



**IT TAKES TWO**

# A Guide to Being a Good Coachee

A learner  
handbook

Meg Wolff, MD, MHPE  
Jasmyne Jackson, MD, MBA  
Maya Hammoud, MD, MBA

**ACCELERATING CHANGE IN MEDICAL EDUCATION CONSORTIUM**





# Table of contents

<b>Foreword</b> .....	ii
Susan E. Skochelak, MD, MPH	
<b>Preface</b> .....	iii
Meg Wolff, MD, MHPE; Jasmyne Jackson, MD, MBA; Maya M. Hammoud, MD, MBA	
<b>Chapter 1: Coaching in medical education</b> .....	1
Jasmyne Jackson, MD, MBA	
<b>Chapter 2: How do I benefit from coaching in medicine?</b> .....	4
Emily Hogikyan, MD; Nicole Dayton, BA; Eric Skye, MD	
<b>Chapter 3: My coach: How to build an effective coaching relationship...</b>	11
Braden Engstrom; Jonathan Silverberg; Nicole Deiorio, MD	
<b>Chapter 4: How can my coach help me?</b> .....	19
Karishma Patel; Roree Phillips; Amy Garcia, MD	
<b>Chapter 5: How can I get the most out of my coaching sessions?</b> .....	25
Christine Thatcher, EdD; Antea DeMarsilis	
<b>Chapter 6: How can my coach help me develop as a master adaptive learner?</b> .....	31
Molly Fausone; Nicholas Raja; Meg Wolff, MD, MHPE	
<b>Chapter 7: How can I use coaching throughout my training?</b> .....	42
Salomeh M. Salari; William Peterson, MD; Helen K. Morgan, MD	
<b>Chapter 8: How can coaching help me build successful personal learning networks?</b> .....	47
Kellen Haley; Mary Haas, MD; Sally A. Santen, MD, PhD	



---

# Foreword

Recognizing a gap between how physicians were trained and the realities of tomorrow's health care environment, the American Medical Association launched its "Accelerating Change in Medical Education" initiative in 2013 to transform medical education. As part of this groundbreaking effort, we discovered it was critical to provide medical students with the skills necessary to become master adaptive learners and adaptive experts. This can be accomplished by **coaching** students on how to understand their performance, recognize their gaps, seek out opportunities to take their knowledge to the next level and thrive to be their best selves—both in their professional and personal lives.

To facilitate coaching in learners' development, the AMA released ***Coaching in Medical Education: A Faculty Handbook*** in 2017. This handbook offered educators a coaching framework, as well as tools to provide professional development and assistance to learners in medical education. Since the release of that handbook, hundreds of print copies have been distributed, and thousands of electronic copies have been downloaded from the AMA website.

Our newest release, ***It Takes Two: A Guide to Being a Good Coachee***, aims to fill yet another educational gap—helping learners (**coachees**) become fully engaged, so they get the most out of the process. It outlines strategies and steps learners can take to be part of an effective coaching relationship and also to become more reflective—developing self-monitoring and lifelong learning skills in order to reach their full potential.

We hope you find this new handbook useful as we continue our work to make coaching an integral part of physician training.

Susan E. Skochelak, MD, MPH  
Group vice president, Medical Education  
American Medical Association

---

# Preface

Over the past decade, coaching has been gaining popularity in medical education with new programs emerging at all levels of training. However, literature to date is still limited and has not adequately addressed the critical role the *student* plays in this process—until now. This handbook, while not designed to be an exhaustive literature review, offers practical advice for learners. Whether you have already been assigned a coach as part of a formal program or are simply considering whether a coach would be helpful to you, this handbook addresses your concerns.

Each chapter covers an important aspect of coaching and the coaching relationship. References provide guidance for future reading. Case vignettes are interspersed throughout each chapter, and explicit take-home points are highlighted. Evidence is cited when available, but this handbook also relies on consensus and best practices from the many coaching programs represented in the AMA Accelerating Change for Medical Education Consortium. Each chapter was primarily authored by learners involved in coaching relationships with mentorship from faculty who have coaching expertise.

While this handbook focuses mostly on undergraduate medical education, many of the principles discussed are applicable across the entire continuum of training—through graduate medical education and continuing medical education. In addition, a chapter at the end of the book addresses coaching across the medical education continuum. This handbook is intended for use by learners; for information on developing a coaching program or operational aspects of coaching programs, please refer to *Coaching in Medical Education: A Faculty Handbook* available on the AMA website.

Meg Wolff, MD, MHPE  
Jasmyne Jackson, MD, MBA  
Maya M. Hammoud, MD, MBA



---

# Chapter 1: Coaching in medical education

Jasmyne Jackson, MD, MBA

Coaches are ubiquitous in sports and business and have been utilized to help hone the skills of professionals across a number of different fields. Coaching is estimated to be a \$2 billion global industry and has impacted the careers of Oprah Winfrey, Bill Clinton, Metallica, directors of local not-for-profits, CEOs of Fortune 500 companies and educators across grade levels.<sup>1,2</sup> No one questions the utility of coaching in those spaces and yet in a place where the stakes are truly high—caring for people—coaches are only just gaining attention. Much like in the professional worlds, the purpose of coaching in medical training is to help individuals achieve their full potential. But why would a medical student or a trainee need a coach? The perpetually increasing volume of information in medicine requires medical students to develop learner-driven, lifelong self-monitoring skills necessary of 21<sup>st</sup> century physicians. It is easier to develop habits for self-assessment and improvement as a medical student than to considerably adapt one's learning processes after decades of practice. By identifying one's gaps, prioritizing needs and creating a realizable plan, coaches help build a foundation of skills that will launch medical students toward an impactful career in the ever-evolving field of medicine.<sup>3,4</sup> Coaching, even as a fourth-year medical student, can be worth it!

Coaching, mentoring, advising—it can be hard to keep track of the differences between the support roles available to medical students, so let's briefly consider each. Mentoring is a reciprocal relationship between someone more advanced in their career and a protégé aimed at promoting the career development of both.<sup>5</sup> Advising is a faculty-dominated process where an

adviser gives the trainee direction regarding their academic, professional or even personal questions. Coaching is a coachee-driven, problem-solving, performance-based relationship focused on the development of the coachee. The goals of coaching are to reflect on successes and challenges, create goals, problem-solve barriers, identify resources and develop and execute a plan.<sup>3</sup>

A coach may be assigned or chosen by the coachee. A coach is typically removed from evaluations which creates psychological safety for vulnerable conversations regarding a trainee's development. Coaching is inherently individualized and designed to provide privacy and confidentiality required to candidly explore problems and solutions.<sup>6</sup>

*As a third-year medical student, I failed a portion of a standardized patient encounter. I met with a coach who helped me realize that while I perform well on the wards, I have consistently dreaded recorded standardized patient exercises and did not perform to my ability. As we talked, I understood that my performance anxiety stemmed from imposter syndrome heightened by my marginalized identities. I developed coping strategies to improve my confidence and Step 2 Clinical Skills wasn't nearly as painful as I previously thought.*

Success in medical school is more than board scores and clinical evaluations. Figuring out how to be a self-directed learner matters. Recognizing your own imposter syndrome matters. Identifying the processes that work best for you matters. Coaching gives trainees a relationship dedicated to personalized development and

feeds intrinsic motives such as self-growth and self-determination which have positive and long-term effects on academic performance.<sup>7</sup> Having a third party to help trainees analyze their pain points and progress can make the wins during training more transparent and more rewarding. But like everything else in medicine, unlocking the career-long benefits of coaching is a skill. Coachees must be intentional. Whether you have an assigned coach and you are wondering where to begin or you are looking for a coach or just questioning the purpose of coaching, you are in the right place.

Let's summarize the key takeaways of the following chapters to get you oriented to the utility of the book. Coaches can be leveraged for the development of a specific domain and serve as sources of actionable and objective feedback. They can be extremely valuable in navigating the key transitions of medical training during which many competing prioritizes may influence trainees to lose focus on their goals. Given the personal nature of coaching, the coaching relationship is bi-directional meaning that both parties have to be consistent, intentional, transparent and reflective. Those characteristics build the trust that facilitates effective routine coaching meetings in which coachees can check-in, review goals, develop new goals and even discuss wellness. Through these meetings, you can become a master adaptive learner in which you take control of your own educational process through planning, learning, assessing and adjusting. As your coach celebrates your strengths and empowers you to build upon your weaknesses, he/she can also help you build a personal learning network to diversify and strengthen your connections, knowledge and opportunities beyond the scope of the coaching relationship.

This guide into coaching is trainee-driven. With the understanding of competing priorities of medical training, each chapter

was curated to independently discuss the specified topic to provide flexibility for the reader. Thus, you do not have to read the chapters sequentially and can focus on one topic at a time as it becomes relevant to you. After all, self-directed learning is the crux of coaching. We invite you to flip through the chapters as you explore coaching in academic medicine and prepare yourself for continuous development throughout your medical career.



## References

1. Dunlap, CW. The Success and Failure of the Coaching Industry. *Forbes*. October 5, 2017. <https://www.forbes.com/sites/forbescoachescouncil/2017/10/05/the-success-and-failure-of-the-coaching-industry>. Accessed August 20, 2019.
2. Casano, T. 11 Celebrities who Proved Using a Life Coach Can Help Reboot Your Career. *Elite Daily*. March 4, 2016. <https://www.elitedaily.com/entertainment/celebrities-life-coach-career/1426180>. Accessed August 20, 2019.
3. Deiorio NM, Carney PA, Kahl LE, Bonura EM, Miller Juve A. Coaching: a new model for academic and career achievement. *Med Educ Online*. 2016; 21(1).
4. Gawande A. Personal best. *The New Yorker*. October 3, 2011. <http://www.newyorker.com/magazine/2011/10/03/personal-best>. Accessed August 20, 2019.
5. Healy CC, Welchert AJ. Mentoring relations: a definition to advance research and practice. *Educ Res*. 1990;19(9):17-21.
6. Schidlow DV, Siders CT. Executive Coaching in Academic Medicine. The Net Under the Tightrope. *Physician Leadersh J*. Nov-Dec 2014;1(2):60-2, 64.
7. Vansteenkiste M, Lens W, Deci EL. Intrinsic versus extrinsic goal contents in self-determination theory: Another look at the quality of academic motivation. *Educ Psychol*. 2006; 41(1), 19–31.

---

# Chapter 2: How do I benefit from coaching in medicine?

Emily Hogikyan, MD; Nicole Dayton, BA; Eric Skye, MD

## Take-home points

1. There are unique benefits of being a coachee, mentee and advisee.
2. A coach can help you in a variety of ways as a medical student.
3. You have a role and responsibilities in a coaching relationship.
4. There are several things to consider when choosing a coach.

Coaching is gaining traction in medical education and training programs, so you are likely to encounter coaching at some point in your training.<sup>1</sup> You may not be familiar with the coaching dynamic and its focus on individualized education. This chapter will introduce you to general concepts of coaching and some of the benefits you can reap from these relationships.

## What is the difference between being a coachee, mentee and advisee?

All of us will need guidance in navigating a professional or personal challenge at some point during training. It can be challenging to figure out who is the best person to help with a particular challenge. Traditionally, learners have had access to advisers and may have developed a relationship with a mentor. More recently, many institutions have been developing coaching programs so learners can also benefit from a coach. Understanding the differences between the roles of an adviser, a mentor and a coach can help you navigate whom to approach for the

---

## Vignette

*John is a second-year medical student who has begun to notice a pattern in feedback he receives from standardized patients after objective standardized clinical examinations (OSCE). He consistently is marked down for using overly technical vocabulary and not responding appropriately to patient emotions, even though he has tried to work on these items. He is wondering to whom he can go to for advice and action steps in order to improve his communication skills.*

John's struggles are common for medical students, and it can be hard to know who to go to for help with these situations. A coach (faculty, resident or even upper level medical student) could help John explore these challenges, identify areas for improvement, make concrete action steps toward improving his communication skills for future OSCEs (and future patients) and then help hold him accountable for making changes. Learners will face a variety of challenges like this one throughout medical training and seeking help from a coach can enhance and expedite his or her progress

---

## Thought questions:

1. How will coaching help me in my training and career?
2. What is my role and responsibility in optimizing a coaching relationship?

type of support you need. **Table 2.1** provides a concise summary of these differences.

Most of you have utilized an adviser at some point in your educational career. We tend to seek out an *adviser* when we need *advice* on specific questions that have direct answers, established protocols or common practices an experienced or trained adviser knows and can pass onto us. Advisers are generally assigned or provided by your school to serve as an accessible resource for students. Although having a personal relationship with your adviser can be helpful, the information they provide does not require that you have a significant personal relationship with them. For example, your adviser may help you understand how to schedule electives, apply for the match or fulfill graduation requirements. They may advise you on how competitive you are for a particular specialty or give you tips on how to be more competitive. You will find most advising programs are designed to provide needed information or to directly answer questions you have regarding academic or personal matters. These individuals, however, are often not familiar with your individual

situation and may not meet with you regularly.

Some of you may have had a mentor before entering medical school or have found one since starting. Mentorship relationships are not often assigned, but rather develop as a result of your needs. For example, you may develop a mentorship relationship with a faculty member because their expertise is relevant to your future career goals. Mentors are also often chosen because they are role models of the physician or professional you would like to be. Like an adviser, mentors may provide you advice, but it will generally be relevant to the specific domain that led you to choose them as a mentor. Mentors often help provide guidance to help us sort out complex decisions or paths that can be navigated in many different ways. In order for a mentor to help us navigate the path that is best for us, there is generally a well-established and trusting relationship. A mentor is likely to help us decide for ourselves what the best decision or path for us is, rather than simply advising us on what to do. A mentor may also act as an advocate or sponsor to assist you in securing opportunities.

**Table 2.1: Comparing Coachees, mentees and advisees**

<b>Role</b>	<b>Explanation</b>
<b>Coachee</b>	<ul style="list-style-type: none"> <li>• Seeks help in personal and professional growth and development</li> <li>• Asks for feedback and accountability</li> <li>• Receives personalized action steps to meet goals</li> </ul>
<b>Mentee</b>	<ul style="list-style-type: none"> <li>• Seeks career guidance</li> <li>• Asks about long-range planning</li> <li>• Receives advice</li> </ul>
<b>Advisee</b>	<ul style="list-style-type: none"> <li>• Seeks answers to specific questions</li> <li>• Asks about rules and protocols</li> <li>• Receives information</li> </ul>



You may have had experience with an athletic or performance coach outside of medical school who helped you become a better athlete by giving you specific feedback, identifying areas of development, helping you develop goals, providing encouragement and then making sure you followed through. Similarly, a coach in medical education can help you achieve your full potential by helping you identify areas for improvement, develop goals and action plans and hold you accountable. So, the best time for you to seek out a coach is when you would like to improve your performance. When you seek out a coach, it is important to keep in mind that in order to improve, you must be willing to put effort into enacting change that will improve your performance.

