Enhancing Feedback Culture and Coaching Skills in CBME
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This Appendix provides resources, tips and ideas for getting started on projects relating to feedback, coaching, help-seeking, educational goal-setting, learner handover and mentorship.

Feedback and coaching are powerful tools for improving performance in many educational settings. As competency-based medical education (CBME) rolls out in postgraduate medical education programs across the country, feedback, coaching, and related processes such as educational goal-setting, help-seeking, learner handover and mentorship, are expected to increase in frequency. However, in the current culture of medical education, feedback can be a challenging interaction for both residents and faculty, where multiple barriers prevent the use of coaching and mentorship to their full potential.

FEEDBACK
Feedback has been identified as one of the most powerful interventions that teachers can employ to help their learners improve their performance. However, feedback can be a challenging process for all parties involved – it can be difficult for the teacher to give honest, supportive feedback; it can be challenging for the learner to accept this feedback (particularly if it conflicts with their views of their performance); and it can be difficult to find the time to have effective feedback conversations. Changes could be made to the current clinical culture to better promote feedback in medical education. However, how to best support effective feedback as CBME rolls out remains a challenge that educators continue to grapple with.

Examples of proposals focused on feedback include:
1) Creation of a focus group, involving residents and faculty, aiming to identify local barriers to effective feedback, and devise solutions.
2) Creation of a feedback pocket card for faculty and learners, with tips on how to both give and receive feedback well.

For more resources on feedback:

YouTube Videos:
The Art of Receiving Feedback, by Douglas Stone: youtube.com/watch?v=9gguXyfYeP8
The Psychology of Feedback and Happiness, by Sheila Heen: youtube.com/watch?v=BoLVo-OfC8

Books:

Articles:

COACHING
Top athletes, musicians and executives all benefit from the use of coaches to hone their performance. However, physicians rarely ask peers or mentors to help them improve their skills in a targeted way (e.g. through direct observation of their performance). Coaches can be peers or supervisors that actively build a relationship with the individual they coach, helping them to determine their professional goals and challenges. Through repeated observation, coaches identify behaviours that impact an individual’s performance and coach them towards performance improvement. Coaching is an expanding field in
medicine, and is becoming more frequently employed, particularly in surgical disciplines where the review of video-recorded procedures facilitates in-depth analysis of technique.

Example of proposals focused on **coaching** include:

1) Conceptualization and deployment of a local peer-to-peer or faculty-to-resident voluntary coaching program.

**For more resources on coaching:**

**New Yorker Article:**


**Articles:**


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**HELP-SEEKING**

In the process of acquiring increasing independence through training, residents will invariably encounter clinical situations where management needs exceed their current level of skill. In those situations, it is important for residents to know when to ask for assistance from a more experienced physician or supervisor. Multiple factors play a role when deciding to ask for help, including the acuity of the clinical situation, and resident and supervisor factors. Faculty and resident perceptions of when attending physicians should be called may also differ significantly. The ability to accurately understand one’s scope of practice is a skill that is essential to the delivery of safe care.

Examples of proposals focused on **help-seeking** include:

1) Creation and piloting of a tool to help learners self-assess their level of comfort in managing challenging clinical situations while on-call, and determine what, if any, assistance they require.

2) Joint faculty and resident rounds discussing clinical cases in which faculty and/or residents requested the help of other physicians.

**For more resources on help-seeking:**

**Articles:**


LEARNER HANOVER
Handover of a patient’s care between physicians is a clinical process that is actively managed to ensure safe care and minimize redundancy. “Learner handover” is the active handing over of a trainee’s educational progress as they pass from one teacher to another. Learner handover ensures teaching and coaching in the new rotation is targeted to the resident’s current strengths and challenges.

Examples of proposals focused on learner handover include:
1) Adaptation and piloting of an existing learner handover tool.
2) Creation and piloting of a learner handover tool.

For more resources on learner handover:

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EDUCATIONAL GOAL-SETTING:
Setting goals is a key component of self-regulated learning and of CBME. Emerging evidence suggests that educational goal-setting is associated with improved clinical skills in residents. Additionally, feedback given in the context of an educational goal that is set by the resident is more likely to be effective in improving their performance. Educational goal-setting is a powerful tool for improving resident performance.

Examples of proposals focused on educational goal-setting include:
1) Creation, piloting and evaluating the acceptability of an educational goal-setting tool for learners.
2) Initiation of learner self-assessment and goal-setting sessions at the beginning and end of a rotation.

For more resources on educational goal-setting:

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MENTORSHIP:
Mentors differ from coaches and supervisors. A mentor can be defined as a supporting person who provides career enhancement and psychological support to another individual. In medicine, mentorship is associated with enhanced resident professional skill, greater resident confidence, and increased productivity for both faculty and residents. While mentorship relationships can emerge spontaneously, the implementation of dedicated mentorship programs facilitates mentorship relationships. A conducive environment is essential for the development of successful mentorship relationships.

Examples of proposals focused on mentorship include:
1) Survey of faculty and residents to determine proportion with existing mentorship relationships.
2) Implementation of a local mentorship program.
For more resources on mentorship:

**YouTube Videos:**
How to Start a High-Impact Mentoring Program, by Chronus  
[https://www.youtube.com/watch?v=ZP2uWpmsg1E](https://www.youtube.com/watch?v=ZP2uWpmsg1E)
Mentors in Medicine, by McGill Alumni  
[https://www.youtube.com/watch?v=GnG--2uZgew](https://www.youtube.com/watch?v=GnG--2uZgew)

**Articles:**