

Professional Development Coaching for Residents: Results of a 3-Year Positive Psychology Coaching Intervention

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INTRODUCTION

Residents are more likely to experience burnout compared to their age-matched peers.¹ The Accreditation Council of Graduate Medical Education (ACGME) has mandated that residency programs address resident and faculty well-being through their Clinical Learning Environment Review (CLER) program.²

Positive psychology coaching can help residents connect with and achieve positive emotions, meaningful relationships, strengths, engagement, and purpose.³ We implemented the Professional Development Coaching Program (PDCP) in our internal medicine residency program in 2012 and demonstrated a reduction in intern emotional exhaustion (EE) after year 1.⁴ In this paper, we report on the experiences of residents after year 3.

METHODS

Setting and Participants

The PDCP included 179 residents who were assigned a coach in the 2014–2015 academic year. Pairs were expected to meet quarterly and participation was logged administratively. We

define full participation as ≥ 3 meetings per year; there was no consequence for not participating.

Intervention

Using positive psychology and coaching principles, the PDCP trains volunteer faculty “coaches” to work with resident “coachees,” intentionally matched outside of their discipline. Coaches were provided with a guide for each meeting. All meetings included reflection on experiences, goal-setting, and directions for engaging in a positive psychology coaching dialogue. Annually, each initial meeting focused on what personal and professional success would look like for that academic year, and ended with reflection on accomplishments. Year 1 included strengths exploration, coping with stress through building resilience, and finding engagement and meaning in their work. Year 2 added development of leadership capabilities and emotional intelligence. Year 3 added authentic leadership, finding their passion and purpose, and cultivating life’s lessons.

Measures

The measures used to assess the program process included (1) participation (administrative data), (2) communication (survey), and (3) reflection (survey). PDCP outcomes were (1) improved coping skills; (2) improved perception of professional roles/relationships; (3) decreased (EE) on the Maslach Burnout Inventory; (4) coachee experience; and (5) residency satisfaction.^{5,6}

Table 1 Coaching Program Measures and Coping

Trainee challenges	Participation			Quality of communication with a coach			
	Full (%)	Partial (%)	<i>p</i> value	Excellent (%)	Good (%)	Fair/poor (%)	<i>p</i> value
Coping with stress	70	35	0.0004	73	44	12	0.0001
Distress in personal life	80	51	0.002	86	56	24	0.0001
Information processing	67	35	0.001	78	30	6	0.0001
Work-life balance	70	28	0.0001	66	44	18	0.001
Work relationships	70	40	0.002	78	33	24	0.0001
Self-confidence	85	53	0.0005	88	67	24	0.0001
Administrative burdens	45	14	0.001	51	7	6	0.0001

The survey stated the following: “In previous research, the following have been noted as major challenges for trainees. For each one, please indicate if you believe the coaching program has improved your ability to cope.” Responses were examined by resident participation and quality of communication with coach

Table 2 Program Processes with Coachee Experience, Workplace, and Coaching Program Satisfaction

Workplace and coaching program satisfaction	Participation		Quality of communication		Opportunity to reflect		p values†	Fair/poor, N=20	p values†
	All, N=104*	Residency at MGH	Excellent, N=59	Good, N=27	Excellent, N=35	Good, N=49			
Residency at MGH									
Experience being a coachee									
Excellent	42	40.4	37	4	24	11	<0.001	7	<0.001
Good	34	32.7	18	13	5	23		6	
Fair/poor	28	26.9	4	10	6	15		7	
Recommend qualified applicants pursue residency at MGH									
Definitely would	67	65.0	41	20	31	31		5	
Probably would	28	27.2	12	7	2	16		10	
Probably/definitely would NOT	8	7.8	6	0	1	2		5	
Recommend coaching to future programs									
Definitely would	32	43.2	29	3	15	10	<0.001	7	0.017
Probably would	26	35.1	13	8	4	17		5	
Probably/definitely would NOT	16	21.6	3	7	4	9		3	

*One respondent did not provide answers to any of these survey items

†From chi-square tests with outcomes dichotomized as top-box vs. others. Residents were first asked to rate their experience as a coachee (excellent, good, fair/poor). Residents were then asked to answer the following two questions using a 4-point Likert scale (definitely would, probably would, probably would not, or definitely would not): "Given what you now know about your training experience, would you advise a qualified applicant to pursue a training here?" and "Given what you know about the Professional Development Coaching Program, would you advise other training programs to implement a coaching program?" The first question was an indicator of workplace satisfaction and the second was a marker of coaching program satisfaction. Responses were also stratified by participation, quality of communication with coach, and self-reported opportunities to reflect on one's own performance

RESULTS

Characteristics of respondents and non-respondents were similar in terms of age, race, ethnicity, program year, and EE. Fifty-six percent were full participants. Survey completion and coaching participation were greatest in first and third years; 81.9% rated communication with coach as “excellent or good” and 80.0% reported “excellent or good” opportunities for reflection.

Perceived Coping Skills, Roles, and Relationships

Residents who participated fully in the program and had positive quality of communication with their coach were significantly more likely to report higher coping skills and better working relationships in several dimensions (Table 1).

Emotional Exhaustion

Residents who reported fair/poor opportunities for reflection were more likely to report high EE (85.0% vs. 44.9% from those reported good opportunities or 31.4% from those reported excellent opportunities, $p < 0.001$). EE did not differ by program year or full vs. partial participation.

Coachee Experience and Residency Program Satisfaction

Overall, 73.1% of coachees reported excellent/good experiences being a coachee, 92.2% of coachees would “definitely or probably recommend” our residency program to an incoming applicant, and 78.3% would “definitely or probably recommend” a coaching program to other residencies. Table 2 shows bivariate relationships of process and outcome measures. Extent of participation was significantly associated with an “excellent” overall experience of being a coachee (54.1% vs 20.9%, $p < 0.001$). Those with excellent opportunities for reflection were more likely to report excellent experience of being a coachee (68.6% vs. 35.0%, $p < 0.001$); more likely to “definitely recommend” the residency program to others (91.2% vs. 25.0%, $p < 0.001$); and more likely to definitely recommend the PDCP program (65.2% vs. 46.7%, $p = 0.017$).

DISCUSSION

We implemented a positive psychology coaching program in a large internal medicine residency. Most residents participated fully. We observed a significant association between a positive program experience, opportunities to reflect, and positive residency experience, as well as increased coping and relationship skills.

While we measure several significant bivariate associations in this cross-sectional sample, our single-site study is limited by the small number of coaches with paired 3-year follow-up data. This limits longitudinal multivariate analyses on the full 3-year cohort.

The ACGME CLER Program now mandates that residency programs have mechanisms in place to assess and address

resident burnout and well-being. Positive psychology coaching, using a strengths-based approach, provides participants with additional tools required to cope with the substantial personal and professional stressors they face during their residency.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that there is no conflict of interest.

Data Sharing: Data sharing was not applicable to this article as no datasets were generated or analyzed during the current study.

Ethical Approval: This program and its evaluation were exempt by the institutional review board with exemption #45 CFR 46.101(b) (1). The research was conducted in established or commonly accepted educational settings, involving normal educational practices.

Prior Presentations: While the tools and implementation process used in the coaching program have been shared in numerous workshops at national conferences (Society of General Internal Medicine, Association of Program Directors in Internal Medicine, American College of Physicians) and invited faculty development workshops, the data included in this paper has not been previously presented.

Abbreviations

ACGME	Accreditation Council of Graduate Medical Education
CLER	Clinical Learning Environment Review
EE	emotional exhaustion
MBI	Maslach Burnout Inventory
PDCP	Professional Development Coaching Program

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