



University of California
San Francisco

COACHING FOR COMPETENCY ACROSS THE CONTINUUM

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DEVELOPING MEDICAL EDUCATORS OF THE 21ST CENTURY 2019

Learning Objectives

1. Define coaching and describe the use of positive psychology coaching in medical education.
2. Apply a framework for feedback to learners within a coaching relationship.
3. Engage in a coaching conversation, using coaching strategies.

Agenda

- 0:00 – 0:10: Introductions (Hauer)
- 0:10 – 0:35: Coaching in a small group setting (Peabody)
- 0:35 – 1:00: Coaching individuals: The R2C2 model for discussing feedback (Hauer)
- 1:00 – 1:30: Conducting a coaching conversation to promote change (Hung)
- 1:30 – 1:45: Commitment to change (All)

Beginning

Why did I come and what do I find most challenging in managing my time?

a.
b.

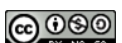
Ideas from the Workshop

a.
b.
c.

Taking it Home

Two next steps I would like to do for me after this workshop.

a.
b.



References

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(Conversations for Coaching – Hung)

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The R2C2 Model: Coaching for Change

The R2C2 Model¹

R1: RAPPORT/RELATIONSHIP-BUILDING – *every time, not just in a first meeting*

1. Recognize and celebrate successes
 - *First of all, congratulations on completing (x)! What's been going well for you in school/residency? Out of school/residency?*
2. Invite learner's **perspective**
 - *I'm interested in hearing more about **your** experience. What do **you** hope to get out of this meeting?*
3. Confirm, empathize, show respect, **build trust**, validate their experience/feelings

R2: REACTIONS*

**Negative reactions/surprises tend to be more common with: Subjective data (multisource feedback); Comparative data (scores are lower than group mean); Dissonant data (learner is not doing as well as s/he thought)*

1. Ask for and appreciate the **learner's reaction**, support the expression of negative reactions*
 - *What were your initial reactions? What surprised you about this evaluation?*
 - *I can see that this would be surprising/upsetting; other learners/I have felt the same way*
2. **Explore the reasons** for these reactions
 - *How does this evaluation compare with others you have received/how you think you were doing?*
 - *After reflecting on this, did you discover anything new?*
3. **Validate their experience**, but not necessarily the legitimacy/quality of the feedback

C1: CONTENT

1. Clarify objective **facts and details**
 - *Let's look at exactly what was said. Was there anything in the report that didn't make sense to you? Anything you're unclear about? Anything that rings true for you?*
 - *Do you remember these examples? What do you remember about them?*
2. Identify **patterns/areas of focus**
 - *Anything you think is something to focus on? Anything here you have heard before?*

C2: COACH

1. General principles:
 - **Define the goal(s) together**
 - *If there were just one thing that you would like to target for immediate action, what would it be?*
 - *What action might you have to take? By the end of the next clerkship—what you would like to see changed?*
 - **Share accountability**
 - *Who/what might help you with this change? What might get in the way? How can I help?*
 - **Explicit plan** for re-evaluation/monitoring over time/next steps
 - *How will you know if things are going well? When should we check in again?*

¹Adapted from: Sargeant J, et al. Facilitated reflective performance feedback: developing an evidence-and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). *Academic Medicine*. 2015;90(12):1698-706.

Part 1

Coach

Last week you received spontaneous praise from a resident's attending, who feels that the resident is among the strongest residents clinically and has excellent rapport with patients. However, a few days later a nurse expressed concern to you that several nursing interactions with this resident were perceived to be abrupt, with delays in responding to pages. You check the call schedule and email the resident to let them know that you would like to check in, and you set up a meeting in a few days during a lighter day.

Learner

You are a resident on an inpatient rotation. Your coach emailed you to check in. As you think about what you may discuss, you recall that you have received positive feedback from your attending, and remember a couple of interactions with nursing that were suboptimal. As you prepare to meet with your coach, you remember that you had a very high patient load that week and felt frustrated that your workflow to discharge several patients was interrupted when you received multiple pages within a short period of time.

Part 2

Coach

The resident has shown some insight, but is still contemplative about next steps. Another rotation on a busy service is coming up, so you want to make sure that the resident leaves with a sense of what is already going well, as well as an understanding of where there may be an area of growth and a concrete action step.

Learner

You've always thought of yourself as someone who works well with others, and this feedback from nurses is hard to hear. You are hesitant to bring it up spontaneously, but wonder what consequences this feedback will have for your working relationships, and are now questioning the way you have been approaching your work. You don't want to compromise your efficiency, which you feel has been a strength, but want to have good relationships with staff and don't know where to go next.