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"A lifelong journey:" a phenomenological exploration of faculty perceptions about coach training at an academic medical center

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Abstract

Background Coaching in academic medicine may help learners develop lifelong learning skills. Studies typically evaluate the impact on coachees and program outcomes. Limited information is available about educating faculty to integrate the role of coaching. We explored a faculty coach training program at an academic medical center in the southern region of the United States.

Methods Twenty faculty members in the college of medicine completed the 34-h training program meeting alternate weeks from May to November 2021. We collected data from reflections during training, a post-training survey, and three post-training focus group discussions making this a qualitatively driven mixed methods research. We used a transcendental phenomenological approach for the qualitative analysis entailing deriving essential meaning of the participants' training experiences and perceptions about coaching.

Results We identified 3 themes (1) perceptions, skills, and understanding of coaching, (2) perceived additional benefits from coach training, and (3) effective instructional practices to teach coaching. Under the first theme, participants expressed improved understanding about the process of coaching in academic medicine, noted the importance of listening to the whole person without judgment, questioning with curiosity, vulnerability, self-awareness, and reflection for building trust. Perceived additional benefits included personal development and illuminating discoveries. Sub-themes for effective instructional practices were learning community encompassing mindfulness, psychological safety, social cohesion, experiential and interactive learning, and suggestions. Faculty experienced internal transformation while learning coaching and felt they had the capacity to influence personal and professional development of learners and colleagues. The concepts reflection, awareness, growth, and relationship were threaded throughout the three themes.

Conclusions The training evoked self-awareness and opportunities for personal growth. The newly trained coaches expressed the beginning of an internal transformation to embody being a coach and demonstrated willingness to influence personal and professional development of learners and colleagues. Effective instructional practices to teach coaching included mindfulness practice, psychological safety, social cohesion, and experiential and interactive learning. Based on these findings, it may be summarized that in the process of training to be a coach, the faculty not only recognized the benefits of coaching for learners but also realized individual personal benefits.

Keywords Coach training, Academic medical center, Personal development, Professional development

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Background

The rapidly changing context of healthcare delivery is creating what some may call an ongoing gap between what clinicians know and what they will need to know in order to be successful in their practice [1]. Clinicians are tasked with the efficient delivery of high-quality healthcare while being able to learn from new information in order to address ever-arising novel challenges. Traditional medical education is limited in fostering such a learning environment. Coaching has emerged as a promising approach to facilitate the development of the master adaptive learning (MAL) [1] process which is based on a meta-cognitive approach to self-directed learning, leading students and residents to reach their full potential [2].

From sports to educational development, the overarching purpose of coaching is to set individual goals and engage in a practice and feedback dialogue until the original goals are met [2]. Whether the focus is on improving learning strategies, boosting one's accuracy in a target sport, or increasing self-efficacy of a particular career-focused skill, a coach facilitates learners to reach their full potential [2, 3]. As coaching in academic medicine becomes more widespread, empirical evidence emerges to document efficacy in fostering professional growth, such as improving physician–patient relationships through improved communication [4, 5], and acquisition of surgical skills [6]. Personal benefits of coaching include learning skills related to improved well-being [7–9] and the development of self-awareness and self-monitoring skills critical to lifelong learning [2, 3, 10–12]. Studies in academic medicine have evaluated the effects of coaching on coachee and program outcomes, but not the process of coach training [3, 11, 12]. This study sought to understand how faculty at an academic medical center may be trained to become effective coaches for graduate and medical students, and residents.

Physicians typically advise and mentor rather than facilitate introspection. In advising, potential solutions are given, whereas mentoring involves sharing expert professional knowledge and insights [13]. Coaching rests on leading the coachee to self-discovery and reflection. Therefore, coaching may facilitate the development of a MAL [1] or self-directed learner [14], which is a person who uses metacognition, defined as awareness about thinking processes. Coaching may enable learners to achieve and maintain their full potential throughout their careers and actualize their highest selves [1, 2, 15]. In a comparison of a coach training program in medical education with a sports-focused coaching program, Watling and LaDonna [3] found that medical faculty struggled more with developing as coaches as well as experiencing more vulnerability than sports coaches. These differences likely stem from the culture of medical education, in which clinical learners often look to the strongest physician for feedback; yet, "performance ability does not always translate into coaching ability" [3] (p.473). Faculty members, learners, and practitioners may struggle with vulnerability, perhaps because of the hierarchical structures in academic medicine [3, 16, 17].

