

# COACHING TO INDIVIDUALIZE GROWTH IN RESIDENCY

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## DISCLOSURES

- Dr. Winkel receives funding from the American Medical Association's Reimagining Residency Initiative through the "NYU Transition to Residency Advantage" and APGO "Right Resident, Right Program, Ready Day One" grants

## What is Coaching?

“One-to-one conversation focused on the enhancement of learning and development through increasing self-awareness and a sense of personal responsibility, where the coach facilitates the self-directed learning of the coachee through questioning, active listening, and appropriate challenge in a supportive and encouraging climate”

- Van Nieuwerburgh C. Coaching in Education, 2012.

## WHY COACHING IN MEDICAL EDUCATION?



- Learner-driven
- Reflection and engagement
- Building autonomy
- Individualized development
- Align personal and professional goals
- Increase well-being

## WHY COACHING IN RESIDENCY?

Discontinuity from UME to GME threatens learner development and well-being.

Residents must regulate their own learning and integrate professional skills and personal demands.

One-size-fits-all approach to learners doesn't work.

“Just enough” support to encourage self-direction and drive towards autonomy.

The Coalition for  
Physician Accountability's  
Undergraduate Medical  
Education-Graduate  
Medical Education  
Review Committee (UGRC):

Recommendations for Comprehensive  
Improvement of the UME-GME Transition

ACGME, AMA, ABMS, AACOM,  
AOA, ACCME, AAMC, FSMB,  
LCME, NMBE, NBOME, NRMP



**27** Targeted coaching by qualified educators should begin in UME and continue during GME, focused on professional identity formation and moving from a performance to a growth mindset for effective lifelong learning as a physician. Educators should be astute to the needs of the learner and be equipped to provide assistance to all backgrounds.

**NARRATIVE DESCRIPTION OF RECOMMENDATION:**

Coaching can benefit a student's transition to become a master adaptive learner with a growth mindset. While this transition should begin early in medical school, it should be complete by the time that the student moves from UME to GME. If a learner does not transition to a growth mindset, their wellness and success will be compromised. The addition of specific validated mentoring programs (e.g., Culturally Aware Mentoring) and formation of affinity groups to improve sense of belonging should be considered.



Accreditation Council for  
Graduate Medical Education

# Common Program Requirements

## Practice-based learning and Improvement

IV.B.1.d).(1)	Residents must demonstrate competence in:
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; <sup>(Core)</sup>
IV.B.1.d).(1).(b)	setting learning and improvement goals; <sup>(Core)</sup>
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; <sup>(Core)</sup>
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement; <sup>(Core)</sup>
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; <sup>(Core)</sup>
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and, <sup>(Core)</sup>
IV.B.1.d).(1).(g)	using information technology to optimize learning. <sup>(Core)</sup>

## Individualized Learning Plans

V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; <sup>(Core)</sup>
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, <sup>(Core)</sup>

