Creating a culture of coaching in postgraduate medical education at Queen’s University:

Characteristics of effective coaching relationships in the clinical learning environment

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
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Background

• Queen’s University implemented CBME in all PGME programs in July 2017

• Growing recognition that adopting effective coaching behaviours in medical education can improve the quality of interactions between residents and teachers in the clinical learning environment
Objective

The purpose of this study is to explore residents’ perceptions of the characteristics of effective relationships between residents and clinical teachers in the clinical learning environment.
Methods

• Approved by Queen’s University HSREB
• Recruitment
  – Emails to all residents at Queen’s University
  – Word of mouth via resident CBME leads
• Focus groups and one-on-one interviews
Data Analysis

- Informed by a social constructionist approach
- Data were thematically analyzed (Braun, Clarke & Weate, 2016)

- Initial coding by 2 authors (JT and JT)
  - J. Trier: Physiatrist, CBME Lead
  - J. Turnnidge: PhD Sport Psychology
- Refinement of codes/themes by JT, JT, JDD, JC, research assistant
Results

Postgraduate Programs

- FAMILY MED: 1
- PUBLIC HEALTH: 2
- PSYCHIATRY: 3
- PM&R: 2
- INTERNAL MED: 1
- RHEUMATOLOGY: 1
- EMERGENCY MED: 1
- OBGYN: 2
- ORTHO: 2
- UROLOGY: 1
Participants

- PGY-1: 29%
- PGY-2: 18%
- PGY-4: 41%
- PGY-5: 12%
Results

Effective Relationships

Collaborative

Meaningful

Safe

Effective Relationships
Meaningful

• VALUE roles as:
  – Clinician
  – Learner/Teacher
  – Person

“I think if they interact with you as an equal, like you may not be equal in your competency or in your knowledge or in any of that but as a valuable person or being part of the team.” (FG1, PB)
Collaborative

• Shared:
  – Expectations
  – Decision-making
  – Responsibility

“Everybody has to pull their own weight like be responsible, know what you’re supposed to know, show up on time, be reliable, be kind … then you have to demonstrate the respect you want other people to show you so you have to demonstrate that you treat everyone as an equal … I think what you put out in the world is what you get back.”

(FG3, PC)
Safe

• Open to:
  – Learning/growth
  – Challenge
  – Reflection
  – Vulnerability

“When staff are vulnerable and talk about the mistakes they’ve made and things they wish they had done and challenges they’ve had it really makes you feel like, okay, cool I can talk about that stuff with this person too. And that’s a relationship where coaching really thrives.” (RI3)
Results

Effective Relationships

Collaborative

Meaningful

Safe

Outcomes:
- Confidence
- Competence
- Trust
- Respect
- Autonomy
Results

Effective Relationships

• Meaningful
• Collaborative
• Safe

Outcomes:
• Confidence
• Competence
• Trust
• Respect
• Autonomy

Context:
• Specialty
• Developmental Stage
• Institution
• Clinical environment
Results

Collaborative

Meaningful

Safe

Person-Centered
Conclusions

• Residents perceive that effective relationships with clinical teachers are meaningful, collaborative, and safe.
• Relationships are situated within a broader context.
• Limitations:
  – Single site
  – Lacking teacher perspective
Next Steps

• Clinical teacher interviews
• Observation in everyday clinical learning environments
• Explore behaviours associated with positive coaching relationships, and consider behavior change strategies
• Integrate results into an evidence-based educational tool
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