The relationship between the coach and the coachee may promote growth and internal motivation, leverage personal strengths, and facilitate change through visioning, setting goals, and providing accountability [1]. Key elements of success in coaching include (1) anchoring the relationship in trust [2, 3, 15, 16], (2) centering on the learner, (3) setting achievable and meaningful goals, (4) questioning to promote iterative self-reflection [2, 3, 13], and (5) echoing back what has been stated by the coachee. The lack of a universally accepted definition, use, and standard of coaching necessitates a well-defined, shared understanding of the purpose, value, and process of coaching among coaches, coachees, and the institution for successful implementation of coaching for students and residents [3, 12, 16].

Limited information is available regarding methods for training academic medicine faculty members to integrate the new role of coaching their learners [18]. We anticipated that a training program grounded in self-determination theory (SDT) and intentional change theory (ICT), experienced by faculty, and embodied by the trainer during coach training, may facilitate the understanding of coaching and transition of faculty to become coaches [19, 20]. SDT proposes that autonomy, competence, and relatedness are the basic psychological needs enabling internal motivation for growth and development. Leadership coaching model ICT, a direct application of SDT, suggests a multistep process encompassing the discovery of a person's ideal and real self, creating a learning path, and experimenting with new practices supported by a coach. Considering that the MAL model rests on internal motivation to plan learning based on identified gaps, SDT and ICT were considered appropriate constructs to help understand the coaching process.

The purpose of this study was to explore the experience of faculty participating in a coach training program at an academic medical center through 3 research questions: (1) How did the program shape perceptions, skills, and understanding of coaching by clinical and non-clinical faculty? (2) What did the participants perceive as additional benefits from the program? (3) What instructional practices in the training program did the faculty perceive as effective for developing coaching skills?

Methods

Study design and setting

We used exploratory qualitatively driven (Qual→Quan→Qual) mixed methods [21] approach in order to probe into the specific experiences and perceptions of medical school faculty in training to become coaches in academic medicine. The researchers had no a priori expectations or hypotheses about what those experiences might be, but desired that common themes of the participants' experiences would emerge from the in-depth data collected from several data sources. According to Creswell and Poth [22], qualitative research is used when the focus is on exploring what meaning participants assign to their perceptions and experiences. We used a transcendental phenomenological approach for the qualitative element in the study to create a textural and structural description to identify the essence of the coach training experience [22]. The researchers' worldview, "a basic set of beliefs that guide action," was based on social constructivism, which respects and supports perspectives of participants and an ontological stance acknowledging the subjective reality of every individual [23] (p.17). The quantitative component entailed descriptive statistics using survey data. Considering that the researchers used an inductive, holistic approach to triangulate data from three sources including a survey to describe not only what participants experienced but how they experienced it, this study falls under the realm of mixed methods research [24].

In 2019, new leadership in the offices of Student Affairs and Medical Education decided to revive a prior 'coaching' program encompassing mentoring and advising for first and second year medical students. The faculty coaches had no experience of coaching or training to become a coach. Since coaching is a skill that is best learned by practicing and experiencing coaching, and not reading the science, a new training program was designed. An invitation seeking voluntary participation in the training program was extended to all 190 faculty members. The university's Institutional Review Board approved the study procedures as exempt following a limited review and all participants consented to their views being included in the study.

Coach training program

The objectives of the training program, which took place on alternate Fridays from May to November 2021, included: (1) describe the MAL model [1] (2) identify coaching skills, (3) demonstrate coaching competencies in academic medicine [2, 25, 26], and (4) facilitate development of an academic medicine coaching program. The 34-h program comprised 26 h for coach training including formal feedback from International Coaching Federation [27] certified coaches and 8 h for planning a coaching initiative for students. The 14 sessions included reflections, visuals, and assessments (Table 1) as well as approximately two hours in between sessions for reading relevant articles and posting reflections [1, 6, 28–49].

