

Abstract Form

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Project Title:	Designing and Implementing a Resident-Run Clinical Coaching Program

Research Category (please check one):

<input type="checkbox"/> Original Research	<input type="checkbox"/> Clinical Vignette	<input type="checkbox"/> Quality Improvement	<input checked="" type="checkbox"/> Medical Education Innovation
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Abstract

Introduction

Residents are responsible for a significant portion of clinical teaching and providing feedback in medical education today in many teaching hospitals. Clinical coaching is a distinct modality to facilitate clinical growth of trainees. It adopts methodologies from sports and business and translates them to the clinical arena focusing on clinical skills including taking a patient history, performing a physical exam, presenting patients on rounds, writing notes, and developing clinical reasoning. Coaching at its core differs from mentorship and advising because it is learner-driven, focusing on direct observation and facilitating learner self-reflection and self-directed clinical growth. We designed and implemented the Resident-Run Clinical Coaching Program to provide residents the opportunities to serve as coaches for medical students on their internal medicine clerkship.

Methods

We obtained IRB approval for this project, which started in May 2021 and is currently ongoing. Eligible participants as coaches include third-year medical students from UCLA who rotate at UCLA Ronald Reagan Medical Center for their internal medicine clerkship. These students are notified of this voluntary program during their orientation and via email and are able to sign up via Qualtrics survey where they can identify target clinical skills they would like to improve. After we have identified the students in need of a clinical coach, students are paired with UCLA internal medicine residents in the Medical Education Pathway (MEP) on their elective rotations for 90-120 minute coaching session. Coaches complete a pre-coaching Qualtrics survey and are then provided with a general coaching introduction and coaching resources which discuss the COACH/DIRECT model. After the session, coaches complete a post-coaching Qualtrics survey. Students complete their post-clerkship survey as part of their clerkship evaluation which includes added questions about the coaching program.

Results

From completion of program in 1 year, we have had 17 resident coaches, 27 student coachees, and 27 coaching sessions. We have had 11 coaches complete pre-coaching surveys and 10 coaches complete post-coaching surveys. In pre-coaching survey, residents were asked whether they were familiar with clinical coaching as an entity and how it differed from traditional mentorship and advising. Initially, 82% of residents agreed that they were familiar with clinical coaching which dropped down to only 50% after they completed a coaching session. The coaching sessions covered a variety of clinical skills focused on during coaching sessions: history taking, physical examination, oral presentations, note writing, efficiency skills, and communication skills. After completing a coaching session, 90% of resident coaches agreed that residents would benefit from additional clinical coaching opportunities. And 80% of resident agreed that this program improved their clinical coaching skills.

Conclusions

Overall, our Resident-Run Clinical Coaching Program is unique in that it is learner-driven, focusing on direct observation by a coach who is not responsible for medical student's evaluation. Interestingly, there was a 30% reduction in resident familiarity with clinical coaching from the pre- to post-survey. We hypothesize that this may reflect a deficit in the robustness of our coaching curriculum for residents. Next steps in our program include creation of a clinical coaching specific workshop to include introduction and strategies for coaching.