Exploring how coaches approach their roles: Implications for medical education

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“Top athletes and singers have coaches. Should you?”
Gawande 2011

“If athletes, musicians, and executives use coaching to strive for excellence, shouldn’t physicians and surgeons also do so?”
Lovell 2017
Challenges

Limited evidence of efficacy
Limited theoretical grounding
Interchangeable terminology: coaching, teaching, mentoring
Possible cultural barriers
  Pressure to portray competence
  Value of autonomy

Lovell, 2017
Mutabdzic, 2015
Research Questions

1. How do coaches conceptualize and enact their roles?
2. What factors may influence the translation of coaching approaches to the medical context?
Methods

Constructivist grounded theory
24 participant interviews
   6 Varsity sports coaches
   12 MD executive, music, or sports coaches
   6 MDs who perceive a role as coaches

Data Analysis
   Initial, focused, theoretical coding
   Constant comparison
   Iterative
Results

Shared philosophy

Cultural threats
Shared Philosophy: Coaching is about unlocking human potential

“For me, it’s all about that person reaching their own personal goals, and being the best they can be.” (P5 – physician/music coach)
“The language is about we. We’re working on this, not that you’ve done that or you’ve done that. But these are the things that we’re working on. And maybe that’s something that’s part of the coaching environment too, is that there’s a sense, with coaching, that the coach is working along with the student. So the language may be more about we.” (P6 – physician/sports coach)
Coaches promote learner reflection:

“It’s helping them to reflect on their situation. Again, it’s not telling them what they should do. It’s helping them to reflect on what went well, what didn’t, and elaborating some options – options in the plural – for the future.” (P13 – physician/executive coach)
“Figuring out what I did the previous season that led to success or failure is the hardest part of my job.” (P9 – sports coach)
Shared Philosophy: Failure as a catalyst for growth

“It’s good for them to see failure in a different perspective. That’s really, really important. They have to know that it’s okay and it will happen and you’ll deal with it and you’ll learn from it and it will take you higher. If they are not failing, then they are not trying hard enough.” (P14 – sports coach)
Cultural Threat: Vulnerability is challenging in medicine

“My experience has been that even in the most sensitive, trustworthy faculty, it’s really hard for the learner to believe they can be vulnerable with that person because they’re so conditioned not to be.” (P13 – physician/executive coach)
“In sports, for instance, the coach can’t all of a sudden set foot on the ice or the tennis court and actually start playing. Whereas in medicine a coach can very quickly become a player….And many people who are in medicine in our academic spheres are reluctant to not be a player.” (P24 - physician)
Cultural Threat: Defining and developing coaches

“If I can’t do something, I find someone who can.” (P11 – sports coach)

“I think your more senior physicians…are neurotically self-sufficient. They think they can do it all, but actually they don’t. I think a lot of the hidden curriculum…has grown out of that.” (P23 – physician)
Discussion

Coaching philosophy widely embraced

Translation of that philosophy into medicine’s culture may be challenging

What are the effectiveness risks of imperfect translation?
Implications

Define and train coaching skills

Consider HOW to create relative safety for vulnerability and failure

Acknowledge when the coach needs to step in to play
Acknowledgments

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