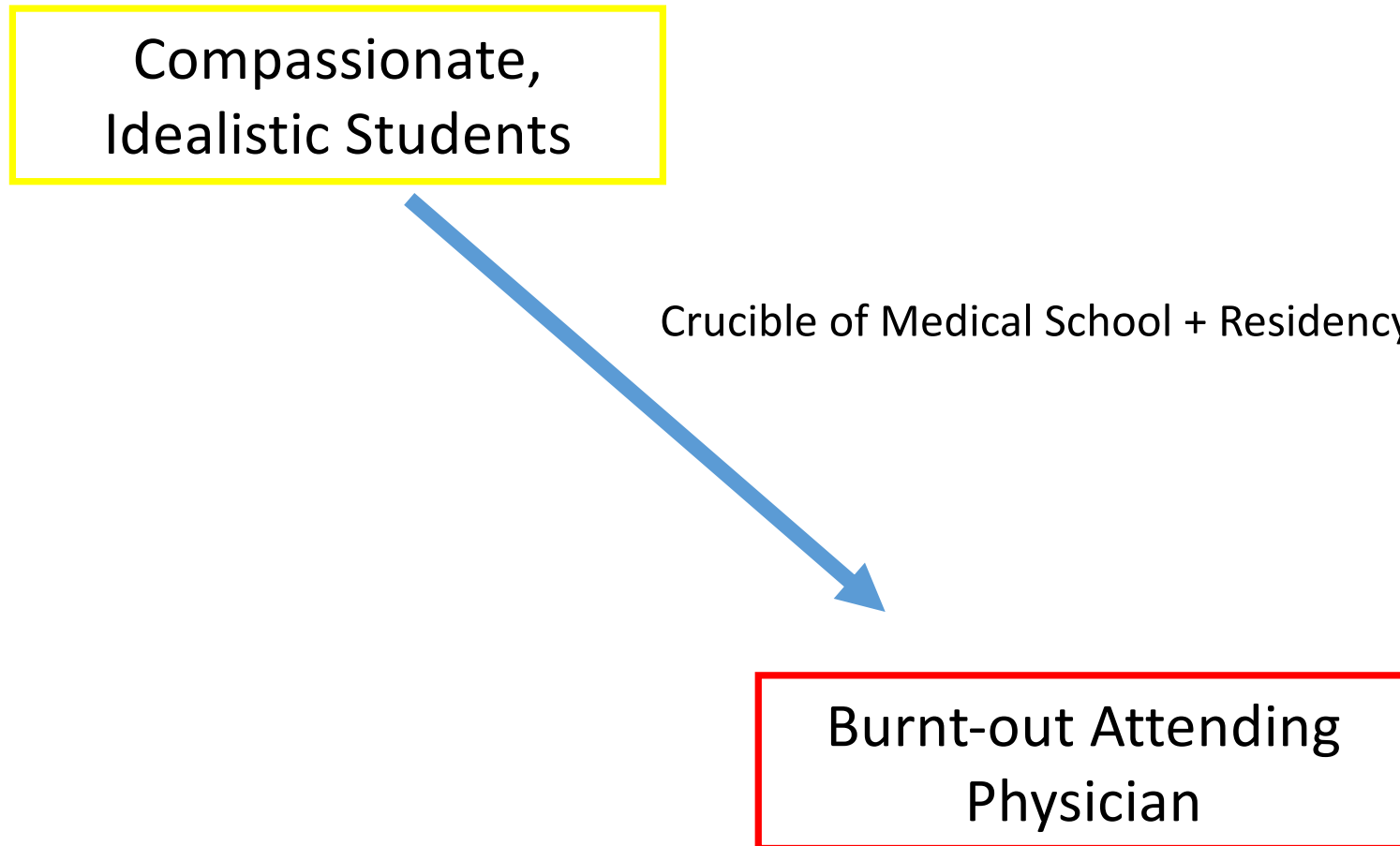
1. Shanafelt TD, Balch CM, Bechamps G, et al. Burn- out and medical errors among American surgeons. Ann Surg 2010;251:995–1000.
2. Wallace JE, Lemaire J. Physician well being and quality of patient care: an exploratory study of the missing link. Psychol Health Med 2009;14:545–52.

