From “Supervisor” to “Coach”:

IMPLEMENTING EFFECTIVE COACHING BEHAVIOURS IN THE CLINICAL LEARNING ENVIRONMENT

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EFFECTIVE COACHING

- Professional
- Interpersonal
- Intrapersonal

Learner Behaviours/
Outcomes

(Côté & Gilbert, 2009)
EXPLORING EFFECTIVE COACHING BEHAVIOURS

Coaching Effectiveness

Professional Knowledge/Behaviours

Interpersonal Knowledge/Behaviours

Intrapersonal Knowledge/Behaviours
EFFECTIVE COACHING: KEY CONSIDERATIONS

- Reciprocal
- Contextualized
- Dynamic
To be truly effective, it’s more than *what* you coach; it’s *how* you coach.
Think of the best “coaching” relationship you’ve had in medicine

- What are the key characteristics that describe this relationship?
EFFECTIVE COACHING: TAKE HOME POINTS

Research Implications
- Need to examine multiple dimensions of coaching
- Behaviours AND Outcomes

Practical Implications
- Bi-directional interactions
- Reflection
- Integration of observation

Next Steps
- Explore the “how” of coaching
COACHING IN MEDICINE:

Exploring the “HOW” of Coaching
THE “HOW” OF COACHING IN MEDICAL EDUCATION

- Important Questions
  - Who would be involved?
  - Where would it occur?
  - When would it occur?
  - How would it be manifested?
THE HOW OF COACHING: KEY BEHAVIOURS

| Role Modelling | Interactions with patients, families, hospital staff  
|               | Professional knowledge and skills |
| Showing Vulnerability and Humility | Shared experiences  
|               | Admitting mistakes, gaps of knowledge |
| Discussing Goals and Expectations | Clear, specific, and growth-oriented action plans |
| Questioning and Reflection | Open to challenge  
|               | Exploring rationales and decision-making processes |
| Showing Interest | Displaying genuine interest |
| Observing | Linking coaching behaviours with observed interactions |
What do you do to gain respect in your clinical teacher-resident relationships?
ROLE MODELLING: BEHAVIOURS

- Demonstrating knowledge and skills
- Modelling pro-social behaviours with key stakeholders:
  - Residents
  - Hospital staff
  - Patients and families
It’s the art of medicine as opposed to the science of medicine of how do you interact with the allied health care staff, how do you interact with the medical learners on your team, how do you even interact with patients. . . It’s a lot less of the medical knowledge and more of those skills.

One thing that I really admire is . . . they know the names of all of the porters. . . I think that’s really special. . . I’ve made an effort to learn all of the people’s names, saying hi to people that I see every day.
How do you foster trust in clinical teacher-resident relationships?

- Showing Vulnerability and Humility
Showing Vulnerability and Humility

- Acknowledging gaps in knowledge or skills
- Sharing experiences:
  - Development of clinical knowledge or skills
  - Navigating tensions
  - Balancing professional and personal development
  - (Watling & LaDonna 2019)
VULNERABILITY AND HUMILITY: EXAMPLES

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 “Cool I can talk about that stuff with this person too.” And that’s a relationship where coaching thrives.

One thing I’ve really enjoyed is when I’ve asked them a question they don’t know, we look it up together and that way not only you get the answer but learn how to get the answer . . . that way you don’t feel like oh they know everything, it’s let’s learn together.

Showing Vulnerability and Humility
How do you facilitate motivation in clinical teacher-resident relationships?
GOALS AND EXPECTATIONS: BEHAVIOURS

- Creating a shared understanding of learning outcomes and plan (Reusser & Pauli 2015)
- Ensuring goals and expectations are:
  - Clear
  - Actionable
  - Growth-oriented
GOALS AND EXPECTATIONS: EXAMPLES

I think [my best clinical teacher] set the expectations very high and was always very encouraging and open to helping us reach those expectations.

When you’ve set those expectations . . . where you are at with your training and what you are comfortable with and what you are not. My best shifts are the ones where you get to have a 5 minute conversation at the start.
How can you help clinical teachers and residents see issues from different perspectives?
QUESTIONING AND REFLECTION: BEHAVIOURS

- Open to being challenged and learning from experiences
- Creating opportunities to explore: (Armson et al. 2019)
  - Understanding
  - Decision-making processes
  - Rationales
QUESTIONING AND REFLECTION: EXAMPLES

It’s about them asking these questions to gently probe and see where the limits of your knowledge are and then. . . now we found a knowledge gap, let’s close it. That whole interaction only takes about 3 minutes.

I could say to the staff: “Why did you do that thing?” or “that didn’t work out so well did it?” Everyone was very open to the reflective feedback.
COACHING BEHAVIOURS

- How do you show genuine care and concern in clinical teacher-resident relationships?
SHOWING INTEREST: BEHAVIOURS

- Adapting to individual needs
- Employing a person-centred approach:
  - Valuing roles as clinician, learner, and person
  - Recognizing accomplishments
SHOWING INTEREST: EXAMPLES

He really cares about his learners as people and so I think that shows a lot of respect because he’ll notice when you seem more stressed than usual. I think that shows a lot of depth as a person that he actually knows each of us really well and can recognize in us when something seems wrong.

Recognizing that there is a life outside of medicine is important. Clinical teachers who say you have to stop doing this every night because it is not good for you... I think that recognizing that we need to prioritize us is also important.
What role does observation play in clinical teacher-resident relationships?
OBSERVING: BEHAVIOURS

- Observation as a tool for evaluation and reflection (LaDonna et al. 2017)
- Observing the “little things”:
  - Professional and interpersonal knowledge and skills
  - Linking expectations and feedback with observed interactions
Direct observation is something that is sometimes hard to get, but I think it is really valuable. . . it’s tough because it requires time away from them seeing patients to watch me, but I think that it is really valuable, especially in the early days.

He was able to give that very directed feedback because he sat there and listened to it, so it’s like “Okay, now let’s talk about what worked and what didn’t” because that observed interaction was there as opposed to just chatting [about] how do you feel like you are doing.
Based on what you have learned about coaching behaviours, complete the action card by identifying the behaviours you would like to…

1. Start
2. Stop
3. Continue
Research Implications
- Examine real-time interactions
- Explore facilitators and barriers to coaching behaviours

Practical Implications
- Small changes to behaviours can influence learner behaviours/outcomes

Next Steps
- Explore how to support sustained use of coaching behaviours in everyday interactions
QUESTIONS?
advice to create a supportive learning environment.

- Try to be approachable and “on my team” in managing a patient. The attitude that our goal is the same and we are learning together fosters a sense of safety, allows me to take risks and ask questions.