Canadian Medical Education Journal

Editorial

It's hard to get better as a teacher when you're on your own: consider instructional coaching

Il est difficile de s'améliorer en tant qu'enseignant lorsque vous êtes seul: considérez le coaching

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"Everyone needs a coach…Coaching done well may be the most effective intervention designed for human performance."- Atul Gawande, MD[1]

Utilizing teaching practices that effectively promote student development is critical to preparing the next generation of physicians.[2] Notwithstanding the emphasis on the application of evidence-based teaching approaches,[3-5] medical schools continue to face considerable scrutiny concerning teaching quality. Although medical educators are experts in the content they teach, they rarely receive training on effective teaching practices.[6,7] Furthermore, teachers mostly practice their craft in isolation but need the support of their peers to improve.[9]

A scarcity of faculty, inadequate and variable previous training and academic experiences, and a lack of opportunities for advanced training hamper the development of medical education professionals.[10] Furthermore, the formation, education, and training of medical education professionals are often limited due to lack of teaching expertise. Within our faculty development programs, we need to include the diversity of educational theories, technologically enhanced instructional platforms, and delivery methods,[10] and the social aspects of teacher change.[9]

We know teaching is a lonely endeavor.[11] As instructors, we live in relative isolation in our large group lectures, simulations exercises, and small group sessions. Medical school leaders need to consider individual teacher change along with changing group norms. Group norms change through interactions and relationships among teachers. Enter instructional coaching in medical schools. For medical school faculty members, coaching relationships provide an academically relevant and potentially scalable approach for the formation, education, and training in evidence-based educational practices.

Coaching

There are many definitions of coaching. Coaching shares many similarities with activities in traditional medical education such as teaching, advising, and mentoring. We think of coaching as a helping relationship that enables a coachee to change in a way they wish and, in a direction, they want to go. (See https://www.liveabout.com/use-coaching-to-improve-employee-performance-1918083). Similarly, coaching is the art of facilitating the performance, learning and development of another[11] or "a process that guides a learner towards performance improvement." When done well, coaching promotes self-discovery, allows for the expression of wisdom, increases clinical effectiveness, and encourages innovative thinking.[11,12] It also helps coachees to build personal mastery to effect change in themselves and/or in their organizations.[13]

Core coaching skills

We believe coaching skills include but are not limited to careful observing, active listening, patience, care and concern, genuine curiosity, and sage advice in the content area.[13] Rogers[14] points to several aspects of the coaching process that enhance the professional development of educators through:

- Focus on meaningful goals and actions
- Sensitivity to challenges the coachees are facing
- Non-judgmental questioning style to facilitate reflection
- Deep reflective listening to understand the coachee's world
- Concise and probing questions

Instructional coaching

We define instructional coaching as coaching aimed primarily at coaching teachers in all areas of their teaching. Instructional coaches devote time to coaching teachers by observing teaching and providing supportive feedback relevant to the coachee's goal(s). Kraft et al. stated, "coaching provides teachers a means of examining and reflecting on what they do in a psychologically safe environment where it is all right to experiment, fail, revise, and try again."[15] Coaches also have a deep understanding of effective instructional practices and can facilitate teachers' use of these approaches.

We know of only one instructional coaching program at a medical school. Medical education leaders at the Medical College of Georgia—where MFD works—resourced a modest instructional coaching program with eight faculty members with 0.1 or 0.2 FTE devoted to the program, an Assistant Dean to run the program (MFD), with a professional development coach and educational consultant (GT). A cohort of eight faculty teachers began training in July 2022 and most will be working with teachers in teaching and learning spaces beginning in January of 2023. MFD balanced the curriculum with knowledge of teaching and learning and of coaching. He, in conjunction with faculty coaches, emphasized the practical skills of coaching. The delivery platform consisted of short readings and/or videos with discussion starters each month with responses posted to a chat room. They all met monthly for two hours to build rapport, review the content, practice coaching skills, and prepare for the next month's learning activities. The developing coaches work with each other engaging in increasingly more complex coaching skills debriefed by MFD. They first learned to observe without judgment, leaning heavily on Chris Argyris's Ladder of Inference,[16,17] a framework that explains how from limited sensory observations and data we automatically attach meaning then make interpretations and conclusions that lead to actions. The coaches then added a pre-briefing and the crucially important debriefing. MFD noticed the instructional coaches gaining skills, knowledge, and confidence to work with teachers. MFD and team will report more on the impacts of coaches and effects on teachers and their students in this program in the future. Readers should refer to Deiorio & Juve's article and others like it for guidance on creating their own instructional coaching programs.[18]

Conclusion

We wrote this editorial to open the door to further consideration and study of instructional coaching at medical schools. Instructional coaching is a helping relationship focused on teaching skills, knowledge, and dispositions. It has the potential to influence profoundly teachers and learners. We need more medical schools to implement and study instructional coaching programs. Then we can learn more about how best to establish and grow such programs and under what conditions they might contribute to improved teaching and learning.

Now we move to our usual summaries of the articles in this issue. As many of you know, our editors often provide coaching for our authors to help them present the best possible version of their study to the public. We are confident that you will find these articles valuable for your own growth and development.