Depending on the structure of the coaching program at your institution, you may be assigned a coach for a specific domain (e.g. communication skills) who will directly observe you performing a skill, or you may be assigned an academic coach. In general, an academic coach is someone who does not directly observe you but instead indirectly assesses you and helps you understand your performance by reviewing your objective performance data such as evaluations from clerkships and performance on standardized patient encounters. This allows a coach to have a holistic view of your performance. Working with an academic coach will usually entail clarifying the area where you want to improve your performance and setting specific goals you both believe will lead to that improved performance. Coaches generally will help you hold yourself accountable to the goals you have committed to and can provide a safe and confidential area where you can practice skills or behaviors as well as discuss challenges, barriers and successes.

## Thinking about my role as a coachee

Coaching is a unique relationship, and it is vital to acknowledge our responsibilities as students/residents in maximizing a coaching relationship. We can illustrate this by contrasting a professional coaching relationship with that of a young athlete first beginning to learn a sport. A young athlete arrives at practice and completes activities designed and defined by the coach to help them improve. This requires little to no preparation, which makes sense for a young athlete with no background in the sport. A professional athlete, however, would have more insight into their strengths and weaknesses based on their progression within the sport to this point. This knowledge allows them to take more ownership over their path to improving and construct a more complete plan taking into account personal circumstances, schedule and priorities. Similarly, as developing professionals we have years of experience as learners, and we must play a much more active role in order to progress toward our goals.

Aside from our educational experience and growing insight into our strengths and areas for development, there are logistical challenges to coaching in medical education that contribute to the need for you to take a more active role. First, many coaching relationships do not include day-to-day observation by your coach, thus a coach may not be positioned to determine necessary areas for improvement. Therefore, this requires you to drive the focus of the coaching based on gaps you recognize in your performance or have gleaned from self-reflection or review of your feedback. In addition, your coach may not be present to evaluate your progress on defined goals and therefore will rely on your self-evaluation and/or formal evaluations to recognize progress and determine further needs.

This active process has been compared to the corporate concept of “managing up” in which a more junior person drives the meetings by setting goals and priorities. In order to build this kind of relationship and “manage up,” it is important for you to have self-awareness and reflect on your performance so that you can set the agenda.<sup>2</sup> This serves as the foundation for your success by allowing you to set clear goals, identify how a coach may best support you and ultimately invest in the relationship as an integral part of your success. That is not to say that you are alone in this—your coach will certainly help develop an environment for self-discovery and create a space for reflection with their experience, knowledge and feedback.<sup>3</sup>

You may wonder about the purpose of a coaching program at your institution and how it can help you. If you challenge yourself to ask reflective questions such as “Where are my knowledge and performance gaps?”, “What roadblocks am I facing in closing these gaps?” and “What skills does my coach bring that could help me move past these road blocks?”, you can lay a foundation for continued self-improvement throughout your education and career.

## Selecting and working with a coach

For many learners, your institution will assign you an academic coach early on in your program. Alternatively, you may identify someone who can serve as a coach for specific skills, goals or projects.<sup>4</sup> Regardless of how you acquire a coach, it is important you feel that you can have a positive, productive and safe relationship with them. Coaching is uniquely designed to create individualized plans and progress, and the relationship is paramount in allowing for this to happen. In this section, we will discuss some considerations, best practices and challenges around choosing coaches and managing the relationship.

Coaching in medical education can take a variety of forms, and as a result, different coaches can be valuable in unique ways and can serve different and varied roles as your education progresses. In the case of assigned coaches in medical school, they often fill the role of an academic coach by reviewing assessment data including your class and clinical performance. This coach can be especially helpful in the beginning by providing goals and action steps to assist in the many transitions you will experience. As you progress through school and training, you will likely identify new areas where you have personal goals for improvement. Similarly, different types of coaches may become useful. Technical coaches have been proven effective for improving specific surgical skills.<sup>5,6,7</sup> Coaching has also shown benefit for other important areas of practice including improving patient care and developing advanced communication skills.<sup>8,9</sup> Further, coaching programs have been shown to improve coachee well-being through enhanced resilience and professional satisfaction.<sup>10,11</sup>

As your coaching partnership begins, you should be attentive not only to the topics discussed, but also to the general feel of the relationship and the benefits you derive from it. Deiorio et. al. suggests some positive qualities of coaches including: creating a shared agenda, stimulating insight and setting goals. As you reflect on your relationship with your coach, consider “Does my coach challenge me?”, “Does my coach help me to think critically about my performance?” and “Does my coach help me set effective goals?” You can use these questions and the ones included in the checklist at the end of this chapter, to help manage coaching sessions and maximize your benefit from the coaching relationship. If you find yourself answering “no” to any of the questions in the checklist, it will be important to develop action steps to manage your coaching relationship, and you can consider discussing these steps with

other trusted peers, faculty members or mentors.

There are some elements to consider as you select a coach; these considerations are also helpful when you have received an assigned coach. You may wonder about how perceived “mismatches” between professional goals and interests or personal circumstances may affect your relationship with your coach. We will explore some of these issues here.

Many students may prefer a coach with similar specialty interests. Things like bedside manner, evidence-based medicine and professionalism, however, are vital to all areas of medicine, and a physician-coach with these skill sets from any specialty could provide useful feedback and action steps for you. Some students may also find it is easier to be honest and vulnerable with a coach from a different specialty as there is less concern about these discussions affecting their future training opportunities. More specialty-specific items, like surgical techniques or networking, may be more difficult with a non-specialty matched coach. This represents an opportunity to partner with another coach with a more precise focus.

Some learners may be reluctant to discuss more personal goals with a coach whose personal life appears different from the one they envision for themselves. For example, a learner wanting to talk about balancing family commitments may feel a coach who does not have children could not speak to this issue. As with our prior scenario, it may in fact be difficult for this coach to comment on specific issues related to parenting or family dynamics. However, studies have shown the immense value of self-reflection for coachees as part of the coaching relationship.<sup>11</sup> With a commitment to encouraging reflection and goal setting, your coach can hold you accountable for improvement and help you to seek out other

resources in areas where they are less able to meet your needs. We can see that the value of the relationship remains, independent of any perceived “mismatches.”

As with mentoring or advising, there is also the potential for power dynamics to play a role in coaching relationships.<sup>12</sup> Coaching, as we discussed above, is designed to be a learner-led space. There is the potential for an overzealous coach to overstep this important tenet of coaching and thus fundamentally change the relationship. Further, this could discourage vulnerability on your part and make goal setting more challenging. We encourage you to discuss concerns like these with your coach if they arise.

Power dynamics can also become problematic in coaches assigned by medical schools if this coach also has the responsibility to assess (grade) you. Schools often take steps to avoid this through separating assessors from coaches, and it can be helpful to discuss concerns like these with your coach or your school leadership. You should look to identify coaches with time and energy to dedicate to the cause and who are open and upfront about what they can commit to in the relationship.<sup>2</sup> It may also be helpful to solicit opinions from other students who have worked with this faculty member and learn more about how they work with students.

Overall, you should feel empowered to analyze the coaching relationship and take responsibility for the coaching agenda. In an assigned relationship, this could require some negotiation and discussion with your coach. Research shows benefits of coaching for everyone from medical students to faculty,<sup>13</sup> and while there are many delicate balances to be struck, it is worth taking time to optimize the relationship in order to optimize the benefits.



## Conclusion

As you have seen in this chapter, coaching can take many forms in medical education. It can provide significant benefits for many aspects of training and professional development, and it requires investment and dedication on the part of both the coach and coachee.

---

### Vignette follow-up

*John contacted his medical school counselor to request assistance finding a clinical skills coach and was subsequently connected with an interested faculty member. At their first meeting, they reviewed John's feedback and determined a plan to practice responding to unexpected questions from patients, as they realized this was when John had the most difficulty with technical terms and responding to emotions. At their next meeting, his coach provided a series of scenarios for John to practice and acted as a practice partner for some of these scenarios. Then, they reviewed his feedback after the next OSCE and continued to develop a plan for improvement. John felt his coach was able to dedicate time to learning about his needs and then hold him accountable for growth and improvement.*

---

### Checklist

- Do I feel my coach has my best interests at heart?
- Do I feel comfortable discussing the issues that are important to me with my coach?
- Does my coach seem interested and able to help me set goals?
- Does my coach challenge me to improve and help me to create individualized goals and plans?
- After considering our personalities, how can I work most effectively with my coach?
- Do I feel comfortable discussing issues in our coaching relationship with them?

## References

1. Feldman DC, Lankau M J. Executive coaching: A review and agenda for future research. *J Manage*. 2017; 31(6), 829-848.
2. Lovell B. What do we know about coaching in medical education? A literature review. *Med Educ*. 2018; 52(4), 376-390.
3. Zerzan J T, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. *Acad Med*. 2009; 84(1), 140-144.
4. Coaching VS Mentoring. Wake Forest School of Medicine. <https://www.daviehospital.org/JUMP/Coaching-VS-Mentoring.htm>. Accessed February 20, 2019.
5. Hu YY, Mazer LM, Yule SJ, Arriaga AF, Greenberg CC, Lipsitz SR, Smink DS. Complementing operating room teaching with video-based coaching. *JAMA Surg*. 2017;152(4), 318-325.
6. Kim MJ, Boehler ML, Ketchum JK, Bueno R, Williams RG, Dunnington GL. Skills coaches as part of the educational team: a randomized controlled trial of teaching of a basic surgical skill in the laboratory setting. *Am J Surg*. 2010; 199(1), 94-98.
7. Hu YY, Peyre SE, Arriaga AF, Osteen RT, Corso KA, Weiser TG, Gawande AA. Postgame analysis: using video-based coaching for continuous professional development. *J Am Coll Surg*. 2012; 214(1), 115-124.
8. George P, Reis S, Nothnagle M. Using a learning coach to teach residents evidence-based medicine. *Family Medicine-Kansas City*. 2012; 44(5), 351.
9. Egener B. Addressing physicians' impaired communication skills. *J Gen Intern Med*. 2008; 23(11), 1890-1895.
10. Schneider S, Kingsolver K, Rosdahl J. Physician coaching to enhance well-being: a qualitative analysis of a pilot intervention. *Explore (NY)*. 2014; 10(6), 372-379.
11. Gardiner M, Kearns H, Tiggemann M. Effectiveness of cognitive behavioural coaching in improving the well-being and retention of rural general practitioners. *Aust J Rural Health*. 2013; 21(3), 183-189.
12. Chopra V, Edelson DP, Saint S. Mentorship malpractice. *JAMA*. 2016; 315(14), 1453-1454.
13. Régo P, Peterson R, Callaway L, Ward M, O'Brien C, Donald, K. Using a structured clinical coaching program to improve clinical skills training and assessment, as well as teachers' and students' satisfaction. *Med Teach*. 2009; 31(12), e586-e595.

---

# Chapter 3: My coach: How to build an effective coaching relationship

Braden Engstrom; Jonathan Silverberg; Nicole Deiorio, MD

## Take-home points

1. Developing an effective relationship with your coach is critical.
2. A successful coaching relationship relies on conscious and consistent effort from both you and your coach.
3. Self-reflection is key to figuring out what you hope to gain through the coaching experience.
4. Establishing clear expectations with your coach from the initial interaction is essential.
5. Anticipating difficulties that may arise in the coaching relationship is essential so you are prepared to handle them later.

## The importance of developing an effective coaching relationship

Coaching is personal. A good relationship allows learners to share successes with their coach, as well as their failures. Learners should not be afraid to ask their coach for help, while also feeling comfortable enough to provide them with honest and open feedback. Medical training is a long, winding road filled with many obstacles. A great coach is someone you can trust, someone you can count on to help you navigate the many twists and turns along the way. The quality of your coaching experience is only going to be as good as the relationship you form with your coach. Whether you have the option of selecting a coach, or if one is assigned to you, there are certain steps you can take to build an effective professional partnership with that individual. The most important point to emphasize is that, like any successful

---

## Vignette

*Ariana is a first-year medical student at a school with a required coaching program. Although she has experienced coaching previously from her background in musical performance, she is not sure how a coach can help with training during medical school, where the priority seems to be gaining knowledge more than technical skills. She is open to learning more about coaching and wants to make this a valuable use of her time, but is not sure where to begin.*

---

## Thought questions:

1. How can Ariana prepare for working with a coach?
2. Are there ways to tailor the program to her needs, or should she expect to have a similar experience as her peers are having with their coaches?



relationship, coaching is a two-way street; both parties need to make a conscious and consistent effort to help each other. The goal of this chapter is to provide you with strategies for establishing and sustaining an excellent relationship with your coach, as well as recommendations for troubleshooting difficulties that may arise in the relationship.

## Preparing to meet your coach: Embracing the role of the learner

Before you think about what you want in a coach, you have to understand yourself and what you need. Honest, critical self-reflection is the key to embracing the role you play in an effective coaching relationship. Throughout the course of a coaching relationship, you will need to continuously reevaluate your goals and needs. As you prepare to meet your coach, the emphasis should be on how you work as a learner. This can be easier said than done! To better frame effective introspection, here are some questions you should ask:

*Where are you now along this journey, and where is it that you need to go?*

It can be overwhelming to start by asking yourself for a goal! A more productive approach can be to envision where you want to be and how that compares to where you are now. A good coach can work with you to craft goals to reach a vision, but that vision has to come from you. Narrowing on specifics before you have a broader understanding of where you want to be can lead to ineffective progress.

*What are your strengths, propelling you forward? What are your weaknesses, holding you back?*

Typically, medical learners tend to hyper-focus on their faults, making the identification of tangible strengths uncomfortable. While faults can be potential foci for further development, it is important to also establish concrete strengths. These are the tools you will utilize with your coach during early action plans.

*What have you tried that's worked?  
What hasn't worked?*

If you have started working toward a goal, assessing how each of your efforts have furthered your progress can elucidate avenues for support from a coach. If you have yet to start, how would you start? This type of questioning helps you transition from identifying where you want to be to how will you get there.

*Do you respond well to internal accountability? External accountability?*

Think back to other times you have been coached. Maybe this was with sports or musical performance? Did you perform best when pushed or given space? Reflecting on past coaching experiences can better frame the type of relationship that you want to develop with your coach. Ideally, your new coach will have been trained in one or more theories or methods of coaching. Some of these are very similar and may overlap. Your familiarity with these can make your sessions more productive. While a full review of these philosophies is beyond the scope of this chapter, we have summarized some of the most common in **Table 3.1** and provided references for further reading.

