Residents’ and recent graduates’ perspectives on the importance of coaching in neonatal resuscitation training

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Research questions

1. How are residents prepared for independent practice in neonatal resuscitation?

2. What are the perceived gaps in training?

3. Why, in their view, do these gaps exist?
Methods

Proposed conceptual competency framework defined ‘a priori’

Semi-structured focus group interview guide

Purposeful sampling for participant recruitment

4 focus groups - residents and recently graduated Pediatricians
5 participants in each focus group

[Diagram with circles labeled Describing, Organizing, Representing the Account, and Corroborating Legitimating. Arrows indicate the flow between the circles, with 'Analysis' highlighted.]
Semi-structured focus group interviews

Sample questions

– What do competency acquisition in neonatal resuscitation and preparedness for independent practice mean to you?
– How does current residency training ensure competency acquisition and preparedness?
– In your opinion, what role do {specific training methods / assessments} play in competency acquisition?
Ready to resuscitate?

‘Rocky seas’: a graduated model of competency acquisition

**Medical Expertise**
- Knowledge
- Technical skills
- Clinical decision making
- Insight & Judgement

**Leadership**
- Advocacy
- Debriefing
- Team dynamic
- Education
- Communication

**BARRIERS**
- Exposure
- Competing learners
- Adequate coaching
- Disconnect: simulation vs. reality

**Self-efficacy**
- Self-confidence
- Taking initiative
- Managing fear
- Owning responsibility
- Performance under pressure

**Transferability**
- Simulation
- Junior in training
- Community practice: Solitary, limited resources
- Maintenance of competency
No matter how well trained people are, few can sustain their best performance on their own. That’s where coaching comes in.
- Atul Gawande

Coaching is important. Someone telling you what went well and what didn’t... You hyper-flexed and that is why the intubation did not go well. So those pieces are really helpful.
{Pediatrician 3}

The baby comes out flat and I freeze because it is not a fake baby. Someone grabs my hand and puts it here and they start with what the baby needs right away... and then they grab my hand and they do it on my hand and they do it with me...
{Resident 1}
Coaching - medical expertise

Technical skill expertise

Direct observation

Immediate feedback

Ability to troubleshoot equipment and clinical situations

That hands-on feedback where it is like, you are giving too much pressure when you are bagging... or how you put the mask on. So I think coaching is by far the most influential in terms of how you can change resus skills. {Resident 2}

Challenges
- Lack of time
- Availability
- Competing demands
Coaching - leadership

Role modeling

Individualized learning experience

Advocacy

Transition: Learner takes lead

Challenges

I had one guy who would take your hand and put it on the thing and move it with his hand until you did it right - pressure and all... and then I have had experiences too where I am not even touching the baby.

{Resident 5}

Coaching too is predicated on the fact that you have to let the learner take the lead role. So if that does not happen you can't coach them.

{Resident 4}

Skill of the coach

Opportunities for faculty development
Coaching – across training environments

Tertiary care
- Structured subspecialty experiences
- Interprofessional team
- Simulation and debriefing

Community experiences
- Opportunity: ‘one on one’ experiences
- Better rapport, closer relationships

Disconnect between community and tertiary training environments
Coaching - self-efficacy

You can get a formal assessment that is pretty deconstructive... And if you are at all fragile you might think, oh I am terrible at it and lose confidence... And then you are afraid to ask someone to coach you and it affects your confidence.

{Resident 4}

Versus coaching and self reflection where you are consciously thinking, how can I improve this so that in the future some patient lives because of my skill?

{Pediatrician 3}

‘Breakdown’ in coaching – affects learner’s belief in their own ability to execute behaviours / perform / succeed
Coaching: important but inconsistent
What would a ‘coaching model for neonatal resuscitation’ look like in competency based education?
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