Happiness Advantage

Background

- 54% of physicians experience burnout

- We made it! Change the lens in which we see the world

- Frame our session so that our team experiences the "Happiness Advantage"

Prins JT, Gazendam-Donofrio SM, Tubben BJ, van der Heijden FM, van de Wiel HB, Hoekstra-Weebers JE. Burnout in medical residents: a review. Med Educ 2007;41:788–800.

Happiness Project

Start Session with Positive Priming

- If we are positive in the present then
  - We can learn faster
  - More Resilient
  - Less burnout
- Physicians with positive priming
  - Integrated information earlier
  - Demonstrated less anchoring

1. Estrada, Carlos A., Alice M. Isen, and Mark J. Young. "Positive affect facilitates integration of information and decreases anchoring in reasoning among physicians." *Organizational behavior and human decision processes* 72.1 (1997): 117-135.
2. Anchor, Shawn. *The Happy Secret to Better work* https://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work?language=en (accessed Feb 25, 2016)

Happiness Project

Student-led well-being

- Part of a structured check-in (10 minutes)
  - Rotating facilitator
  - Bring in an activity to focus on happiness
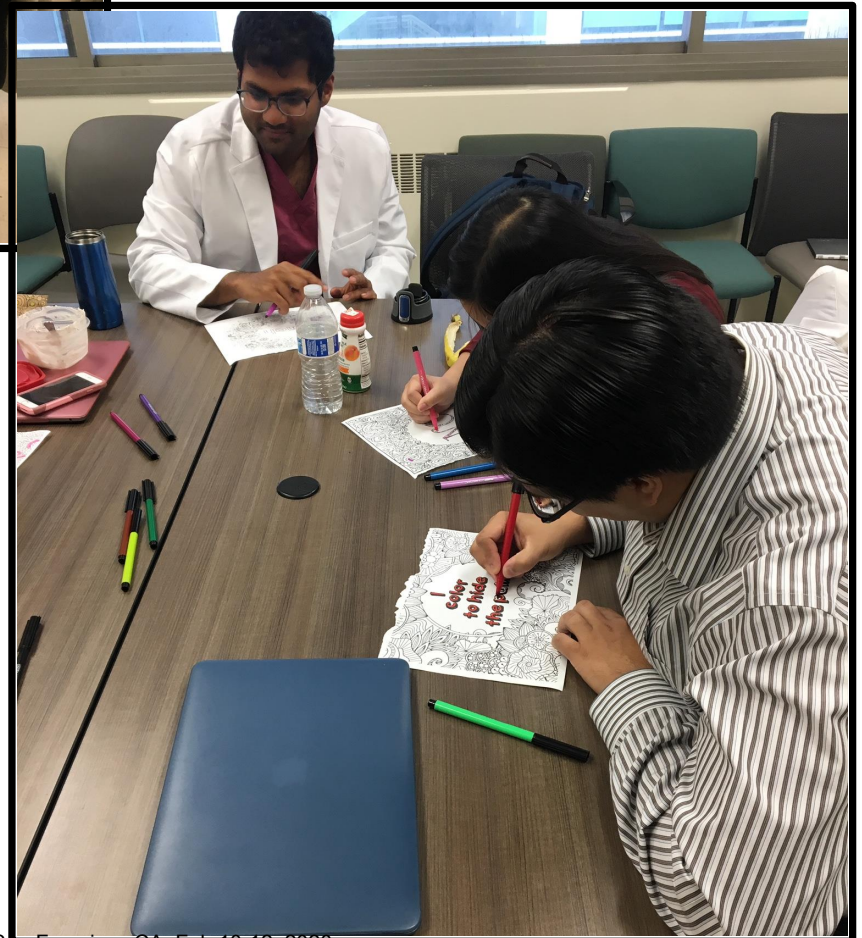
Examples include:

Excerpts from "Peace is Every Step"
Gratefulness practice
Origami crane folding lesson
Ted Talk on Positive Psychology
Headspace meditation
Compliments game
Excerpts from "Grit"
"Draw a place that brings you peace"

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Crucible Moment

Peer-to-Peer Mentoring

Establishing Dream Teams

- What if each student had their own personal board of directors?

