

Coaching and Mentorship in Medicine

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Goals and Objectives

- By the conclusion of this workshop, the participants will be able to:
 - Define coaching and distinguish it from mentoring.
 - Discuss strategies for providing coaching to residents.
 - Establish roles and expectations for mentors and mentees.
 - Describe the qualities and characteristics of a mentoring relationship.
 - Set an agenda for the next meeting with your mentee.

Coaching

Definitions

- Coaching: Cooperative process between coach and coachee including “providing objective and constructive feedback to help a coachee recognize what works and what can be improved.”
- Coaching: Helping someone else expand and apply his/her skills, knowledge, and abilities.
- Coaching is a helpful longitudinal relationship between a coach and the coached in which the coach provides continuing observation, feedback and assistance in order to help the coached improve performance.

Contrast with Learning and Mentoring

- Unlike teaching and mentoring, coaching “is distinctive in its focus on the improvement and refinement of existing skills, goal of empowering coaches to become their own agents of change, and applicability throughout the career trajectory.”

Characteristics of an Effective Coach

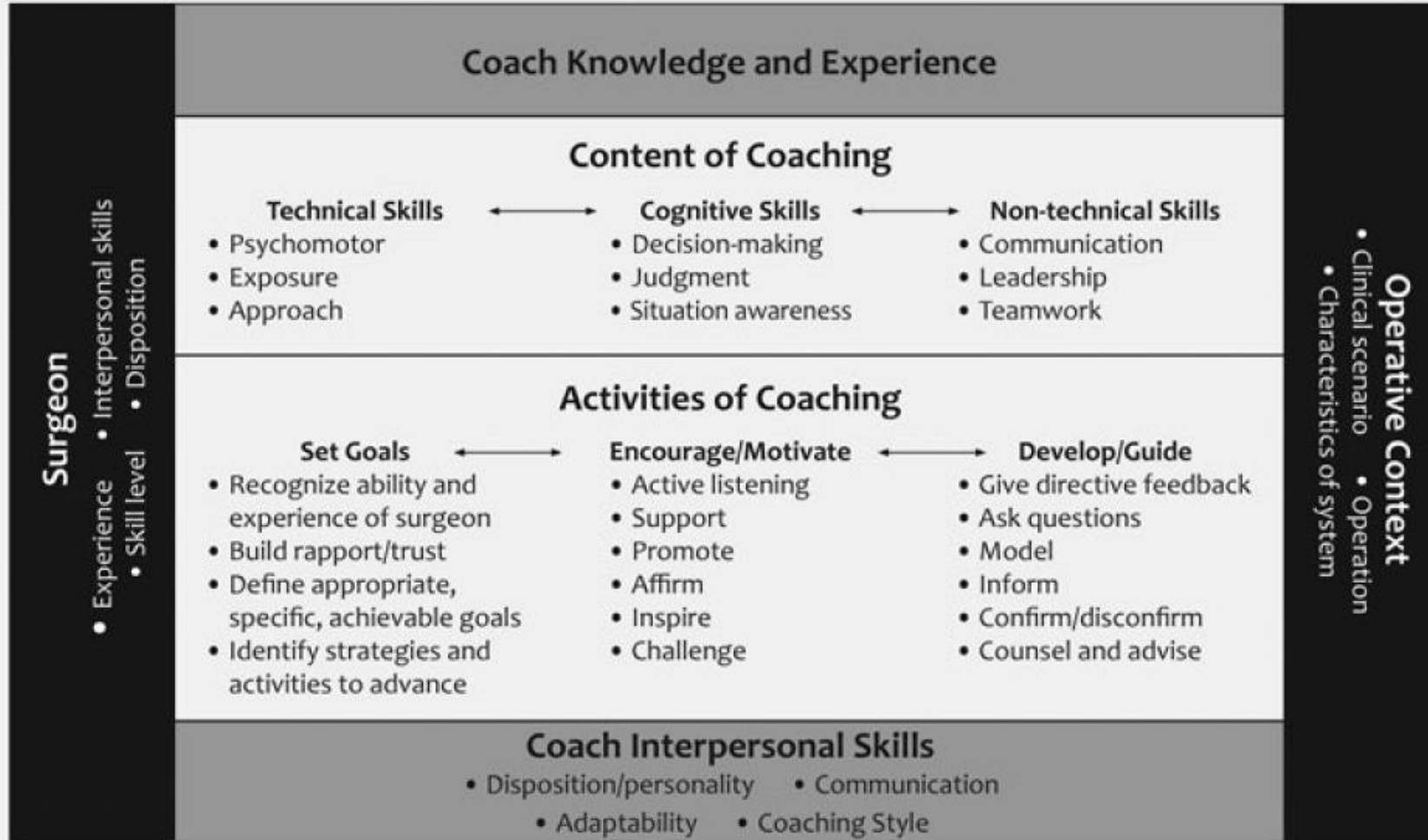
- Interpersonal skills
 - Effective communication using a cooperative style that emphasizes active and engaged listening to encourage and challenge the coachee
 - “Effective coaches often fail not because they lack knowledge... but because of poor communication skills.”
- Adaptable style depending on individual coachee needs
 - Learn your coachee’s strengths, style, goals, and philosophies
 - Read the situation
- Respected within the field

