The Development of a Set of Coaching Competencies for Medical Education Using a Modified Delphi Approach

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Purpose: Coaching is emerging as a way to support learners’ academic, professional identity, and well-being goals in medical education. To date, there is scant literature on ways to assess coaches and evaluate coaching programs so that the benefits of coaching can be quantified and investments into coaching justified. One piece of this gap is to identify the core competencies of a coach. The International Coaching Federation (ICF) has published coaching competencies, though these relate to leadership and executive coaching. The National Board of Health and Wellness Coaches, in collaboration with the National Board of Medical Examiners, has developed coaching competencies and national certification for health care providers to support patients and providers. These have more basis in science and incorporate positive psychology, self-determination theory, and are aligned with intentional change theory, which academic coaching often incorporates. However, neither of these competency frameworks were specifically designed for coaching in medical education.

Coaching competencies specific to medical education can allow for better program evaluation and also guide the hiring and training of individual coaches. We describe the creation of a set of coaching competencies for medical education using a modified Delphi approach.

Methods: The expert panel study team comprised 7 national experts in the field of coaching and/or assessment, 4 of whom are certified coaches. A modified Delphi approach was taken with the following steps: (1) A national American Medical Association Thematic Coaching Meeting was held in October 2018. Attendance was open to the AMA Accelerating Change in Medical Education Consortium schools and we also solicited and invited experts in the fields of coaching, adaptive learning, neuroscience, and medical education. At the conference, an initial discussion was held, led by the study team and informed by our review of the literature. The discussion allowed participants to brainstorm categories and individual competencies, using the ICF model as a starting point. (2) Three rounds of consensus process followed among members of the expert panel in which 4 domains were identified and competencies were finalized.

Results: All 7 members participated in the 3 Delphi rounds. Panelists were asked to focus on expected competencies for a coach working with learners across the medical education continuum. This process resulted in 13 competencies in 4 domains: (1) Coaching process and structure: establishing the coaching agreement, meeting management, managing process and accountability, and coach self-monitoring. (2) Relational skills: establishing meaningful coaching relationships, emotional intelligence, adaptability, and effective communication. (3) Coaching skills: fostering development of master adaptive learners, facilitating coachee well-being and professional fulfillment, and emphasizing cocreative collaboration. (4) Coaching theories and research: identifying current coaching models and tools to support learning and flexibility.

Discussion: We identified competencies for coaches working with medical learners. They share overlap with the ICF competencies but have important differences that reflect the unique learning environment in medicine and needs of these learners. Future directions would include identifying more granular ways to assess coaches based on each competency, creating tools to support coach development across the competencies, and assessing how each competency affects the effectiveness of the coach.

Significance: These competencies can be used to develop learning objectives and coach development curricula. They can also form the basis of coach assessment and evaluation of individual coaches and coaching programs, which are essential components to demonstrating efficacy and value.

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