- Small Groups of 5-6 to hold each other accountable for their dreams

Christopher R. Peabody and Jan Shoenberger (2013) "Dream Teams" -- A Peer-to-Peer Mentorship Program for Adult Learners in an Emergency Medicine Residency Training Program. Innovations in Medical Education Conference 2014

Dream Team

Part of Structured Check-in (10 min)

- One student per session
  - Share goals and dreams for career
  - Subsequent sessions are progress reports
- Group acts as Personal Board of Directors
  - Asks questions, gives advice
 - Opens up personal networks

1. Estrada, Carlos A., Alice M. Isen, and Mark J. Young. "Positive affect facilitates integration of information and decreases anchoring in reasoning among physicians." *Organizational behavior and human decision processes*72.1 (1997): 117-135.
2. Anchor, Shawn. *The Happy Secret to Better work* https://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work?language=en (accessed Feb 25, 2016)

Dream Team

Potential Impact: Students Coaching Themselves

- Discuss shared strategies for work-life balance

- Summer research, specialty selection

- Cultivating mentors

- Utilize network of peers for career development

- Discuss medical errors amongst peers

Kimo Takayesu J, Ramoska EA, Clark TR, Hansoti B, Dougherty J, Freeman W, Weaver KR, Chang Y, Gross E. Factors Associated With Burnout During Emergency Medicine Residency. Acad Emerg Med. 2014 Sep;21(9):1031-1035
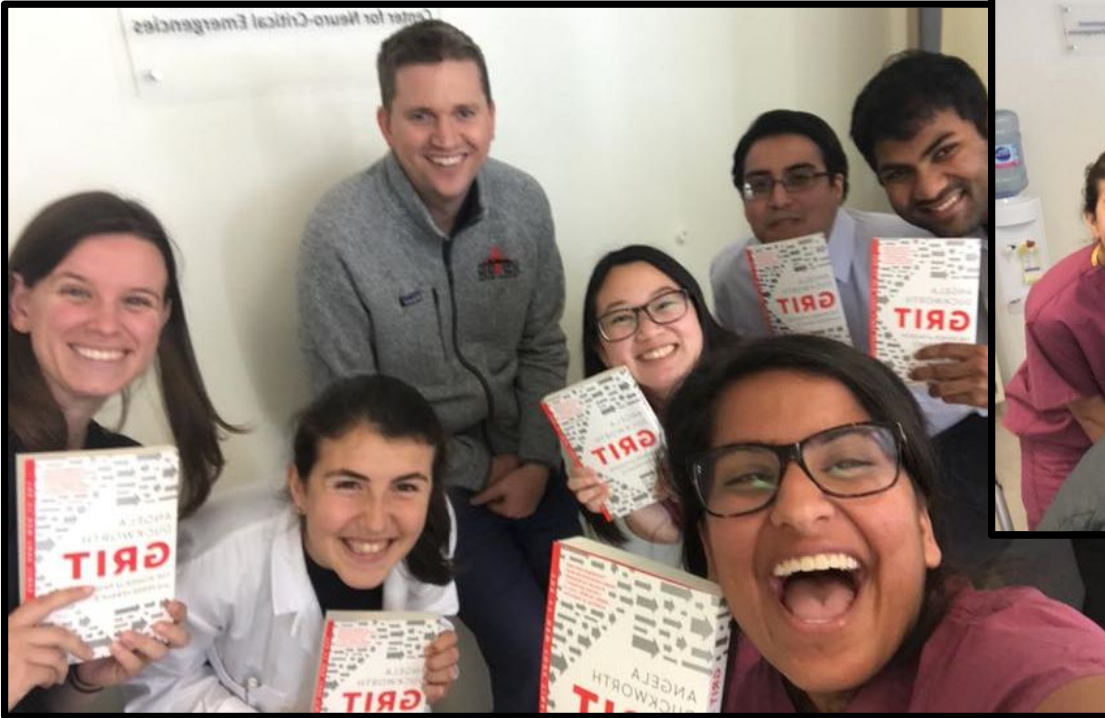
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Thank you