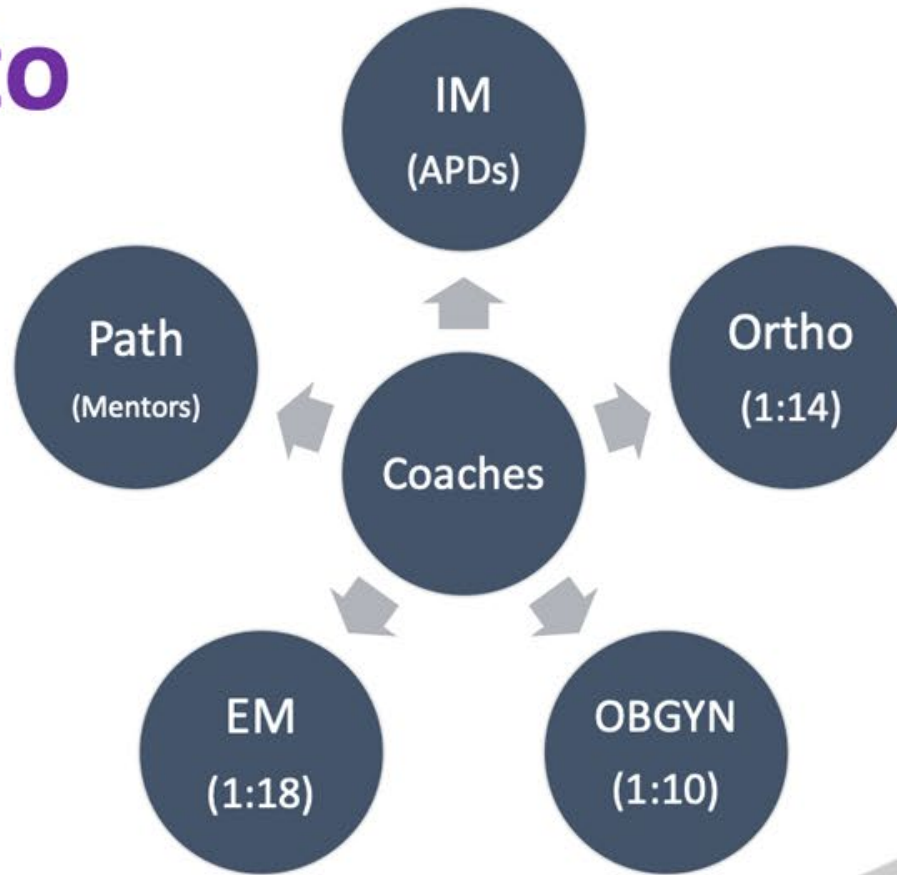
## Self-directed Learning

VI.B.4.d)	commitment to lifelong learning; <sup>(Outcome)</sup>
VI.B.4.e)	monitoring of their patient care performance improvement indicators; and, <sup>(Outcome)</sup>

## Physician Well-Being

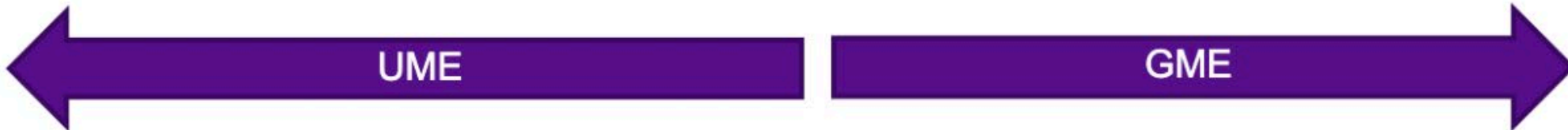
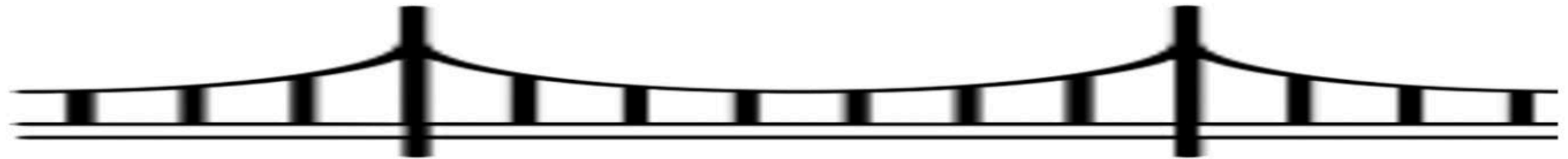
VI.C.1.a)	efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; <sup>(Core)</sup>
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# NYU Transition to Residency Advantage





# Structured Coaching Meetings



# Insights from TRA Research

Training faculty coaches builds on existing skills (establishing trust, listening) and adds new skills (guiding individualized learning). Faculty desire structures to support coaching and practice.