Original Research

Evolving discourses of COVID-19 and implications for medical education: a critical discourse analysis by Tang and team[19] studied how structural and systemic responses to COVID-19 were shaped by public discourse. The two themes of "COVID-19 as Equalizer" and "COVID-19 as Discriminator" demonstrated a tension between government responses. Their study underlined the importance of media in pandemic responses.

In their article, Validity evidence for the Quality of Assessment for Learning score: a quality metric for supervisor comments in Competency Based Medical Education,[20] Woods and team studied the validity of QuAL scores for determining the value of short supervisor comments in Entrustable Professional Activities

assessments. Given the increasing use of direct observations for coaching and assessment in medical education, their study is important in measuring the quality of supervisor comments in the setting of workplace-based assessments.

Assessment of laparoscopic skills: comparing the reliability of global rating and entrustability tools by Alibhai et al.[21] explored whether the Competency Continuum (CC) framework could be an effective tool for providing feedback to learners regarding their laparoscopic skills by comparing it to two other assessment scales (GOALS and Zwisch scales). They found CC had the highest inter-rater reliability and required minimal user training.

Reviews, Theoretical Papers, and Meta-Analyses

When patients teach students empathy: a systematic review of interventions for promoting medical student empathy by Boshra and team[22] studied existing patient-involved interventions to improve empathy among medical students. The authors found that patient-led education positively impacted medical student empathy and increased their understanding of the subject.

Brief Reports

Elise Azzi et al. wrote, Exploring resident perspectives on family medicine enhanced skills training[23] to report on the residents' views regarding enhanced skills training in family medicine. Their interviews indicate reasons for extending family medicine skills training.

Ironside et al. wrote The value of admissions characteristics for predicting the practice location of University of Saskatchewan College of Medicine graduates.[24] They identified pre-admission factors that are predictive of future Saskatchewan or rural-based medical practice. Their results may inform admission practices to encourage the retention of locally trained physicians.

Understanding the near-peer relationship: resident perspectives around a novel on-call workplace-based assessment by Lu and team[25] evaluated a workplace-based assessment (WBA) implementation at one school with a focus on coaching for overnight call and peer-to-peer feedback. They noted that the WBA tools alone are insufficient to reach competency-based medical education goals. They encouraged ongoing learning around tool-facilitated coaching.

Black Ice

Five ways to get a grip on organizational logistics, backends, and workflows by Cynthia Ventrella and team[26] highlighted five effective ways to help healthcare students accomplish administrative tasks. Their tips, such as intentionally designing and timing emails, will help promote organizational workflow so groups can research their goals and better serve the community.

You Should Try This!

In their article, Patient safety incident analysis in healthcare: a novel curricular session for medical students,[27] Mehta and team described a session for graduating students to identify and learn from safety incidents through patient safety incident analysis. They found their innovation contributed positively to students' ability to perform these analyses.

Supporting the transition to senior pediatric resident: an interactive online resource by Boschee and co-authors[28] developed an online interactive case-based resource to support pediatric residents transitioning to a senior role. Participants reported that the modules increased trainee confidence and reduced anxiety in this important transitional stage.

Canadiana

An approach to implementing planetary health teaching in medical curricula by Luo et al.[29] highlighted their competency framework for planetary health medical education. They created open-access slides for medical educators to use to integrate planetary health education competencies into medical curricula.

Commentary and Opinions

Shuy and Punjabi wrote, Caught and taught: a call to improve digital professionalism among medical students.[30] They highlighted digital professionalism and how it is largely absent in mainstream medical education. They argued for incorporating personal conduct and professionalism online as part of medical education in an increasingly digitized world.

Soleas et al. wrote their commentary Going virtual advances justice in expected and unexpected ways[31] to contend that virtual interviews have less bias than in-person interviews. They noted that virtual interviews expand applicants' access to institutions and broaden the pool of interviewers. They suggested that virtual interviews should become the standard for future CaRMS interviews.

Banning conversion "therapy" in Canada: the expanding role of forensic psychiatry in advocacy training by Patel and team[32] commented on the role of forensic psychiatrists for advocacy training in medical education. They used the

example of a petition against conversion "therapy" to demonstrate forensic psychiatrists' role in bridging the gap between health and political advocacy.

Works-in-Progress

Rashid and Forgie's work The Pediatric Percolator: a virtual meeting space where good ideas happen[33] described their creation of the Pediatric Percolator as a tool to respond to the physical and social distancing from COVID-19. Their initiative is a weekly virtual event for physicians, administrators, and learners to discuss ideas and socialize after rounds. While it started out of necessity, it became a space for new ideas and community-building.

Conferences

We published the abstracts for the 2022 International Conference on Residency Education.[34] The ICRE conference was held in Montreal, Quebec, October 27-29, 2022. The theme was "Together again: a community redefining residency education."

Images

In the image Graduate nurse,[35] Helen Winkler showcased her daughter Rita's watercolour painting of nurse practitioner training.

"One heartbeat, one team": a multidisciplinary team approach for treating patients and improving survival outcomes by Julia Miao[36] is a mixed media art piece that exemplifies the way a multidisciplinary medical team works together. Miao's image is the cover for this issue.

Enjoy!

Marcel D'Eon

Editor-in-Chief

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