

-Juggling Hats - How to Rock Every Role You Play as a Medical Educator

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Objectives:

- Identify the benefits and pitfalls of each “hat” a medical educator wears
- Define Coaching and differentiate it from other “hats”
- Practice using tools to hold effective coaching conversations with learners

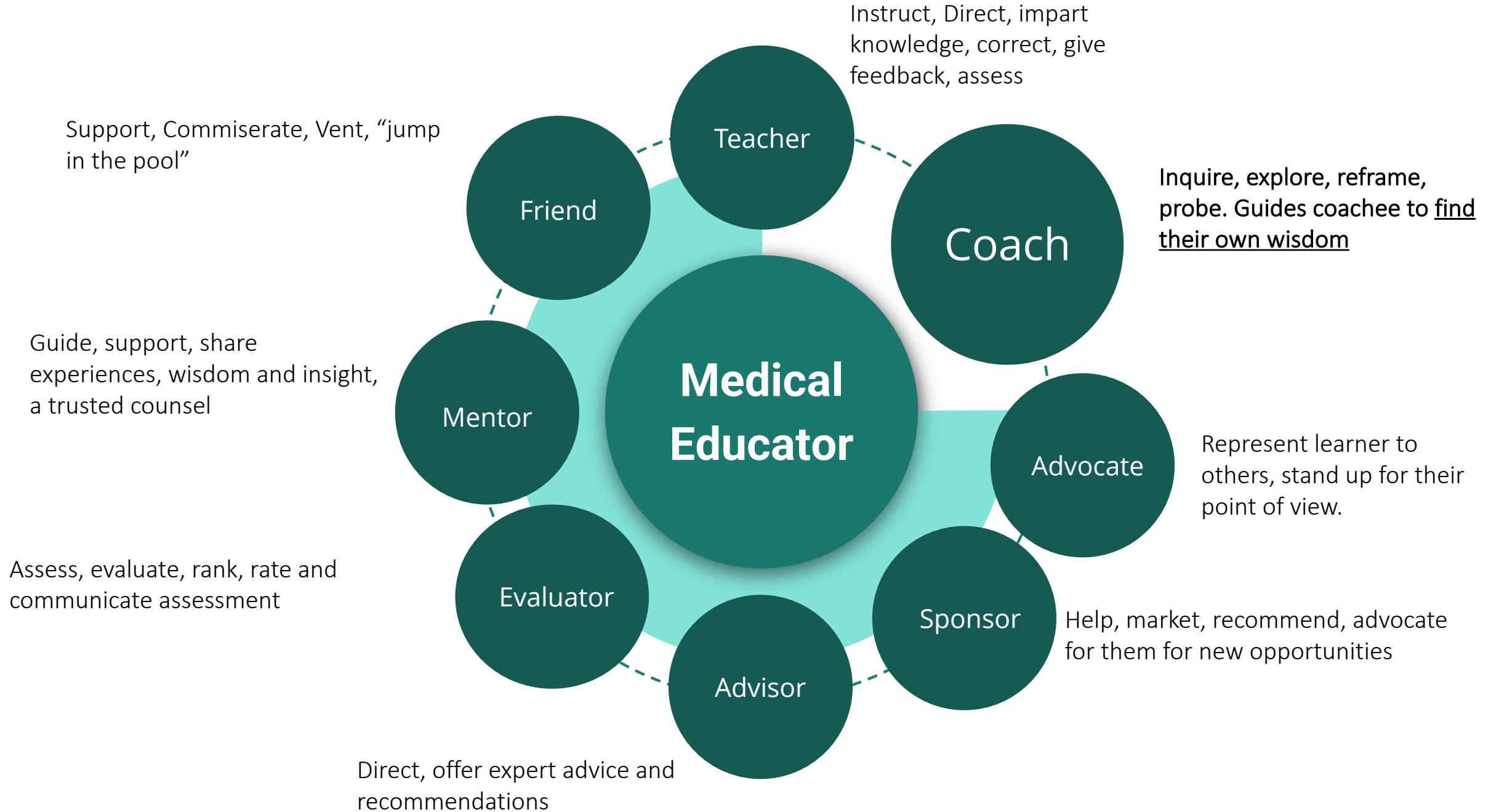


Disclosures

- Better Together Physician Coaching program and its' study has been funded by
 - CU DOM PACE Grant '20-'21, '21-22
 - CU DHM Small Gant '22-23
 - CU GIM Small Grant '22-23
- Dr. Fainstad and I are certified life coaches and have coached private clients outside of our roles in Better Together.
 - We never charge medical students or trainees for coaching
 - Speaking engagements
 - No Industry affiliations