*(Medical Education Online. 2023 Jan 1;28(1):2145103.)*

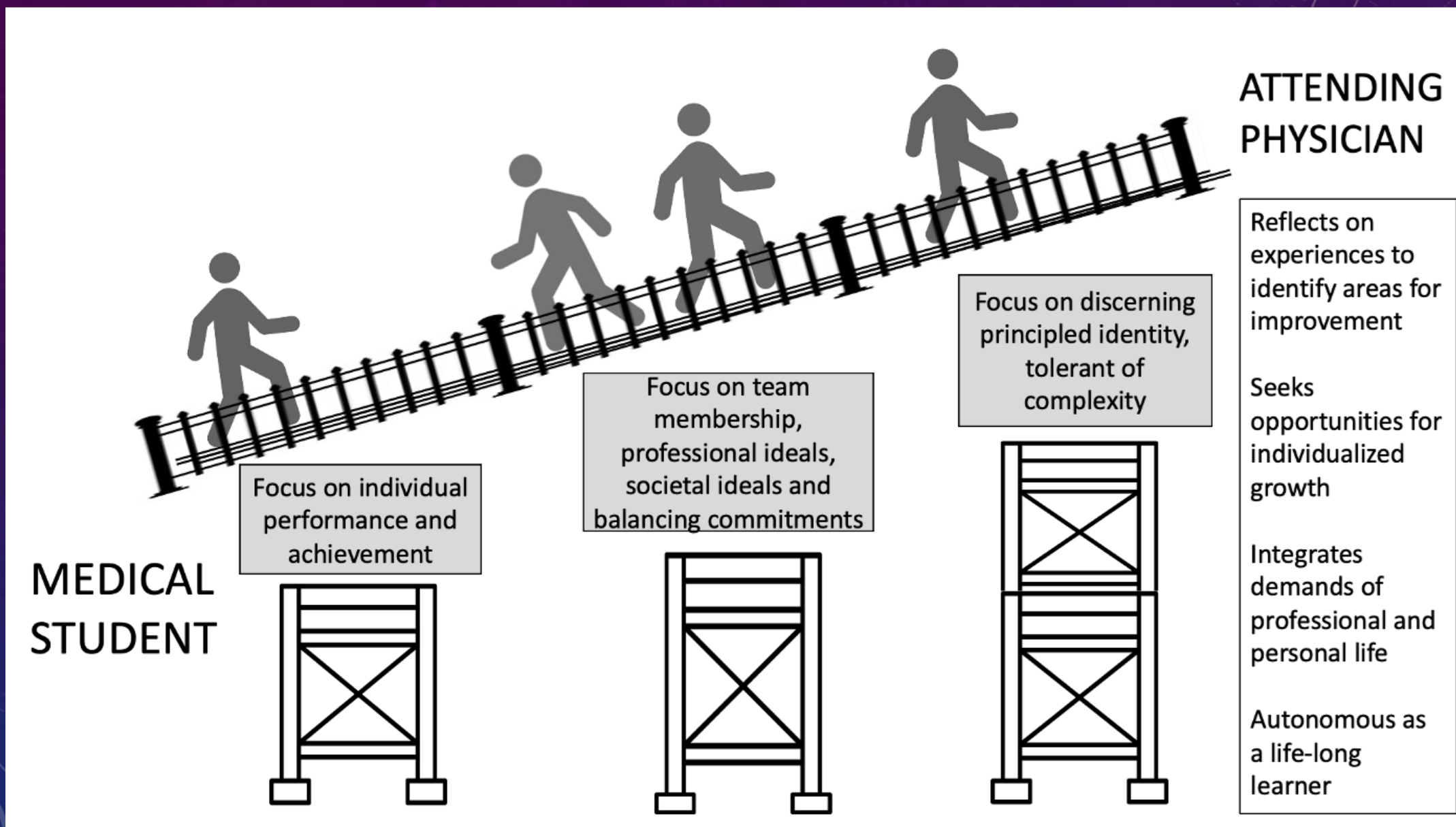
Medical students set low quality but realistic and attainable goals. PGY-1s working with coaches set higher quality goals.

*(Academic Medicine 2023 May 1;98(5):585-589.)*

Coaching creates an explicit curriculum for professional growth from medical student to resident and supports autonomy and self-directed learning.

