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=9ggubXdYep8

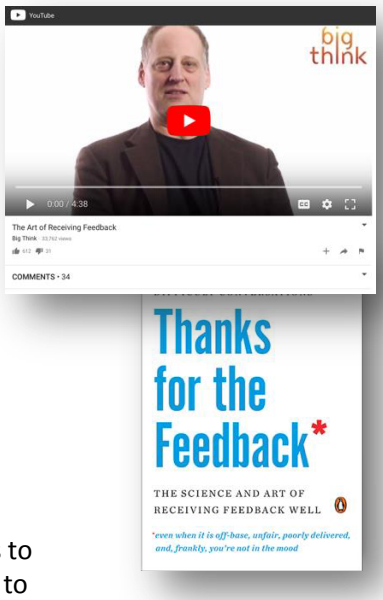
The Psychology of Feedback and Happiness, by Sheila Heen:
youtube.com/watch?v=BoLVO-OdfC8

Books:

Stone D, Heen S. Thanks for the feedback. New York: Viking; 2014.

Articles:

Ramani S, Krackov SK. Twelve tips for giving feedback effectively in the clinical environment. Med Teach 2012; 34: 787-791.



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:

Gawande A. Personal Best: Top Athletes and Singers Have Coaches. Should You? New Yorker, 3 October 2011. newyorker.com/magazine/2011/10/03/personal-best

Articles:

Greenberg CC, Ghousseini HN, Pavuluri Quamme SR, et al. Surgical Coaching for Individual Performance Improvement. Ann Surg 2015; 261(1): 32-34.

Gifford KA, Fall LH. Doctor coach: a deliberate practice approach to teaching and learning clinical skills. Acad Med 2014; 89: 272-276.

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PERSONAL BEST

Top athletes and singers have coaches. Should you?

By Atul Gawande

I've been a surgeon for eight years. For the past couple of them, my performance in the operating room has reached a plateau. I'd like to think it's a good thing—I've arrived at my professional peak. But mainly it seems as if I've just stopped getting better.

During the first two or three years in practice, your skills seem to improve almost daily. It's not about hand-eye coördination—you have

HELP-SEEKING

In the process of acquiring increasing independence through training, residents will invariably encounter clinical situations where management needs exceeds 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:

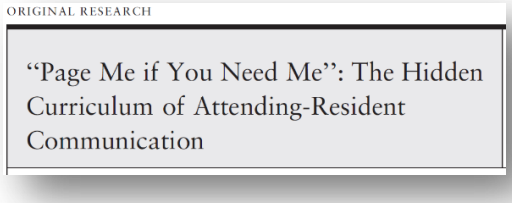
1) Creation and piloting of a tool to help learners self-assess their level of comfort in managing challenging clinical situations while on-call, and determine what, if any, assistance they require.
2) Joint faculty and resident rounds discussing clinical cases in which faculty and/or residents requested the help of other physicians.

For more resources on help-seeking:

Articles:

Kennedy TJT, Regehr G, Baker GR, et al. Preserving professional credibility: grounded theory study of medical trainees' requests for clinical support. BMJ 2009; 338: b128.

Loo L, Puri N, Kim Di, et al. ''Page Me if You Need Me'': The Hidden Curriculum of Attending-Resident Communication. J Grad Med Educ 2012; 4(3): 340-345.



ORIGINAL RESEARCH

"Page Me if You Need Me": The Hidden Curriculum of Attending-Resident Communication

LEARNER HANDOVER

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:

Articles:

Warm EJ, Englander R, Pereira A, et al. Improving Learner Handovers in Medical Education. Acad Med 2017; 92(7): 927-931.

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:

Articles:

Kishiki T, Lapin B, Tanaka R, et al. Goal setting results in improvement in surgical skills: a randomized controlled trial. Surgery 2016; 160(4): 1028-1073.


Goal setting results in improvement in surgical skills: A randomized controlled trial

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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
youtube.com/watch?v=ZP2uWpmqg1E

Mentors in Medicine, by McGill Alumni
youtube.com/watch?v=GnG--2uZgew

Articles:

Davis OC, Nakamura J. A Proposed Model for an Optimal Mentoring Environment for Medical Residents: A Literature Review. Acad Med 2010; 85(6): 1060-1066.

Straus SE, Johnson MO, Marquez C, et al. Characteristics of Successful and Failed Mentoring Relationships: A Qualitative Study Across Two Academic Health Centers. Acad Med 2013; 88(1): 82-89.