Stanford Pediatrics Residency
Coaching Program: Program Description

2016-17 Coaches
1. David Axelrod (Cardiology)
2. Jen Carlson (Adolescent Medicine)
3. Hayley Gans (Infectious Diseases)
4. Lucy Lee (Neonatal Hospitalist)
5. Carrie Loutit (Academic General Pediatrics)
6. Loren Sacks (Cardiology)
7. Debbie Sakai (General Pediatrics Hospitalist)
8. Nita Srinivas (General Pediatrics Hospitalist/Infectious Diseases)
9. Hayden Schwenk (Infectious Diseases)
10. AnnMing Yeh (Gastroenterology)

Background
Successful development of trainees requires an opportunity to observe multiple interactions across time in order to make an accurate and meaningful assessment, to make specific suggestions, and to hold residents accountable for change. Most faculty are keenly interested in helping residents develop into excellent physicians but the current structure poses unique challenges for accomplishing this.

Meanwhile, the graduate medical training environment has experienced numerous changes over the last several years. The Pediatrics Residency Program at Stanford is no exception. There have been significant changes that resulted from national mandates such as duty hours restrictions and RRC requirements for a more flexible curriculum as well as internal changes that have been aimed at strengthening patient care and safety. At the same time, the Packard population has shifted to more complicated, specialized patients. While 10 years ago, residents served as the most senior person in the hospital at night on a number of services, now, the majority of experiences have an in-house Attending. Whereas often the resident team would admit the patient and follow their course over the next 30-36 hours, residents have now become skilled in sign-out and following charts in an attempt to replicate this experience. Finally, the Pediatrics Residency has grown to a size that allows the necessary flexibility and duty hour compliance but in doing so, the frequency with which a senior resident supervises and assists in the development of the more junior residents has declined. Likewise, Attendings have limited longitudinal interaction with residents (Attending schedules have changed such that most Attendings are on-service for only 1-2 weeks maximum, whereas they used to be on-service for 4 weeks at a time).

The Stanford Pediatrics Residency has an innovative Coaching Initiative which began in 2013 as a comprehensive solution to these challenges.

Summary
The Coaching Initiative is an innovative approach to providing longitudinal assessment and feedback throughout residency, and helping residents develop skills of lifelong learning and self-reflection. Each resident is assigned a specific Faculty Coach who observes and guides that resident across multiple rotations, inpatient and outpatient settings, and training years. The Coach will observe the resident in multiple clinical situations (rounds, clinic, initial H&P, handoffs, supervisory encounters, care conferences, and others) and will give specific and directed feedback aimed at clinical skills. The Coach will also communicate with service Attendings to enlist their assistance with furthering specific skills in a
given resident. For instance, if a resident has particular difficulty in concise patient charting, the Coach may make the Attending on service aware of this ongoing challenge for the resident and ask them to review 3 notes with the resident. Coaches will also solicit feedback from Attendings following their interaction with the resident to gain additional insight. Each Coach will oversee approximately 10-11 residents and will have 10% FTE to accomplish their work.

Objectives
- Develop comprehensive plan that addresses ACGME requirements for assessment and evaluation while providing for more meaningful growth and development of residents
- Enhance the skill set of the physician completing the Stanford Pediatrics Program
- Strengthen reflective practice and goal-setting among residents.