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Longitudinal Coaching Within a Medical School Curriculum

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ABSTRACT

The University of South Florida Morsani College of Medicine and Lehigh Valley Health Network partnered in 2009 with the shared goal of incorporating leadership training into medical education.

The SELECT (Scholarly Excellence, Leadership Experiences, Collaborative Training) program was designed to foster a culture where students would not only focus on the diagnosis and management of illness and disease, but also learn how to maneuver and problem-solve within a complex and ever evolving health care system.

INTRODUCTION

A central component of the SELECT curriculum is formal coaching, provided by two faculty trained in professional development coaching, and structured around individual, group, and peer coaching.

SELECT students complete pre-clerkship years 1 and 2 at the USF-Tampa campus and transition to USF-Lehigh Valley campus for their third and fourth years.

Coaching spans the four years of medical school and progresses as students grow in experience.

DESIGN

The SELECT coaching program is overseen by coaching leads from both campuses working together to develop, implement and assess the coaching program.

The SELECT coaching structure focuses on three interrelated components:

INDIVIDUAL 1:1 COACHING



PEER COACHING



“COHORT” COACHING (SMALL GROUPS)



In this three-pronged approach, students experience coaching through several means and they develop the ability to coach others.

OUTCOMES

A recurrent theme from student feedback is that coaching is the most important part of the curriculum. A recurrent theme from coaches is that being part of this program is an antidote to burnout.

“... it is a great, nourishing, life-giving experience, with intimate meaningful relationships with students and a great opportunity for personal and professional growth.”

“It’s a commitment but it’s incredibly rewarding. It’s a great antidote to burn-out.”

STRENGTHS AND LIMITATIONS

The strengths of a coaching program within a medical school curriculum include supportive relationships between and amongst students and coaches.

The limitations of this model is that it is resource intensive. Technology can be a challenge when coaching at a distance.

CONCLUSIONS

This model is transferable to other medical schools seeking to leverage the advantages of a formal coaching program for their students.