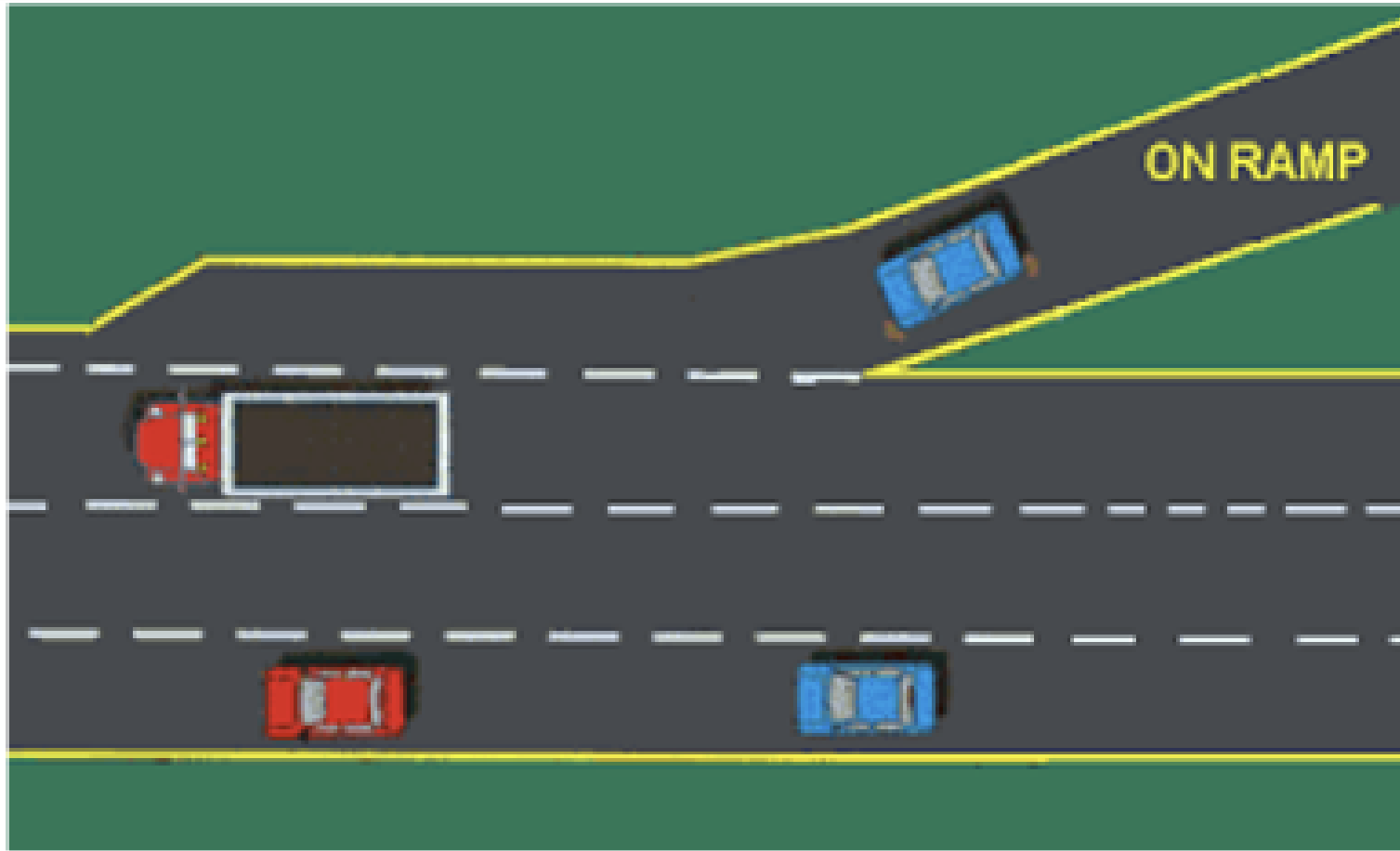
*(Academic Medicine 2023 Sep 12, e-pub.)*

