COACHING TO INDIVIDUALIZE GROWTH IN RESIDENCY

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DISCLOSURES

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What is Coaching?

“One-to-one conversation focused on the enhancement of learning and development through increasing self-awareness and a sense of personal responsibility, where the coach facilitates the self-directed learning of the coachee through questioning, active listening, and appropriate challenge in a supportive and encouraging climate”

WHY COACHING IN MEDICAL EDUCATION?

- Learner-driven
- Reflection and engagement
- Building autonomy
- Individualized development
- Align personal and professional goals
- Increase well-being
WHY COACHING IN RESIDENCY?

Discontinuity from UME to GME threatens learner development and well-being.

Residents must regulate their own learning and integrate professional skills and personal demands.

One-size-fits-all approach to learners doesn’t work.

“Just enough” support to encourage self-direction and drive towards autonomy.
Targeted coaching by qualified educators should begin in UME and continue during GME, focused on professional identity formation and moving from a performance to a growth mindset for effective lifelong learning as a physician. Educators should be astute to the needs of the learner and be equipped to provide assistance to all backgrounds.

**NARRATIVE DESCRIPTION OF RECOMMENDATION:**
Coaching can benefit a student’s transition to become a master adaptive learner with a growth mindset. While this transition should begin early in medical school, it should be complete by the time that the student moves from UME to GME. If a learner does not transition to a growth mindset, their wellness and success will be compromised. The addition of specific validated mentoring programs (e.g., Culturally Aware Mentoring) and formation of affinity groups to improve sense of belonging should be considered.
Common Program Requirements

Practice-based learning and Improvement

IV.B.1.d).(1) Residents must demonstrate competence in:
   - identifying strengths, deficiencies, and limits in one’s knowledge and expertise; (Core)
   - setting learning and improvement goals; (Core)
   - identifying and performing appropriate learning activities; (Core)
   - systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement; (Core)
   - incorporating feedback and formative evaluation into daily practice; (Core)
   - locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems; and, (Core)
   - using information technology to optimize learning, (Core)

Individualized Learning Plans

V.A.1.d) The program director or their designee, with input from the Clinical Competency Committee, must:
   - meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)
   - assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)

Self-directed Learning

VI.B.4.d) commitment to lifelong learning; (Outcome)
VI.B.4.e) monitoring of their patient care performance improvement indicators; and, (Outcome)

Physician Well-Being

VI.C.1.a) efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)
Structured Coaching Meetings

- **March: Post-Match Meeting**
  - UME advisors/All NYU Students

- **April-May: Warm Handoff Meeting**
  - UME advisor/GME Bridge Coach

- **June: Virtual Hello Meeting**
  - Incoming interns in TRA programs

- **Q1: July-Aug**
  - Identifying Priorities and Values

- **Q2: October**
  - Responding to Feedback/Setting goals

- **Q3: December**
  - Strengths assessment

- **Q4: February**
  - Visioning - 3 month plan

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UME  GME

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NYU Langone Health
Insights from TRA Research

Training faculty coaches builds on existing skills (establishing trust, listening) and adds new skills (guiding individualized learning). Faculty desire structures to support coaching and practice.

(Medical Education Online. 2023 Jan 1;28(1):2145103.)

Medical students set low quality but realistic and attainable goals. PGY-1s working with coaches set higher quality goals.

(Academic Medicine 2023 May 1;98(5):585-589.)

Coaching creates an explicit curriculum for professional growth from medical student to resident and supports autonomy and self-directed learning.

(Academic Medicine 2023 Sep 12, e-pub.)
Conceptual model for coaching through the transition to residency

MEDICAL STUDENT

Focus on individual performance and achievement

Focus on team membership, professional ideals, societal ideals and balancing commitments

Focus on discerning principled identity, tolerant of complexity

ATTENDING PHYSICIAN

Reflects on experiences to identify areas for improvement

Seeks opportunities for individualized growth

Integrates demands of professional and personal life

Autonomous as a life-long learner
OBGYN New Resident After Match Program
Ready for Intern Year Curriculum & Assessments
Residency Learning Communities

1:1 Coaching

Personalized feedback and development, adapting to individual challenges

Readiness for Residency Curriculum Group Coaching (Residency Learning Communities)

Time management and organization, resilience, gratitude, fostering growth mindset, building connections

Self-Assessment and Self-Directed Learning Program (Independent Learning)

Knowledge and skills needed on Day 1

MORE FACULTY SUPPORT

LESS FACULTY SUPPORT

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Supporting the Residency Transition in OBGYN from Match Through PGY-1 Year

**Ready for Residency Curriculum**
- **Gratitude & Resilience**
- **Time Management & Priorities**
- **Evolving Your Learning Skills**
- **Mission & Values**

April
May
June
July

**Residency Learning Community Group Coaching**
- **Group Coaching: Goal-setting**
- **Group Coaching: Time Mgmt**
- **Group Coaching: Strengths**
- **Group Coaching: Work-life**
- **Group Coaching: Visioning PGY-2**

Sept
Oct
Dec
Feb
April

**Independent Self-Directed Learning Program**

**1:1 Coaching as Needed**
Coaching Models

NYU OB/ORTHO/EM Model
One coach for all PGY-1s
Coach not part of program leadership

NYU Medicine Model
APDs serve as coach for advisory group, additional meetings in addition to semi-annual meetings

NYU Path Model
Mentors paired 1:1 based on specialty interest, goal-setting done with PD and then reviewed with mentors

Stanford Model
Coaches 1:10 pediatrics residents
Direct observation and coaching, monthly in PGY-1 and q2 months PGY-2
12 coaches, 115 residents

MGH Model
Residents/fellows paired 1:1 with faculty coach mismatched to career interest
Meet quarterly with trainees
~300 faculty members across 8 departments engaged in coaching
nearly 500 residents & fellows

APGO ONRAMP Model
Group coaching
Near peer coaching

U Colorado Model
Videos and self study materials, weekly group coaching x 6 months online live calls with
Written coaching 1:1
2 coaches, 100 residents
Precision Medical Education: Looking to the Future
REFERENCES


