



ASSOCIATION  
OF PEDIATRIC  
PROGRAM  
DIRECTORS

*Innovate. Inspire. In-Person.*

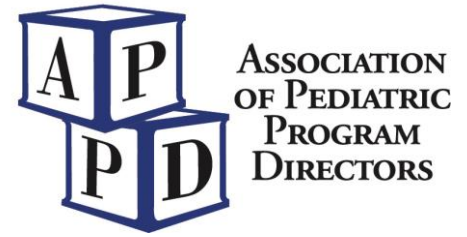
**APPD 2022 Annual Spring Meeting**



**May 16 - 19, 2022**

Sheraton San Diego Hotel & Marina





# **APPD Spring Meeting Grassroots Forum Fellowship Directors & Associate Fellowship Directors**

**Tuesday May 17, 2022  
10:15-12:15**

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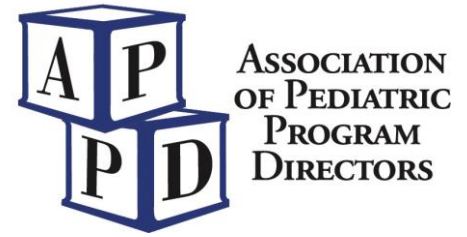
# APPD Fellowship Program Directors' Executive Committee

- Christine Barron, Chair
- Jenny Duncan, In coming Chair
- Jennifer Kesselheim- Past Chair
- Meredith Bone- Chair Elect
- Hayley Gans
- YoungNa Lee-Kim
- Lindsay Johnston

# Looking Ahead

- What is a goal you have prioritized for your program this year?

# ACGME & ABP Question/Answer Panel



## ACGME

- Caroline Fischer

## ABP

- Suzanne Woods
- Carole Lannon

My son Jake has critical congenital heart disease.

In 23 years of complex care at a top-notch hospital, I do not ever remember a doctor asking Jake or myself how we were coping emotionally. But there were many times when my husband and I, and Jake, were not coping well.

And although Jake has half a heart, the mental health struggles have been the more painful part of our journey in many ways.

-Diane Pickles

*Pediatrics. 2020; A Roadmap to Emotional Health for Children and Families with Chronic Pediatric Conditions*



# The Roadmap Project

*Improving the Resilience and Emotional Health of  
Children with Chronic Conditions and Their Families*



**Addressing the emotional health needs of patients and families with chronic conditions is important, evidence-based, and feasible.**





The  
Roadmap  
Project

[www.roadmapforemotionalhealth.org](http://www.roadmapforemotionalhealth.org)

[About](#) [Tools & Resources](#) [News & Events](#) [Roadmap College](#) [Contact Us](#) [Videos](#)

Improving the emotional health of children, adolescents, and young adults with chronic conditions and their families.

[Learn More](#)

Patients with chronic conditions and their families cite emotional health needs as one of their top concerns. ***However, you don't have to be a mental health professional to make a difference.***



The  
Roadmap  
Project



*How Can the Roadmap Project Support your Program?  
What Learning Methods Would Be Helpful?*

# Milestones 2.0

# Pediatric Subspecialties

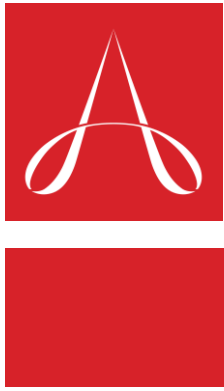
Laura Edgar

*Innovate. Inspire. In-Person.*



# **Milestones 2.0: Pediatric Subspecialties**

How We Got Here and the Journey There



# Milestones 2.0

- Thank you!!
- This work is only possible because of each of you!

# Dreyfus Developmental Model Stages

Dreyfus Stage	Description
Novice	Rule driven; analytic thinking; little ability to prioritize information
Advanced beginner	Able to sort through rules based on experience; analytic and non-analytic for some common problems
Competent	Embraces appropriate level of responsibility; dual processing of reasoning for most common problems; can see big picture; Complex problems default to analytic reasoning. Performance can be exhausting.
Proficient	More fully developed non-analytic and dual process thinking; comfortable with evolving situations; able to extrapolate; situational discrimination; can live with ambiguity
Expert	Experience in subtle variations; distinguishes situations



# What have we learned?

- Too many subcompetencies
- Language too complex
- Too much in each Milestone set
- More people want to participate
- Validity evidence is available



# What have we learned?

- DIOs dissatisfied with the wide variety of Milestones for non-PC/MK Milestones
- Performed a crosswalk of the Milestones within ICS, PBLI, PROF, and SBP for TY and 26 core specialties
- What did we find:
  - Self-directed learning was included 88 times;  
Communication with patients 73 times
  - We had **144** different ways to describe ICS!  
More than **200** ways to describe Professionalism!!





# Harmonized Milestones

- Created by 4 groups
- Milestones were created and put out for public comment which was very positive
- Asking each specialty to include subcompetencies and edit language as necessary
- Will allow for development of assessment tools



# What will be changing?

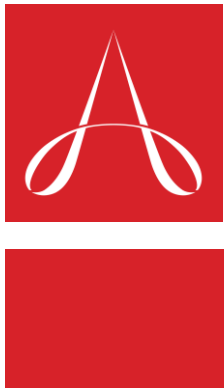
1. Ensure enough breath of subcompetencies
2. Provide enough specificity for understanding
3. Limit the number of rows to 3
4. Each row must be a complete developmental process



# What will be changing?

All subspecialties will use the same subcompetencies for SBP, PBLI, PROF, and ICS

Each subspecialty will have the option to add others as needed (e.g., Difficult Conversations, Informatics)

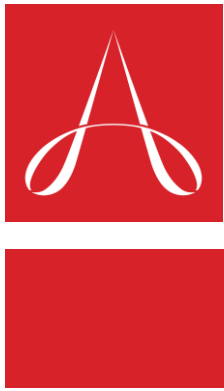


# Pediatric Subspecialties - OPTIONS

PC and MK will be determined by the individual subspecialty  
– in many cases EPAs are similar to Milestones

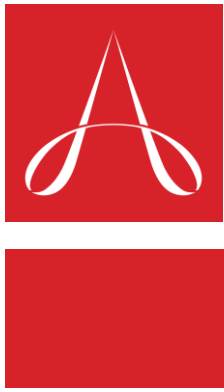
May choose to use the same (or some) as core Pediatrics  
and only create the Supplemental Guide

May choose to create their own subcompetencies and a  
Supplemental Guide



# So Far...

<b>Pediatrics</b>	<b># Subs Adapting/14</b>
PC1: History	7
PC2: Physical	7
PC3: Organize/Prioritize	6
PC4: Clinical Reasoning	10
PC5: Pt Mgmt	9
MK1: Clinical Knowledge	9
MK2: Diagnostic Eval	8

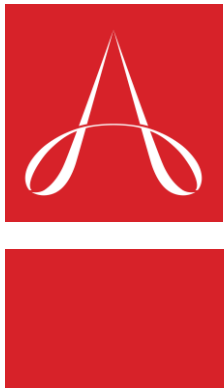


# Sample of Other Subcompetencies

Advocacy
Complex Communication
Confidentiality
Conflict Resolution
Consultative Care
Legal Principles
Medicolegal Communications
Procedures
Reassessment/Disposition
Speciality Specific (e.g., Malignant Hematology, Acute Kidney Disease, Neurodevelopmental Disabilities)