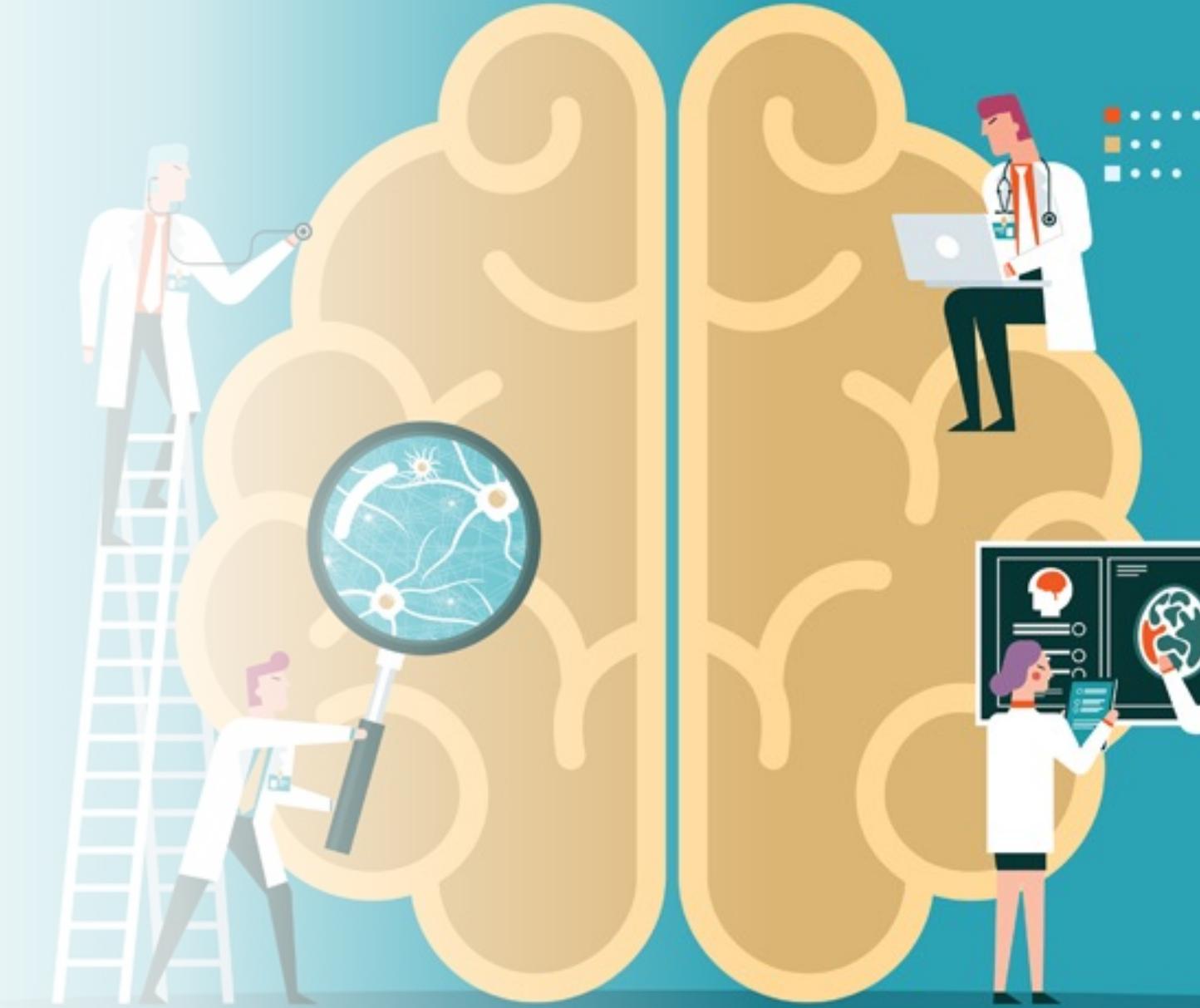
The Many Roles of a Medical Educator

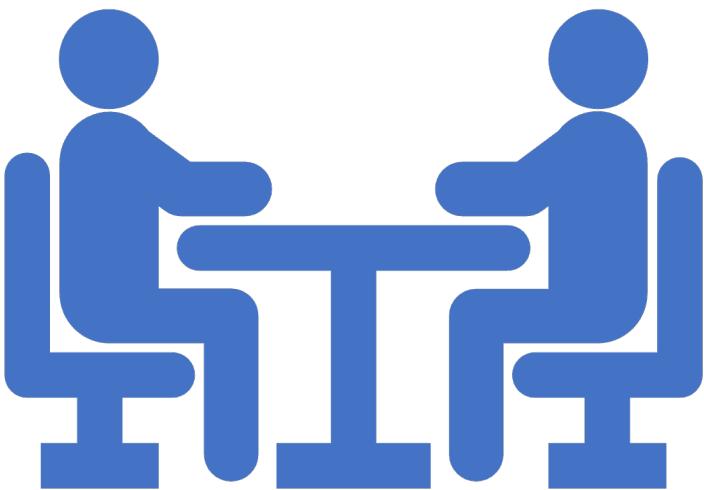




Awareness Exercise

Natural conversational tendencies





Pair and Share

Partner 1: Speak for 3 min about something you are proud of. Has to be about you.

