

## Scaling Up Coaching: Democratizing Quality Coaching in Medical Education

### ***I. Specific educational aims***

We seek an innovation grant to develop a coach training course that will educate and empower faculty to use a coach approach across Stanford's education programs. This grant will support developing the online component of the course. The grant meets four funding priorities:

1) Collaboration: this course is being developed across Stanford Medicine: The Office of Academic Affairs, Graduate Medical Education, Faculty Development and Diversity, the Coaching Steering Committee (Departments of Pediatrics, Surgery, Neurology, Emergency Medicine, Dermatology), the Educators-4-Care Program, and Continuing Medical Education.

2) DEI: Coaching has been effective in enhancing promotion and retention among diverse groups.<sup>10</sup> We recently incorporated coaching in the Junior Faculty Leadership Bootcamp program, sponsored by OFDD, and we plan to leverage our course to support broader DEI initiatives and design more nuanced approaches to coaching in this rapidly evolving space.

3) Impact and sustainability. The course promotes a broader use of coaching with faculty and trainees. The impact ranges from the individual to the systemic; e.g., professionalization as physicians;<sup>2,4,9</sup> developing a growth mindset;<sup>13</sup> and averting burnout.<sup>5,14</sup> Additionally, there is considerable return on investment for Stanford through building a cadre of faculty coaches and reducing the current high cost of coaching offered with contracts with external providers.

By facilitating the development of an on-line experience in this course, the grant will support the course becoming more accessible. We also plan to iterate the content into a train-the-trainer program and a CME offering, which allows for continuity beyond the engagement of the grant's investigators. The PI/Co-PI are the lead coach educators and are professionally certified by the International Coach Federation (ICF). They plan to seek accreditation of the course through the ICF, which will appeal to faculty who seek certification. This also has significant revenue-generating opportunities.

### ***II. Project rationale***

Workplace coaching enhances performance, motivation, well-being and retention.<sup>1,3,6</sup> A meta-analysis of 17 studies identified benefits that included a significant increase in individual growth (including learning and applying expanded skills on the job).<sup>6</sup> Dyrbye et al. showed that coaching significantly decreased emotional exhaustion and burnout, while increasing quality of life and resilience among a cohort of physicians in multiple specialties.<sup>5</sup> Findings also suggest that internal coaching is more effective than external coaching.<sup>11</sup>

The American Medical Association's Accelerating Change in Medical Education Consortium now proposes incorporating coaching as a novel intervention to enhance medical education itself.<sup>3,8,9</sup> Yet, most medical educators have not had professional coach training.

Pilot data from our advanced Emergency Medicine clerkship in summer 2020 provides evidence that coaching facilitated students' professional identity formation and clinical skills; preserved

psychological safety; and enhanced faculty professional fulfillment. These findings received a Best-of-the-Best Abstract award at the national Society for Academic Emergency Meeting in May, 2021. Our proposed hypotheses are that:

1. UME and GME trainees who experience coaching will report improved performance, enhanced sense of wellbeing and higher levels of psycho-social support.
2. Faculty who coach will report greater efficacy and quality of relationships with trainees.

### ***III. Approach***

We are using Kern's Six Steps for Curriculum Development.<sup>8</sup> We initially plan to deliver the full 4-hour course in real-time and iterate based on participant feedback in order to develop the 2 hours of best practice didactics into the online modules of the course followed by 2 hours of experiential practicum in small groups with expert guidance.

### ***IV. Timeline and plan for implementation***

September - October 2021: Rollout plans with the E4C faculty and GME program directors.

November - December 2021: Filming and online development of the 2-hour didactic modules.

Winter 2022: Launch of the online module.

Late Winter/ Spring 2022: Evaluation of the hybrid model and the online content. Refinement.

Early Summer 2022: Final course. ICF and CME certifications sought.

### ***V. Anticipated work product***

The work product will be a 2-hour customizable didactic module that includes interactive links to worksheets, tools, and references (which can be edited and tailored as needed to the particular audience). This module will serve as a prerequisite for faculty who wish to take the subsequent train-the-trainer courses and could be a standalone CME product.

### ***VI. Evaluation plan***

We will employ formative and summative evaluation processes.<sup>12</sup> Formative evaluation will be embedded at every stage of design and implementation and will inform the content, delivery and cadence of the course. We will use a summative assessment using pre/post surveys and structured interviews. With a large enough cohort for results to be confidential and reliable, we will proceed to examine our hypotheses and evaluate the impact of coaching on the coach and the trainees. Our evaluation metrics include measures of self-efficacy, self-concept related to desired impact, intended behavior change, and identification of challenges. For the trainees, we will evaluate the self-reported impact on clinical performance, sense of wellbeing and of psycho-social support. Longer term, we aim to examine the relationships between our faculty coaches' measures of efficacy and quality of relationships with trainees with promotion and retention, and in relationship to diversity dimensions, thereby adding further relevance to academic medicine.

### ***VII. Dissemination of results***

We plan multiple local, regional and national presentations, including at the Annual Medical and Bioscience Education Day. Our "Scaling Up Coaching: Democratizing Quality Coaching in Medical Education" submission has already been accepted to the AMA's ChangeMedEd 2021 Conference in September. We will continue to submit peer-reviewed publications on this topic.

## References

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