Patient Care 4: Diagnostic Studies	
<b>Overall Intent:</b> To apply the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management	
Milestones	Examples
<b>Level 1</b> <i>Determines the need for diagnostic studies</i>  <i>Reports results of diagnostic studies</i>	<ul style="list-style-type: none"> <li>Evaluates a two-week-old infant for a fever and determines that a work-up is indicated</li> <li>Reports the results of diagnostic tests such as a complete blood count and identifies the absolute neutrophil count without interpretation</li> </ul>
<b>Level 2</b> <i>Selects appropriate diagnostic studies and understands their risks, benefits, and contraindications</i>  <i>Interprets results of diagnostic testing</i>	<ul style="list-style-type: none"> <li>Independently follows diagnostic protocols for neonatal fever evaluation</li> <li>Independently interprets abnormal white blood count, urine analysis, and inflammatory markers</li> </ul>
<b>Level 3</b> <i>Considers diagnostic studies based on a prioritized differential diagnosis</i>  <i>Applies clinical significance of diagnostic study results</i>	<ul style="list-style-type: none"> <li>Considers other testing based on risk factors on history and physical exam (e.g., herpes simplex virus testing for febrile neonate with skin lesions)</li> <li>Manages positive diagnostic results such as nitrites on a urine analysis or positive gram stain on cerebrospinal fluid</li> </ul>
<b>Level 4</b> <i>Practices cost-effective ordering of diagnostic studies and identifies alternatives and the likelihood of studies altering management</i>  <i>Considers study limitations and discriminates between subtle and/or conflicting diagnostic results</i>	<ul style="list-style-type: none"> <li>Performs additional testing when indicated such as chest x-ray or respiratory viral studies in patients with respiratory symptoms only if it would alter management</li> <li>For a febrile neonate with a negative urine analysis, identifies that patient is still at risk for having a urinary tract infection and orders urine cultures</li> </ul>
<b>Level 5</b> <i>Educates others about the rationale in selection and interpretation of diagnostic studies in complex cases</i>	<ul style="list-style-type: none"> <li>Explains the rationale for different diagnostic and management approaches to a febrile infant when patients fall outside of standard protocols</li> </ul>
Assessment Models or Tools	<ul style="list-style-type: none"> <li>Direct observation</li> <li>Multisource feedback</li> <li>Simulation and case-based discussion</li> <li>Standardized patients</li> </ul>
Curriculum Mapping	<ul style="list-style-type: none"> <li></li> </ul>
Notes or Resources	<ul style="list-style-type: none"> <li>The American Board of Pediatrics. Entrustable Professional Activities for Subspecialties. <a href="https://www.abp.org/content/entrustable-professional-activities-subspecialties">https://www.abp.org/content/entrustable-professional-activities-subspecialties</a>. Accessed 2021.</li> <li>Choosing Wisely. American College of Emergency Physicians. <a href="https://www.choosingwisely.org/societies/american-college-of-emergency-physicians/">https://www.choosingwisely.org/societies/american-college-of-emergency-physicians/</a>. Accessed 2021.</li> <li>Jaeschke R, Guyatt G, Sackett DL. Users' guides to the medical literature. III. How to use an article about a diagnostic test. A. Are the results of the study valid? <i>JAMA</i>. 1994;271(5):389-391. <a href="https://pubmed.ncbi.nlm.nih.gov/8283589/">https://pubmed.ncbi.nlm.nih.gov/8283589/</a>. Accessed 2021.</li> <li>Jaeschke R, Guyatt GH, Sackett DL. Users' guides to the medical literature. III. How to use an article about a diagnostic test. B. What are the results and will they help me in caring for my patients? <i>JAMA</i>. 1994;271(9):703-707. <a href="https://pubmed.ncbi.nlm.nih.gov/8309035/">https://pubmed.ncbi.nlm.nih.gov/8309035/</a>. Accessed 2021.</li> </ul>



# Supplemental Guide



Document created to assist programs with Milestones assessment and the creation of a shared mental model within the Clinical Competency Committee



Used as a companion tool to the Milestones to provide more in-depth information and explanation



# Parts of the Supplemental Guide



OVERALL  
INTENT



LEVEL  
EXAMPLES



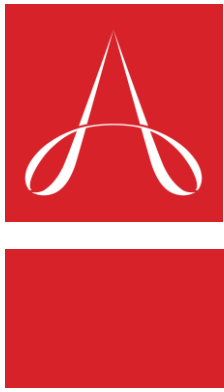
ASSESSMENT  
TOOLS



CURRICULUM  
MAPPING



NOTES AND  
RESOURCES



# Overall Intent



General statement about  
the milestone



Summary of the different  
levels and trajectories



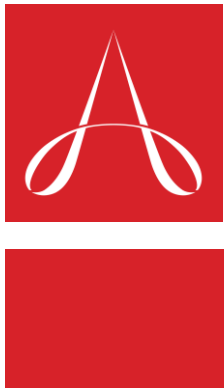
# Level Examples

Create specific examples that are observable at that level

These may change over time and should be updated

*These are not requirements for achieving a specific level*

Excellent opportunity for creating a shared mental model from the beginning



# Assessment Methods



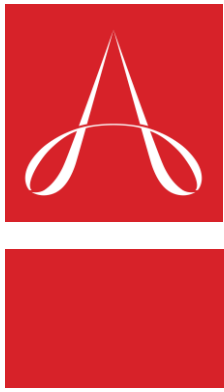
List of tools that programs  
can use to assess the  
Milestone.



If you have specific tools,  
name them

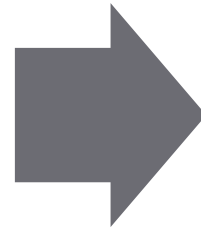


Examples: direct  
observation, simulation lab,  
mock orals



# Curriculum Mapping – Completed By Programs

Outline where in  
the curriculum  
the milestones  
are observed



*Not all  
Milestones are  
observed in  
every rotation!*



# Notes and Resources

Anything  
useful for  
the  
evaluation –  
consider  
what new  
members to  
the CCC  
might need  
to know

---

Definitions and clarifications

---

Online materials

---

Journal articles

---

Textbooks

---



# Questions







# Where do I find...?







# Milestone Webcasts

Less than 15  
minutes

Provides updates  
on changes to  
format and  
content

Explains use of  
the  
Supplemental  
Guide

Great for Faculty  
Development











Soon available  
on the Specialty  
page

## Milestones






\* Milestones Effective Date

-  [Addiction Medicine](#)
-  [Clinical Informatics](#)
  -  [Clinical Informatics \\* Effective July 1, 2022](#)
-  [Hospice and Palliative Medicine](#)
-  [Internal Medicine – Pediatrics](#)
-  [Medical Toxicology](#)
  -  [Medical Toxicology \\* Effective July 1, 2022](#)
-  [Pediatric Emergency Medicine](#)
-  [Pediatrics](#)
  -  [Pediatrics Subspecialty](#)
-  [Pediatrics – Anesthesiology](#)
-  [Pediatrics – Dermatology](#)
-  [Pediatrics – Emergency Medicine \(Combined\)](#)
-  [Pediatrics – Medical Genetics and Genomics](#)
-  [Pediatrics – Physical Medicine and Rehabilitation \(Combined\)](#)
-  [Pediatrics – Psychiatry – Child and Adolescent Psychiatry](#)
-  [Sleep Medicine](#)
-  [Sports Medicine](#)
  -  [Sports Medicine \\* Effective July 1, 2022](#)

## Milestones Supplemental Guides

-  [Addiction Medicine Supplemental Guide](#)
  -  [Addiction Medicine Supplemental Guide Template](#)
-  [Clinical Informatics Supplemental Guide](#)
  -  [Clinical Informatics Supplemental Guide Template](#)
-  [Hospice and Palliative Medicine Supplemental Guide](#)
  -  [Hospice and Palliative Medicine Supplemental Guide Template](#)
-  [Medical Toxicology Supplemental Guide](#)
  -  [Medical Toxicology Supplemental Guide Template](#)
-  [Pediatric Emergency Medicine Supplemental Guide](#)
  -  [Pediatric Emergency Medicine Supplemental Guide Template](#)

## Milestones Webcasts


-  [2021 Milestones Pediatrics Webcast](#)
-  [2021 Milestones Internal Medicine – Pediatrics Webcast](#)
-  [Milestones 2.0 Webcast: Sleep Medicine](#)
-  [2019 Milestones Hospice and Palliative Medicine Webcast](#)
-  [2019 Milestones Addiction Medicine Webcast](#)