The training began with an introduction to the MAL [1]. To facilitate understanding of the development of a MAL, the training included: (1) GROW, an inquiry of setting a goal (G), describing the reality (R) of the current state, options (O) to reach the destination, and action for the way (W) forward, (2) WOOP that includes identifying a wish (W), defining desired outcomes (O), defining main obstacles (O), and developing a plan (P) to overcome obstacles, and (3) specific, measurable, achievable, relevant, and timely (SMART) goals [45]. Attendees participated in team-based learning [47], analyzed live coaching of the trainer by an ICF certified physician coach, watched selected videos, read selected articles, and contributed to reflections and discussions using online platforms during (Pear Deck) [48] and between sessions (Ment.io) [49]. Since many of the skills, traits of MAL, and coaching competencies were new to the faculty, the emphasis, therefore, was for the faculty to experience, embrace, and model what was expected of both the students as coachees and themselves as coaches. Importantly, since coaching takes place in a one-on-one relationship, where trust and vulnerability go hand in hand, building a trusting environment becomes truly critical in a medical learning environment where traditional hierarchies have dominated. Attendees practiced coaching each other with real-life professional and personal dilemmas and provided feedback about how they performed on ICF's core competencies with the help of a worksheet [27] (Appendix A). The ICF's core competencies were selected as the teaching framework because (1) the trainer (BM) was ICF trained, (2) the trainer believed that a development-focused training would facilitate adaptations to competency or performance-based coaching, and (3) academic medicine coaching competencies had not been published when this program was implemented [10, 26].

Didactic components were approximately one-third of each session to provide adequate time for introspection, a critical component for experiential learning, through sharing of experiences, silent reflection, and coaching practice [50]. Participants completed validated assessments of curiosity (5-dimensional Curiosity Scale) [30], resilience (Connor-Davidson Resilience Scale) [33], and reflection ability (Groningen Reflection Ability Scale) [32] that are traits of a MAL [1]. They also used instruments to measure mindset [31], emotional intelligence (EQi 2.0) [40], own innate preference of processing information (Rational-Experiential Inventory 40) [34], and

Table 1 Session details of the coach training program at an academic medical center[a,b]

No	Topic	Readings	Visuals	Assessments	Attendance (%)
Core principles of academic coaching					
1	The master adaptive learner	Cutrer [1] Christensen [28]	Zander [29]	5-dimensional curiosity scale [30] Mindset [31] Groningen Reflection Ability Scale [32] Connor-Davidson Resilience Scale [33]	20 (100)
2	Foundation of coaching	Lovell [6] Boyatzis [35] Gawande [36]	Trainer being coached[c]	Rational-Experiential Inventory [34]	18 (90)
3	Coaching to prepare the master adaptive learner	None	Film [37]	None	20 (100)
4	Self as a coach	Neenan [38]	None	None	18 (90)
5	Self-awareness	Davis [39]	None	EQi 2.0 [40]	20 (100)
6	Growth and development through strength	None	None	VIA Survey of Character Strengths [41]	13 (65)
7	Building trust	Najibi [42]	None	None	14 (70)
8	Coaching feedback[d]	None	None	None	19 (95)
9	Coaching program example	Wolff [43]	Speaker[e]	None	13 (65)
Designing, implementing, and evaluating an academic coaching program					
10	Vision and desired goals for undergraduate MECP	Parsons [17]	None	None	13 (65)
11	Vision and desired goals for graduate MECP Faculty development and scholarship on coaching	None	AMA speaker	None	16 (80)
12	Structure and process	Palamara [44]	None	RACI matrix [45]	19 (95)
13	Resources and evaluation	None	None	Logic model [46] [Discussion]	17 (85)
14	Conclusions Graduation ceremony	None	None	End-of-program survey [Program evaluation]	15 (75)

Abbreviations: AMA American Medical Association, *ICF* International Coaching Federation, *MECP* Medical education coaching program *RACI* Responsible Accountable Consulted Informed, *VIA* Values in Action