**Table 3.1: Established coaching philosophies**

Appreciative inquiry	The learner imagines what they want to be or achieve. The process of articulating and focusing on this goal creates growth.	Sandars J, Murdoch-Eaton D. Appreciative inquiry in medical education. <i>Med Teach</i> . 2017; 39 (123-127).
Cognitive behavioral coaching (CBC)	Using principles from cognitive behavioral therapy, CBC guides learners in practicing ways of thinking and behaving that ultimately become habit.	Ducharme MJ. The cognitive-behavioral approach to executive coaching. <i>Consult Psychol J: Pract Res</i> . 2004; 56(4): 214-224.
GROW model	GROW stands for Goal, Reality, Options and Will; a coach may use this framework to simplify the steps toward the goal you identify.	Grant AM. Is it time to REGROW the GROW model? Issues related to teaching coaching session structures. <i>The Coaching Psychologist</i> . 2011; 7 (2): 118-126.
Master Adaptive Learner	This is a conceptual model that highlights the stages through which an adaptive learner cycles.	Cutrer WB, Miller B, Pusic MV, et al. Fostering the development of master adaptive learners: a conceptual model to guide skill acquisition in medical education. <i>Acad Med</i> . 2017;92(1):70-75.
Motivational interviewing (MI)	Similar to what you may be learning in order to help your patients, MI can be a powerful tool for your coach to help you identify your readiness for change and barriers to growth.	Markland D, Ryan RM, Tobin VJ, Rollnick S. Motivational Interviewing and Self-Determination Theory. <i>J Soc Clin Psych</i> , Vol. 24, No. 6, 2005, pp. 811-831
Role play/simulation	This technique allows learners to gain simulated experience with challenging situations and try out different approaches in a safe environment with your coach.	What is the Difference between Training and Coaching. BCF Group. <a href="https://www.thebcfgroup.co.uk/business-coaching/articles/role-play-in-training-and-coaching-sessions.php">https://www.thebcfgroup.co.uk/business-coaching/articles/role-play-in-training-and-coaching-sessions.php</a> . Accessed August 21, 2019.
Strengths-based coaching	Rather than focusing on your deficiencies, strength-based coaching begins first with you identifying your strengths and creating goals to further find areas where you can excel.	Padesky CA, Mooney KA. Strengths-Based Cognitive–Behavioural Therapy: A Four-Step Model to Build Resilience. <i>Clin Psychol Psychother</i> , 2012; 19; 283-290.
WOOP model	Using the Wish-Outcome-Obstacle-Plan framework, you and your coach can envision the result you desire and identify strategies to surmount barriers to your success.	Saddawi-Konefka D, Baker K, Guarino A, et al. Changing Resident Physician Studying Behaviors: A Randomized, Comparative Effectiveness Trial of Goal Setting Versus Use of WOOP. <i>J Grad Med Educ</i> . 2017;9(4):451-457.

*What do you want your coach to help you achieve in the short, medium and long term?*

After reflecting on where you want to be, the tools you have and the actions you've attempted, you are then in a position to establish the ways in which a coach can help. As you have a better sense of what you wish to achieve, starting to formulate reasonable goals will help create a launching pad for your first coaching visit. See **Table 3.2** for topics you and your coach may want to cover in your time together.

**Table 3.2: Examples of topics that coaching can cover**

Competency development/adaptive learning	Mindset coaching
Emotional regulation	Positive psychology
Leadership development	Resilience training
Mindfulness	Skills coaching

## Setting expectations

After reflecting upon your role as a learner, the next step before meeting with your coach is to set expectations for the relationship that you hope to achieve. Setting expectations allows for the establishment of a strong foundation to build a fruitful relationship. When considering what you expect from a coach, here are key issues to think about:

### Foundations of a coaching relationship

A coaching relationship, as with any

productive relationship, must be rooted in shared principles. Six tenets—trust, boundaries, credibility, expectations, engagement and interdependence—comprise the fundamental constructs of effective coaching. Through shared knowledge of these concepts (**Table 3.3**), both a coach and learner demonstrate mutual understanding in the relationship.

**Table 3.3: Foundational constructs of coaching**

Principle	Definitions*
Trust	Belief that a coach or student is reliable, good, honest and effective
Boundaries	Limits that define acceptable behavior
Credibility	Quality or power of inspiring belief
Expectations	Feeling or belief about how successful someone or something will be
Engagement	Emotional involvement or commitment
Interdependence	State of reliance on and being responsible to each other

*\*(taken from Deiorio)*

### Confidentiality and boundaries

Coaching differs from mentorship in that it is student led. The student must feel safe to share information with a coach. While openness and honesty make for effective

coaching, the learner can often be placed in a vulnerable position. As such the onus to establish boundaries resides with the student. If there are topics you do not feel comfortable discussing, you could consider establishing those as “off-limits” from the beginning so as to avoid any unsettling interactions. Or you may wish to simply think of those topics in advance and have a response ready if they come up (e.g. “I’d prefer not to get into that.”). Additionally, consider the role of your coach at your institution or in your desired field. How frequently, and in what way, you will be interacting with this person outside of a coaching dynamic should be considered when deciding how much information to share.

In addition to choosing which information you tell your coach, it is also important to consider what other information the coaches have access to. Coaching theories have established that a coach can best help maximize a learner’s potential when he or she has more information. Access to grades and evaluations can spark different images in the eyes of a coach than a medical learner and can help the coach identify themes. While the learner may focus on the bad grades or critical feedback, a coach can identify trends and see the opportunities for growth. Though this information is helpful, it is important to ensure it is something you want disclosed to your coach. Established coaching programs typically have guidelines for information sharing. Make sure you know what policies your program has in place so you are not caught off guard.

An important element to be aware of in choosing which information to share involves the element of evaluation. In order to demonstrate vulnerability, a coach cannot be in a position to grade or assess a learner. At the same time, a coach’s role is not to advocate for a learner’s

advancement. To combat such conflicts of interest, many programs that require coaching have policies in place to prohibit coaches from participating in the grading of their learners.

## **Communication**

Clear communication is critical to effective coaching. Therefore, it is worthwhile to spend time establishing clear expectations for how you and your coach will communicate. Set goals for frequency and topics to be discussed. Until a good rapport is established, a common strategy is to maximize person-to-person interactions. Depending on the desired engagement of the relationship, options such as phone calls, email, FaceTime or other media can be substituted. For in-person interactions, the location can play an important role. While meeting at a coach’s office can work perfectly well, finding a space where both can be on an even plane helps to eliminate possible power dynamics. By considering the modality, frequency and environment surrounding coaching sessions, you not only establish practical expectations, but further create a more comfortable space for growth.

## **Coaching contracts**

One popular approach to solidifying the expectations for the relationship is to create a coaching contract. Having shared expectations not only keeps both sides accountable to each other, but it also provides a structured roadmap for future sessions. Additionally, should any issues arise in the relationship, a contract can be a resource to refer to for resolution. Conversely, the rigidity of a contract can feel restrictive to some, as adhering to its components can feel restricting or potentially punitive. Ultimately, the utility of a contract comes from those using it.

## Difficulties in the coaching relationship

Despite our best efforts, difficulties can arise within any coaching relationship. There are a number of common scenarios that tend to come up for learners involved in coaching programs, and we would like to discuss them with you here. The key is to try to anticipate these challenges now so that you will be better prepared to overcome them later.

Sometimes, no matter how hard you try, you may not “click” with your coach. This is more often a concern when coaches are assigned to learners instead of being self-selected. However, if you feel you are not getting what you need out of the relationship, it is definitely appropriate to speak up! The first and most important step to take is to reflect on why you may not be “clicking” with your coach. You can then discuss this directly with your coach. If you do not feel comfortable with this, you can always reach out to the individual in charge of oversight for the coaching program. That person can likely help you brainstorm some ways to improve the relationship, or if necessary, find a new coach to pair you with that will better meet your needs.

Conflict of interest and power dynamics can also complicate a coaching relationship. Can a learner who intends on entering the specialty that their coach practices in have the same type of relationship as a learner and coach whose disciplines do not overlap? This is a controversial topic and there is no right answer. The personal opinion of the authors of this chapter is that learners should not be paired with coaches practicing in the learner’s intended specialty. Anything that compromises the learner’s ability to be totally authentic with a coach will prevent the learner from getting

the most out of the experience. It is also important to keep in mind that the role of a coach is not that of a specialty adviser. Certainly, there is a chance that initially you are not interested in your coach’s specialty, but later on become interested. In this case, it is best to discuss your concerns with your coach directly and figure out how to best proceed.

Probably the most frequent obstacle faced by both coaches and learners is time. For medical professionals, tightly-packed and constantly shifting schedules make finding a time and place to meet for coaching sessions a difficult task. See Chapter 5 of this handbook for specific strategies on scheduling coaching sessions. The main takeaway is to anticipate this early on, set clear meeting expectations with your coach, including frequency and modality of communication, and be flexible.

The above are just some of the common difficulties that can arise in a coaching relationship. Just remember that no relationship is going to be perfect, and anticipating these issues ahead of time will enable you to better navigate them if they do arise.



---

## Vignette revisited

*Before meeting her coach, Ariana takes the time to familiarize herself with the coaching program materials, including the objectives, structure of the sessions and her coach's background. She reflects on her academic path to date and realizes that her strengths are her organized study approach and her clinical content gained from working as a scribe. She foresees she may need to place more attention on her physical exam and oral presentation skills at this point in her education. She arrives at her first coaching session ready to discuss her insights with her coach and set goals to reach her personal vision of success for the year.*

---

### Checklist

- Engaged in self-reflection prior to meeting with my coach.
- Have thought about what I expect from the coaching relationship and discussed this with my coach.
- Familiarized myself with established coaching philosophies (**Table 3.1**), examples of topics covered with coaching (**Table 3.2**), and foundational constructs of coaching (**Table 3.3**).
- 5. Considered different challenges that can arise in a coaching relationship and brainstormed possible solutions to those challenges.

## References

1. Lovell, B. (2018), What do we know about coaching in medical education? A literature review. *Med Educ.* 52: 376-390.
2. Deiorio NM, Carney PA, Kahl LE, Bonura EM, Juve AM. Coaching: a new model for academic and career achievement. *Med Educ Online.* 2016;21:33480. Published 2016 Dec 1.
3. Gazelle G, Liebschutz JM, Riess H. Physician burnout: coaching a way out. *J Gen Intern Med.* 2014;30(4):508-13.
4. Gawande A. Personal best: top athletes and singers have coaches. Should you? *The New Yorker.* 2003. <https://www.newyorker.com/magazine/2011/10/03/personal-best>. Accessed August 22, 2019.
5. Cutrer WB, Miller B, Pusic MV, et al. Fostering the development of master adaptive learners: a conceptual model to guide skill acquisition in medical education. *Acad Med.* 2017;92(1):70-75.
6. Saddawi-Konefka D, Baker K, Guarino A, et al. Changing Resident Physician Studying Behaviors: A Randomized, Comparative Effectiveness Trial of Goal Setting Versus Use of WOOP. *J Grad Med Ed.* 2017;9(4):451-457.
7. Markland D, Ryan RM, Tobin VJ, Rollnick S. Motivational Interviewing and Self-determination. *J Soc Clin Psychol.* Vol. 24, No. 6, 2005, pp. 811-831.
8. Padesky CA, Mooney KA. Strengths-Based Cognitive–Behavioural Therapy: A Four-Step Model to Build Resilience. *Clin Psychol Psychother.* 2012; 19; 283-290.
9. Grant AM. Is it time to REGROW the GROW model? Issues related to teaching coaching session structures. *The Coaching Psychologist.* 2011; 7 (2): 118-126.
10. Ducharme MJ. The cognitive-behavioral approach to executive coaching. *Consulting Psychology Journal.* 2004; 56(4): 214-224.
11. Sandars J, Murdoch-Eaton D. Appreciative inquiry in medical education. *Med Teach.* 2017; 39 (123-127).
12. Palamara K, Kauffman C, Stone VE, Bazari H, Donelan K. Promoting Success: A Professional Development Coaching Program for Interns in Medicine. *J Grad Med Educ.* 2015;7(4):630–637.

---

# Chapter 4: How can my coach help me?

Karishma Patel; Roree Phillips; Amy Garcia, MD

## Take-home points

1. Student-driven goal setting is the foundation of the coach-student relationship.
2. Coaches can help with accountability.
3. Reflection can enhance the relationship between the coach and the coachee.

Medical school is a different experience for each student, with many possible outcomes and measurements of success, but never enough time to “do it all.” Coaching is designed to help students use techniques of intrinsic motivation proven to enhance self-regulation and well-being.<sup>1</sup> One student may be looking to focus their energy on research, another on volunteering or various clinical exposure, while others may simply want to improve their understanding of new material in the curriculum. This allows for a wide variation in potential goals. However, it is important that each goal be specific to the student and tailored to helping them realize their ultimate personal success.

A coach can help you formulate goals and offer an intervallic chance for self-reflection on your progress throughout undergraduate medical education. These goals can span a wide variety of topics which we will discuss. It is up to you and your coach to determine where your efforts and limited time will be best spent.

Over time, you may develop a very personalized relationship with your coach, in which they know many intimate aspects of your school and personal life. A coach is not a mentor who you necessarily aspire to emulate or an adviser who tells you the specific tasks you need to complete to reach a career milestone (refer to Chapter 2 for more specific differences). A coach will listen to you and discuss what you have going on, encourage you to reflect and ask you the tough questions you may be avoiding. In this chapter, we will discuss the different aspects of your life that you and your coach can work together on and how your coach can help you to set realistic goals in these areas.

---

## Vignette

*Selena Rodriguez is a third-year medical student who has an upcoming appointment with her coach. She has already taken Step 1 and scored well. She has been doing her core rotations and her feedback has noted a need to develop a more extensive differential diagnosis and plan. She admits that some of the reason for the underdeveloped differentials and plans is because she has been having difficulty managing her time effectively. She is also trying to decide between careers in pediatrics, family medicine and ob-gyn and would like a sounding board for her thoughts on these options. She also has some anxiety around her upcoming Step 2 exam. She has an upcoming meeting with her coach and is hoping to work with them to address these issues.*

---

## Thought questions:

1. What kinds of things should I write goals about?
2. How can my coach help with this process?

## Student-driven goal setting

### Academic

#### Study tips and techniques

Coaches are excellent resources to consult when you may need to restructure your current studying paradigm. They can also connect you with study resources that you may not have been aware of previously. A coach should ask you about your study habits and help you reflect on the pros and cons of your current regimen. Next, your coach will brainstorm various options with you for how you can become a more successful lifelong learner. Together you can agree upon realistic opportunities for improvement. Each time you see your coach you can reevaluate as needed. If a coach does not have expertise in this area, they may refer you to a learning specialist or tutor.

#### Grade tracking

Coaches are in the unique position of having access to your academic portfolio without having an impact on your assessments throughout medical school. This makes them the ideal person to follow along with your successes and possible failures and work with you to create realistic goals for improvement. Performance in medical school can feel isolating, since many students prefer to keep this information confidential from one another. Your coach is someone with whom you can have an open dialogue about this. Working with your coach to choose clearly defined goals that suit you (e.g. improve anatomy practical scores) can ease some of the pressure.

#### Managing academic setbacks

For many students, medical school is the

first time they will be pushed beyond what they may feel capable of achieving (e.g. the first time a student may fail an exam). This can be a very disconcerting experience, although not at all uncommon or insurmountable. Coaches can provide perspective during these times and should ask questions to help explore your reaction to academic hardship. Medicine is not a failure-free field, and learning to cope with adversity is something your coach has likely faced during their career. They can help you make a plan to deal with setbacks and provide a source of emotional support if you are facing academic difficulty.

### Clinical

#### Identify weaknesses in clinical skills

Throughout medical school, clinical skill development becomes increasingly important. You should discuss with your coach how competent you feel in a range of clinical skills and utilize performance feedback (clerkship feedback, OSCE feedback, etc.) to help you calibrate your performance. They will help you process this feedback, make goals and identify which ones you'd like to focus on in the near future (e.g. I need help with history taking, neurologic physical examinations or developing a differential diagnosis). A coach will help to keep these goals realistic and actionable. By the next time you see your coach. You should have a frame of reference for how much you may or may not have improved.