<https://www.acgme.org/specialties/pediatrics/milestones/>

# Milestones Resources



## Faculty Development

Clinician Educator Milestones	»
Developing Faculty Competencies in Assessment	»
Resources for Assessment in the Learn at ACGME Online Learning Portal	

## Guidebooks

Assessment Guidebook	+
Milestones Implementation Guidebook	+
The Milestones Guidebook	+
Milestones Guidebook for Residents and Fellows	+
Clinical Competency Committee Guidebook	+
Clinical Competency Committee Guidebook Executive Summaries	+

## Other Resources

Use of Individual Milestones Data by External Entities for High Stakes Decisions	
Milestones FAQs	



LOG INTO

Accreditation Data System (ADS)

ACGME Surveys

Case Log System

Institution and Program Finder

What We Do

Designated  
Institutional Officials

Program Directors  
and Coordinators

Residents and Fellows

Meetings and  
Educational Activities

Data Collection  
Systems

Specialties

Home > Residents and Fellows > The ACGME for Residents and Fellows

## The ACGME for Residents and Fellows

The resources listed on this page provide information about the ACGME, its purpose, and the importance of its work to all physicians in training. We encourage you to learn more, ask questions, and get involved.

*The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.*

Through accreditation, innovations, and initiatives, the ACGME strives to ensure that residents and fellows train in educational environments that support patient safety, resident and fellow education, and physician well-being.

Accreditation

Recognition

Initiatives

### Quick Links

ACGME AWARE Well-Being  
Resources »

Back to Bedside Project List »

Back to Bedside Initiative »

Back to Bedside Project  
Highlights »

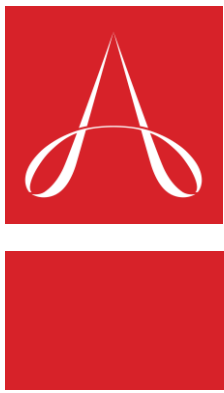
Report an Issue »

The ACGME is a private, 501(c)(3), not-for-profit organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsors them, and renders a decision on accreditation based on compliance with these standards. Accreditation is achieved through a voluntary peer review based on published accreditation standards. ACGME accreditation provides assurance that an Institution or program meets the quality standards (Institutional and Program Requirements) for a subspecialty practice(s) for which it prepares its graduates. ACGME accreditation is overseen by a board made up of volunteer specialty experts from the field that set accreditation standards and provide guidance.

### • Milestones »

As the ACGME began to move toward its current continuous accreditation model, specialty groups developed outcomes-based Milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

-  [Milestones Guidebook for Residents and Fellows »](#)
-  [Milestones Guidebook for Residents and Fellows Presentation »](#)
-  [Milestones 2.0 Guide Sheet for Residents and Fellows »](#)

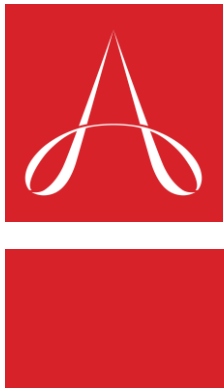


# Virtual and Live Educational Opportunities

DEVELOPING  
FACULTY  
COMPETENCIES  
IN ASSESSMENT

**A Course to Help  
Achieve the Goals of  
Competency-Based  
Medical Education  
(CBME)**



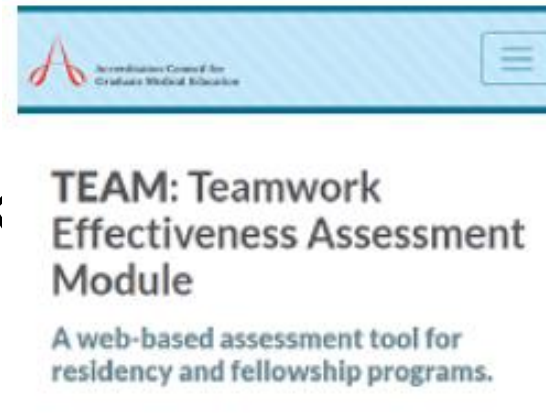


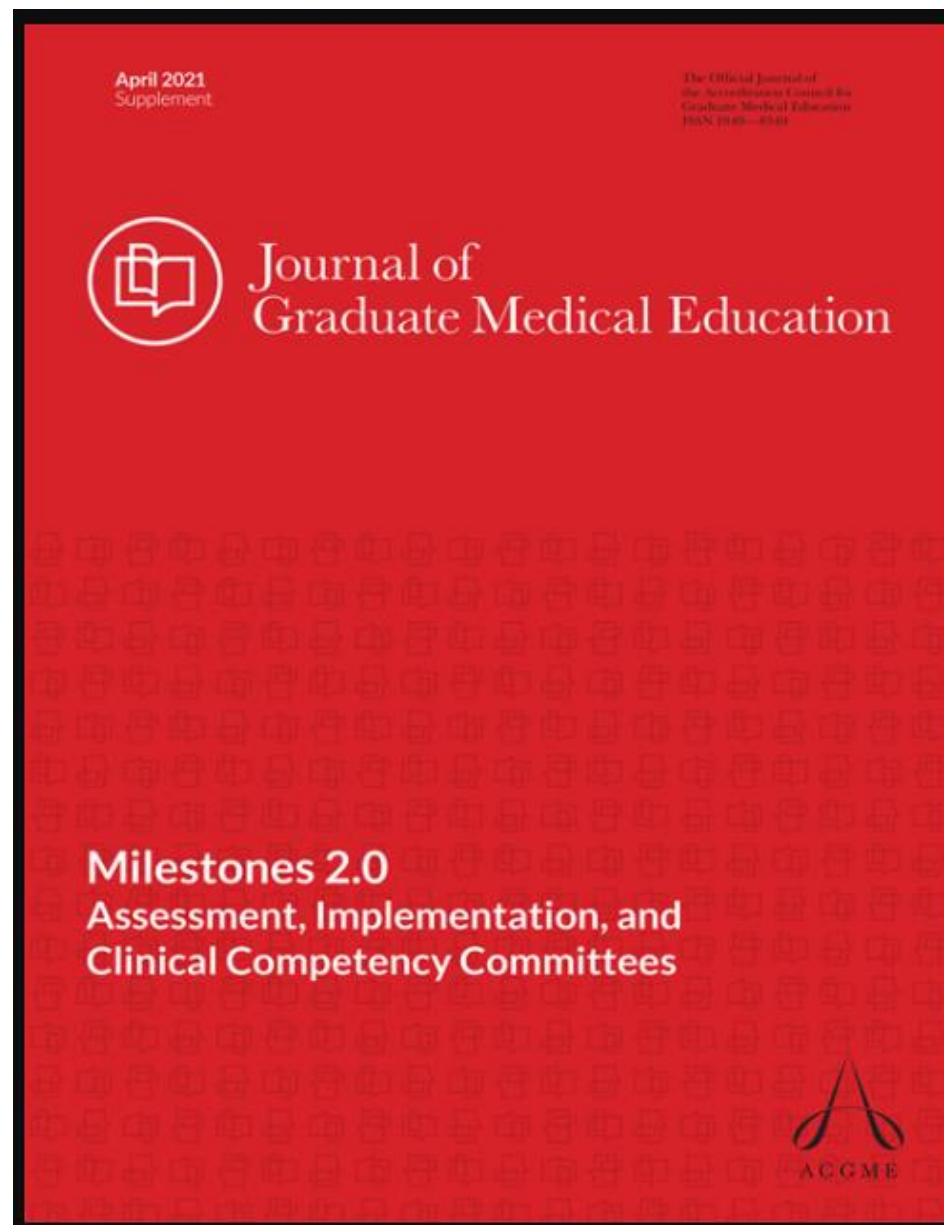
# Assessment Tools

TEAM – Multisource Feedback

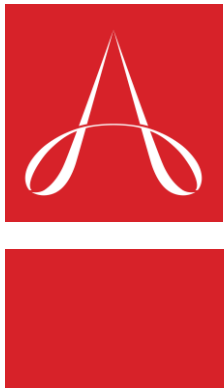
DOCC – Direct Observation

Available for free on Learn at  
ACGME





<https://meridian.allenpress.com/jgme/issue/13/2s>



# Here to help

## Milestones:

[milestones@acgme.org](mailto:milestones@acgme.org)