[a] *N* = 20 coach training participants, excluding 1 initial participant who did not complete the program. Work position: physician, 13 (65%), including 8 Assistant, 2 Associate, and 3 Full Professors; administrator, 4 (20%); support staff, 2 (10%); basic scientist, 1 (5%). See Table 2 for gender and race distribution

[b] *N* = 11 focus group participants. Work position: physician, 7 (67%); administrator, 2 (18%); basic scientist, 1 (9%); support staff, 1 (9%). See Table 2 for gender and race distribution

[c] Live demonstration of coaching performed by ICF-certified master-level physician coach

[d] Feedback from 1 external observer for each 4 participants

[e] Speaker from an academic medical center that implemented a coaching program

character strength (Values in Action) [41]. Participants interpreted these assessments as relevant to coaching and used the results during coaching sessions for their own development. The coaching practice sessions were developed sequentially, starting with bringing the coachee to a positive state of mind for establishing trust, developing the participant's vision, evoking awareness, and designing action plans toward vision realization. Participants received continuing medical education credits and a certificate of completion.

Data collection

We used a purposive convenience sampling strategy to collect data from 3 sources for this investigation of the 26-h training program (Fig. 1). Qualitative data included (1) 23 reflection questions posted between sessions in online interactive journals [49] to which 3 to 14 participants responded, (2) open-ended questions on posttraining survey completed by 18 of the 20 participants (90%), and (3) feedback from participants in one of three focus groups to which all participants were invited. Considering that reflection is an integral part of participant engagement and the development of self-awareness, opportunities for reflection were woven in throughout the curriculum using Ment.io [49] between sessions, Pear Deck [48] for online reflections during sessions, and oral discussions. Unfamiliarity with Ment.io [49] and time limitations due to

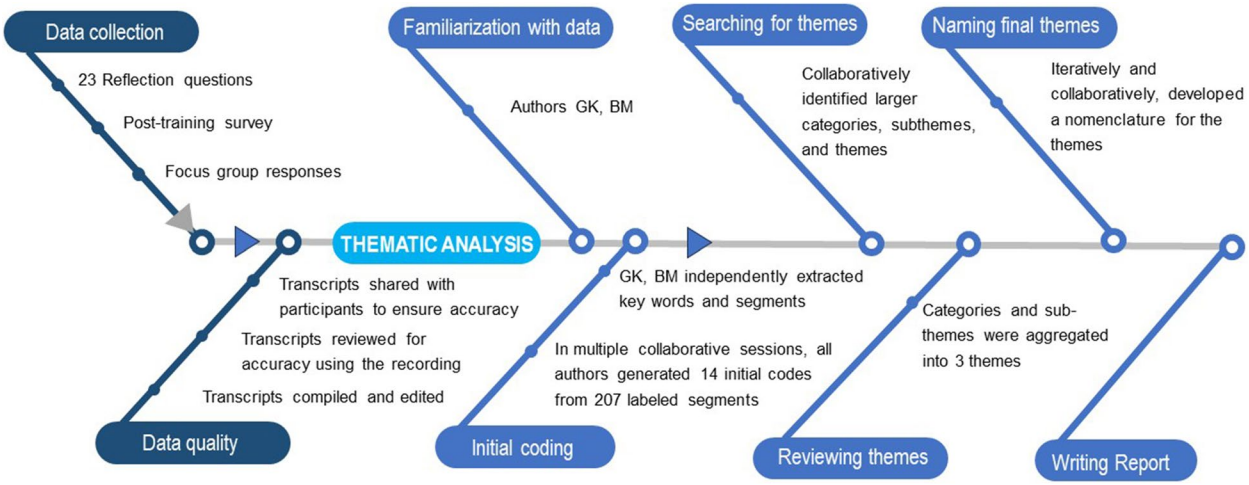

Fig. 1 Thematic analysis [51]