#### Navigating clinical relationships

Moving into the more clinical portion of medical school requires tremendous teamwork and formation of important relationships with other medical professionals—often involving complicated power-dynamics. Sometimes it can seem

difficult to know who to talk to when you are experiencing uncomfortable situations or are confused about your place as a medical student in the clinical setting. Your coach is an unbiased resource, with no academic influence on your evaluations, and can act as an unbiased person to navigate problems that fall under this umbrella.

### **What kind of doctor will you become? Choosing a specialty**

Often a great source of stress for students is deciding what specialty they would like to focus on. These involve decisions such as “do I like to do procedures?”, “do I like working in an office setting?” and “when did I feel most excited during my clerkships?”. Your coach can help you weigh the pros and cons of specialties you are considering with their unique knowledge of you as a learner and a person. With their knowledge of your academic standing, personal well-being and professional strengths, they can help you create pragmatic goals so that you can become exactly the type of physician you hope to be.

## **Professional**

### **Professional identity**

Professional identity is defined as one’s professional self-concept based on attributes, beliefs, values, motives, and experiences.<sup>4</sup> Each physician has a unique professional identity which continues to develop throughout their career. A coach will help you direct this growth in a positive, constructive manner. Having an open dialogue with your coach about your professional identity and how you would like to improve can be a great way to form a positive understanding of yourself as an individual working in medicine.

### **What kind of doctor do you want to become? Characteristics and values**

As we work toward our personal goals academically and clinically, we begin to ask ourselves a grander question: What kind of physician do I want to be? A coach may ask you to examine the physicians you work with throughout school, keep notes on what qualities or traits you admire or do not appreciate in them, and then set goals based on these examples.

### **Connecting you to outside resources beyond the scope of coaching**

Coaches play an important role in stimulating intrinsic motivation through goal setting for students throughout medical school. At times a student may desire additional help that is outside the scope of the coach-coachee relationship. While a coach is not an adviser or a mentor, they can help a student recognize when it is appropriate to seek out an individual who can offer these services. Speak with your coach about what resources you think you are lacking. Your coach will help clarify the value of different types of relationships whether it is a mentor, therapist, adviser, peer etc. and help you make a plan to connect.

## **Well-being and balance**

### **Physical health**

A coach will work with you to determine what your ideal situation in terms of exercise, diet and sleep habits might be. Often times it can seem impossible to find a balance, and these important aspects of your life may be the first to fall by the wayside. A coach will help you prioritize and create objectives to meet despite a tight schedule. Remember that your coach is a non-judgmental resource for you to use for self-assessment—these should be personal



goals that reflect what you as an individual hope to achieve.

### **Mental health**

Academics can often be all-consuming, and struggling in other areas of your life can affect your overall performance in many areas. A coach will want to know about your interests and hobbies as well as life satisfaction outside of medical school. Together, you can discuss what would make you feel best. Reflect on those things that will contribute positively to your overall happiness and set goals to assure that you don't neglect maintenance of your overall well-being and mental health.

## **Personal**

### **Maintaining meaningful relationships with peers, friends, family, partners**

Most medical professionals understand their work can affect their personal relationships: whether it is lack of time, distractedness or lack of energy due to a demanding job that requires a high level of function and induces stress. Your coach is a wonderful resource to help you learn to manage and juggle this intersection of your professional and personal life.

### **Personal setbacks/navigating tough personal or family situations while in medical school**

Life continues to move at full speed in medical school and throughout your training. You may experience circumstances that make balancing the responsibilities of training difficult, such as financial hardship, the death of a loved one or personal illness. Don't be afraid to seek advice from your coach on how to adapt if these situations happen. Together, you can restructure appropriately and eventually come up with realistic goals to cope and navigate

hardships—no matter how large or small, that will keep you moving toward your goals. Your coach can also help you identify resources if you need additional support or in the event you are considering a leave of absence. Your coach has inevitably been through similar situations (or helped other students who have been) and these insights can help you recognize where adversity can create an opportunity for you to become a stronger, more intrinsically motivated and self-sufficient physician in the future.

### **Conflict resolution as it relates to personal relationships**

While there are many appropriate avenues to use for help resolving conflicts in personal relationships, your coach may also be a helpful resource. Remember that your coach is a non-biased medical professional who likely has a wealth of experience in conflict resolution. Keep them in mind when you feel like you could benefit from someone who can help you critically reflect on a dispute you are experiencing and create a plan to resolve it.

## **Accountability**

In addition to working with your coach on goal setting, your coach can also help you create plans for maintaining accountability around these goals.

### **Time management**

Once you have conveyed your values and goals to your coach, you can then discuss how you might divide up your schedule in order to allocate adequate time to achieve your goals. It is important that you communicate your individual needs and preferences in creating this schedule. For example, at which points in the day are you most likely to be productive with school work? At which points in the day do you

normally prefer to take a break to eat lunch, exercise, etc.? With your unique preferences and schedule in mind, you can work together with your coach on building a structured plan for time management.<sup>3</sup> This plan should include goals related not only to academic and professional pursuits, but also goals related to health, hobbies and personal fulfillment.

## Organization

You may also choose to ask your coach about general tips on productivity and time management. Your coach may suggest a planner or an online or mobile task manager in order to manage your organization of tasks, events and school related files.

## Reflections and check-ins

Continuing with the theme of accountability, your coach may suggest that you complete regular reflections to check-in on what worked well for you and which goals and

habits you would prefer to change or improve on, whether they be related to school or personal life.<sup>2</sup> It can be helpful to ask yourself: How am I doing? What has been going well, and where can I improve? Am I actually achieving my goals? Do I want to adjust my goals? How far have I come? What are my strengths?

Moreover, you and your coach should regularly check-in on your progress to your goals. By having an external individual hold you accountable, you can be more supported and motivated. Each time you meet with your coach, you can discuss your goals, progress and a plan for how you will change or improve your current goals and habits. Your coach can provide constructive feedback to guide you in a direction of positive growth. If you are having trouble achieving your desired goals, work with your coach to determine how you may be able to remedy the situation and which resources you can use to do so.

## Vignette In review

*Selena, our learner in the vignette, and her coach were able to create SMART goals together to help Selena improve her time management. They worked together on a plan to streamline her pre-rounding routine to allow for more time to read about her patient's condition so that she could develop a more extensive and in-depth differential and plan. She was also able to talk through the positive and negative aspects (as she sees them) of each career choice. After the discussion, she has found that she is more drawn to pediatrics and family medicine and is going to do sub-internships in both to help decide between the two. She is going to re-implement her self-care exercise routine that she had stopped during the last couple of rotations; she realizes that this is important for her to manage her anxiety.*

## References:

1. Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*. 2000;55(1):68-78.
2. Sargeant J, Armson H, Chesluk B, et al. The Processes and Dimensions of Informed Self-Assessment: A Conceptual Model. *Acad Med*. 2010;85(7):1212-1220.
3. Vansteenkiste M, Lens W, Deci EL. Intrinsic Versus Extrinsic Goal Contents in Self-Determination Theory: Another Look at the Quality of Academic Motivation. *Educational Psychologist*. 2006;41(1):19-31.
4. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. A Schematic Representation of the Professional Identity Formation and Socialization of Medical Students and Residents. *Acad Med*. 2015;90(6):718-725.
5. Aghera A, Emery M, Bounds R, et al. A Randomized Trial of SMART Goal Enhanced Debriefing after Simulation to Promote Educational Actions. *West J Emerg Med*. 2017;19(1):112-120.

---

# Chapter 5: How can I get the most out of my coaching sessions?

Christine Thatcher, EdD; Antea DeMarsilis

## Take-home points

1. Having a coach is valuable at any stage in your career.
2. Sessions can be effective in-person or remotely.
3. Preparing and goal setting is key to success.
4. Coaches can help facilitate change.

An academic coach may sound very similar to an adviser or mentor, but there are distinct differences to the role and relationship (see Chapter 2). The power of a good coaching relationship is built on trust and mutual effort. Ideally, conversations with a coach are safe, meaning that as a learner, you can explore ideas, dreams and goals with your coach to become the better you. Regardless of stage in your career, from early learner to professional, a coach is someone who will “guide from the side,” facilitate change and help celebrate when goals are met.

## Why meet?

Time is a valuable resource. You may feel meeting with your coach competes with time you could be studying, sleeping or squeezing in a trip to grocery store or gym. However, good coaching sessions will actually help you become more efficient through reflection and planning. It is important to set regular meeting times to combat the tendency to put off coaching. If you have the precedent of regular meetings with your coach, it will be much easier to check in and identify a plan when a challenge arises.

---

## Vignette

*Elena is a third-year medical student who has been working with her coach, Dr. Hale, since her first year. They identified strategies to strengthen her performance on examinations and reflected on her transition into medical school. Elena’s class recently started their third-year clinical rotations. Dr. Hale reached out to set up an in-person coaching meeting, but Elena did not respond to Dr. Hale’s emails requesting availability to meet. After a third email, Dr. Hale and Elena meet. Elena apologizes for her lack of response, explaining that she has been busy on her surgical clerkship. While coaching was helpful during her preclinical years, she feels too busy to engage in coaching now, and she is uncertain of the role of coaching during her clinical rotations.*

---

## Thought questions:

1. How should the coaching relationship change as the learner’s environment changes?
2. How should coaches and learners define their expectations for communication if a challenge arises?
3. What types of communication, aside from in-person meetings, with coaches are appropriate?

## What are the types of meetings with a coach?

### Introductory meeting

Ideally, the first few meetings will be face-to-face. It is essential to establish a relationship and to build trust. Take time to get to know each other. By sharing a CV and/or a personal bio, you may find similar interests, and it will help you engage in deeper conversations.

From the beginning, you should discuss what the relationship will look like. You should drive this discussion and decide how the coach can be helpful—what are the areas you want to improve? You may consider clinical performance, communication skills, wellness or academic difficulties such as time management as just a few examples (see Chapter 4). This is the time to create a contract (details in Chapter 3).

### Regular meetings

Once the relationship is established, there are other ways to meet and communicate. It is important to schedule these meetings to stay on track. Meeting types include phone meetings, video calls (e.g. Skype, Facetime), or email if the question or update is brief or urgent. Regardless of format, communicate regularly and try not to cancel. At the end of each meeting, it may be helpful to schedule your next meeting.

Ask for and accept feedback at these meetings. Personal growth and motivation to improve can be directly related to specific and actionable feedback. Coaching can support a learner's progress toward competencies or milestones and help the learner reflect on ways to improve performance. Create an action plan to help progress toward identified competencies

and seek feedback regularly.

### Intermittent meetings

In addition to the regular meetings scheduled, either you or your coach can request additional time to discuss issues or achievements. Some flexibility will be beneficial, because this is a great time to share challenges and triumphs. Your coach may see a red flag appear in evaluations, you may receive difficult feedback, or a board score may come in that changes your outlook. Perhaps you have met a previous goal—celebrating together can be very rewarding.

### Transition meetings

There will be key moments when you find a shift in needs and goals. These moments may be after a major milestone is reached, such as entering a new stage in training. Take this opportunity to meet with your coach and discuss this transition. Reflect on your goals. Have you met them within the timeframe you intended at the outset? Has this relationship helped you to make changes and move forward? Is this the time to close this relationship and look for a new coach? Or will you continue together? This is the time for tough conversations that will ultimately shape future goals.

## Coaching sessions

### The basic session

Coaching sessions are best when the objectives of coaching are clear and both you and your coach understand each other's role.

### The student's role

It will be important to set the stage and to be deliberate. As discussed in Chapter 3, you should use self-reflection as a tool to create the agenda. What will make this a valuable



use of your time? How can you ask for guidance? Will you use your coach to help keep you on track? What do you need to be successful and be a self-advocate? You should think of “managing up” as part of your role. By doing this, you will own the direction of coaching by setting the agenda, asking for feedback, and completing any assigned tasks.<sup>3</sup> Be sure to show respect and gratitude for the coach’s time and effort.

### **The coach’s role**

Knowing what to expect of your coach can help you navigate the relationship. Essentially, your coach should listen, guide and monitor progress. Your coach will not have all the answers, but rather can help guide you toward self-directed learning. By asking the right questions and aiding the creation of timelines, your coach is in the unique position of holding you accountable in a safe setting. Your coach may also open some doors of opportunity for you. Together, through self-guided assessment, you can develop an action plan toward an achievement.

### **Session Structure**

While the structure of each session will vary depending on your needs, there are basic features to consider for each session:

- Check-in: Spend a few minutes just talking about how things are going.
  - Review goals: Are you making progress? Do your goals need to be revised?
  - Discuss new goals: What changes would you like to make to feel more successful?
  - Review frequency of meetings: Be aware of your own needs and seek guidance. Don’t be afraid of speaking up, but then also be sure to follow through.
- Wellness: Discuss how you are incorporating personal interests into your life to preserve your well-being. Have a mindful discussion about maintaining balance through transitions.
  - Follow-up: Close with plans for the next session and record pertinent thoughts and discussions.

## **Making your coaching session “high yield”**

An effective coaching session grows from the preparation of both you and your coach. Once together, you should set an agenda prior to diving into the session’s topics. Alternatively, you could create an agenda in advance and share it with your coach by email. Importantly, you should set clear follow through plans and identify a method of tracking progress on goals before your next session.

### **Preparation through self-reflection**

You and your coach may often be faced with prioritizing competing demands. Particularly as part of an academic institution, meetings are a regular contender for your time. Too often, meetings can be set due to obligation and routine rather than for true purpose. To make coaching sessions worth the investment of time, you will benefit from self-reflection prior to these meetings. You should ask yourself:

- What updates do I have since our last session? (i.e. secured a summer research position).
- What ongoing issues am I facing? (i.e. remediating an insufficient exam grade).
- What upcoming challenges do I anticipate? (i.e. using upcoming school break for board preparation).
- What are two recent successes and

dilemmas?

### **Set the agenda**

You should drive the arrangement of the agenda for the meeting. Start this process early by reflecting on hopes for the session. Once together, you should share with your coach what you want to accomplish during the session. Take notes and refer to the agenda throughout. If time requires deferral of agenda items, make note and include them in your follow through discussion. A little preparation will result in both of you realizing that the time is well spent.

### **Follow through and tracking progress**

You and your coach have just dedicated time and energy to your coaching session. It is critical that the ideas discussed not be lost in a rapid session closure as you both shift back into your other roles. Set aside a few minutes after the meeting, completing agenda items for follow through. What actionable items are on the table? For example, do you need to email an administrator to request an absence for a personal reason? Your or your coach could also send a follow-up email acknowledging your discussion together. Both of you should set dates by which these communications will be sent and add them to your calendars. You may find a shared web calendar with your coach to be of benefit or meeting invitations within an email system. Finally, you should discuss a timeline for your next meeting. Some institutions may have an online portfolio for coaches to track progress with you; others may not. Consider whether an established system for tracking progress on goals and actionable tasks might be beneficial for organization or accountability. A shared web document may be a good place to take note of these items and allow for quick reference

at future sessions. Others may find that structured note taking during the session can serve to ground reflection, new information, and track progress<sup>2</sup>.

## **Evolution of coaching sessions**

Training to become a physician can seem like constant transitions. As you change rotations or systems, your community and subjects of focus shift. Coaches can be a constant in your medical training, with an eye on your past and your future. However, that relationship should evolve as you progress through your training.