Components of a Coaching Program

- Activities of coaching
 - Set goals
 - Encourage and motivate
 - Develop and guide
 - Coach as facilitator
 - Encourage self-reflection and identification of areas for improvement
- Content of coaching

Coaching Context

- Video vs. Live
- Peer vs. Expert
- Institutional vs. Regional vs. National

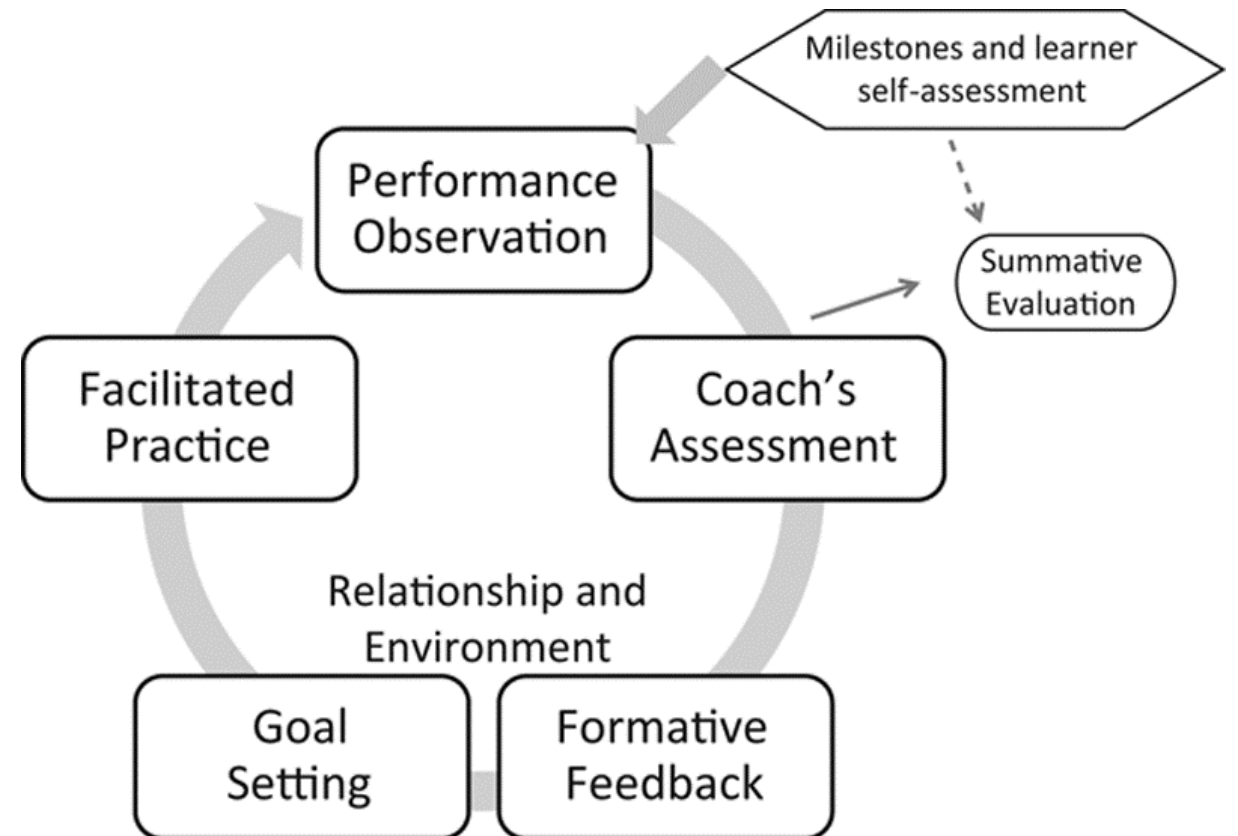


Deliberate Practice

- Deliberate practice strategies: “Highly structured activities explicitly directed at improvement of performance in a particular domain.”