christopher.peabody@ ucsf.edu

BILL GEORGE
Bestselling author of True North
DOUG BAKER

TRUE NORTH GROUPS
A Powerful Path to Personal and Leadership Development

Foreword by Richard J. Leider

The **Happiness** Advantage

The Seven Principles that Fuel Success and Performance at Work

Shawn Achor
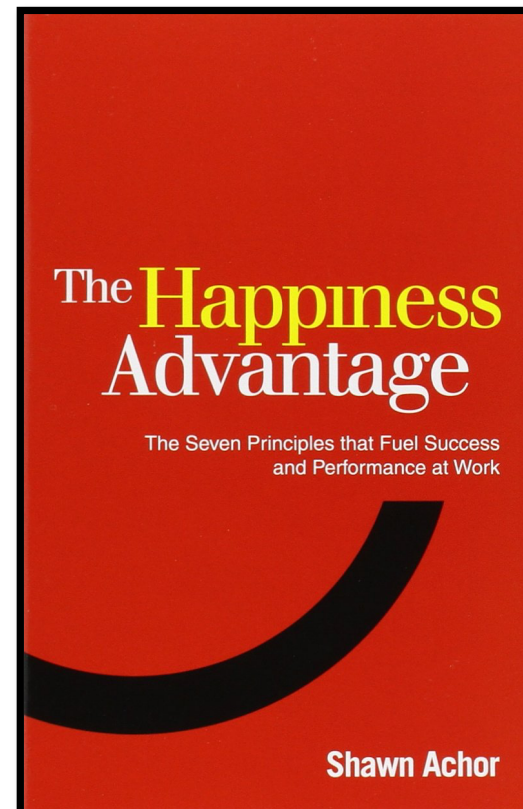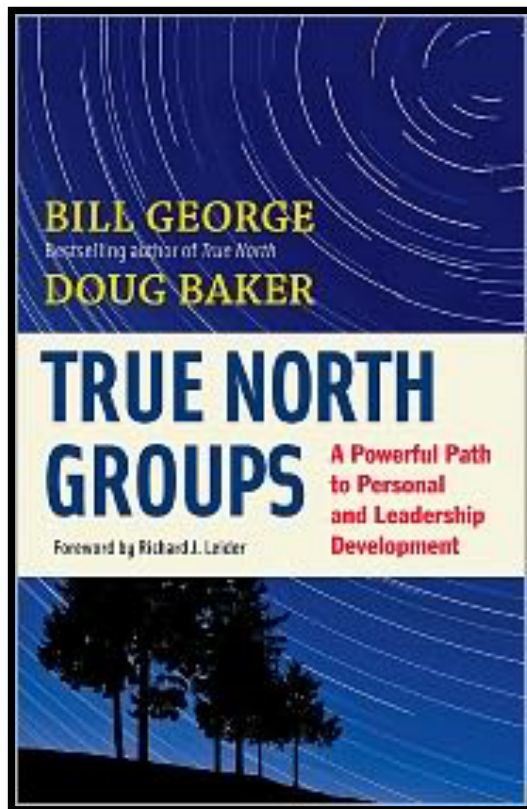
Suggested Reading

Informed self-assessment and feedback

Karen Hauer, MD, PhD

Coaching conversations

- What about when the feedback is not all positive?

