

Executive/life coaching for first year medical students: a prospective study

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Reference: <https://doi.org/10.1186/s12909-019-1564-4>

This study from Georgetown University examined an intervention with second semester, first year medical students by professional coaches during what was identified as a particularly stressful part of their early program. The students received 2 group and 2 private sessions. Thirty seven students completed the abbreviated program. Positive results included increased self efficacy in stress management, awareness of thoughts about stress and management of those thoughts. Overall assessments of resilience did not change, but subscales of control and spiritual influence showed significant positive change. Overall, about 40% of students reported decreased stress and 40% reported no change.

Comment: This study used only 2 coaches and yet managed to have a useful impact during a very formative phase of students' medical careers. While the term "resilience" can be controversial, not establishing a pattern of success in managing stress early in careers can only make dealing with it later even more challenging. This was a proof of concept type of study, but extending this by a combination of external/internal coaching and making this available over a longer period of time would be intriguing.

Workplace mentoring of residents in generic competencies by an independent coach

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Reference: <https://doi.org/10.1007/s40037-018-0452-7>

This small but intriguing qualitative study from University Medical Center, Groningen, The Netherlands used a non-physician professional coach with extensive healthcare experience to observe and then use coaching skills to assist 10 pulmonology residents develop "generic" skills that were not specific to the more technical requirements of their discipline. The program created opportunities for reflective discussion on approaches to communication, professionalism and collaboration. Despite "considerable skepticism" which the authors speculate is based on the trainees' impressions of more didactic approaches to teach these skills, the residents expressed enthusiasm for the intervention after the program. Areas highlighted included ability to better manage work-life boundaries and asserting themselves in the workplace.

Comment: While this study did use an experienced healthcare coach, the coach was not a subject matter expert for the specialized career course of these residents. The ability of the coach to observe and question in search of benefit for the client is well demonstrated here. A larger study and investigation of ways of scaling up this type of approach are definitely required.

How group coaching contributes to organisational understanding among newly graduated doctors

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Reference: <https://doi.org/10.1186/s12909-020-02102-8>

This qualitative study from Aarhus University in Denmark saw 45 new graduates receive a program of up to 8 group coaching sessions of varying length. Interestingly, the program uses the CanMEDS competency framework. The coaching was provided by 2 trained coaches, both with health professional backgrounds who used a systemic coaching framework including a focus on conflict management, incorporating presentations and fieldwork. The narratives of the residents provided a rich description of the challenges of moving into the clinical culture and learning the “hidden curriculum”. The participants ascribed benefits in socialization, relations and interprofessional communication and emerging leadership skills. Importantly, the group formatted the development of supportive peer relationships early in their career course.

Comment: This study demonstrates the potential efficiency of group coaching as a way to maximize penetration of coaching expertise into the entry level of an organization. The contribution to developing peer supported responses to resolving the mysteries and stresses of the “hidden curriculum” is an interesting benefit.