Laura Edgar

[ledgar@acgme.org](mailto:ledgar@acgme.org)



# Updates

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# Fellowship Timelines for 2023

## ERAS

- **Fellowship Applications:**  
Wednesday, July 6, 2022
- **Fellowship Programs Access:**  
Wednesday, July 20, 2022

## MATCH

Match Opens	August 24, 2022
Ranking Opens	September 28, 2022
Quota Deadline	November 2, 2022
Ranking Closes	November 16, 2022
Match Day	November 30, 2022

## Be on the look out for:




- Recruitment Recommendations-Virtual Café in June

<https://i0.wp.com/uufoc.org/wp-content/uploads/2018/03/Bee-on-the-lookout.jpg?ssl=1>

# Recruitment Subspecialty Open Houses


- Virtual recruitment for 2 seasons has highlighted to value of program visibility
- Residency programs have been holding virtual sessions through FuturePedsRes: <https://www.futurepedsres.com/>
- Proposal: Collaboration with APPD/CoPS: FEC:CEC
  - Several sessions in June with each subspecialty featured on a given day
  - Programs will each submit a slide from a template which will be available in the waiting room
  - Each program will host residents in a breakout room to **showcase** their program. Anyone from program can be there to speak with residents
- ***Pilot year, still in creation***

Explore program infographics from programs in the West Region!




UC Davis Children's  
Hospital

Sacramento, CA



Sun-ting Li, M.D., MPH  
Program Director



Laurel Sorenson  
Program Coordinator

### PROGRAM HIGHLIGHTS

Program goal: Train future leaders in pediatrics and child health

Program Aims:

- Develop community health advocacy skills needed to demonstrate compassionate, culturally sensitive care and advocate for underserved communities
- Develop skills, knowledge and experiences to serve as leaders within their community and their profession
- Develop lifelong learning, critical thinking and evidence based practice skills needed to be outstanding pediatricians

Academic Health Center in diverse community partners

Shiner's Hospital for Children

- 2 FQHCs - Sacramento County Health Center, Sacramento Native American Health Center
- HMO - Kaiser

### CURRICULUM

Longitudinal training and CAHLE's Curriculum + Supplemental Curriculum

Community Health Advocacy Leadership Institute  
<http://www.ucdavis.edu/programs/leadership-institute>

University Leadership Institute Program in pediatrics

### DIVERSITY INITIATIVES

The UC Davis Pediatric Committee on Epidemiology, Genetics and Health Equity Research focuses on health, medicine, youth and community research with special emphasis on underserved populations

Dr. Arthur and Dr. Sarah J. Kohn Center for Pediatric Research Leadership Graduate Fellowship Program for underserved populations and leadership to DIVERSITY Lines

### DETAILS

Program is an online and in-person of 22 hours

425 hours Minimum

Admission

UC Davis Health Center and the Sacramento County Health Center

UC Davis Health Center and the Sacramento County Health Center

UC Davis Health Center and the Sacramento County Health Center

UC Davis Health Center and the Sacramento County Health Center

UC Davis Health Center and the Sacramento County Health Center

### Location

One of the most diverse cities in the US


One of the largest refugee communities in the US

Capital of California


Farm to Fork capital

[www.ucdavis.edu](http://www.ucdavis.edu)


#PEDSMATCH21



@ucdpedresidency




[www.facebook.com/ucdpedresidency](http://www.facebook.com/ucdpedresidency)




@UCDavisChildren


WESTERN REGION




UC Irvine Children's  
Hospital Orange County

Orange, CA





Daniel Kang, MD  
Program Director



Veronica Melendez  
Program Coordinator

### PROGRAM HIGHLIGHTS

Access to 2 stand-alone children's hospitals in Los Angeles and Orange counties

Academic center with strong community presence and collaboration with School of Medicine

Wellness curriculum with protected wellness half-days, wellness physician consultant / Faculty/dividends for morning reports, noon conferences

Level II Pediatric trauma centers and Level IV NICUs at both CHOC and UCI's Miller's

#### CURRICULUM

Look up the details at [www.pedsresidency.org](http://www.pedsresidency.org)

Longitudinal tracks with excellent clinical and research opportunities

Oil project Grand Rounds

UCI Miller's is a designated DIVERSITY INITIATIVES

Holistic application review process with Diversity interview during recruitment

STAR (Service, Teaching, Advocacy, and Research) training program for incoming trainees

Health equity research program in the pediatric population

University sponsored programs, such as Health Equity certification, diversity-orientation programs

#### DETAILS

25 Curriculum and 2 Content Chart

Teaching positions available

Tracks in Primary Care, Hospitalist, Pediatrics, Neonatology, and Research, with subspecialty sub-tracks in Internal, Child Neurology, and Imaging


Strong fellowship matches, across the nation

Strong board pass rate, 100% last year


#### Location

Mountain to ocean access in beautiful Southern Orange, with Disney! just 15 minutes away

Diverse population with multiple community clinics across the region and unique populations including Latino, Vietnamese, Cambodian



@ucichocmillers



[pedsresidency@hs.uci.edu](http://pedsresidency@hs.uci.edu)

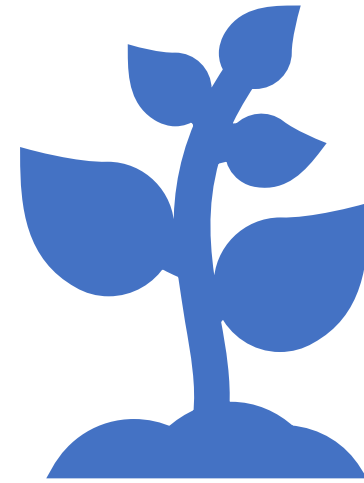
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# Coaching as a Tool for Fellowship Programs

Hayley Gans  
Meredith Bone  
YoungNa Lee-Kim

*Innovate. Inspire. In-Person.*

# Coaching as a Tool for Fellowship Programs



# Changing learning environment

- Medicine continues to evolve with complexity of patient care in the forefront
- Complexity of care teams to care for the increasingly complex patients
- In the digital era, content is readily accessible
- Changes to residency priorities mean changes to fellow experiences entering fellowship
- Emphasis on competency as assessment tools
- Is there time for learner assessment and development?
- What is the optimal learner development tool?



“No matter how well-trained people are, few can sustain their best performance on their own. That’s where coaching comes in.”

“When you play tennis, you may not be aware that your arm is not brought all the way forward or your foot work is not entirely adequate when you tackled that ball. A ball. A coach who is observing from the side can identify each step of the game and go and go over it with you to help you understand understand what needs to be improved and and what was done right. A good coach observes your unique game and missteps and missteps and provides effective feedback which



# Recommended by Coalition for Physician Accountability and American Medical Association

## Coalition for Physician Accountability



**27**

Targeted coaching by qualified educators should begin in UME and continue during GME, focused on professional identity formation and moving from a performance to a growth mindset for effective lifelong learning as a physician. Educators should be astute to the needs of the learner and be equipped to provide assistance to all backgrounds.