- How can a coach help?
  - Provide and interpret feedback
  - Promote awareness
  - Provide encouragement
  - Facilitate practice with reflection, learning planning

Challenges with self-assessment

Accuracy of Physician Self-assessment Compared With Observed Measures of Competence
A Systematic Review

JAMA, September 6, 2006—Vol 296, No. 9

David A. Davis, MD
Paul E. Mazmanian, PhD

Context Core physician activities of lifelong learning, continuing medical education credit, relicensure, specialty recertification, and clinical competence are linked to the

Flawed Self-Assessment

Implications for Health, Education, and the Workplace

David Dunning,[1] Chip Heath,[2] and Jerry M. Suls[3]

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"I'll Never Play Professional Football" and Other Fallacies of Self-Assessment

JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS, 28(1):14–19, 2008

KEVIN W. EVA, PhD; GLENN REGEHR, PhD

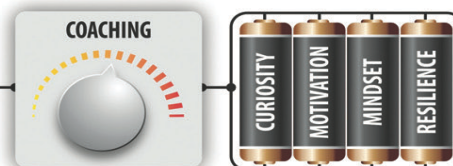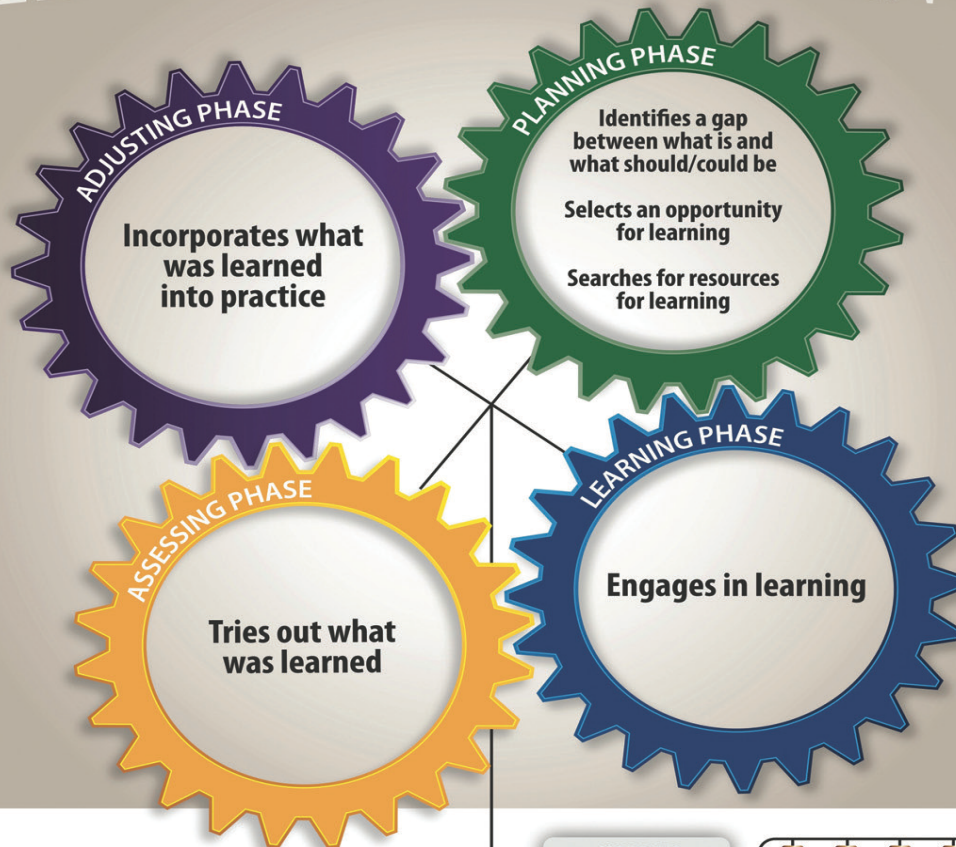# Improving the accuracy of self-assessment