the pandemic deterred faculty from extensive participation in Ment.io between sessions. To ensure that all opinions were heard, the trainer summarized Ment.io [49] postings and invited responses on Pear Deck [48] and/or oral feedback during the sessions. The in-class reflections are not part of the data for this investigation. Quantitative data collection included 5 posttraining survey questions scored on a 1 through 5 scale, in which 5 was "Strongly Agree." Questions included participants' understanding of coaching; understanding of differences between coaching, mentoring, and advising; attitude toward coaching; belief in the benefits of coaching; value of the program; enough advance notice for prework; relevance of pre-readings and other materials used during the training; appropriateness of the length of the program; preparedness of the facilitator; effective use of session time; clarity of explanations; whether the content was interesting; one question about the amount of time spent on readings; and two open-ended questions seeking suggestions for future iterations of the training. One additional question asked participants if they would recommend the training to others.

All the participants in the Academic Medicine Coach Training program were invited via email to participate voluntarily in one of three focus groups to solicit feedback on the program. In all, 11 agreed to participate and were assigned to different groups based on their availability. Focus groups were facilitated by two authors uninvolved with the training (GKK, LL), using a semi-structured interview protocol (Appendix B). The questions guided the sessions as interviewers probed to understand the innermost feelings of participants. The trainer did not participate in focus group discussions to minimize potential bias, recognizing that researchers' background and stance can potentially influence data collection. All three focus group sessions were recorded on a videoconference platform (Zoom) and transcribed verbatim. Transcriptions were checked and sent to participants to ensure accurate representation of their viewpoints.

Data analysis

BM, the primary researcher, is a physician administrator and a leadership coach involved with faculty and professional development in the college of medicine. LL is an educational researcher and a facilitator of professional faculty development for the university. GK is a qualitative researcher and an educator. The researchers reflected collaboratively and acknowledged how their experience with coaching and faculty development may color interpretations. Being the trainer, BM was intentional about allowing the other researchers to lead the data interpretation process to mitigate bias. The researchers reflected on the alignment of their expectations of coach training and the themes that emerged.

The authors employed an extensive, iterative data analysis process typical of qualitative research in order to coalesce disparate elements of focus group conversations, reflections, and responses to open-ended questions into a comprehensive story of participants' experiences of the training and attitudes about being a coach that answered our research questions (Fig. 1). To promote interrater reliability, the three authors independently read interview records, extracted important statements, extracted key words that became the code list, engaged in collaborative interpretation of the messages communicated by participants, and generated themes from recurring codes [51, 52].

Braun and Clarke [51] outlined six phases of qualitative analysis that suited our process (Fig. 1). The first phase is familiarizing oneself with the data. We began with the transcripts of focus group sessions produced by Zoom that were compiled and edited from February to April 2022 by the graduate assistant (JC) who was neither a trainer nor facilitator of the focus groups. To ensure accuracy of the real-time transcripts, JC watched the Zoom video recordings to confirm recorded statements. The edited transcripts were shared with focus group participants to ensure accuracy. Because two of the researchers (GKK, LC) had facilitated focus groups, they were familiar with the content. BM watched the video recordings and read the edited transcripts several times to familiarize herself with the content.

Phase two is to generate initial codes. Two of the researchers (BM, GK) independently reviewed the edited transcripts and made reflective notes, as well as marked meaningful segments that illustrated participants' coaching perceptions, considering the exact words of the participants as they related to larger patterns emerging. In multiple collaborative sessions, all three researchers discussed 207 labeled segments and assigned 14 initial codes, creating a matrix that highlighted common participants experiences, using QDA Miner [53] and Microsoft Excel (Version 16.73. Microsoft Corp., Redmond, WA).

In accordance with phase three, searching for themes, we wrote notes based on our matrix, examining in detail how codes could be combined to reflect larger categories subthemes, and themes. For example, codes relating to personal and professional growth, and strengthening mental health and well-being, were combined under a subtheme we titled "Impact of Coaching." From our initial codes we created categories which were combined to create 7 subthemes.

In reviewing themes in phase four, categories and subthemes were aggregated into 3 themes and in phase five, we explored the messages conveyed by participants, linking within and across themes, compared with accepted concepts of coaching, and named the themes iteratively until we were satisfied with the nomenclature. Our purpose in creating a matrix of themes, subthemes, and categories was to create a visual representation of common experiences, in accordance with phenomenological methods [22, 52].