- These activities are all intended to improve skills performance:
 - Repetitive and structured performance of intended psychomotor and cognitive skills
 - Ongoing rigorous skills assessment
 - Specific feedback
- Strategies are tailored to the individual learner.

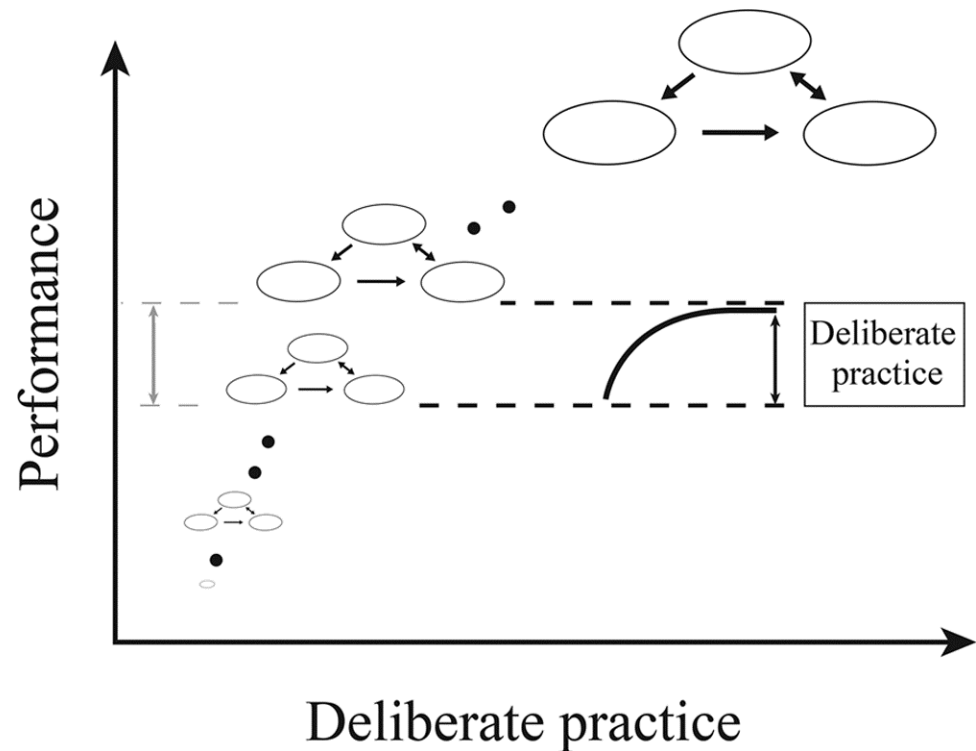
Deliberate Practice

- Start with coach-learner relationship
- Coaching environment created
- Coach uses skill milestones to deconstruct expertise
- Self-assessment elicited
- Observe performance
- Repeat as needed