During the first and second year, coaching sessions might focus on the changes you face entering medical school.

During the clinical years, coaching sessions should evolve to examine and help you reflect on clinical feedback given during your rotations. As you prepare to apply for residency, coaching sessions provide you with a place for structured reflection, checking in about timelines, and discussion about personal values and goals. In residency and beyond, you may need to seek out a coach among colleagues. Having had the experience as a medical student, you will be well equipped to find this support and lead the new coach toward the kind of relationship that will be fulfilling for both of you. Chapter 7 discusses the changing role of coaching through the continuum of medical education.

## Conclusion

Coaching sessions are malleable. Much of the direction and success of these sessions will be derived from the planning and self-reflection that go into the sessions. Equally important is the evolution of the relationship. While the needs during transitions may focus on navigation and adjustment, the more seasoned relationships will focus on well-being, development of professional identity and personal growth.

---

### Vignette Resolution

*Dr. Hale and Elena revisited their expectations and defined Elena's goals for her clinical years. Both walked away with clarity and plans for her new chapter of medical school.*

*Let's look back at Elena and Dr. Hale's coaching dilemma. As Elena transitioned into her clinical years, expectations for communication between student and coach had not been set. While Elena adjusted to new time constraints during the clinical years, she and her coach could have established alternative meeting types to review her ongoing feedback. If they had a shared calendar, they may have been able to identify a time to meet immediately following the clerkship to review goals before her next one began. In this case, Dr. Hale and Elena ultimately revisited their expectations and defined Elena's goals for her clinical years.*

---

### Checklist

Possible session topics:

- Discuss expectations for coaching sessions.
- Reflect on certain experiences and discuss how to strengthen or improve in the future.
- Identify what is going well.
- Discuss planning and time management.
- Discuss using relevant resources and how to make learning more effective.
- Discuss any gaps in knowledge that may be identified by assessments and how to facilitate learning.
- Discuss the concept of professionalism and how it applies to your situation or experience.
- Career Planning: Review survey results from the Association of American Medical College's Careers in Medicine website.
- Review reflective writing.
- Review direct observation.
- Review evaluations/ peer evaluations.
- Provide resources for mental and physical health.
- Review wellness and balance, now and in transition periods.

## References:

1. Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the Most of Mentors: A Guide for Mentees. *Acad Med*. 2009; 84:140-144.
2. Reynolds AK. Academic coaching for learners in medical education: Twelve tips for the learning specialist. *Medical Teacher Online* 2019.

---

# Chapter 6: How can my coach help me develop as a master adaptive learner?

Molly Fausone; Nicholas Raja; Meg Wolff, MD, MHPE

## Take-home points

You can become a master adaptive learner by having your coach help you:

1. Use multiple sources of information to direct your learning (self-reflection, peer-exemplars, feedback from colleagues).
2. Triage what issues are the highest priority and most relevant to your work.
3. Set achievable goals.
4. Choose to learn in ways you enjoy.

To be a physician is to be a lifelong learner. As new developments in research and technology change our understanding of disease, we will need to continually consolidate knowledge and master new skills. In other words, we will need to become master adaptive learners (MAL). The concept of the MAL as described by Cuter, *et al.* is a metacognitive approach to learning in which individuals take control of their own educational process in order to innovatively learn and solve problems outside of their normal expertise.<sup>1</sup> The MAL framework has four general phases meant to guide the learning process: *Planning, Learning, Assessing, and Adjusting*. As students and residents practice the elements of the Master Adaptive Learner model, they will gain the necessary skills to thrive in the dynamic field of medicine.

All of this may seem like a daunting task, but you don't have to navigate the process alone. A coach can be a vital resource as you work to develop yourself into a lifelong learner. A coach can help you decide where to focus your energy, develop goals and

---

## Vignette

*Dr. Smith is a new internal medicine intern rotating on the inpatient cardiology service. She enjoys cardiology and is interested in mechanisms of heart failure and coronary disease. In fact, Dr. Smith has been given positive feedback from her attending on her depth of medical knowledge. However, she feels she is struggling to organize objective data for rounds, and she is finding that it takes her much longer to finish her notes than her colleagues. Dr. Smith's attending has suggested it might benefit her to spend more time reading cardiology research related to clinical treatments.*

---

## Thought questions:

1. What does it mean to be a master adaptive learner?
2. How can Dr. Smith's coach help her prioritize what to focus on?
3. How can Dr. Smith's coach help her develop lifelong learning skills?
4. How can Dr. Smith's coach help her stay motivated to keep learning in a busy and stressful work environment?



identify strategies to meet those goals. Perhaps most importantly, a good coach reminds you that continued learning is a labor of love and that learning is likely one of the things that drew you to medicine in the first place. This chapter will focus on how you, as a developing medical professional, can use a coaching relationship to facilitate your development into a master adaptive learner.

## Where do I start?—Informed self-assessment

The basis for any active learning endeavor is the act of performing an informed self-assessment. Epstein, *et al.* describe informed self-assessment as “a process of *interpreting data* about our own performance and *comparing* it to an explicit or implicit standard”.<sup>2</sup> In short, you need to know where you are in order to begin thinking about where you want to be. This section will discuss how you can practice self-reflection and use feedback from others to gain an accurate representation of your abilities or knowledge in a given area.

### The role of the coach

The coaching relationship sits at the center of the self-assessment phase of learning. A coach can be a uniquely valuable source of feedback, as they likely will get to know you over a long period of time. Your coach can also help you integrate other sources of feedback, some of which are described below.

### Compassionate self-reflection

Compassionate self-reflection within the learning context refers to the act of evaluating yourself in a healthy, non-judgmental way. Working through this process enables you to identify your strengths and weaknesses in a way that

doesn't leave you feeling bad or angry with yourself. When taking time for reflection, keep a few principles in mind:

- Be honest about your areas for improvement. If we can be honest in our assessment, our future learning goals and plans will be much more valuable.
- Highlight your strengths as well as your weaknesses. Our internal medicine intern, Dr. Smith, should acknowledge that she has room for improvement regarding her organization, but should also remember that she's received multiple comments about her excellent medical knowledge.
- Instead of making comments about who you are as a person, focus instead on actions. Dr. Smith could probably improve her organization of objective data during rounds, but it's highly unlikely that she is a completely disorganized person. See the difference? The way you frame statements during self-reflection can have a large impact on our learning process and on how you see yourself along the way.

### Soliciting feedback

Soliciting feedback from others can be a difficult task, but there are steps every learner can take to obtain thoughtful, constructive evaluations.

- *Give advanced notice.* If you know you'll want feedback on your performance during a particular time-frame, e.g. at the end of a one-month rotation (or even after the end of a single shift with an attending), let your supervisor know on the very first day. If they know that you'll be asking for feedback down the road, chances are they will be more observant of you and more likely to provide thoughtful commentary. If there are

specific areas you would like feedback on, feel free to let your attending know. For example, if you are working on improving your oral presentation skills, you could ask your attending to pay specific attention to that area.

- *Schedule periodic feedback.* Try to schedule feedback sessions at regular intervals in order to keep constructive criticism fresh and allow yourself time to adapt and improve your knowledge or skills. During a one-month rotation, you might check in once per week. In a longitudinal coaching relationship, it's important to find a schedule that works for both parties.
- *Ask for positives and negatives.* It's just as important to understand our strengths as it is our weaknesses. Additionally, knowing how we excel can inform the way we tackle new learning challenges and give us confidence to continue when the process becomes difficult.

### **Sources of feedback**

In order to create an accurate self-assessment, it is always best to aggregate feedback from multiple sources if possible. Sources of subjective feedback should be knowledgeable about your abilities as they relate to your learning goal and can include colleagues, supervisors and patients, among others. Peers in particular can be an invaluable source of learning. It's tempting to view our peers as competition; however, learning from things your peers do well and exchanging feedback can provide mutual benefit while bolstering your knowledge and skills. Putting your knowledge or skills to the test by quizzing yourself or simulating a physical task and comparing your own performance to a benchmark can also provide important feedback.

### **How your coach can guide your self-assessment:**

A good coach can help you connect each component of informed self-assessment into a broader picture. For instance, they might help you make sense of conflicting information from multiple sources of feedback. Indeed, multiple variables, including test scores, evaluations and self-reflection must be considered together in order to truly create an informed self-assessment. Unguided self-assessment is not as effective or accurate as when learners have help from a separate party, further highlighting the utility of the coaching relationship. Finally, many learners find it useful to come up with an accountability plan, a way for your coach to continually encourage you to check in with the process of informed self-assessment along your educational journey (see Chapter 5).

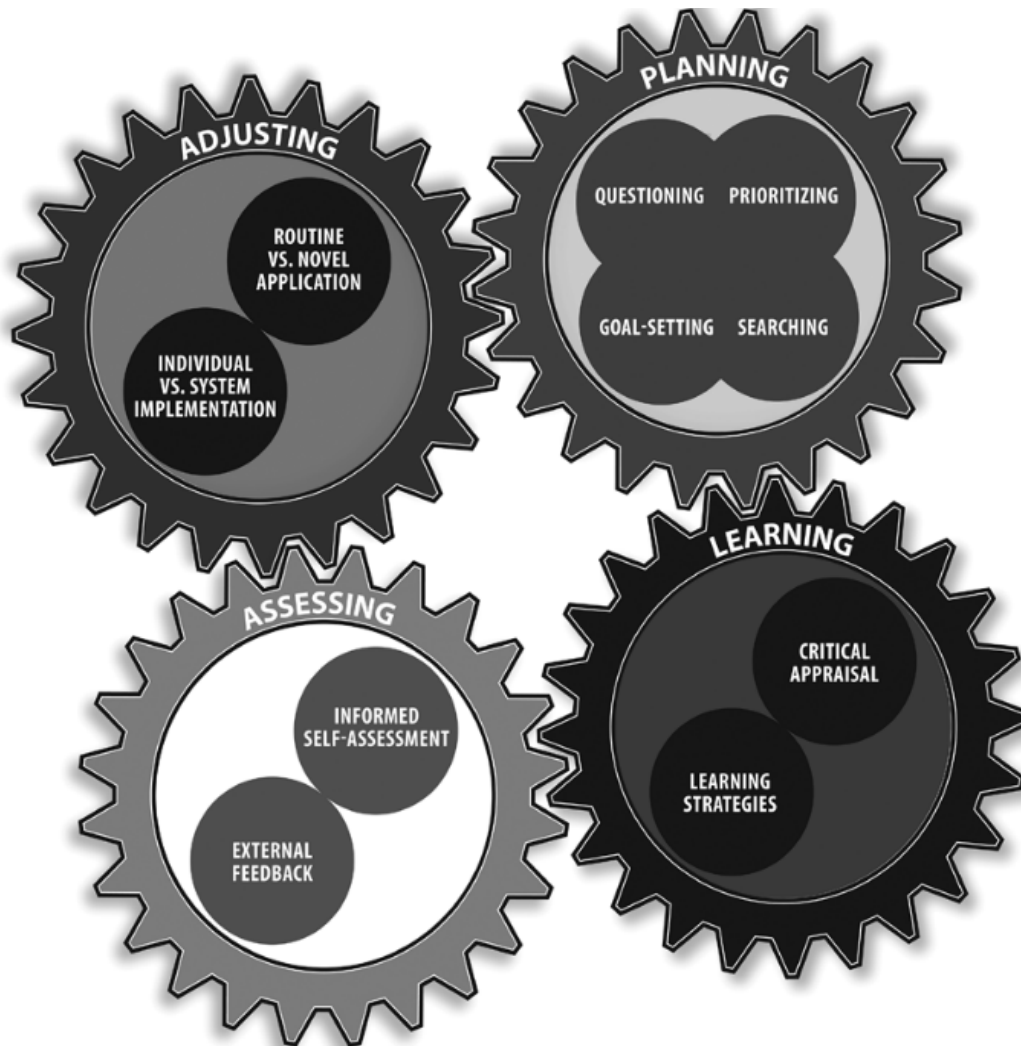
### **Plan**

Opportunities for learning exist when there is a gap between where you are and where you ought to be (or want to be). Reflection and feedback can help you identify these gaps, but choosing which learning opportunity to tackle first and making an action plan to do it can be challenging. These are areas where your coach can help you with this process.

### **Prioritization**

Prioritization is a critical skill to develop in becoming a master adaptive learner. We know there is not enough time in a day to address all the gaps we have in our skills and knowledge for patient care. One approach in selecting a learning opportunity is to consider the benefits gained by closing a gap and the effort required to do so.

For example, our intern Dr. Smith has multiple learning opportunities to choose from: organizing objective data for rounds, note writing efficiency and understanding the evidence for clinical treatments of cardiac diseases. Dr. Smith could ask herself the benefits of addressing each gap and the importance to her. She could then assess what type of change in her behavior is needed to close each gap. Displaying this information in a chart like **Table 6.1** can be a helpful way to compare learning opportunities.



**Figure 6.1: Skills of the master adaptive learner.**

Reprinted with permission from: Cutrer WB, Miller B, Pusic M, et al. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. *Acad Med.* 2017;92(1):70-75.

**Table 6.1**

Opportunity for Learning	Benefit from Learning	Size of Behavior Change Required			
		Small adjustment	Medium sized change	Large change	Transformational restructuring
Organizing data on rounds	Feeling more in control and more competent as an intern	Record data differently for presentations			
Finishing progress notes more quickly	More time available to spend with patients and leave work on time		Eliminate distractions in the team room		
Identifying evidence of treatment for cardiac disease	Improvement in ability to make evidence-based clinical decisions in the future			Build a habit of finding and presenting evidence for treatment decisions of patients	

It is important to recognize the ideas in **Table 6.1** represent the learner’s own perception. A coach can help in corroborating these perceptions. It could be that addressing one of the gaps holds a benefit the learner didn’t recognize or there is a resource the learner wasn’t aware of that makes addressing a gap less effort than anticipated. The experience of a coach can be helpful in confirming that how you prioritized your learning opportunities will provide you the largest benefit possible with the time and energy you have.

## Goal setting

There are a myriad of goal-setting tools available online; these are a few of our favorites.

The SMART goal framework is a helpful way to approach setting a goal.

**Table 6.2: The SMART goal framework**

	Example
<b>Specific</b>	By December of this year, I will improve my relationships with the nursing staff on the inpatient floor by knowing 90% of all of their names.
<b>Measurable</b>	
<b>Actionable</b>	
<b>Relevant</b>	
<b>Time-base</b>	

The Wish-Outcome-Obstacle-Plan (WOOP) goal-setting framework combines the power of visioning with “if...then” statements that help individuals specify how they intend to implement their plan to reach their goal.<sup>5</sup> If you suspect there will be obstacles on your path to meeting your goal, WOOP can help you brainstorm ways to overcome those barriers with your coach.