Partner 2: Just listen.

Seriously.

No speaking

What do you notice yourself wanting to say?

What hat do you think you were wearing?

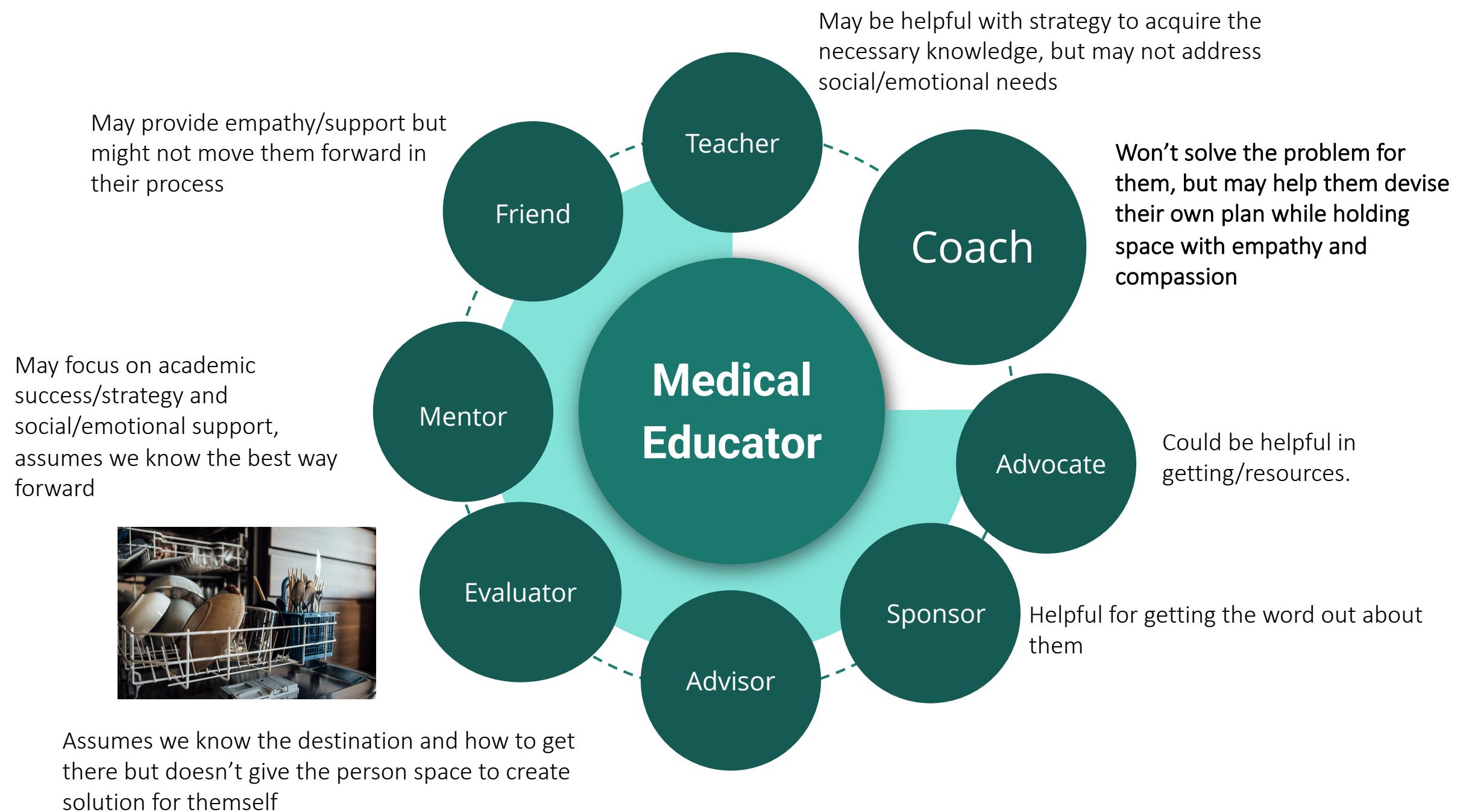
SWITCH!

