COACHING

WHAT IS COACHING?

A coach is defined as a person **guiding** another through a process, **leading to performance enhancement**. Applications can vary; helping an individual to do some task better, developing a skill they don't yet possess, or providing guidance to achieve a specific project. (RCPSC)

TIPS FOR COACHING IN CBD (Competence By Design)

- Plan for frequent work-based observations
- Many will be brief observations of milestones (parts of an EPA [Entrustable Professional Activity])
  - E.g. For EPA Managing episodic/longitudinal care you may observe only communication of the plan to patient/family
- Complete EPA form as soon as possible after observation
- Provide real-time **coaching** not just feedback

IMPROVING YOUR COACHING/FEEDBACK

Here are some options and tools for structuring your coaching and feedback. Choose what works best for you.

Be specific when coaching or giving feedback.

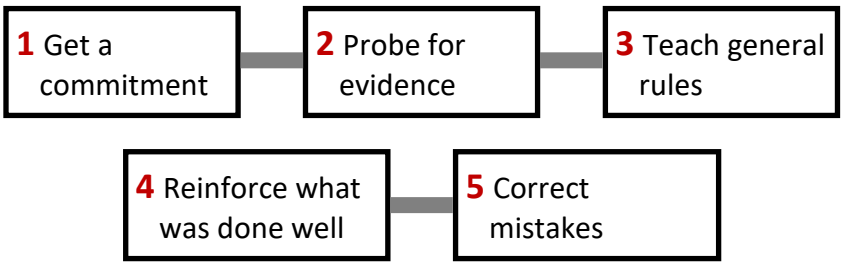
INSTEAD OF:	**TRY:**
Read more.	Read more about pathophysiology of cyanotic heart disease.
Avoid use of medical jargon.	When you used the words xx and yy, I saw their eyes glaze over and you lost their attention.

FEEDBACK GRID

What should they **CONTINUE** to do	What should they do **MORE** of
What should they do **LESS** of	What should they **STOP** doing

ONE MINUTE PRECEPTOR

Incorporating effective teaching and feedback techniques into your everyday clinical interactions with learners can be done efficiently in the moment. Below are some easy to remember tools to help learners and teachers get the most out of clinical interactions.



SNAPPS FRAMEWORK

Does the learner:

S: **S**ummarize briefly history & physical
N: **N**arrow the differential
A: **A**nalyze the differential
P: **P**robe the preceptor
P: **P**lan management
S: **S**elect topic for self-directed learning

COACHING IN THE MOMENT (RX-OCD)

(Royal College of Physicians and Surgeons of Canada, 2017)

In CBD, frontline clinical teachers do not make overall competence judgements about learners. Instead the expectation is that they observe trainees in practice and provide written-verbal "coaching feedback" designed to promote learner growth. This is part of the Coaching in the Moment process **RX-OCD**:

- Establish **R**apport
- Set E**X**pectations
- **O**bserve the trainee
- Engage in **C**onversation for self-assessment and your assessment
- **D**ocument the assessment on an EPA form

WORK BASED ASSESSMENT TOOLS IN PRACTICE

In CBD, both trainees and observers initiate practice observations. These may be direct or indirect. Optimal performance feedback results from direct observation, however this is not always feasible given workflow demands or desire for increasing trainee independence. Regardless of the WBA (work based assessment) tool used, or whether observations are direct or indirect, clinical teachers observing trainee performance should remember:

- Narrative comments focused on behaviour specifics are the ***most valuable information in any WBA tool***. Good comments provide trainees with detailed guidance for improvement and competence committees with rich context for the performance ratings.
- Isolated practice activities are linked to, but not inclusive determinants of EPA achievement (e.g. obtaining clear CSF is only one part of the lumbar puncture EPA). WBA tools provide performance rating information and feedback specific to only that activity and content. As an observer, you are not deciding a trainee's overall competence moving forward.
- Trainee progression decisions are informed by multiple observations using an entrustability scale.

NARRATIVE FEEDBACK AND PROCEDURE FORMS

Do you have feedback for a resident who is not on rotation with you? Maybe based on observing a resident on-call or during a teaching session? Use the narrative feedback or procedure form and choose "on call" as the rotation. If observing or providing feedback to a resident that is on your service, please choose the correct rotation.

RESIDENT PERFORMANCE

As pediatricians we all understand the importance and sequences of development of our patients. Achieving competence in any area is a developmental process. Does your division support a developmental model of resident performance?

Hauer describes 2 paradigms of performance assessment and asserts that, consistent with CBD, we should strive for a developmental model of residency training.

Paradigm	Problem Identification Model	Developmental Model
Goal	Identify and deal with struggling residents	Support and coach the steps to mastery for all residents
Focus	Global performance	Individual development
Risk	Average or high performing residents don't get helpful feedback; Fear and avoidance of high stakes feedback by staff and trainees	Perceived as time-consuming
Benefit	Serves quality assurance purpose in identification of struggling resident	Serves a quality improvement approach; Identifies strengths, weaknesses and strategies

		for continuous improvement

Tips for implementing a developmental approach include: using a milestones approach (expect them to walk before running); using developmental language when giving feedback (in order to master… you should next work on...) and incorporating multiple domains of performance into feedback (medical expert, communicator etc).