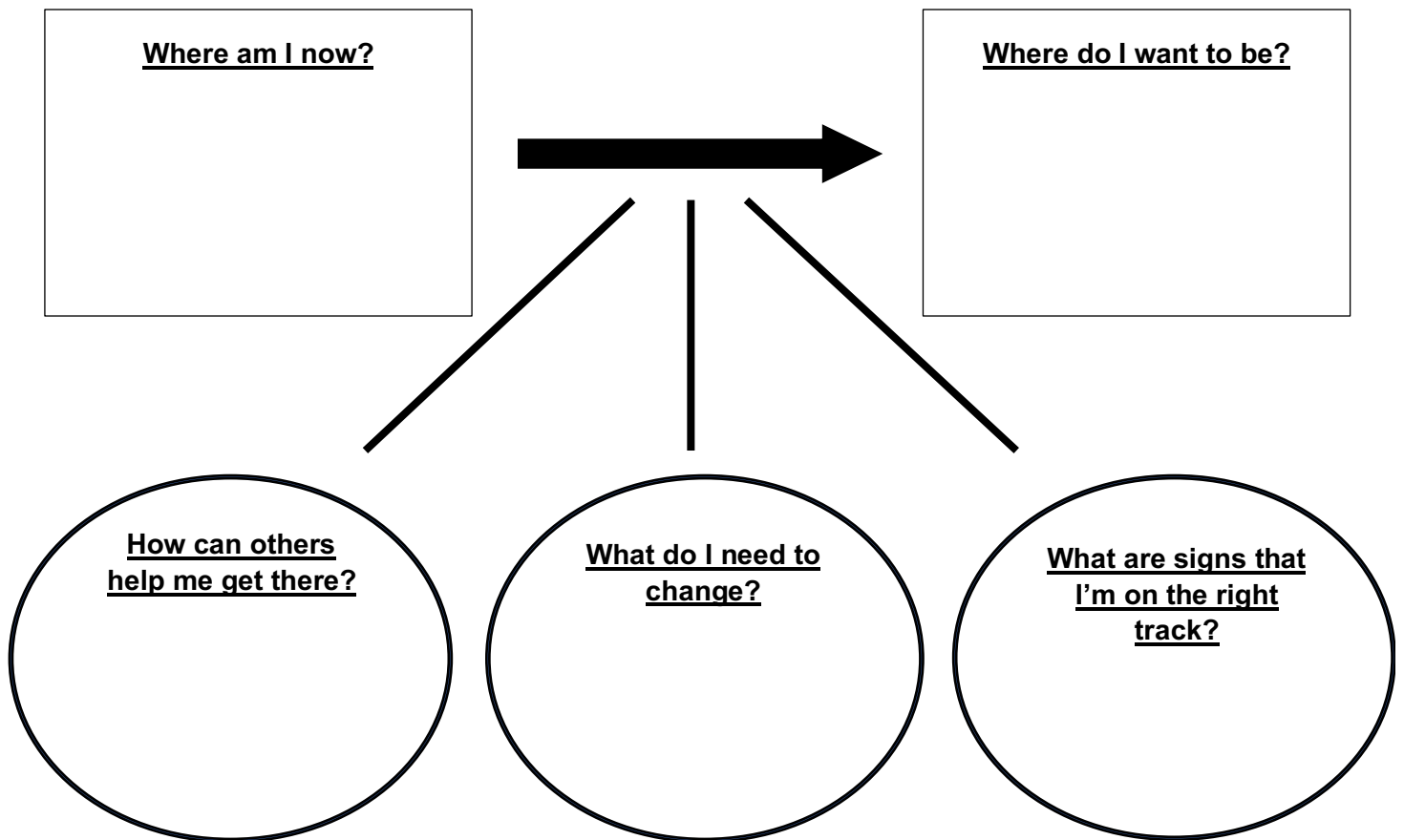
**Table 6.3: Wish-Outcome-Obstacle-Plan**

WOOP Steps	WOOP Example
<b>Wish:</b> <ul style="list-style-type: none"> <li>• Pick a goal that is important to you.</li> <li>• The goal should be attainable but challenging.</li> </ul>	<i>I want to finish my notes more quickly.</i>
<b>Outcome:</b> <ul style="list-style-type: none"> <li>• Think of the single best outcome of achieving this goal for you.</li> <li>• Imagine the outcome.</li> </ul>	<i>I will be able to spend more time doing other needed work in the afternoon so that I can go home earlier.</i>
<b>Obstacle:</b> <ul style="list-style-type: none"> <li>• The obstacle should be internal (something you can control), not external (e.g. I don't have time).</li> <li>• Imagine the obstacle.</li> </ul>	<i>I get distracted by others' conversations in the team room.</i>
<b>Plan:</b> <ul style="list-style-type: none"> <li>• Plan actions that promote your goal.</li> <li>• The action should be one that you plan to enact in the moment the obstacle arises.</li> </ul>	<i>If... I get distracted Then... I will put on my noise-cancelling headphones to wear until I finish my note.</i>

The goal-setting blueprint is another useful tool. This framework includes obstacles and a plan, like WOOP, but also adds resources to the goal structure as you can see we have done for Dr. Smith in **Figure 6.2**. Your coach may be able to help you identify additional resources to help you reach your goals.

## Figure 6.2: Goal Blueprinting

This exercise below is designed to make you deliberately think about where you are and where you want to be and what it will require to get there.



As you get to know your coach, consider working together to set goals that are not strictly academic. Is there an important aspect of your identity or advocacy work you engage in that you want to tie more intentionally to your medical career? How do you plan to balance responsibilities to work and family? Is there a hobby or activity you would like to pursue in your free time? Answering these types of questions can keep you on track toward personal and professional satisfaction.

## Learn

We all have spent many years as full-time learners, but that doesn't mean we can't continue to improve. Master adaptive learners are able to critically appraise resources and use them in ways that lead to deep and lasting learning. Coaches can help in both learning to identify appropriate resources and in choosing effective learning strategies.

### Identifying resources

Coaches can be a great help in identifying the most useful resources for reaching your goals or explore with you who you might approach to help you with identifying those resources. We are used to looking for learning resources online or in text, but often the hospital has other types of powerful resources, including our social networks. Make a habit of asking your coach what types of resources might be useful.

Potential resources for Dr. Smith's learning opportunities:

- Finishing progress notes more quickly—Colleagues who write notes efficiently or chief residents who may have faced the same obstacles to functioning efficiently in a distracting work environment are likely to be helpful resources.
- Organizing data on rounds—Attendings who have developed intuitive ways to organize objective data over years of practice and who are the audience for your presentation may be a useful resource in adjusting the presentation of data on rounds.
- Identifying evidence for treatment of cardiac disease—Your coach may be able to suggest online resources that have this information and are easy to

navigate. Additionally, maybe there is a review paper or society guidelines that consolidate this type of information.

### Learning strategies

Master adaptive learners use strategies that lead to deep and lasting learning.<sup>1</sup>

- Recall—Try generating knowledge or ideas from memory (as you would do to respond to a short answer test question). This improves retention of knowledge and slows forgetting compared to recognizing knowledge or ideas (as you would do on a multiple-choice test question).<sup>7</sup>
- Spaced repetition—Try revisiting concepts you have previously worked to learn. Delays of days, weeks or months between learning improve your ability to access and use the skills or information learned.<sup>7</sup>
- Concept interleaving—Try mixing up question types or study concepts. This helps you learn to distinguish between similar concepts.<sup>8</sup>

Master adaptive learners avoid ineffective learning strategies.<sup>1</sup>

- Re-reading
- Highlighting
- Underlining

These ineffective strategies can be attractive because you don't make many errors while learning.<sup>7</sup> Judging your learning based on how well they your study session is going makes these strategies feel effective.<sup>7</sup> However, while effective strategies may result in making some mistakes while learning, for example in incorrectly recalling knowledge you are working to learn, they result in better retention and accessibility down the road.<sup>7</sup>



## Assess

To assess if you have been effective in reaching your learning goals repeat your practice of informed self-assessment. Talk to your coach about what benefits you have realized from your learning. Discuss whether you need to make any changes to how you are using your new knowledge or skills. Remember that assessing your progress is part of making learning an iterative process so you can continue to grow and improve.

## Adjust

Master adaptive learners adjust their routines to incorporate what they have learned.<sup>1</sup> Talk to your coach about whether your new learning calls for changes in how you practice medicine on an individual level. Ask your coach about whether you should share what you learned with the team. If your learning calls for changes to existing systems, discuss with your coach the best way to initiate systemic change.<sup>1</sup>

## Staying motivated

Coaches can act as partners in keeping you motivated to continue learning and improving in a busy and stressful work environment. Much of the learning you will do in your career will not be mandated by any outside force. For this reason, it is important to understand how your coach can help you harness your own internal motivation to help you meet your goals.

### Three key intrinsic motivators include:

- **Autonomy**—Feeling in control of your own decisions can help you be more motivated, curious, and interested in challenge.<sup>9</sup> So, you decide what you

want to learn. Not your coach. Bring your own ideas to discuss with your coach but be sure that you lead the meeting. This is your life and your career. You control the vision that your coach can help you work toward.

- **Competence**—If you feel that you can achieve your goal, you are more likely to stay motivated in working toward gaining mastery.<sup>9</sup> Set goals that will allow you to experience feelings of competence. When you do feel that you have mastered a skill or concept, take a moment to appreciate that feeling and congratulate yourself on the work you did to get there.
- **Social Relatedness**—Sharing the results of your work with others can help you stay motivated.<sup>9</sup> Share your progress with your coach and consider teaching your team or your students what you learned.

Talk to your coach about how your learning is relevant to your work or personal life. Connecting your learning goals to core aspects of your work or life can help you stay motivated.

---

## Vignette questions revisited

1. What does it mean to be a master adaptive learner?

*A master adaptive learner is someone who is intentional about their learning process. It means developing a system for self-evaluation, knowledge acquisition and continual re-assessment in order to master new skills and information outside of one's area of expertise.*

2. How can Dr. Smith's coach help her prioritize what to learn?

*Dr. Smith's coach can be a useful resource in many ways, including providing direct feedback on her knowledge/abilities, aiding her in her own self-assessment, helping her make sense of available information and offering advice about setting effective learning goals.*

3. How can Dr. Smith's coach help her develop skills that allow her to continue learning?

*Dr. Smith's coach can be viewed as a guide on her path to becoming a fully independent master adaptive learner. As she makes progress toward her goals, her coach can help her better understand what has gone well, what could be improved and where she needs to make changes in order to learn more effectively.*

4. How can Dr. Smith's coach help her stay motivated to keep learning in a busy and stressful work environment?

*A good coach can help learners maintain motivation by working to promote a sense of autonomy, competence and social relatedness.*

*Continuing to learn and improve in novel situations can be one of the most challenging and rewarding aspects of medicine. Using informed self-assessment and goal-setting tools can help you plan your learning. Once you have learned a new skill or new knowledge assess whether you have reached your goal and consider how you can change your practice in the future to incorporate what you've learned. These steps will not only make you a better doctor, but as you set goals that are important to you, feel competence by reaching your goals. As you share what you learned with your coach or team you will likely also feel more motivated to continue this process of becoming a master adaptive learner.*

## References:

1. Cutrer William B, Miller B, Pusic M, et al. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. *Acad Med*. 2017;92(1):70-75.
2. Sargeant J, Armson H, Chesluk B, et al. The Processes and Dimensions of Informed Self-Assessment: A Conceptual Model. *Acad Med*. 2010;85(7):1212-1220.
3. Fox RD, Miner C. Motivation and the facilitation of change, learning, and participation in educational programs for health professionals. *J Contin Educ Health Prof*. 1999;19(3):132-141.
4. Fox RD, Mazmanian PE, Putnam RW. *Changing and Learning in the Lives of Physicians*. New York: Praeger; 1989:21
5. Saddawi-Konefka D, Baker K, Guarino A, et al. Changing Resident Physician Studying Behaviors: A Randomized, Comparative Effectiveness Trial of Goal Setting Versus Use of WOOP. *J Grad Med Educ*. 2017;9(4):451-457.
6. The coaching leaders certification program P. 37.
7. Rohrer D, Pashler H. Recent Research on Human Learning Challenges Conventional Instructional Strategies. *Educ Res*. 2010;39(5):406-412.
8. Rohrer D. Interleaving Helps Students Distinguish among Similar Concepts. *Educ Psychol Rev*. 2012;24(3):355-367.
9. Schwartz DL, Tsang JM, Blair, K.P. (2016). R is for reward: Motivating behavior. In *The ABCs of how we learn: 26 scientifically proven approaches, how they work, and when to use them* (pp. 220-233). New York, NY: W.W. Norton & Company.
10. Vygotsky, L. S. (1978) *Mind in society*. Cambridge, MA: Harvard University Press, pp. 19-30, 79-91.
11. Lotas, S. (2006). *The Tutoring of Foster Care Youth: Potential, ZPD, and Assessment*. University of Washington. Unpublished manuscript.

# Chapter 7: How can I use coaching throughout my training?

Salomeh M. Salari; William Peterson, MD; Helen K. Morgan, MD

## Take-home points

1. There are multiple transitions during medical training (e.g. preclinical to clinical, medical school to residency), and the changing demands and expectations during these key transition points can create challenges with students feeling unsettled and out of place.
2. Working with a coach can smooth educational transitions and help prevent burnout.
3. Coaches can help with transitions between phases of medical training regardless of whether their specialty matches the students' career interest.

## The ever-changing environment of medical education

One of the biggest challenges of medical training is that your environment is constantly changing. On top of being inherently difficult due to the pace and amount of material covered, you must also continually adjust to new learning environments and expectations. As soon as you become comfortable with the way exam questions are worded or the attending's preferred oral presentation style, you switch rotations and the knowledge domains and preferred styles for presentations change. This might leave you feeling doubtful or fearful of the unknown while you attempt to readjust.

This constant feeling of unsettlement and being an "outsider" can be challenging. With difficulty developing relationships also comes difficulties with knowing your place and role on a team.<sup>1</sup> Furthermore, your performance and ability to learn and

---

## Vignette

*LM is a first-year medical student halfway through her preclinical coursework. She has been particularly stressed after a tough neurology sequence, where she barely passed the final exam. This morning, the school's dean held a class meeting to discuss clinical clerkships, which will begin in a few short months. LM feels unprepared and scared for this big transition. She has not yet fully adjusted to the demands of the preclinical coursework and feels overwhelmed when she thinks about the upcoming changes and added challenges they will bring. She would like to create a plan of success to prepare for the clerkships but is unsure where to start.*

---

## Thought questions:

1. How can LM work with a coach to optimally prepare herself for the challenges associated with the multiple transitions of medical education?
2. How can coaching still be a successful partnership if the coach isn't practicing in LM's intended specialty?

synthesize new information decrease with emotional turmoil.<sup>2</sup> At baseline, medical trainees are at higher rates of burnout as compared to the general population.<sup>3</sup> It is not surprising that medical trainee well-being is often at its lowest during education transition periods where emotions are most turbulent and there is a perceived lack of structured support.<sup>4,5</sup> However, adequate socialization and support, such as from a coach, can smooth these transitions.<sup>1</sup>

## Transition to the clerkships

The first major transition in medical education is from classroom to patient bedside. When you enter the wards, it can be a complete culture shock. It can be difficult to obtain a balance between respecting the provider hierarchy and establishing friendly relationships with team members. Because your attendings and residents frequently change services and you are rotating through multiple different clerkships, it can feel particularly disorienting. Furthermore, efficiency is one of the highest valued attributes in patient care, and all medical students must adjust to this even faster paced environment with less “hand holding” than before. Ideally, a coaching relationship has already been established such that you can meet with (or text/call) your coach during this adjustment period. Your coach will know your strengths and can identify areas for development. Thus, they can provide invaluable support for developing ways to thrive in your new environment, such as with SMART goals (specific, measurable, achievable, relevant, timely).