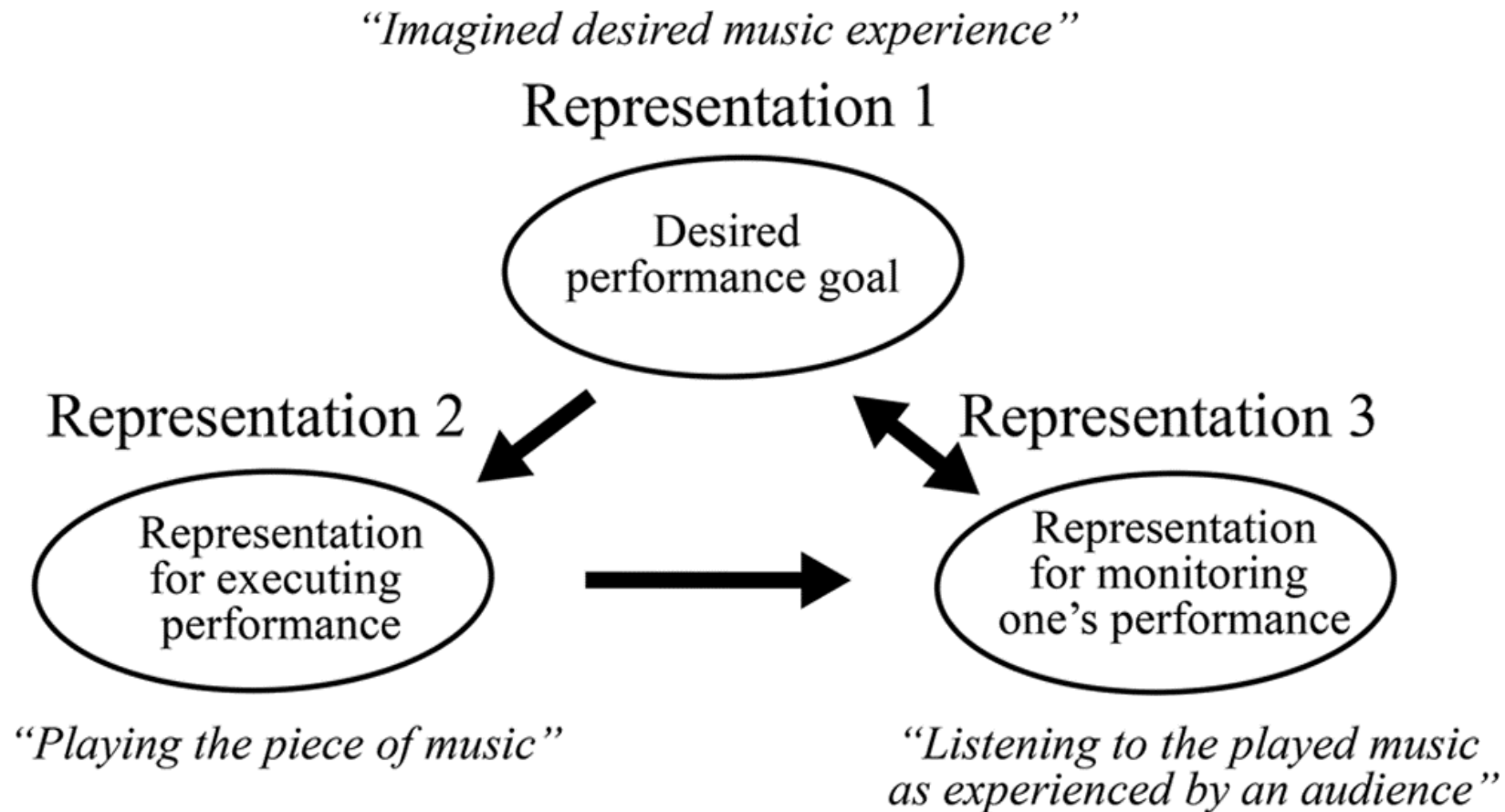


Deliberate Practice & Expert Performance

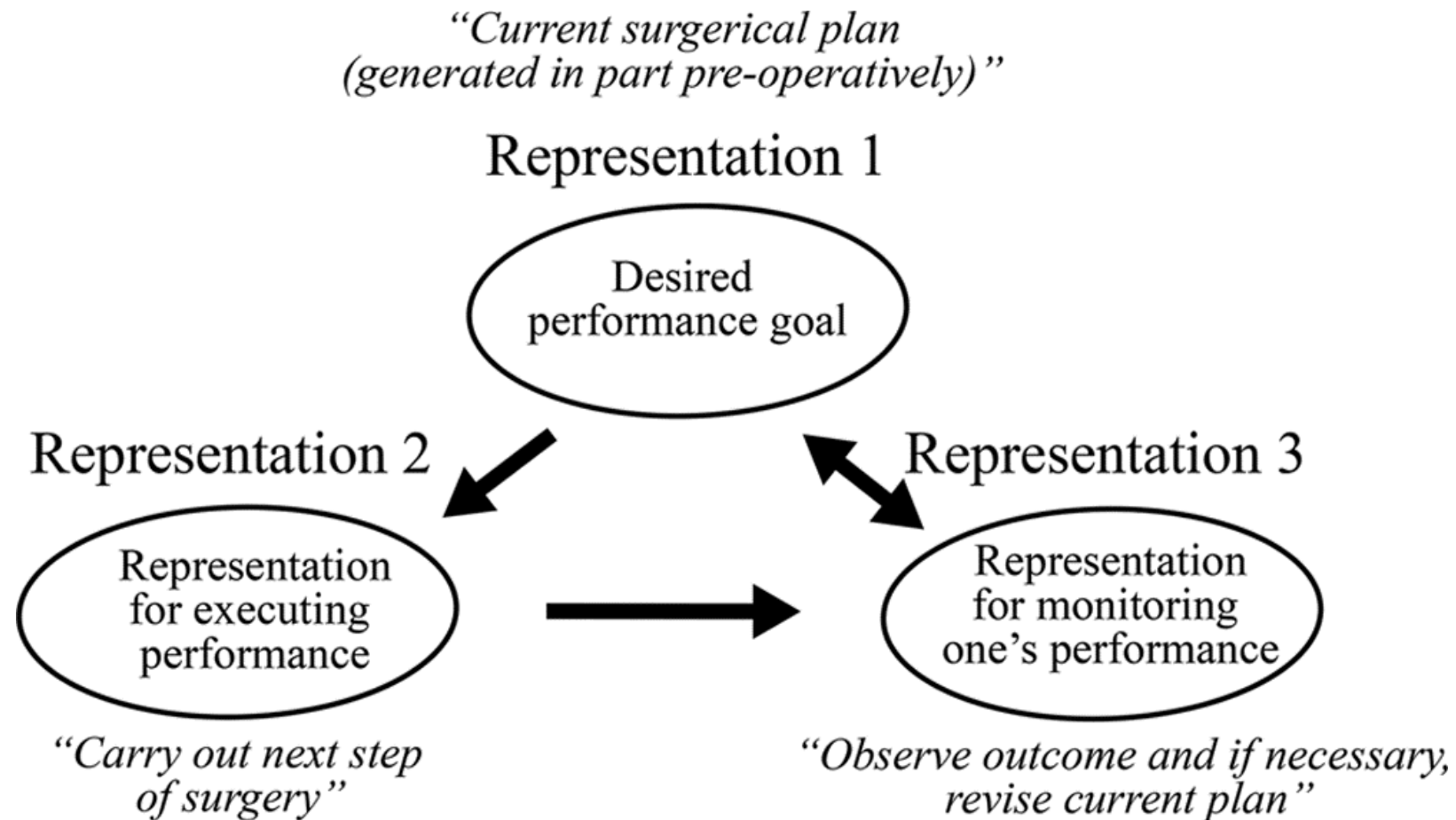
- Acquisition of expert performance as a series of states
- Each state can be described in terms of three types of representations and their interconnections
- Increased oval size = increased complexity, refinement, and interconnectedness