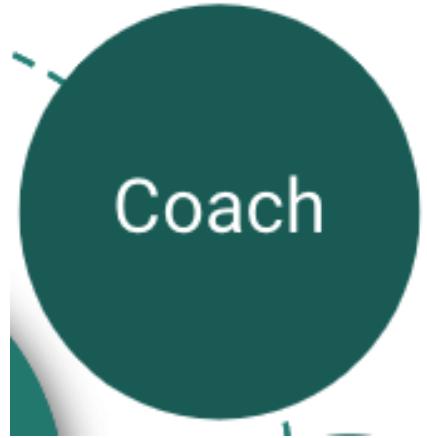
What role comes most naturally for you?

Is it the role I want/need in the situation?

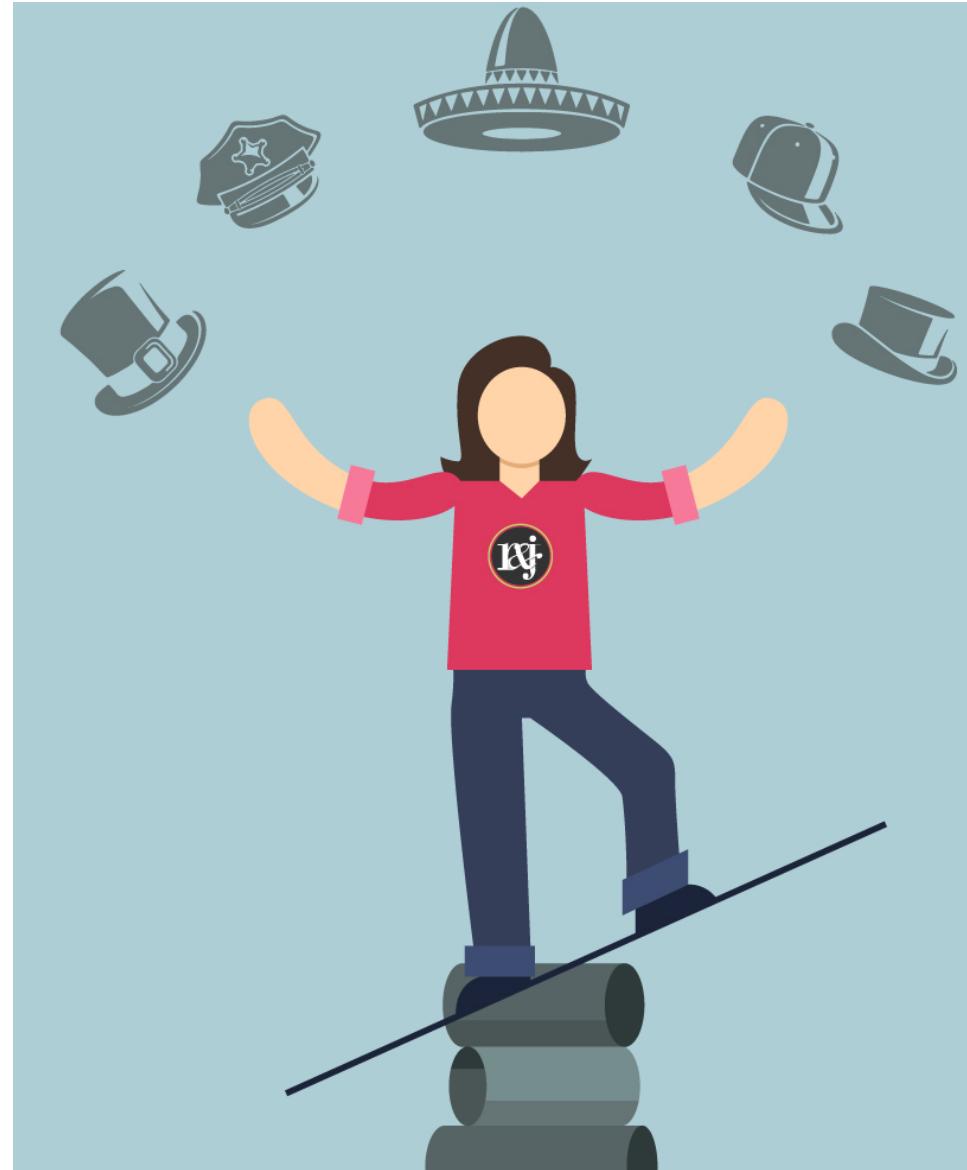
What are the potential pitfalls?







**Inquire, explore,
reframe, probe.
Guides coachee to
find their own
wisdom**



Coaching - What is it?



“Coaching is partnering with an individual or group in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.” --- International Coaching Federation

“Coaching is helping another person with their intentional change.”
--- Richard Boyatzis, Resonant Leadership

Coaching conversations facilitate metacognition, self-awareness and self-directed learning to assist an individual in progressing toward their defined goal or change.