- Important for metacognition
  - Reflection-in-action, reflection-on-action
  - Self-directed assessment seeking (Boud)

- Two critical ingredients
  - Information: accuracy of self-assessment improves with performance information
  - Coaches: facilitator, in context of longitudinal, trusting relationship

Inside the Mind of the Master Adaptive Learner — Learning Environment poster. Gears represent the four phases: Planning Phase (Identifies a gap between what is and what should/could be; Selects an opportunity for learning; Searches for resources for learning), Learning Phase (Engages in learning), Assessing Phase (Tries out what was learned), Adjusting Phase (Incorporates what was learned into practice). Coaching dial connected to batteries labeled Curiosity, Motivation, Mindset, Resilience. Brain logo: Metacognition · Reflection · Critical Thinking · Self Monitoring.

Cutrer, Med Teach 2018

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3 steps for informed self-assessment

Role of the learner	Role of the coach
Review own performance information, standards	Understand where the learner is at Know the standards (competencies, milestones)
Reflect on information	Ask questions, probe Care personally
Design individual learning plan	Ensure learning plan is SMART Provide follow up, accountability

Facilitating a feedback conversation R2C2 feedback model

- **R**apport building
  - Explore resident experience/context
  - Offer empathy, establish trust

- Explore **R**eactions
  - Invite resident reactions to the feedback

- Explore understanding of feedback **C**ontent
  - Understanding of data – score and comments

- **C**oach for change
  - Build on successes and strengths
  - Identify goals, consider framework like SMART goals