Phase six is producing the report, where we linked vivid examples of participant language to illustrate each of the themes and develop the narrative revealed by the analysis. The authors repeated the coding procedure for responses to open-ended questions from the end-of-training questionnaire and reflective discussions and used these methods to "reduce individual experiences with a phenomenon to a description of the universal essence." [52].

Quantitative data analysis consisted of calculating mean scores and frequency tables for survey scaled responses. Given the small sample size, advanced statistical analyses were not conducted.

Trustworthiness of data

The researchers used several methods to promote rigor, and to ensure valid interpretation of data. We triangulated data from 3 sources, we employed member checking, and we engaged in multiple iterative discussions using transcripts to verify codes and themes. When new codes emerged, the transcripts were reviewed to ensure complete data extraction and alignment of meaning.

Results

Most of the training and focus group participants were White women physicians (Tables 1 and 2). This is reflective of the race distribution in the college of medicine. Sessions were well attended except for those during a COVID-19 delta-variant surge at the institution (Table 1). Analysis of the qualitative data sources (focus group transcripts, end-of-survey questionnaire responses, and Ment.io postings) revealed three major themes that collectively addressed our research questions (Table 3). We labeled the first theme perceptions, skills, and understanding of coaching, encompassing the development of an intellectual understanding of coaching with particular reference to the context of academic medicine and building a toolbox of specific skills identified essential for coaching. The subthemes within this theme were pertinent to all of our research questions:

- Knowledge and process of coaching

Table 2 Gender and race distribution of participants in the coach training program at an academic medical center[a]

	Coach Training 20[b] (100)	Focus Group 11 (100)	COM Faculty 190 (100)
Gender			
Women	15 (75)	10 (91)	36%
Men	5 (25)	1 (9)	64%
Race / Ethnicity			
White	15 (75)	7 (64)	75%
Asian	3 (15)	3 (27)	18%
Hispanic	1 (5)	1 (9)	1%
Black	1 (5)	0 (0)	4%

[a] Reported as number of participants (%)

[b] Excluding one participant who did not complete the training

Table 3 Research questions, themes, subthemes and effective instructional practices identified about a coach training program at an academic medical center

No	Themes	Subthemes[a]	Categories with characteristics	Illustrative Comments from Participants After Training Completion
1	Perceptions, skills, and understanding of coaching			
		Knowledge and process of coaching (40)		"(The training) helped me understand what (coaching) was about and that it could be very helpful"
				"I realized how different (coaching) was from knowing, mentoring, and advising…coaching (is) a separate entity."
		Coaching skill development (10)		
			Fostering a trusting relationship	"For me, it was the vulnerability of coaching (each other) in our group. We had to put ourselves out there and say, 'This is something I'm struggling with (or whatever),' and you weren't just in the coach role – you are in the learning role with peers."
			Being nonjudgmental	"It was almost transformative because academic medicine is so hierarchical, and this process just destroyed any hierarchy whatsoever."
			Being empathetic	"I think it gives you a better perspective about the other person, in terms of honesty and transparency. It just makes you a better coach, because you're not judging."
				"(Having) the right kind of empathy and understanding of vulnerability (are critical components in coaching)."
			Questioning with genuine curiosity	"Just formulating everything in the form of a question, having (the coached individuals) dig down, I find myself using it when interacting with the residents and I found it very useful in my dealings with faculty, too."
			Listening to the whole person	"(I learned) to let there be some silence in the process… That was the hardest part because I think we all have to feel in the know when it gets quiet and just start trying to fill in the answers."
		Impact of coaching (17)		
			Personal and professional growth	"(It is) very powerful when people come to find the truth in their own way instead of somebody telling them what the truth is."
				"a journey of self-discovery"
				"help (coached individuals) foster autonomy"
				"(The training) has given us the tools to get that whole conversation started."