Foundational tenants of coaching

- Coachee
 - defines the problem, and the destination/result
 - has the best answers for themselves
- Coach
 - Facilitates awareness, vision, desired outcome, or next steps
 - Reveal impediments to progress (perfectionism, hyper-responsibility, & imposter syndrome, among others)
 - Asks questions to help show the coachee their thinking,
 - Separate FACTS from STORY, examine them



Coaching conversation fundamentals

- Coachee brings the problem
- Coach brings genuine curiosity
- thoughtful and useful questions, can reveal thought errors causing trouble.
- trusting relationship and safe space
- Full belief in the coachee





Image c/o AppleTV

Why should we use coaching in Med Ed?

Increased physician trainee success

Decreased burnout, imposter syndrome

Increased quality of life, resilience, Self Compassion

Less stigma and potential of greater accessibility* than other mental health resources

Dyrbye, *JAMA Intern Med* 2019,

Palamera, *JGIM* 2018

Fainstad and Mann, *JAMAOpen* 2022



BETTER TOGETHER

physician coaching

RCT: Effect of a Novel Online Group-Coaching Program to Reduce Burnout in Female Resident Physicians

POPULATION

101 Women



Female resident physicians in any specialty

Mean age, 29.4 y

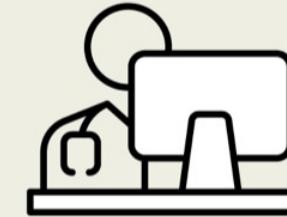
SETTINGS / LOCATIONS



An academic graduate medical education program, University of Colorado, Aurora

INTERVENTION

101 Participants randomized



50 Coaching program

6-mo Online group-coaching program with video conferences, written feedback, and self-study modules

51 Control

Residency training as usual without intervention

PRIMARY OUTCOME

Maslach Burnout Inventory subscale scores: emotional exhaustion (EE; range, 0-54; ≥27 indicates burnout), depersonalization (DP; range, 0-30; ≥10 indicates burnout), and personal accomplishment (PA; range, 0-48; ≤33 indicates burnout)

Month 1: Introduction to the Thought Model (CBT/ACT based)

Month 2: Goals, Values and Purpose

Month 3: Feedback, Growth Mindset

Month 4: Imposter Syndrome, Approval Addiction

Month 5: Confidence and Transitions

Month 6: The New You- launching into life

race body sexism
microaggressions
competing identities

mindfulness
self-kindness
self-compassion
common humanity

depersonalization

burnout

emotional exhaustion

personal accomplishment

moral injury

impostor syndrome

feedback
career uncertainty
perfectionism

pandemic

relationships

Beliefs → Burnout

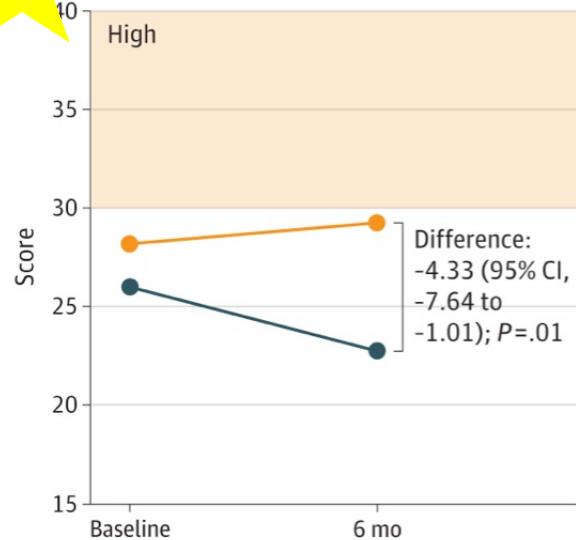


“To be successful and productive, you must be hard on yourself.”

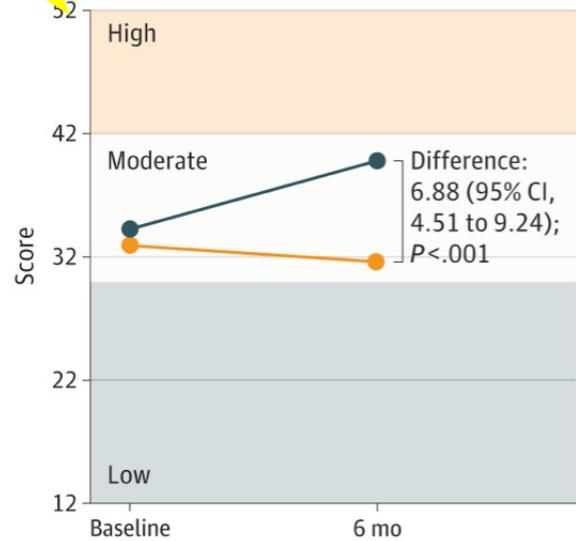
“If you ‘let yourself off the hook,’ (self-compassion) you could lose it all”

In other words:
To be good, you need to
feel bad.

