

REFERENCE

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Life coaching to manage trainee underperformance

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What problems were addressed? There are many factors impacting on the performance of trainees, which can be grouped according to the three learning domains reported by Bloom¹ (cognitive, affective and psychomotor). Underperformance is rarely attributable to lack of knowledge or poor clinical psychomotor skills. Indeed, these issues can be managed by the provision of additional support and training, including the use of simulation methodologies. However, one of the more difficult challenges of working with trainees in difficulty arises when the trainee's attitude and behaviour affect performance. These traits are influenced by cultural and environmental factors. We believe that life coaching is an ideal model for addressing this type of problem.

What was tried? Specialty trainees recorded as demonstrating persistent underperformance at their annual review of competence progression (ARCP) and those underperforming in the final year of training were identified. When affective issues were the reason for non-progression, the trainee was referred to an experienced life coach with expertise in one-to-one coaching and mentoring of doctors facing significant personal and professional challenges. The number, timing and content of sessions were planned following an initial meeting to develop rapport and identify the issues that were preventing learning.

Over a 2-year period, seven trainees (out of 140 in the training programme) were referred for life coaching. Six trainees attended, all of whom completed the recommended sessions. One trainee struggled to arrange the sessions and cancelled them at short notice. Positive outcomes resulted for five of the six trainees, who completed the coaching sessions, all achieving an outcome scored at 1 or equivalent (progression to the next year of training without additional objectives) at their next ARCP.

Communication and attitudinal problems were identified in the majority of underperforming trainees, with perceived arrogance, disorganisation, non-clinical paranoia, lack of self-discipline and low self-belief being contributory factors. The life coaching actions were planned on an individual basis to address the issues identified. Teaching on interpersonal communication, audiovisual feedback and instruction in relaxation techniques are examples of interventions that produce positive outcomes.

What lessons were learned? The major lesson learned was that the issues that cause underperformance in trainees can be complex and are not always evident. Affective issues may be under-defined or overlooked, especially when trainees rotate to a different unit every 12 months. Within the training programme, recurrent issues can be addressed when they relate to clinical skills training, but it is more difficult to correct attitudinal factors, especially as clinicians are not trained to manage such problems.

We believe that several factors produced a successful outcome in this innovative form of trainee support. These include the expertise of the life coach, allowing time to develop rapport and trust, and the use of appropriate evidence-based interventions. The fact that the intervention was seen to be distant from the school and training programme directors was also reported as beneficial as it ensured confidentiality (unless inappropriate).

We also learned that not all trainees will accept educational input from this source; however, those who did attend achieved great benefit, reflected in ARCP outcomes and trainee feedback.

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Effects of feedback from near-peers and non-medical professionals on portfolio use

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What problems were addressed? Portfolios have grown increasingly popular in medical education as a result of the emphasis on competency and