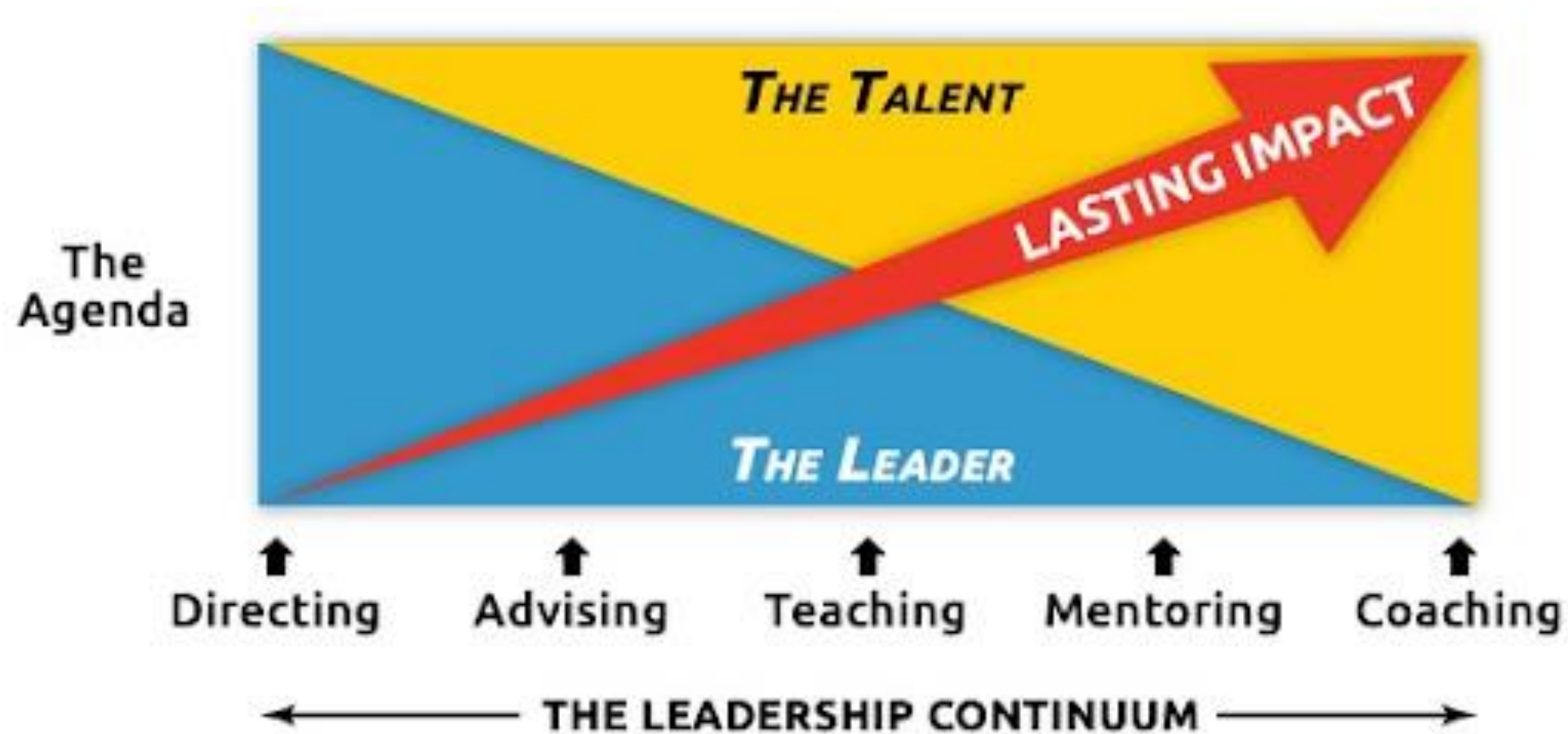
# How Prevalent is Longitudinal Coaching in Pediatric GME?



# What is Coaching?

- The Coaching Philosophy adheres to the notion that learning is never finished and to reach one's *maximum potential* requires an external viewpoint to correct or enhance performance.”
- Typically, a combination of asking Coaching questions to stimulate self-assessment, goal-setting and reflection on feedback.

# Where does coaching fit on the continuum



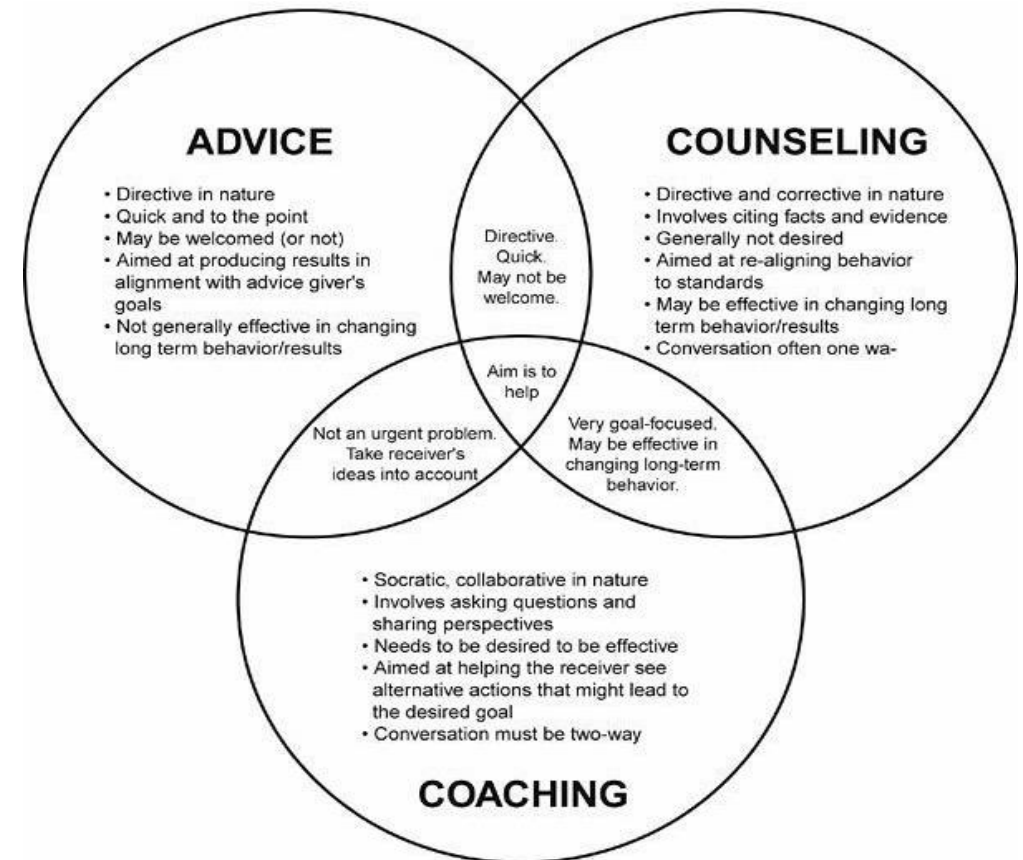
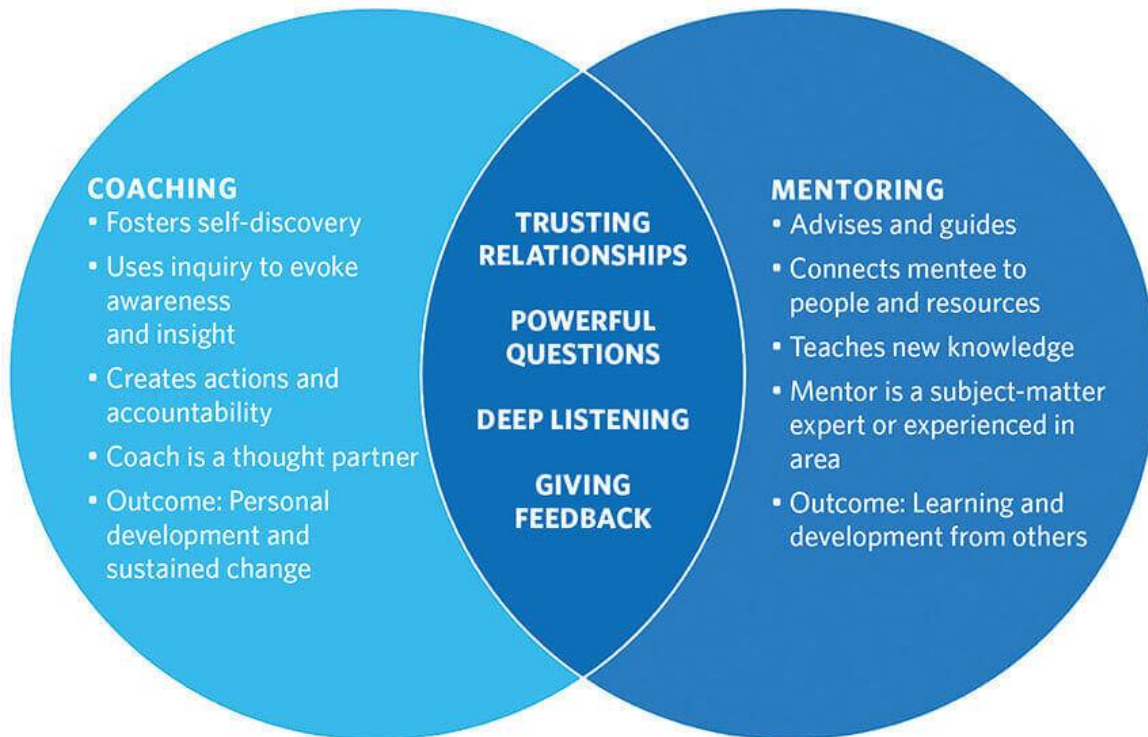