On the wards, you must focus both on developing clinical skills and medical knowledge. Because you want to prepare for both clerkship exams and patient care, it is common to feel exhausted and to struggle

with prioritizing self-care. Furthermore, the National Board of Medical Examiners (NBME) exams are much different in question style, and therefore preparation, compared to preclinical coursework. You can work with a coach to set a realistic and attainable study schedule that includes time to do practice test questions, read about your patients’ disease pathologies and for wellness breaks. Coaches can also help you keep track of your progress to ensure you are working at an appropriate pace.

Whether answering questions on rounds or discussing study habits, it can be difficult to resist comparing yourself to classmates, especially if you have competitive peers. Furthermore, in the clinical setting, it becomes challenging to seek meaningful and direct feedback. This makes it hard to determine how you are performing overall and within your cohort. Whether you are having a bad day because you were the only student to get a question wrong on rounds or whether you regularly experience imposter syndrome (*who doesn't?*), a coach knows your strengths and can help you combat these insecurities. Your coach can support you to both proactively set specific goals for improvement (i.e. study the topic about which you got a question wrong) and maintain confidence and perspective.

For all these reasons, clinical rotations are often cited by medical students as the most challenging and worst-perceived learning environments. Reasons include a strong decline in the ability to find time for hobbies or extracurricular activities and diminished peer-to-peer support.<sup>6</sup> Thus, this is a period of time during which you may find a coach’s support most valuable. Realistically, it might be challenging to find time to meet with your coach regularly or with short notice for more urgent situations. Not only is your coach likely very busy, but the clinical clerkships might also be the first time that your

schedule is also inflexible and completely out of your hands. Ideally, you have a coach who empowers you to call or text, even if just for five minutes, if you cannot find a time to meet in person. However, coaches can also help you learn how to ask for help from others (i.e. residents, attendings, peers). This can be difficult to navigate given that your team members are also the people who contribute to your clinical grade, and you might have a fear of being perceived as “weak” or “dumb.” While it is not the case, it is understandable to have these concerns. Coaches can help you practice how to be comfortable with being vulnerable with those who are also evaluating you; these individuals might in turn become significant mentors in your career.

The above challenges adjusting to the clinical environment can be further exacerbated by the national trend of shifting to a “1+3” curricular model, where medical students transition to the wards after only one preclinical year.<sup>7</sup> By transitioning sooner, before fully settling into medical school and gaining a solid foundation of basic science knowledge, it is even more imperative to have a reliable and trusting coach by your side.

## **Applying to residency: specialty selection to Match day**

As soon as you adjust to life as a clinical student, one of the most frequent and exciting questions among peers is what specialty each person is considering. This is an exciting time in your life! However, naturally, with this comes the stress of making the “right” choice. Perhaps you are still struggling to adjust to clinical medicine and now you have the additional anxiety of career-exploration. Perhaps you enjoyed a

few clinical rotations, or none at all, and have yet to find the one specialty that feels like the perfect fit. Perhaps no single specialty feels like a perfect fit. By now, you have known your coach for a few years, and they can likely provide insightful commentary on what they have perceived to be important to you. As someone who both knows you well and is a third-party observer, your coach can remain objective but also help ensure you are staying true to yourself (rather than persuading yourself to pursue a certain specialty). Furthermore, if you were able to regularly check in with your coach throughout your first clinical year, they can remind you of the clinical environments in which you seemed most content or intellectually curious.

Once you begin applying for residency, many questions arise about the process, thus increasing anxiety levels. This can be further exacerbated by the fact that many medical students lack formal mentorship or individualized support for this undertaking. While there are obvious advantages to guidance from an adviser within your specialty (e.g. residency programs to apply to, how competitive you are within the specialty), coaches are still an invaluable source for the general application, much of which is the same regardless of medical specialty. For example, coaches can help guide you through the timing of asking for letters of recommendation and who to ask. Coaches can also assist with reviewing your personal statement and CV for content and grammar. When the time comes for interview invitations, coaches can guide the way in which you prepare for them. As someone who already knows you quite well, a coach can quickly identify whether you would benefit from speaking more assertively about your accomplishments or whether you could talk at a slower pace. Furthermore, when the inevitable interview

rejections are received, coaches can be part of your support system to lift your spirits. In addition to support and feedback on the discrete components of the residency application, coaches can help you determine what qualities of a residency program are most important to you when you are deciding where to apply and how to rank programs.

Particularly during the unique and tense residency match process that culminates in March, your coach is someone with whom you can be vulnerable; someone who provides validation rather than judgement when you share your honest thoughts or concerns. Furthermore, coaches can help you keep things in perspective and remind you why you pursued a career in medicine in the first place. Coaches can also reassure you that matching at a program other than your first choice is not a “failure” and that if you do not match, it does not mean you cannot accomplish your goals in a different way. During a time when your future is unknown, there are long waiting periods. The fear of rejection is at its peak, and a coach can help ensure you are organized and emotionally supported.

## **Transition to graduate medical education: residency and beyond**

Believe it or not, even after Match day and with graduation right around the corner, your coach can still provide a great amount of insight as you prepare to transition to graduate medical education. Similar to when you first entered the clinical world, you must readjust to a new environment and a new role that comes with a steep learning curve. Your coach can assist you in determining your areas of strength and opportunities for development, such as by reviewing your clinical evaluations with you

and asking targeted questions about your confidence level with aspects of clinical medicine. By doing so, your coach can help you create a cumulative self-assessment with which you can create goals for improvement in preparation for intern year. This will allow for a smoother transition from undergraduate to graduate medical education.

In addition to the professional adjustments of beginning residency, this is a time of great personal changes as well. This might be the first time you are moving away from home or becoming financially independent. You might be staying local, but the shift to greater responsibility is still a difficult adjustment. Your coach is someone who can provide stability during these big life changes and help prepare you for the first day of intern year. We encourage you to maintain your coaching relationship even if you change institutions, as your coach can provide lifelong support. When you are acquainting yourself with a new hospital system or new supervisors, your coach can assist you with finding a new, additional coach, as described in Chapter 2.



## Conclusion

Regardless of the stage of your medical training, a coach is immensely helpful in providing career advice, connecting you with resources (including other coaches) and providing emotional support. Furthermore, a coach can help you thoughtfully self-assess progress and create targeted goals for further improvement. Each transition in medical training is fraught with complex logistical changes, the need for self-adjustment and uncertainty. With a successful coaching relationship, you can not only survive, but thrive during these transitions. It is possible to be both professionally and personally happy throughout your medical training, and your coach is an invaluable asset in accomplishing these goals.

---

### Vignette review

*With the help of her coach, LM was able to create a set of SMART goals in order to better prepare for the big transition to the clerkships and maintain her wellness. LM and her coach have planned to meet monthly during the first three months of clerkships in order to evaluate her progress and set new goals for continued progress. LM knows her coach will be an invaluable supporter throughout her medical education, even if she does not apply into her coach's specialty. In fact, her coach can help LM discover other resources such as a school counselor or specialty-specific coaches when the time comes to apply for residency. LM feels reassured that she has her coach to reach out to whenever needed.*

---

## References

1. Atherley AE, Hambleton IR, Unwin N, George C, Lashley PM, Taylor CG. Exploring the transition of undergraduate medical students into a clinical clerkship using organizational socialization theory. *Perspect Med Educ*. 2016;5(2):78-87.
2. McConnell MM, Eva KW. The role of emotion in the learning and transfer of clinical skills and knowledge. *Acad Med*. 2012;87:1316–1322.
3. Firth J. Levels and sources of stress in medical students. *Br Med J (Clin Res Ed)*. 1986;292(6529):1177-80.
4. Dyrbye LN, West CP, Satele D., et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Acad Med*. 2014;89(3):443–451.
5. Radcliffe C, Lester H. Perceived stress during undergraduate medical training: a qualitative study. *Med Educ*. 2003;37(1):32–8.
6. Dunham L, Dekhtyar M, Gruener G, Cichoski Kelly E, Deitz J, Elliott D, et al. Medical Student Perceptions of the Learning Environment in Medical School Change as Students Transition to Clinical Training in Undergraduate Medical School. *Teach Learn Med*. 2017;0(0):1–9.
7. Association of American Medical Colleges. Curriculum Inventory in Context. <https://www.aamc.org/initiatives/cir/curriculumreports/>. Accessed May 21, 2019.

---

# Chapter 8: How can coaching help me build successful personal learning networks?

Kellen Haley; Mary Haas, MD; Sally A Santen, MD, PhD

## Take-home points

1. Personal learning networks help you grow in your field and spread into new areas of interest.
2. Your coach can assist you in identifying goals, weak ties and areas of personal improvement to help grow your network.
3. Maintaining and expanding your personal learning network takes work; put in what you hope to get out!
4. Social media can help broaden and diversify your network beyond your in-person community.
5. The provided toolkit can guide discussions with your coach and allow you to reflect on areas where you can improve your network.

## What is a personal learning network?

You may have met somebody like Janice from the vignette. These learners are very well connected; they seem to know everyone. Connections they have made facilitate their learning and expand their opportunities. These learners have benefited from weaving intricate “personal

---

## Vignette

*Ahmed, a second-year resident, feels inspired by a Grand Rounds presentation and wants to do research, but doesn't know how or where to start. He seeks out one of his senior residents, Janice, who recently presented her own research at an international conference. Janice encourages him to reach out to the program director, Raven, who coached her throughout the same process and helped her build a network of relationships to make her research successful. As a fellow resident, Janice provides some advice and points him in the direction of their program director, Raven. In this vignette, Raven will be his coach. She can help Ahmed reflect on his goals, professional relationships and connections in order to create a plan to take the first steps to begin to do research.*

---

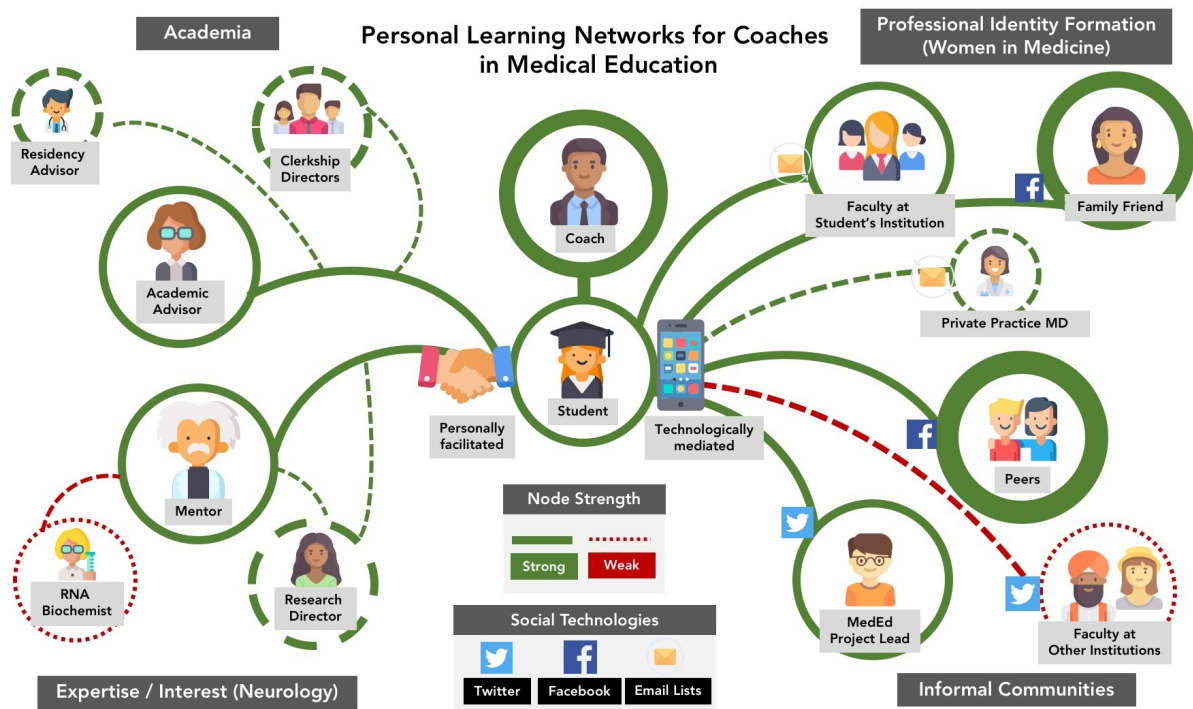
## Thought questions:

1. Do you know anybody like Janice who you may admire and can talk to about how they achieved a goal you share?
2. What are some differences between how Janice helps Ahmed and how Raven can help Ahmed?
3. What specific goals could Ahmed work to set for himself at his first meeting with Raven?

learning networks.” A personal learning network (PLN) is a connection of mentors, advisers, friends, colleagues and content-specific experts, who through different strengths of connections, provide support, information and platforms for personal and professional growth.<sup>1,2</sup>

## Figure 8.1: Example of a personal learning network

In this example, neurology, academia, and women in medicine, each reflect a different element of a student’s individual interests. Other informal learning communities also play an important role in this student’s PLN and may facilitate new connections in an area not yet explored. The student’s strongest ties are in large, bolded circles. The weakest ties, which the student is focusing on strengthening, are in red. Notice the spectrum of connections between those (thin green circles or dashed green circles), which reflects the dynamic nature of PLNs and professional relationships. Ways by which the student established ties are also included. Sometimes an individual’s PLN may contain multiple smaller networks as seen within the neurology area here. This helps you and your ties expand your respective networks.



The importance of personal learning networks comes out of the theory of connectivism.<sup>2</sup> Connectivism proposes that much of our learning happens outside of ourselves. In other words, rather than reading a book to learn everything, we interact socially and grow and learn through those interactions. Connecting with others and having exposure to a diverse set of opinions enhances our competence and fund of knowledge.<sup>2</sup> In medicine, learning from others is a critical part of medical school clerkships, residency, fellowship and beyond. We rely on people we meet during this journey to help us develop our knowledge and skills, facilitate new ideas or projects, and stay up-to-date in whichever field of medicine we practice.<sup>2</sup> This group of people and our relationships with them constitutes a personal learning network. It is important to start building and identifying people in your network early so that you can draw upon these connections throughout every step of your career.

When discussing our networks, it is helpful to describe the quality of our ties to one another. Within a network, an individual connection is either strong, weak or absent. In 1973, Mark Granovetter published “The Strength of Weak Ties,”<sup>3</sup> which has become one of the most cited articles in the social sciences. The central theme of the article is that the people to whom we are the least connected offer us the most opportunities.<sup>3</sup> Most of our stronger connections share much of the same knowledge and perspectives, while our more distant acquaintances can expose us to new ways of thinking and new opportunities that are unknown to our closest ties, for example a weak tie to a basic scientist may open a door into translational gene therapy research, which you never expected to be part of your clinical practice.