Deliberate Practice & Expert Performance

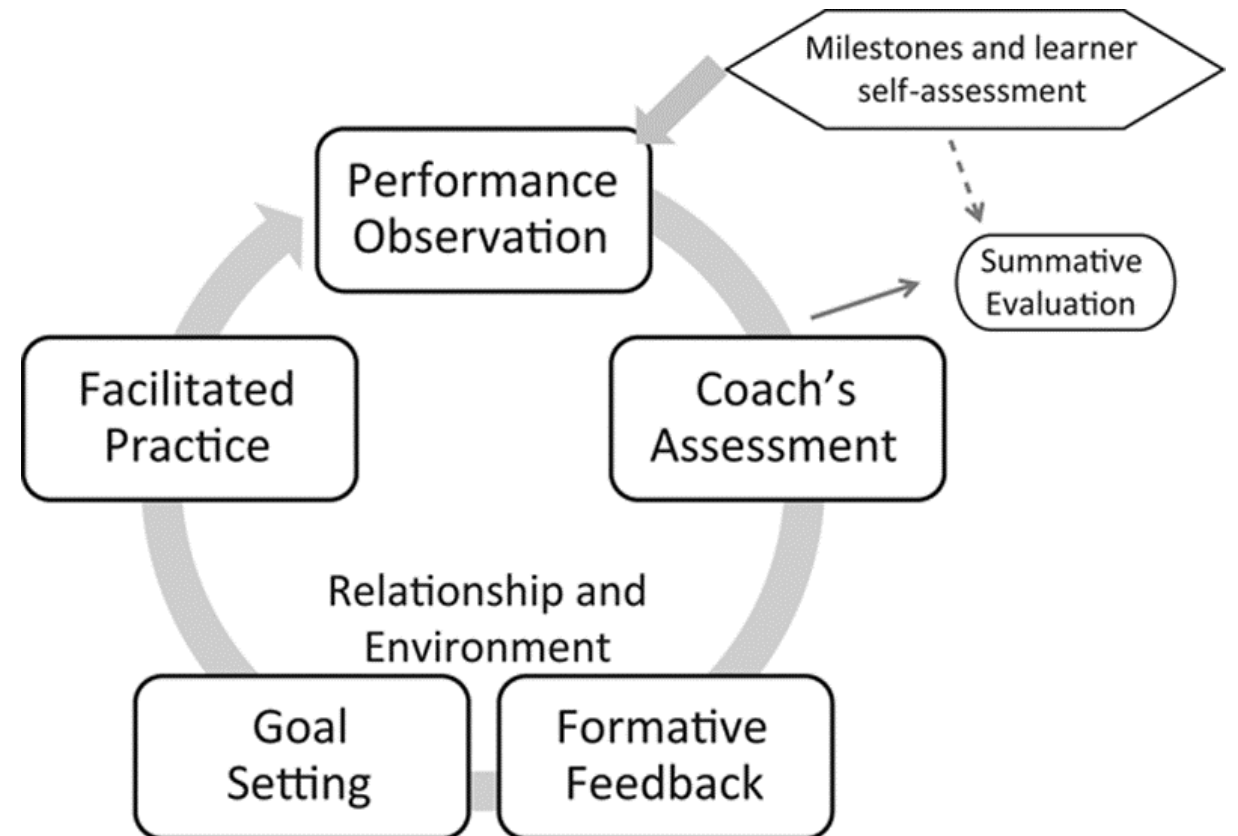


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Ask-Share-Ask

- Solicit self-assessment
 - Was there a particular skill or behavior you were focused on?
 - What went well? What could have gone better?
- Reflect back on the learner's observations
- Using specific examples, share what you observed
 - Instead of "You should speak up more," try "When I asked for your input on patient management, you seemed to be thinking about the case carefully, I wonder what your thoughts are?"
- Ask about learner's understanding and strategies for improvement
 - Facilitate problem solving
 - Close with a plan for moving forward, including timing of reassessment

Peer Coaching Components

- Voluntary relationship based on collaboration, not competition
 - Mutual trust
- Self-evaluation
- Feedback from coach
- Establishment of goals or preferred outcomes
- Focus on learner's strengths and amplification of capacity
- Both the coach and the coached have active roles to play

Peer Coaching Benefits

- Classroom teaching workshops on modeling, practice, feedback
 - 15-20% of information transferred for use
- On-site peer coaching
 - Transfer percentage 95%!
- Teachers engaged in peer sharing of teaching and planning strategies practiced new skills more often and appropriately
- Increases in students' and teachers' academic achievements
- Increased capacity of teachers to instruct
- Cost savings

Potential Peer Coaching Benefits

- Collegiality
- Reduction in isolation
- Better management of stress
- Improved satisfaction
- Opportunity for enhanced listening and communication skills

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FEATURED



HOW TO CREATE AN EFFECTIVE E-LECTURE

TEACHING METHODS

What's effective?



ASSESSMENT AND EVALUATION

Which ones should I use?



ADULT LEARNING

What to know about adult learners



LEARNERS AS TEACHERS

How do I start?