# Coaching vs mentoring

Topic	Coaching	Mentoring
Timeframe	Relationship is more likely to be <i>short-term</i> (up to 6 months or 1 year) with a specific outcome in mind. However, some coaching relationships can last longer, depending on goals achieved.	Relationship tends to be more <i>long-term</i> , lasting a year or two, and even longer.
Focus	Coaching is more <i>performance driven</i> , designed to improve the professional's on-the-job performance.	Mentoring is more <i>development driven</i> , looking not just at the professional's current job function but beyond, taking a more holistic approach to career development.
Structure	Traditionally more <i>structured</i> , with regularly scheduled meetings, like weekly, bi-weekly or monthly.	Generally meetings tend to be more <i>informal</i> , on an as need basis required by the mentee.
Expertise	Coaches are hired for their <i>expertise</i> in a given area, one in which the coachee desires improvement. Examples: Presentation skills, leadership, interpersonal communication, sales.	Within organization mentoring programs, mentors have more <i>seniority and expertise</i> in a specific area than mentees. The mentee learns from and is inspired by the mentor's experience.
Agenda	The coaching agenda is <i>co-created by the coach and the coachee</i> in order to meet the specific needs of the coachee.	The mentoring agenda is <i>set by the mentee</i> . The mentor supports that agenda.
Questioning	<i>Asking thought-provoking questions is a top tool of the coach</i> , which helps the coachee make important decisions, recognize behavioral changes and take action.	In the mentoring relationship, <i>the mentee is more likely to ask more questions</i> , tapping into the mentor's expertise.
Outcome	Outcome from a coaching agreement is <i>specific and measurable</i> , showing signs of improvement or positive change in the desired performance area.	Outcome from a mentoring relationship can shift and change over time. There is less interest in specific, measurable results or changed behavior and <i>more interest in the overall development of the mentee</i> .

# Advising vs Coaching vs mentoring

FIGURE 1. COACHING AND MENTORING — A COMPARISON



# Benefits of Coaching

- Improves physicians'
  - Individual learning and skill development (can increase speed of acquisition as well)
  - Motivation & engagement
  - Career satisfaction
  - Burnout
  - Patient satisfaction scores
  - Confidence
  - Communication skills

*Internal coaching outperforms external.*



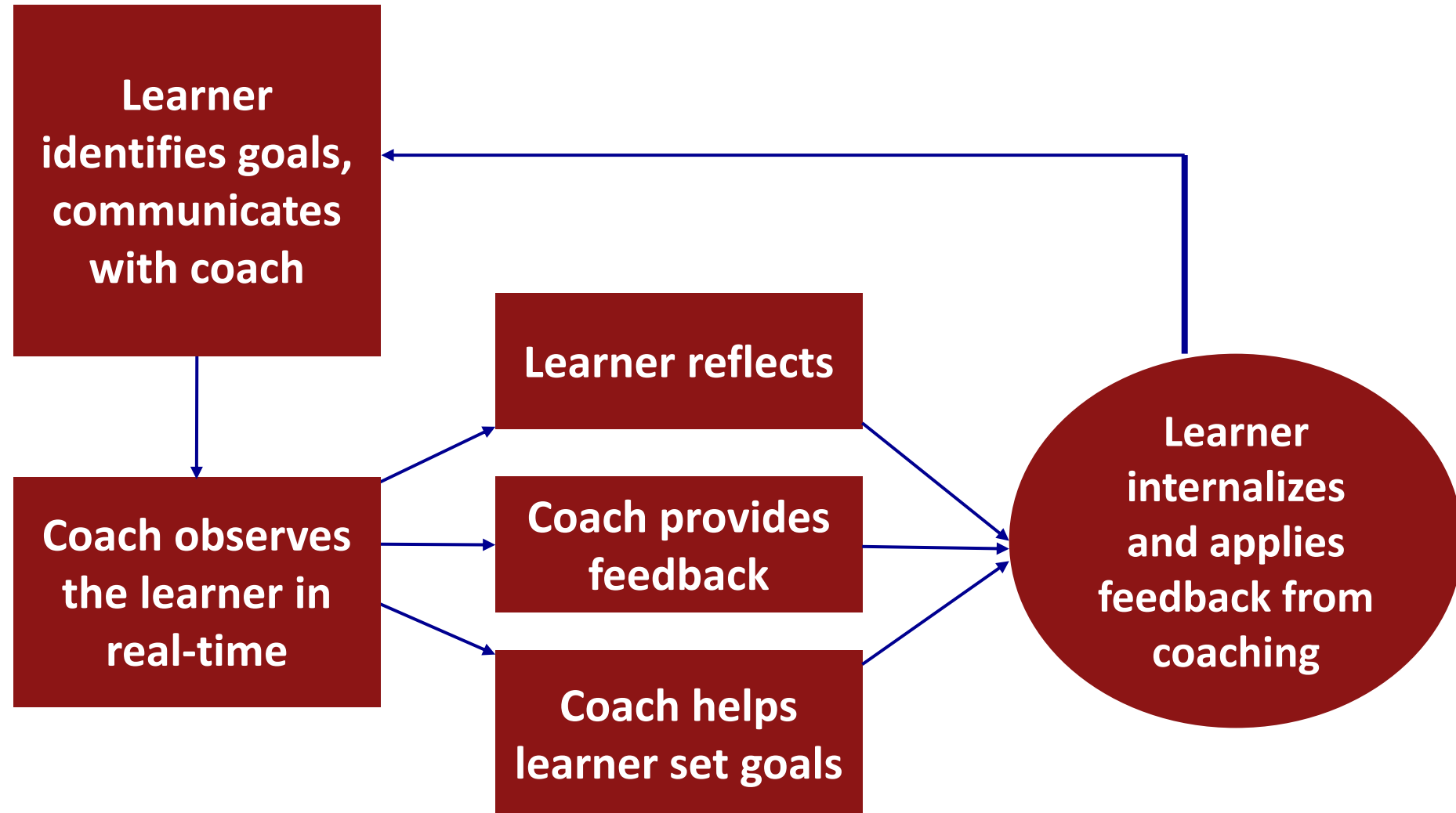
# Literature review

- *George et al:*
  - Learning Coaches helped Family Medicine residents significantly improve their goal-setting and reflection skills. (JGME 2013)
- *Ravitz et al:*
  - Coaching by psychiatrists using self-assessment and skills teaching improved Family Medicine residents' communication competence and self-efficacy with difficult patient encounters. (Acad Psych 2013)

# Literature review

- *Palamara et al:*
  - Positive psychology for interns in Internal Medicine resulted in lower rates of burnout in the residents who received coaching. (JGME 2015)
- *Sargeant et al:*
  - Developed R2C2, a Coaching Model that facilitates collaborative, reflective, goal-oriented feedback discussions for residents. (JGME 2017)
    - 1) build rapport
    - 2) explore reactions to feedback
    - 3) explore feedback content
    - 4) coach for change

# Coaching as a New Modality



# Impact of Coaching on Professional Identity

- Theme 1: Effective coaching is founded on **longitudinal, trusting, safe relationship** across multiple clinical encounters and includes **reflection, individualized formative feedback** that emphasizes strengths, and **goal setting**.
- Theme 2: Coaches create a **sense of belonging, acceptance, and legitimacy** in residency and provide emotional support.
- Theme 3: Coaches **promote personal and professional identity formation** by fostering clinical skill development, career exploration, work-life integration, self-reflection, growth mindset, and life-long learning.
- Theme 4: An exemplar coach is a **skilled clinician** and role model who is **approachable and invested in the resident**.

