

CBD Coach Job Description

Overview

One of the key shifts in CBD is from a culture of assessment of learning to assessment for learning. Clinical supervisors provide "coaching in the moment" and Coaches, who are assigned to residents and are meant to following them from TTD (Transition to Discipline) through to TTP (Transition to Practice) provide "coaching over time" (Figure 1).

Coaching in the Moment Safe learning environment Learning or competency goals Observations Constructive conversation and suggestions Coefficient of the Moment of the Mom

Figure 1

A Coach (for "coaching over time") is:

- non-evaluative does not assess as a supervisor would
- supportive, encouraging, facilitative of improved clinical performance
- a key participant in Competence Committee meetings, known at UofT as Psychiatry Competence Subcommittee (PCS)
- a file reviewer for 4-6 other residents twice per year (for November and May PCS Meetings)

Coaches do not review their coachees' files for PCS or vote on their coachees' progression but can provide additional information during PCS meetings.

Goal

 To help a resident become a competent clinician who is a self-directed/regulated, lifelong learner

Tasks and Responsibilities (Figure 2)

- Encourage residents to be proactive in seeking direct observation by staff/residents/allied health and receiving feedback to inform learning goals
- Review resident assessment data (e.g. ITAR/ITERs, OSCEs, exam results, EPAs, STACERs, presentations)
- Help residents to:
 - o reflect on clinical experiences and assessment data to inform learning needs
 - o develop learning plans to address these needs
 - identify areas in which they are not receiving adequate direct observation and/or feedback and encourage them to seek this out



Figure 2

- Communicate with a coachee's supervisor as needed (feeding forward)
- Attend Resident Assessment and Support Committee (RASC) meetings as needed for their coachee (reserved for residents who may require in-program remediation/enhanced learning plans)

Commitment

Regular meetings especially in TTD→FOD→early COD (PGY1-3)

- 30-min introductory meeting followed by check-ins every 2 months (e-mail/phone/videoconference/in-person)
- Minimum of 2 meetings per year following PCS reports
- Additional meetings as needed
- Coach residents longitudinally between PGY1-5
- Flexibility in PGY4 and 5 if residents are progressing well, they may have found other supervisors in late COD and TTP for coaching and/or mentorship can check-in twice per year following PCS meetings
- Approx. time commitment for coaching 4 residents with regular meetings q 2 mo, PCS file review and committee meetings: 28 hours

For more information about the coaching model in CBD: https://www.royalcollege.ca/rcsite/cbd/implementation/wbas/coaching-and-cbd-e

*Figure 1 and 2 from website above – "The Competence from Design Coaching Model Handout (2 pager)" https://www.royalcollege.ca/rcsite/documents/cbd/cbd-coaching-model-handout-en.pdf