# Conceptual model for coaching through the transition to residency





RIGHT RESIDENT  
RIGHT PROGRAM  
READY DAY ONE



**OBGYN**

**New**

**Resident**

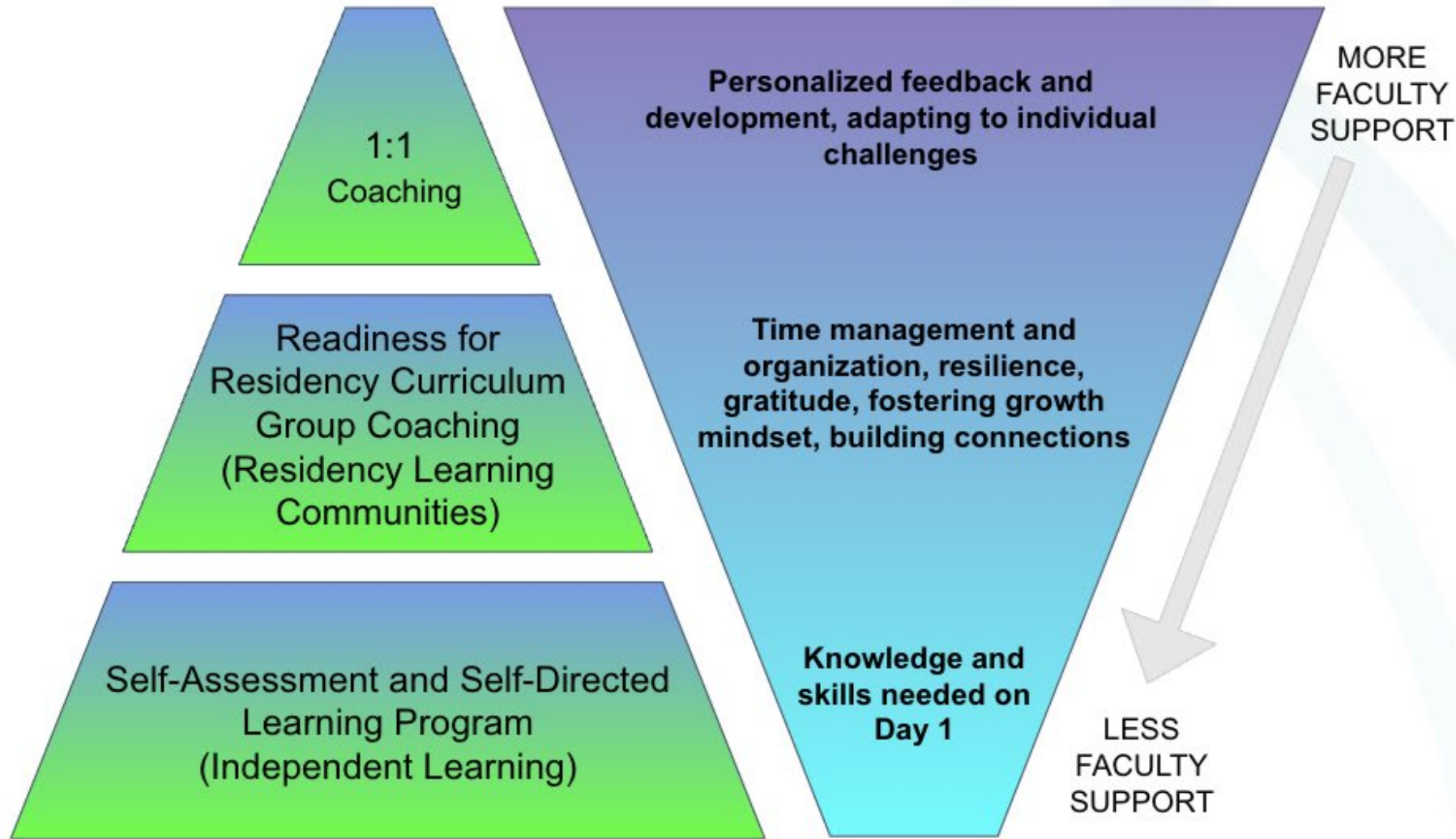
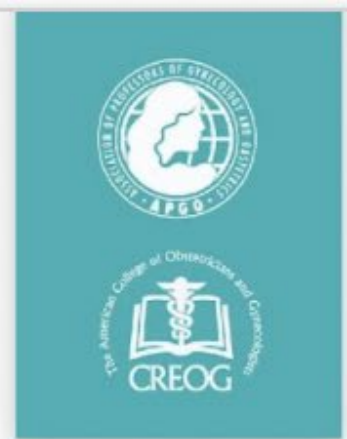
**After**