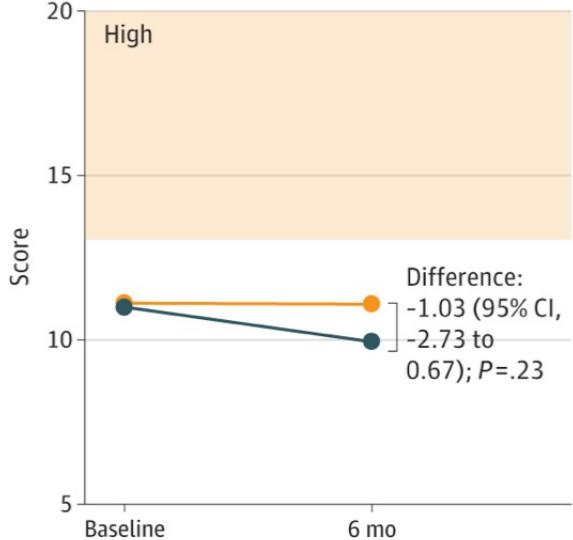
A Emotional exhaustion scores



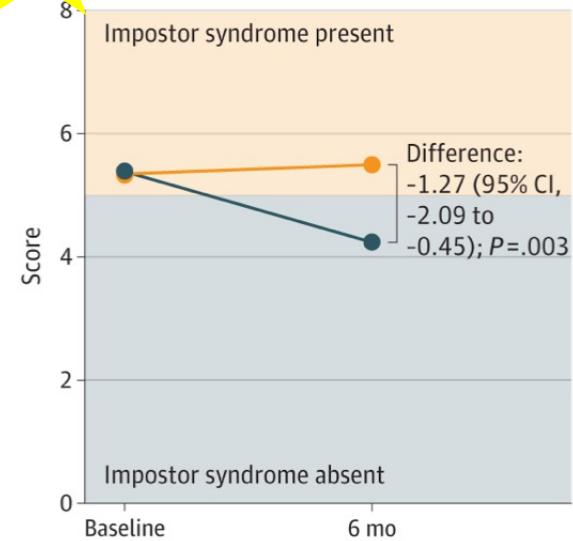
E Self-compassion scale scores



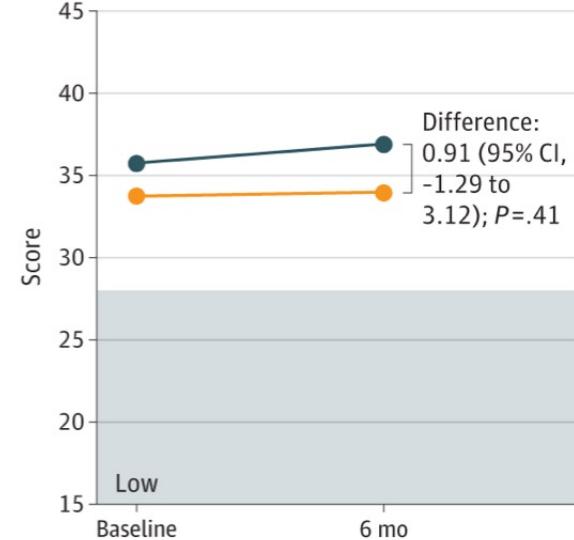
B Depersonalization scores



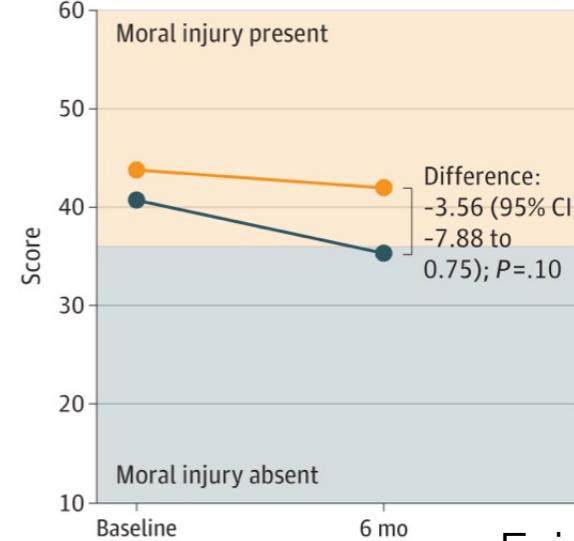
F Young Impostor Syndrome Scale scores



C Personal accomplishment scores



D Moral injury scores



National RCT

- 1,017 Women in
GME

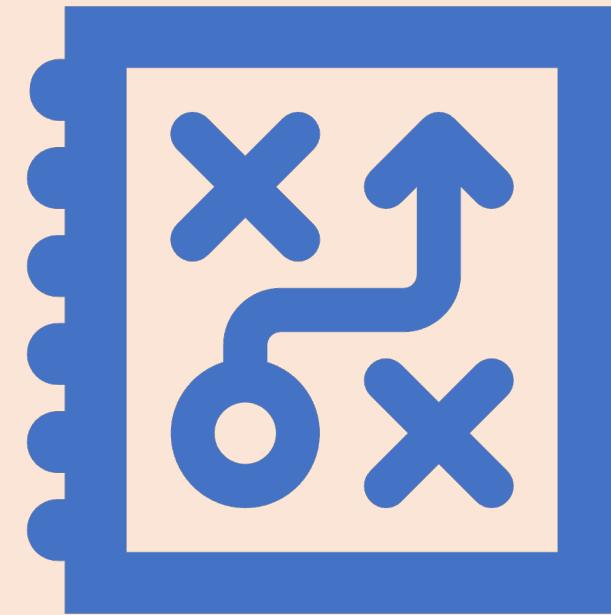
-28 Sites

Table: Mean change in response from baseline visit, estimated from linear regression adjusted for baseline value

Outcome	Mean change from baseline (95% CI)	p
Burnout Total	-7.71 (-11.29, -4.13)	<0.001 
Burnout Emotional Exhaustion	-4.17 (-6.27, -2.07)	<0.001 
Burnout Personal Accomplishment	0.96 (-0.37, 2.30)	0.157
Burnout Depersonalization	-1.74 (-2.95, -0.54)	0.005 
Young Impostor Scale Total	-1.26 (-1.67, -0.86)	<0.001 
Moral Injury Scale	-5.24 (-7.83, -2.65)	<0.001 
Self-compassion Scale	3.75 (2.39, 5.11)	<0.001 
Flourishing Scale	0.32 (0.05, 0.59)	0.020

*Not yet published

Now that I've made my
case...



When might a coaching “hat” serve your learner?