Sargeant, Acad Med 2015

Activity: Exploring reactions to feedback and feedback content

1. Review information
2. Reflect on information

- pair share practice with R2 and C– (10 min)
- large group debrief – 5 min

Coaching for Change

Anna Chang, MD

- discipline

- venting

- teaching

- psychotherapy

What Coaching is NOT…

Coaching Conversations: Purpose

1. Identify strengths

2. Articulate goals

3. Reflect on challenges

4. Make a plan together

Avoid the impulse to

- Discipline
  - Be clear on your role

- Give advice
  - Talk less; listen more

- Commiserate
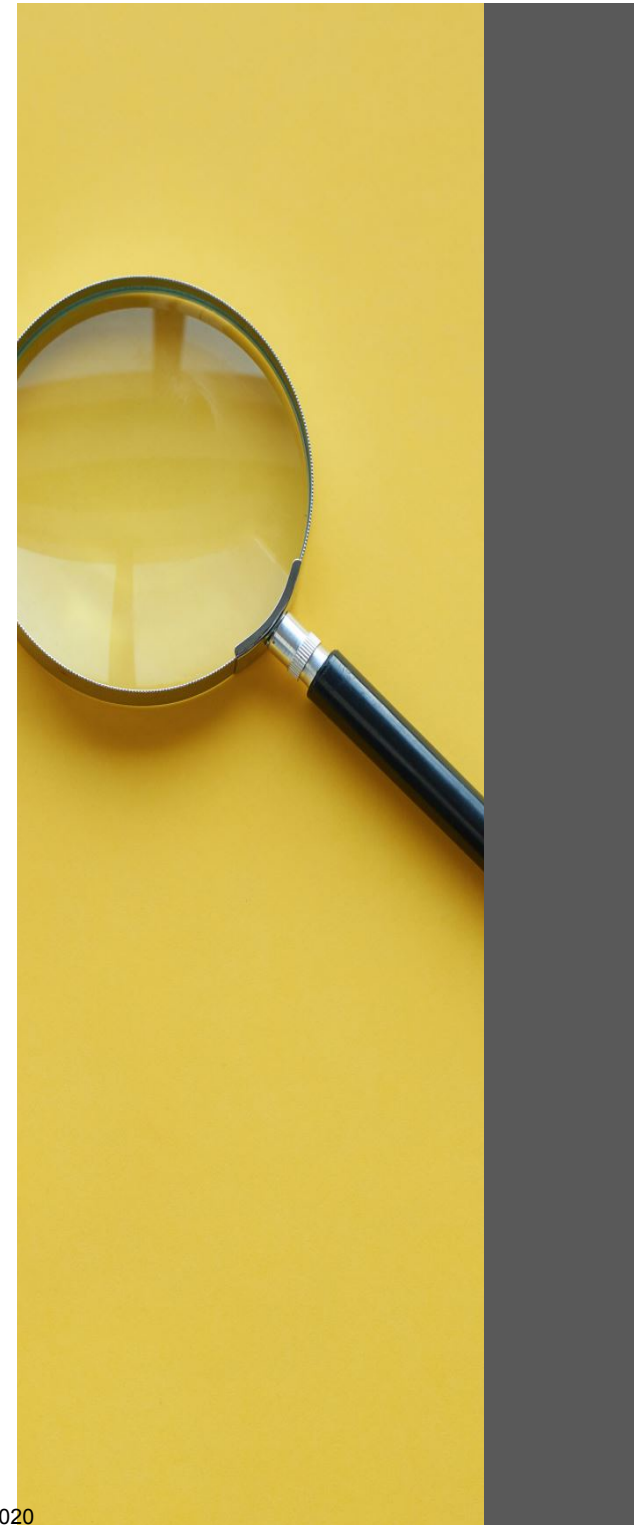 - Not bi-directional

Lovell 2017 Medical Education

Coaching Conversations: Concept

Humble Inquiry:

Asking questions to which you don't already know the answer...

...with an attitude of inquiry, curiosity, and interest in the other person.

Schein 2013

Coaching Conversation: 4 Key Elements

Setting the stage

Opening

Conversation

Closing

Coaching Conversation:
1. Setting the Stage

LAYING THE GROUNDWORK FOR SUCCESS	
Mindset	Assume positive intent
Focus	Ongoing and/or new topic(s)
Timing	Contextual awareness (exam tomorrow; post call)
Setting	Confidential space or real time "on-the-fly"
Initiative	Most effective when voluntary but "opt-in" not always possible

Coaching Conversation:
2. Opening

- Identify the reason for the conversation

- Clarify your role if ambiguous

- Practice some phrases to open the conversation (can feel awkward!)

"I noticed that interaction and wanted to check in. Can we talk about it?"

"You just got back your exam results. Let's discuss them together

"The other day when we talked, I heard that you were going through a stressful situation. Would you like to share more?"

Coaching Conversation:
3. Conversation

- Listen when you want to talk

- Ask probes until you get to the heart of the issue

- Leave with an action plan and concrete next steps

Coaching Conversation:

Seven Essential Questions

Question	Example	Purpose
Kickstart Question	What's on your mind?	Open ended self-reflection
"Awe" Question	And what else?	Probing to get at deeper issues
Focus Question	What's the real challenge here for you?	Identify the root cause or underlying challenge
Foundation Question	What do you want?	Identify goals (before tactics)
"Lazy" Question	How can I help?	Identify barriers and possible supports
Strategic Question	If you're saying yes to this, what will you say no to?	Set limits and realistic expectations
Learning Question	What was most useful for you?	Reflect on the conversation

Coaching Conversation:
4. Closing

1. Reflect on conversation

2. Set SMART goals

3. Schedule follow-up

Self-regulated learning involves the autonomous selection, management, and evaluation of personal learning activities.

GOAL SETTING
S SPECIFIC
M MEASURABLE
A ATTAINABLE
R RELEVANT
T TIME-BOUND

Group Activity:
Coaching Conversation

As a reminder…

Coaching Conversation:

Seven Essential Questions

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Stanier 2016 *The Coaching Habit: Say Less, Ask More, & Change the Way You Lead*

Individual Activity: Commitment to Change

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