## Why do I need a personal learning network?

Medical school and residency are the beginning of a long journey in your education. As physicians, we embrace the role of lifelong learners where education and work-related growth align.<sup>2</sup> In an ever-changing and growing society, our success is no longer measured only by individual success, but by our ability to work as a team in striving for new innovations in the provision and evaluation of health care. Quite simply, we cannot go about this alone. Personal learning networks are anchors through which you gain mentorship, coaching, inspiration and, more importantly, mobility and opportunities to link to members of different areas where you may not have otherwise found yourself.<sup>3</sup> The benefits of diversity of thought and aggregation of ideas are well established.<sup>4</sup> The old notion of needing to know the “what and how” to answer every problem and doing everything on your own has been replaced by knowing *where*<sup>2</sup> to find answers you don’t have, especially through other’s ideas, skills or resources. Your PLN provides the connections which will help you grow, stay current in your field, discover, develop existing and new areas of interest, and adapt throughout your medical career.

### Getting started

#### *Can my coach help me make a personal learning network?*

Your coach is a great place to start when constructing your personal learning network. Your coach cannot create your ties for you, but can help you to identify connections, group different areas within your network, and find places for growth. Being honest with your coach about your goals, your strengths and your weaknesses will facilitate this process. Your coach can help

you brainstorm ways to improve relationships, find new directions and provide tips on how to maintain your network. Your ultimate goal with your coach should be to form strong ties, identify weak ties, seek out new nodes and maintain established nodes.

We find it helpful to first start with your goals. Refer to Chapter 6 to learn how to utilize the WOOP (Wish, Outcome, Obstacles, Plan) or SMART (Specific, Measurable, Assignable, Relevant, Time-Based) acronyms for goal setting. When creating your PLN, your coach can help you frame specific goals and encourage you to think about who might be able to help get you started. Who have you met who has influence, knowledge or connections? Do any of your peers participate in research? If so, how did they learn about opportunities? Like the vignette, how can past advisers or mentors help you make new connections?

As an example, from a medical student's perspective, you may want to consider a goal of getting into a residency that is strong in medical education. Likely, as a student, you do not know which programs are strong in this area. Think about who might know that information. Can they connect you with a program director or an education leader in the field? Are there residents who might be able to help? If we return to our vignette, which of your peers has found out information about residency program strengths? What resources did they use? Regardless of whether you are a resident or student, you want to be deliberate in building your PLN around your goals, so don't hesitate to seek assistance from your coach as needed.

When setting goals for yourself, consider finding a mentor. Mentors can help provide counseling, professional guidance and emotional support.<sup>5</sup> Unlike coaches, your mentor usually practices in your field of

interest and can act as a role model for your own personal and professional development. A mentor will have more experience than you, but doesn't necessarily need to be an advanced clinician. Near-peer mentoring with other people a couple of years ahead of you in training can be incredibly beneficial.<sup>5</sup> Regardless of who you choose, both you and your mentor can benefit from the relationship, particularly as they help you to achieve the goals and success you strive for. When you meet with your coach, start discussing mentors. Have you ever had a mentor? How would you approach a potential mentor about helping you reach your goals? At this phase of your career, what are some ways a mentor could help you? What kind of support would help you to take some risks to advance your knowledge or position?

## Piecing together your PLN

As you construct your PLN, first identify your connections or the people who make up your network.<sup>2</sup> It may be helpful for you to categorize people into separate groups, like in **Figure 8.1**. Don't forget your coach! Your coach can help you identify the areas that are important to you, and by incorporating your goals, define where you want to grow your network. When thinking about your connections, first think about who you go to for direction in your career or academic choices. Who do you go to for strength and support? Who have you worked with on research, on community service projects or in student organizations? Can you identify anybody who has mentored you? Your PLN is not static and will continuously grow and change. You don't have to have all your connections listed, especially if you're using your PLN to focus on a specific goal.

Next, think about your strong ties. These

relationships are likely with people in your network with whom you frequently connect and look to for advice or knowledge.<sup>2,3</sup> Strong ties are the foundation of your PLN. You may have met others through these people and utilize them as a tool to strengthen your network.<sup>3</sup> Strong ties may include people like your mentor or your research adviser. Examine these relationships with your coach. What made them successful? How do you maintain your strong ties? What communication techniques did you use to develop these ties? Where do you see your relationship with your strong ties in one year? In five years?

Weak ties are where the mobility and growth of your network takes place<sup>3</sup>—don't neglect them! These are likely to be members of other professions, undergraduate colleagues or family connections. You may not speak to your weak links frequently, or they may have serendipitously entered your network, but with them you accomplish your goals and continue to strive for knowledge. Focusing on your weak ties will be a project to work on with your coach over time, as your weak ties will change with your goals and experiences. When you are first creating your personal learning network, think about your different areas of interest to help you identify your weak ties. How did you meet these people? What impact have they had on your education and other elements of your network? Are there any weak ties who are experts in their field and could continue expanding your network? As you reflect, your coach can help you to identify what went well and went poorly so that future ties continue to be successful. Take this opportunity to identify some of your weaknesses with your coach, whether it be hesitation, unfamiliarity with a topic, or communication difficulties. Your coach can

help you build your interpersonal skill toolbox so that as you progress through your career, you are equipped to expand and maintain a healthy, robust PLN.

## **Maintaining and extending your PLN**

### ***What are my responsibilities to my personal learning network?***

Like all relationships, what you gain from your PLN depends on the effort and attention you devote to it. Work with your coach to improve your communication skills. Tend to your network like a garden—continue to interact with your ties to foster continued relationships. You want them to think of you when they have new projects or meet somebody who could be beneficial to you. Remember to conduct yourself in a professional manner when interacting with connections in your PLN; demonstrate qualities of enthusiasm, timeliness and dependability that will make people want to work with you.

## Figure 8.2

### Taking Ownership of Your PLN<sup>1</sup>

*Adapted from 'Swami's PLN', ICE Blog, 2015*

1. **Be Authentic.** Your PLN should be supportive of you and your goals, so own it! Focus on what you love and what truly inspires you.
2. **Be courageous.** Take risks to meet new people! Ask for help creating new ties, introduce yourself to people you'd like to work with and get involved.
3. **Be deliberate.** Seek ties with intention according to the specific goals you have set for yourself. Collaborate with other passionate individuals with whom you enjoy working.
4. **Be generous.** Always remember you are a node in somebody else's PLN, too. Give back what you receive and help others when they need you.
5. **Look for weak links.** Each weak link is a new opportunity for innovation and knowledge. Do not limit yourself; you never know which ties can transform your career!

## Using social media and technology to develop your PLN

Social media is an excellent way to initiate, extend and maintain your PLN. Social media refers to forms of electronic communication through which users create online communities to share information, ideas, personal messages and other content. Popular social media platforms include Twitter, Facebook, Instagram, Snapchat and various blogging platforms.

The expansion of social media platforms has several benefits when it comes to PLNs:

- They transcend time and space, allowing individuals to connect and form communities based on interests rather than geography.<sup>6,7</sup>
- They can extend to in-person

relationships, or strengthen existing in-person relationships.<sup>8,9</sup>

- They provide learners easy access to the collective knowledge of their PLN.<sup>10,11</sup>
- They provide opportunities for collaboration.<sup>12</sup>
- They allow users to both gain and contribute knowledge and perspectives.<sup>13,14</sup>
- They allow for both the development of new ties and maintenance of existing ties.<sup>14,15</sup>

Twitter, in particular is an excellent platform to use to develop and strengthen your PLN. Twitter is an online micro-blogging site that allows users to post messages, "tweets," limited to 280 characters. If you find a coach proficient in the use of Twitter, ask for their assistance in helping you set up an account and teaching you basic Twitter etiquette for



professional use. Your coach can guide you in creating your own Twitter account and following strategies to maximize the positive impact social media can have on your PLN. This includes taking advantage of the opportunity to personalize your online networks and tips on how to best engage with your network. Your coach can also help guide you on how to develop your brand or your online professional identity, including how your social media account reflects your interests and goals. Developing a brand that is authentically reflective of you is important for attracting the right people to your PLN. Aspects that you should consider as part of your “brand” include your account photo, biography, username and the content that you tweet. Work with your coach using the worksheet below to reflect on your interests and goals, and then discuss with your coach how this might translate into how you represent yourself online.

Finally, your coach will guide you to how to maintain professional conduct in all of your social media interactions and remind you of your institutional social media policy, so you do not inadvertently violate it.

Note that not all coaches will be proficient in Twitter or other forms of social media. If your primary coach does not use social media platforms, you can ask your coach to refer you to someone with expertise in this area to help you develop your social media presence

Using

# YOUR COACH

# TO BUILD YOUR PLN WITH SOCIAL MEDIA



**Figure 8.3: A guide to creating your personal learning Network**

Bring this tool with you when you meet with your coach. Work together to fill out each section so you can practice goal setting, identification of connections and ties, and mapping out your PLN structure. You may still have empty spaces, but this is a process you will continue to work on as you move through your training. Always look for weaker areas that can be improved or need more attention.

**Step 1.** What are the different elements or interests that are important to your development and education?

- 1)
- 2)
- 3)
- 4)

**Step 2:** Identify connections within each area of interest following the guide below:

Strong Ties

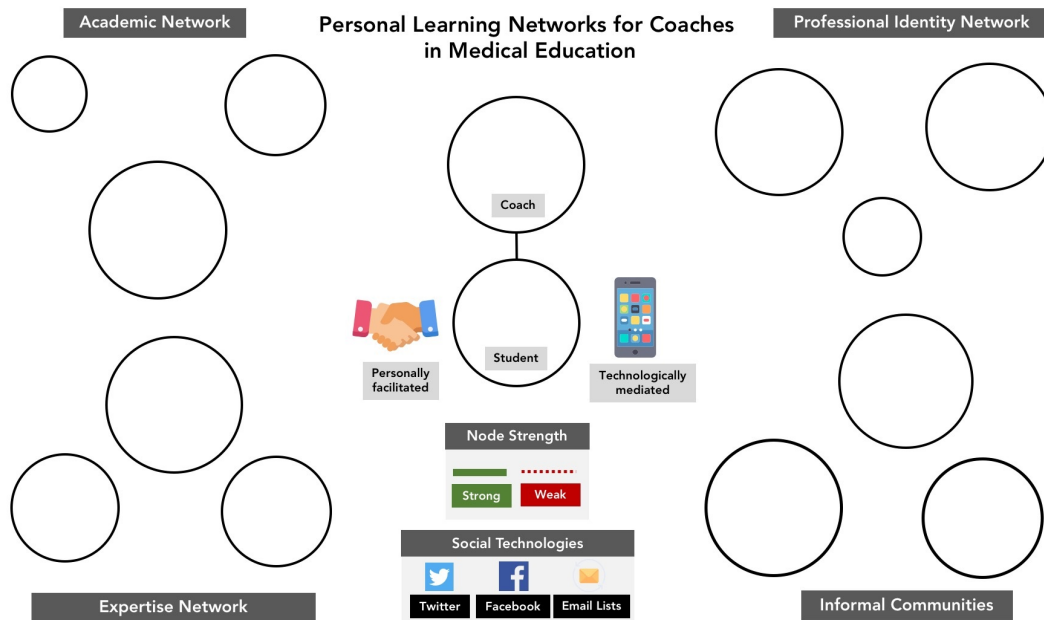
- 1)
- 2)
- 3)
- 4)

Weak Ties

- 1)
- 2)
- 3)
- 4)

Mentor(s)

**Figure 8.4: Personal learning network template**



**Step 2 continued:** Place your connections onto this sample PLN. Start with your strongest connections and place them in the largest circles. Place your weak ties in the smaller circles and then draw all your connections. How have you connected to each of these people? Are there any ties between your connections? Look back to **Figure 8.1** for guidance. It's okay to have some blank spaces, your PLN will grow over time.

**Step 3:** Identify five people you would like to add to your personal learning network.

- 1)
- 2)
- 3)
- 4)
- 5)

**Step 4.** What actions do you need to take to expand your PLN? What skills do you need to develop to achieve those goals?

- 1)
- 2)
- 3)
- 4)
- 5)

---

## Vignette review

*Looking back to our vignette, it's clear that the advice Janice provided Ahmed is different than the coaching Ahmed received from Raven, but both mentors and coaches play key roles in your PLN and career development. Building your personal learning network is important so that you can identify your professional connections, educational resources, communication techniques and areas for potential innovation. Creating a PLN can be overwhelming or intimidating at first, as it was for Ahmed, but your coach can help you map out your connections and identify meaningful and tangible ways in which to grow and utilize your network. Focus on building the skills you need and learning what resources are available to you in order to maintain and expand your network. Your PLN is not static and will grow and change as you do throughout your career. Enjoy the process!*

---

## Recommended Reading

1. International Clinician Educator (ICE) Blog: <https://icenetblog.royalcollege.ca/>.
2. The Wisdom of Crowds by James Surowiecki. Anchor Books, 2005.
3. Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives -- How your Friends' Friends' Friends Affect Everything You Feel, Think, and Do by Nicholas Christakis and James Fowler. Back Bay Books, 2011.

## Acknowledgements

Figures and illustrations assembled with assistance from K. W. Foster, EdD, and licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

## References

1. F. Ankel, A. Swaminathan, in International Clinician Educators (ICE) Blog. (2015), vol. 2019.
2. G. Siemens, Connectivism: A Learning Theory for the Digital Age. *International Journal of Instructional Technology and Distance Learning*. 2005.
3. M. S. Granovetter, The Strength of Weak Ties. *Am J Sociol*. 78, 1360-1380 (1973).
4. J. Surowiecki, The wisdom of crowds : why the many are smarter than the few and how collective wisdom shapes business, economies, societies, and nations. (Doubleday :, New York, ed. 1st, 2004), pp. xxi, 296 p.
5. D. Nimmons, S. Giny, J. Rosenthal, Medical student mentoring programs: current insights. *Adv Med Educ Pract* 10, 113-123 (2019).
6. S. E. Booth, Cultivating Knowledge Sharing and Trust in Online Communities for Educators. *Journal of Educational Computing Research* 47, 1-31 (2012).
7. P. Srivastava, Social Networking & Its Impact on Education-System in Contemporary Era. *International Journal of Information Technology Infrastructure* 1, (2012).
8. N. Ellison, C. Steinfield, C. Lampe, paper presented at the Annual Conference of the International Communication Association, Dresden, Germany, 2006.
9. R. D. Visser, L. C. Evering, D. E. Barrett, #TwitterforTeachers: The Implications of Twitter as a Self-Directed Professional Development Tool for K-12 Teachers. *Journal of Research on Technology for Education* 46, 396-413 (2014).
10. C. Skyring, Using Social Media to Build Your Personal Learning Network. 2017.
11. C. Lalonde, Royal Roads University, (2011).
12. T. Trust, Beyond School Walls: teachers' use of professional learning networks to receive help on a global scale. *International Journal of Social Media and Interactive Learning Environments* 1, (2013).
13. T. Trust, Professional Learning Networks Designed for Teacher Learning. *Journal of Digital Learning in Teacher Education* 27, 34-38 (2012).
14. S. H. Doak, Boise State University, (2018).
15. T. Laferriere, M. Lamon, C. K. Chan, Emerging E-Trends and Models in Teacher Education and Professional Development. *Teaching Education* 17, 75-90 (2006).