Photo by JESHOOTS.COM

I was in the MICU and my patient needed an arterial line. The fellow asked if I wanted to do it, but I botched the last 3 I tried, and I was scared to hurt the patient or look incompetent. I made up an excuse and handed it off to my co-resident. Maybe I'm just not a "procedure person" and I should consider non-procedure specialties. It sucks, since I actually really like the unit, and I could picture myself as a cardiologist too. But it's not worth it if I can't even place one tiny line....



How might you approach this?

Teacher

“What went wrong?”

Knowledge/skill correction

Teach how I do it...

Mentor

“missing 3 a-lines doesn’t mean you can’t be a cardiologist. Let me tell you how I got there”



Friend

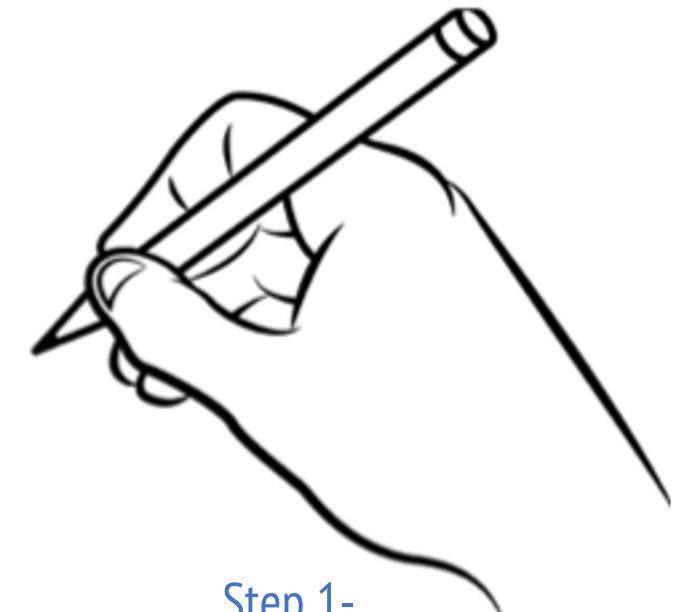
“Oh man! That sucks. I’ve botched things before too! This one time...

Advisor

“I recommend going to the sim-lab and practicing until you are confident!”

Let's Take a Coach Approach

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Step 1-
Get Curious

Separate the FACTS
From the STORY

What do you think the facts are
here?