**Match**

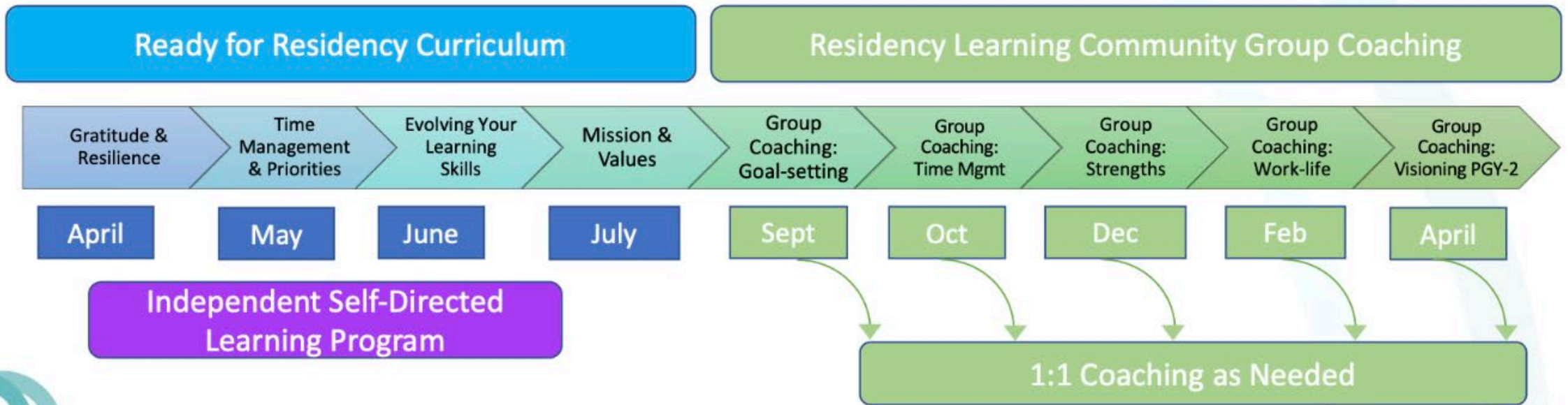
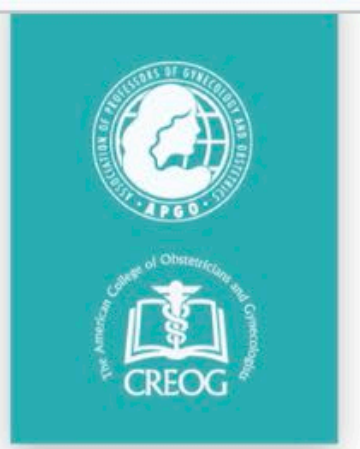
**Program**

# Ready for Intern Year Curriculum & Assessments

## Residency Learning Communities



# Supporting the Residency Transition in OBGYN from Match Through PGY-1 Year



# Coaching Models

## NYU OB/ORTHO/EM Model

One coach for all PGY-1s  
Coach not part of program leadership

## NYU Medicine Model

APDs serve as coach for advisory group, additional meetings in addition to semi-annual meetings

## NYU Path Model

Mentors paired 1:1 based on specialty interest, goal-setting done with PD and then reviewed with mentors



## Stanford Model

Coaches 1:10 pediatrics residents

Direct observation and coaching, monthly in PGY-1 and q2 months PGY-2  
12 coaches, 115 residents