CONCEPT MAP

See the connections



USEFUL RESOURCES

Check these out



COACH-DIRECT

- Create the coaching environment: Set expectations; elicit focus; build the relationship; create a trusting, helpful, and safe environment
- Observe and prepare: Have specific examples of strengths and opportunities for improvement; consider past and current performance, interval change, and future goals
- Assemble/Meet to discuss performance using Ask-Share-Ask; use excellent feedback skills
- Check in and Follow-Up: Develop a collaborative learning plan and monitor progress over time; emphasize continued commitment to growth and development

COACH-DIRECT

- Decide upon area(s) of focus
- Identify specific focal points of coaching
- Reflect upon performance in these areas; use specific examples
- Elicit input from the coach using Share (your own reflections and observations)-Ask (for input from the coach)
- Clarify: Ask questions to understand opportunities for improvement and ambiguities
- Translate into action: With the coach, agree upon actionable items; set specific goals and a plan for achieving them; plan follow-up

Mentoring

Mentoring: Definitions

- “A dynamic reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé) aimed at promoting the career development of both.”
- “Mentoring in academic medicine is a complex phenomenon that affects the personal and professional lives of both mentor and mentee and implies a degree of intimacy that makes it resemble relationships with friends and family.”

Mentees Need Mentors

- Faculty members & trainees who have mentors:
 - Feel more confident
 - Are more likely to be promoted, get grants, and have research productivity
 - Experience greater career satisfaction
 - Are more likely to stay on as academic faculty
 - Describe impact on personal development and career guidance & choice
 - Are better able to manage stress
- Faculty members & trainees who don't have mentors:
 - Feel uncertain how to navigate academic medicine
 - Fear they have lower salaries

Discussion Questions

Discussion Questions

- 1) How would you describe yourself as a mentor? What are your strengths, and what are your opportunities for improvement?
- 2) Whom are you currently mentoring? What is the focus of these mentoring relationships?
- 3) What do you believe to be the key components of effective mentoring? Name at least three.

Mentor Traits – Personal & Relational

- Personal

- Altruistic
- Honest
- Enthusiastic
- Compassionate
- Patient
- Trustworthy
- Nonjudgmental
- Reliable

- Relational

- Compatible style, vision, personality
- Committed to relationship development
- Accessible & responsive
- Identify potential mentee strengths
- Assist in defining and reaching goals
- High standards
- Protect
- Advocate

Mentor Traits - Professional

- Knowledge & Skills
 - Enable acquisition of relevant knowledge
 - Encourage critical thinking
 - Manuscript, presentation, and grant application preparation
- Clout
 - Connect to collaborators
 - Networking opportunities
- Academic parent or coach
 - Career progress advising (milestones & time management)
 - Independent identity development
 - Identification of funding opportunities
 - Navigating bureaucracy & difficult situations
 - Communication skills building

Mentee Roles/Expectations

- Ambition & passion to succeed
- Commitment to success of mentoring relationship
- Prepare for meetings
- Self-reflect and reveal flaws
 - This takes courage!
- Be responsive, respectful, and appreciative

Relationship-Centered Mentoring Characteristics

- Regular contact
- Confidentiality
- Clear expectations (both sides)
 - Intellectual property ownership
- Willingness to take risks
- Honest & open communication
 - Vulnerability encouraged
- Commitment to resolve conflict
- Mutual respect

The Mentor-Mentee Match

- Informal vs. formal
 - Self-identification preferred to assignments
- Provide a list of potential mentors to mentees
 - Meet with these potential mentors
 - Speak with their other mentees
- Persevere!
 - Look inside and outside the division, department, institution
 - Consider peers
- Consider a team of mentors

A network of mentors

- Different mentors have different areas of expertise
- Mentees should identify their unique needs and actively seek a personalized community of mentors
- Protection against inadequate mentoring
- Inclusion of peers within community of support
- Flexibility to change over time
- Inclusion of gender- or race-matching

Do gender and race matter?

- Women identify a lack of mentorship as a barrier to success
 - In one survey they were more likely than men to feel this way
 - In another white women were less likely than white men to have a mentor
 - In one study men 3x as likely to describe a positive impact of mentoring on career
- Importance of common perspectives
 - Women without mentors more likely to rate gender and race as important
 - Younger women may prefer female mentors & similar personal and career interests
- Fewer data about race than about gender
 - Women: blacks, Hispanics, Asians more likely to report same ethnicity as important

Mentoring Across Differences

- Explicitly attend to building a partnership
- Inquire about competing demands
- Emphasize high standards
- When appropriate, discuss the elephant in the room
- Demonstrate empathy and respect

Generational Differences: Gen X (mentees) versus Baby Boomers (mentors)