Step 1: Separate the FACTS from the STORY

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FACTS

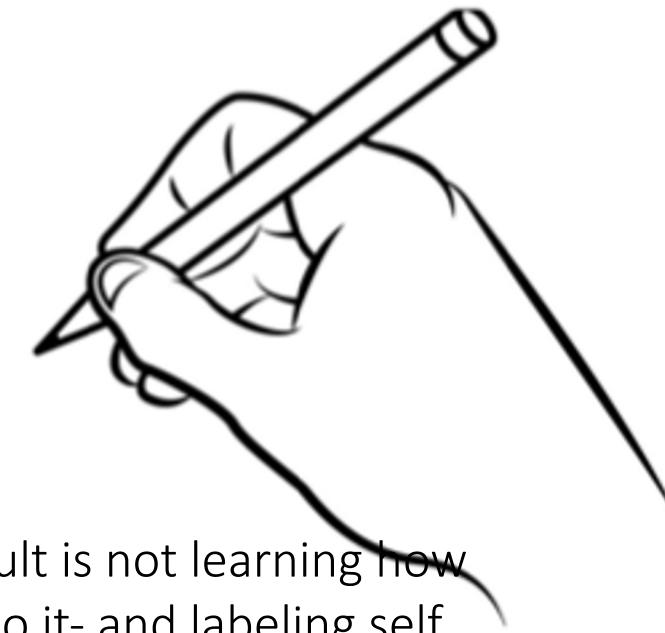


Step 1: Separate the FACTS from the STORY

I was in the MICU and my patient needed an arterial line. The fellow asked if I wanted to do it, but I botched the last 3 I tried, and I was scared to hurt the patient or look incompetent. I made up an excuse and handed it off to my co-resident. Maybe I'm just not a "procedure person" and I should consider non-procedure specialties. It sucks, since I actually really like the unit, and I could picture myself as a cardiologist too. But it's not worth it if I can't even place one tiny line....

FACTS

STORY



Result is not learning how to do it- and labeling self and limiting future options!

Step 2- Get MORE curious..... Here's what we learned

- “Botched”
 - #1- Resident and fellow sterile, resident attempted twice, fellow successful on the third attempt
 - #2- fellow on hand, after one failed attempt (small hematoma), fellow gowned/gloved, resident successful on 2nd attempt, other side
 - #3- fellow on hand, resident successful on 2nd attempt.
- Her thoughts about this
 - “I shouldn’t have needed help”
 - “Complications mean I did it wrong”
 - “I should have gotten it on the first pass”
 - “I don’t want to have to ask for help it’s embarrassing”

Perfectionism (*noun*):
A common mechanism of self-sabotage in medical trainees

Perfectionism

Sets bar so high AND so ambiguously that perfect is the only acceptable outcome.

Perfectionism is a twenty-ton shield that we lug around, thinking it will protect us, when in fact it's the thing that's really preventing us from taking flight.

—
Brené Brown



In this case, perfectionism looks like

- Intolerance of struggle and error
- Rigid beliefs about what her future can hold
- Blocking her from strengthening the skill, or acknowledging her growth
- A FIXED Mindset...

Managing Perfectionism

- Have learners define success for themselves
- Facilitate a plan for meeting *their own* standards?
- Help learners challenge beliefs that are not serving their definition of success

- ✓ *What would success look like in procedures for you during residency?*
- ✓ *“What do you have to do to get there?”*
- ✓ *“Why do you think you shouldn’t need supervision/assistance/practice to get there?”*

Defining Success

- What are some powerful questions you could ask to help your learner define success for themselves?
- “How would you know if you were doing it right?”
- “What expectation would you have for someone else learning this skill?”
- “In what ways are you already doing this right?”
- “What goal would you like to set around this skill?”
- “How might you get there?”

Pair and Share- PRACTICE

Partner 1: Speak for 3 min about a problem/challenge

Partner 2: Get curious! Ask 1 powerful question?

What felt different this time?

SWITCH!





Helpful & Powerful Questions

- How would you know if you were doing it right?
- How might you get there?
- What is working FOR you?
- Why is this a problem?
- What are you making it mean?
- What's the upside/downside to believing this?
- How is this belief serving you?
- What does this thought prevent you from doing? (inactions)
- What if this feeling is supposed to happen?
- What if you're wrong?
- How do you want to think about this now?



Tools to use in coaching

- Genuine Curiosity
- A safe and trusting space
- Powerful Questions
- Full Belief in your coachee

The many roles of a Medical Educator



Let's Recap Objectives:

- Identify the benefits and pitfalls of each “hat” a medical educator wears
- Define Coaching and differentiate it from other “hats”
- Practice using tools to hold effective coaching conversations with learners





Want to connect about coaching? I'd love to hear from you!
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BETTER TOGETHER

physician coaching