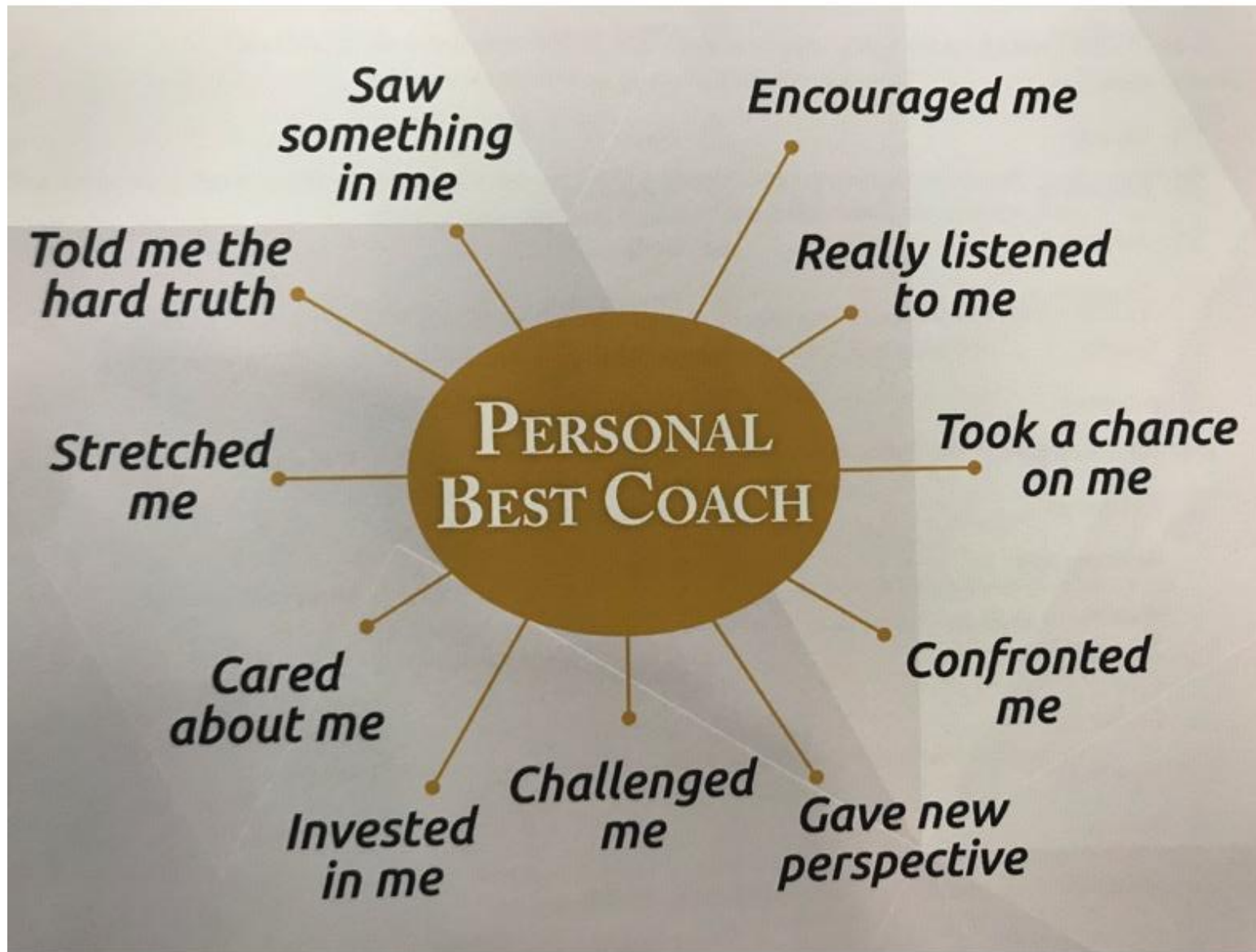
# Impact of Coaching on Coaches Themselves

- Theme 1: Coaches developed **deep and meaningful relationships** with trainees and with other coaches and faculty that contributed to their **sense of belonging and being valued** within communities of practice.
- Theme 2: Coaches experienced considerable **multidimensional learning and growth**, including in educational skills and perspectives, communication and clinical skills, and academic skills.
- Theme 3: Coaches' relationships with trainees and other coaches and faculty enabled learning in a variety of ways, including through **experiential, informal and formal learning**.
- Theme 4: Coaches' relationships and learning catalyze their **ongoing development of professional identity as educators** and fuel professional motivation and drive.





# Coaching basics





A bluepoint LEADERSHIP BOOK

# THE MASTER COACH

*Leading with Character, Building Connections,  
and Engaging in Extraordinary Conversations*

The Master Coach could well become the definitive book on creating a coaching culture.

—From the Introduction by Marshall Goldsmith

GREGG THOMPSON

## TOP 10 OUTCOMES OF GREAT COACHING

♦♦♦

*The primary objective of the coaching process is to help the Talent function at the highest level possible and, in doing so, seize opportunities that are available and constructively deal with adversities that they face. This becomes a reality when the Talent has:*

1. raised their standards of performance and career ambitions to scary heights.
2. redesigned how their precious time, attention and energy is invested.
3. eliminated those once-important practices and habits that no longer serve them well.
4. challenged and laid bare their most closely-held beliefs and assumptions.
5. set unbelievably ambitious goals for themselves.
6. de-junked their lives of incessant time-wasters, stresses, and distractions.
7. gained a greatly enlarged view of their amazing strengths and capabilities.
8. confronted and slayed the principal demons that had been blocking their way forward.
9. rediscovered their playful, creative side that had long been held in exile.
10. re-acquired a radical passion for work, life and the well-being of others.

## TOP 10 COACHING MISTAKES

♦♦♦

1. **TRYING TO BE A GREAT COACH**  
Instead, put your energy into helping the Talent become great.
2. **WORKING TOO HARD**  
It's your job to challenge the Talent to do the hard work.
3. **NOT SAYING WHAT NEEDS TO BE SAID**  
Always walk away empty knowing that nothing important was left unsaid.
4. **NEGLECTING TO ASK THE TALENT HOW YOU CAN BE MOST HELPFUL**  
You do not own the agenda, the Talent does.
5. **ASSUMING THE TALENT IS A CHALLENGE TO OVERCOME OR A PROBLEM TO BE FIXED**  
Coaching is not a project but rather a special relationship and conversation.
6. **TALKING TOO MUCH**  
Silence and attentive listening are some of the most powerful coaching tools.
7. **OWNING THE OUTCOME**  
The Talent owns both the success and the failures; you don't.
8. **GIVING EXCESSIVE WELL-MEANING ADVICE**  
This is a very weak form of coaching that makes the coach feel good but does little for the Talent.
9. **STEERING THE CONVERSATION TOWARDS THE PATH YOU KNOW IS BEST**  
The Talent is resourceful, creative, and perfectly capable of finding their own best path forward.
10. **FINISHING WITHOUT A COMMITMENT**  
Insist that the Talent promises to advance their cause in some way.