- Generation X
 - Less oriented towards institutional needs
 - Expect mentors to help achieve their goals
 - More direct and outspoken than their parents
 - Resent top-down management
 - Less likely to do things “because I say so”
 - Message of sacrifice to achieve goals may not resonate
 - May not view the “legends” as role models
- Baby Boomers
 - May view Gen X as self-centered and unwilling to work hard
 - Want help with own goals, direct, outspoken

Mentor: Questions to Ask

- What do you want to be and do?
 - Perhaps better: How do you want to spend your time?
- What traits are already in place that can help you get there?
 - What are your strengths? What are you good at?
- What shortcomings are preventing you from getting there?
 - Can the mentee honestly assess weaknesses?
- How are you going to overcome those shortcomings?
 - Example: Reaching beyond the familiarity of clinical care.
- How can I help you?

Mentoring Challenge Example 1

- You are working with an enthusiastic and motivated trainee. The trainee is so motivated that, in your view, he takes on more projects than he should. He is very good about meeting with you as scheduled, but he does not always have an agenda for each meeting, and he commonly emails you updates at midnight the morning before your meeting, leaving you with little-to-no time to prepare. While you are enthusiastic about this trainee and want to help him succeed, these features of your relationship leave you feeling frustrated.
- How might you address these issues?

Mentoring Challenge Example 2

- One of your residents comes to you because she views her primary mentor as excessively demanding and somewhat misguided. This mentor, for example, has asked her to take the lead on authoring a review article that is only somewhat tangentially related to her primary research interest. While the mentor has describes this as “a good learning opportunity” and “something that will be good for her career,” she feels overwhelmed, and the project is taking time away from her primary research.
- How do you counsel her? What could have been done in advance to prevent this scenario from arising?

How to make the magic happen

- Written goals, expectations, mission statements, and/or contracts
 - Most mentees want written guidelines & responsibilities
- Track mentee personal and professional issues & make links over time
 - Mentor: more process- and other-reflective
 - Mentee: more self-reflective
- Evaluate the relationship periodically (e.g., 3-4 times per year)
 - Process (objectives, purposeful meetings), content (including open dialogue), outcomes (progress and career development, networking)

Relationship-Centered Communication: Patient Care “versus” Mentoring

- Set the stage
- Agenda negotiation
 - Elicit a list of all concerns
 - Clarify primary concern
 - Agree upon visit priorities
- History-building
- Physical examination
- Close the encounter
 - Next steps
- Social opening & check in
- Agenda negotiation
- Goal setting
- Present & discuss 2-3 topics
 - Clarifying questions
 - Stimulate self-reflection
 - Provide information, resources, feedback
- Summary & plans
 - Challenge mentee to expand goals as appropriate

Take-Home Messages

- Coaching is a cooperative process between coach and coachee including “providing objective and constructive feedback to help a coachee recognize what works and what can be improved.”
- Mentoring is a dynamic reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé) aimed at promoting the career development of both.
- Deliberate practice strategies and ask-share-ask can be parts of effective clinical coaching.
- Establishing agendas, goals, and expectations are critical parts of effective mentoring relationships.

Online Resources

- <https://improveteaching.med.jhmi.edu/>
- www.coachfederation.org
- www.coach-doctor-org
- UNM Faculty Mentor Development Program
 - <https://ctsc.health.unm.edu/apps/brep/index.php>
- UCSF Faculty Mentoring Program
 - http://academicaffairs.ucsf.edu/ccfl/faculty_mentoring_program_resources.php
- Mentor Evaluation Forms
 - <https://mentoringresources.ictr.wisc.edu/EvalTemplates>

Scenario

- You have been appointed to implement either a coaching or a mentoring program within your department's residency program. Your new program can focus on any area of need within the training program, such as clinical skills, research, or professional growth and development. You will be provided with some resources to help start your new program, but your supervisor would like to see you initial proposal before committing to a specific amount of support.

Discussion Questions (Think-Pair-Share)

1. How will you identify the area of focus for your new program?
2. What objectives would you like this new program to achieve at your institution?
3. To whom will you send needs assessments?
4. What questions will comprise these needs assessments?
5. How will you determine the resources needed to get your program started?
6. Design the tool that you will use to assess the impact of your program and the extent to which the desired goals are met.