## APGO ONRAMP Model

Group coaching  
Near peer coaching

## U Colorado Model

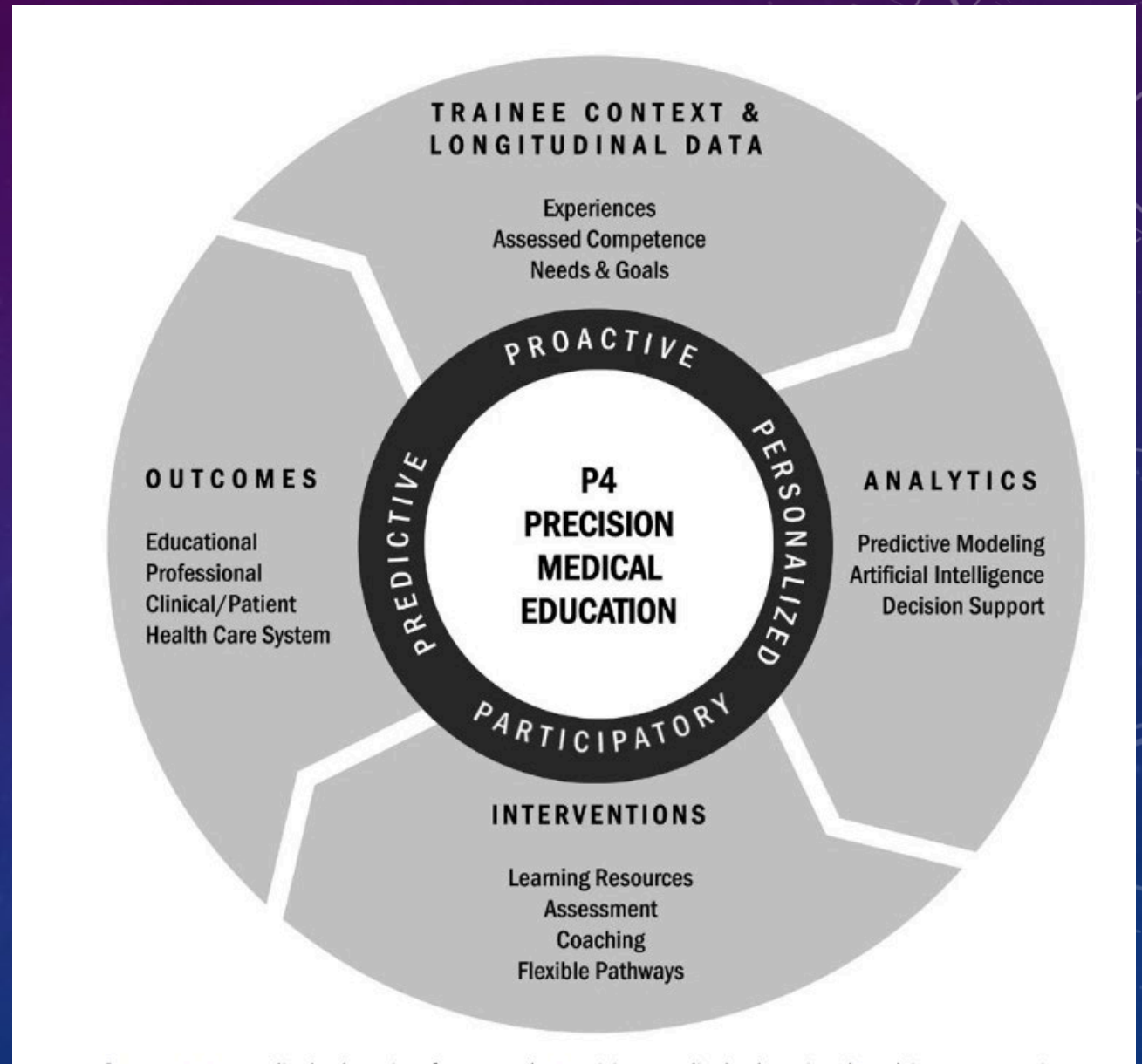
Videos and self study materials, weekly group coaching x 6 months  
online live calls with  
Written coaching 1:1  
2 coaches, 100 residents

## MGH Model

Residents/fellows paired 1:1 with faculty coach mismatched to career interest

Meet quarterly with trainees  
~300 faculty members across 8 departments engaged in coaching  
nearly 500 residents & fellows

# Precision Medical Education: Looking to the Future





## REFERENCES

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2. O'Brien BC. What to do about the transition to residency? Exploring problems and solutions from three perspectives. *Academic Medicine*. 2018 May 1;93(5):681-4.
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5. Winkel AF, Chang LY, McGlone P, Gillespie C, Triola M. SMARTer Goalsetting: A Pilot Innovation for Coaches During the Transition to Residency?. *Academic Medicine*.:10-97.