# Characteristics of Effective Coaching

- Nonjudgmental
- Positive and respectful
- Build connections—allow others to get to know you
- Fully present. Set everything else aside to focus on coachee
- Listen carefully. Coach should talk no more than 25% of the time
- See big picture, reframe things
- See the best in others, help them see that vision
- Unveil blind spots
- Create options

# The Art of Listening

“Seek first to understand, then to be understood,” or listen first then speak.

- Important for building trust and understanding
  - Understanding does not mean agreement
  - Understand how the coachee thinks
- Level 1
  - primary focus of the listener is on their own thoughts, opinions, judgments and feelings
  - appropriate when we are facing a decision or when we must collect information.

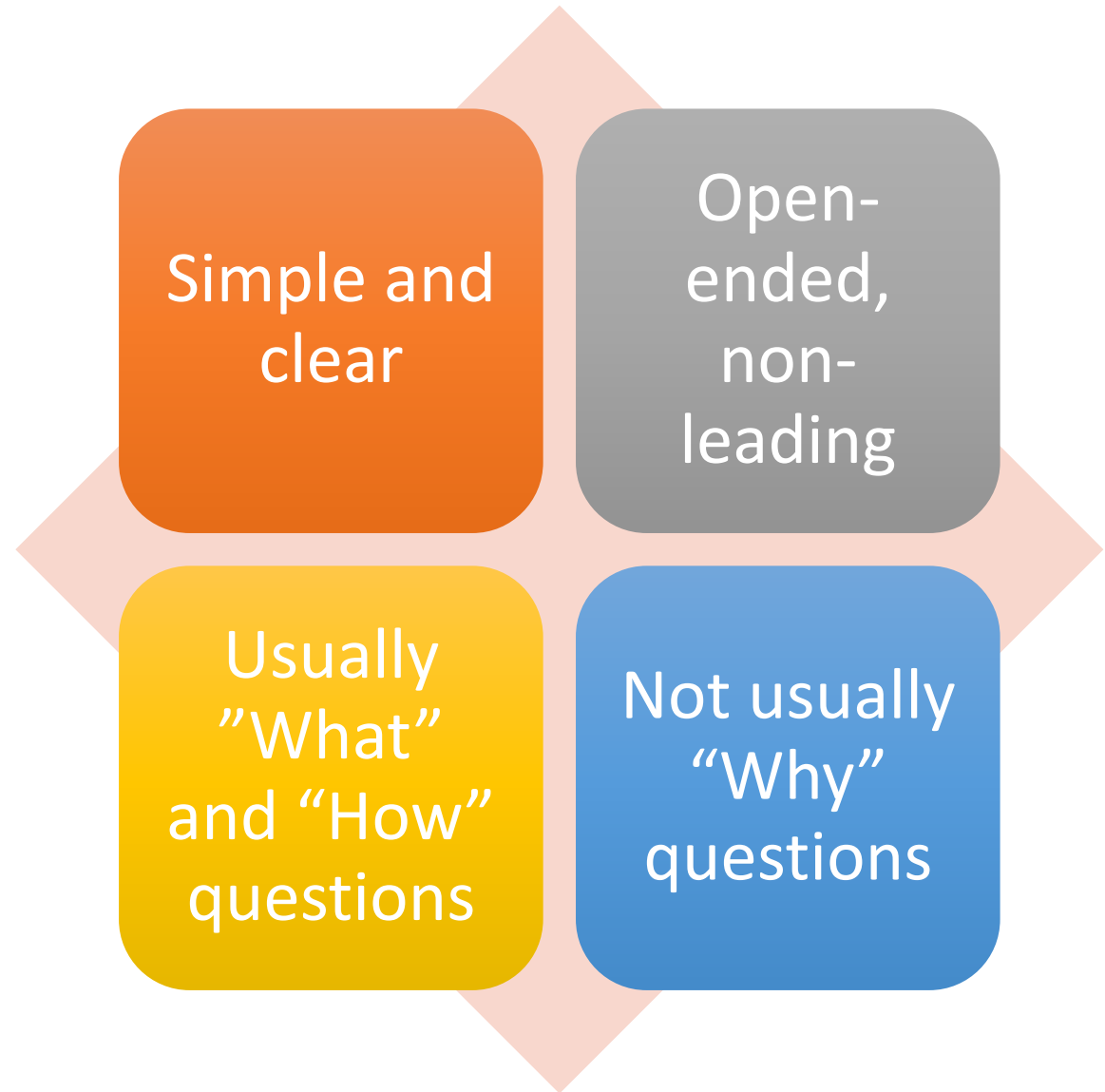
# Levels of Listening

- Level 2
  - undivided attention of the listener is entirely on the speaker. This means not only hearing what is being said but also noticing how it is said. It involves paying attention to the tone of voice, body language and facial expressions.
  - listener can tune in to the meaning of the words, choose a way to respond, and assess the effect of the response on the speaker.

# Levels of Listening

- Level 3
  - In addition to level 2 approach, this adds the use of intuition and being open to receiving more information in any form that it presents itself. This means tuning in not only to the conversation but to the environment.
  - A feeling that all that is being said is not fully exploring the issue, ie “I understand that you are happy with the results, but I have a feeling that you have something else on your mind.” Be attentive to the answer, could be yes or no and go in either direction.

# Effective Coaching Questions





<b>G</b> <sub>oal</sub>	What do you want? What will that get you? What is exciting about this goal? What's even more important than this goal? How will you measure the results? What does success look like? What's the big picture?
<b>R</b> <sub>eality</sub>	How are things going right now? How do you feel? What values and needs are most important? What is the biggest concern? What resources are available? What barriers do you face? What does the resistance really mean?
<b>O</b> <sub>ptions</sub>	What are some of the ways you could approach this issue? Would you like to brainstorm some options? In your wildest dreams, what strategies would you choose? If you had more money, time or authority, what would you do? What if you could start all over? What are some of the advantages and disadvantages of each option?
<b>W</b> <sub>ay Forward</sub>	Which option is your best choice? When will you get started? What's the first step? What else do you need to do? On a scale of 1-10, how committed are you to this plan? What would take you to a ten? What accountability structures would support you? How will you celebrate success?

# Ways that Programs can use coaching

- Personal vs Programmatic
  - Personal coaches for trainees
    - Highly beneficial for personal growth
      - Can be very costly (time and effort)
    - Can be directed at specific skills
  - Personal coaches for faculty
    - Can be as specific to teaching or more generalized to
- Coaching methods integrated into programmatic
  - ILP process
  - the semiannual review
- Use for the struggling learner/faculty

# Small Group discussions

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20 minutes





## Reflection:

- . What has been your experience being a coach or receiving coaching?
- . Does your institution have a formal coaching program?

## Application:

- . Where do you think the potential best benefit would be in your program?
- . What additional resources have been or would be useful for you?
- . What barriers are there to improving your own coaching skills?
- . What challenges do you foresee in implementing this programmatically?
- . What are ways to mitigate these barriers and challenges?



# Report Out

5 minutes

# Needs Assessment

*Innovate. Inspire. In-Person.*



- **What topics are you interested in for future meetings?**
  - Virtual Café
  - APPD Fall Meeting
  - APPD Spring Meeting
  - Forum for Fellowship Leaders

- **How can the APPD FPD EC help you meet the goal you have prioritized for your program this year?**

- **Have you used the Fellowship Program Directors' Handbook?**
- **What other projects would you find helpful for the APPD FPD to complete?**

# Evaluation

Please complete an evaluation  
to help improve our future conferences

*Innovate. Inspire. In-Person.*

# Save the Date

**APPD 2022 Annual Fall Meeting**

October 13 - 14, 2022

Renaissance Arlington Capital View Hotel  
Arlington, Virginia

*Innovate. Inspire. In-Person.*



# Thank you