Table 3 (continued)

No	Themes	Subthemes[a]	Categories with characteristics	Illustrative Comments from Participants After Training Completion
				"It is critical to provide the opportunity for self-awareness to develop their own personal vision."
				"(Coaching was a method of) helping a person to achieve their best and letting them navigate, knowing what the path should be."
				"(helping students) grow and foster autonomy and professionalism"
				"(Coaching could) encourage independent thinking, reflection, and less dependence on others."
			Strengthening mental health and well-being	"Mental health is important and I think there is stigma around it… To see …support (for) this program and to care about the well-being of students and residents was very exciting."
2	Perceived additional benefits from coach training			
		Personal development (20)		"It's a professional development that actually is a personal development program."
			Self-awareness and opportunity for introspection	"It just helped me reflect and know myself better, to kind of sit back and evaluate myself better, and I think it's a learning process from a coaching standpoint but (also) for myself."
				"I guess I was more aware of my own reflective process and what was effective about it and what wasn't. I just found myself doing it more, maybe better."
				"We can't help others to do what we have not experienced or be able to do (for) ourselves."
				"(As a coach and leader, you have to) have that realization and reflection, and knowing yourself better in a certain aspect humbles you."
				"I was humbled by it because I thought I was a pretty good reflector. I realized that I wasn't very in depth, or anything, and having it guided a bit was very helpful for me."
				"(I learned) not to put myself in the student's situation or tell them about (my) similar situation, because (I) know that the reflection is not about me."

Table 3 (continued)

No	Themes	Subthemes[a]	Categories with characteristics	Illustrative Comments from Participants After Training Completion
			Translating self-awareness into practice	"Part of what we do is solve problems. Oftentimes, I don't let my students or residents reflect on the situation. Then, I end up running the whole conversation. Through this course, I have learned that this isn't the best way to handle things."
				"I think it's important for people who are in leadership positions to get comfortable doing that (reflection)."
			Altered views about training process and outcomes	"What's the measurable outcome of all of this? … This is our intervention. How are we going to measure? In the beginning, I was a little hung up on that. I think now I realized that there is no singular outcome that we're looking for… that's not a single thing, and I think it took me a while to understand because that's my approach to everything."
		Illuminating discoveries (12)		
			Emotional intelligence	"(In) each session here was something to learn. The emotional intelligence was very enlightening."
			Growth mindset	"We are also the most critical and impatient with ourselves. If we can maintain the growth mindset and also show compassion and empathy to ourselves, we can hopefully do this (more easily) with others."
				"I think the program showed us what coaching can bring out from within ourselves. Growth was the way to go"
			New path as an academic coach	"The piece that fell together for me was to understand my suitability towards being a coach. It answers a calling that I feel from within."
				"I guess this is just the beginning of my journey."
			Coaching and leadership	"As a leader of (a hospital) department, I recognize the need to identify coaching opportunities for multiple types of people with different career pathways ranging from dedicated office personnel, medical providers, medical students, residents, and attendings."
				"(The change process could not be) pinpoint(ed) (as) really one instant…The change happened so gradually, so much so that I started reading books about leadership and improvement."

Table 3 (continued)

No	Themes	Subthemes[a]	Categories with characteristics		Illustrative Comments from Participants After Training Completion
3	Effective instructional practices to teach coaching				
		Learning community (44)			
				Mindfulness practice	"My favorite part was the relaxation exercise at the start of each class…(to) help transition from the busy workday."
				Psychological safety	"safe space"
					"The combination of having the breakaway space and having established that it was safe amongst ourselves was to me pretty priceless."
				Social cohesion	"I hope that happens for (future participants) as well because that was really important to the experience."
					"sense of community"
					"I found myself lingering a little longer each week."
					"I know (other participants) way better than I would (have). I wouldn't have known (them) at all, and (it) added a lot of richness to know people."
				Experiential learning	"…to think about ways that (the training) maps into your day-to-day-life and spend a little more time doing that."
					"All the exercises where you learn about yourself are very important. I would definitely keep that in and do more of it. I think it's important for people who are in leadership positions to get comfortable doing that."
					"I think the total experience was much greater than the sum of its parts. I think that there was the synergy and things that brought it together to make it more than just parts of the curriculum. It was more integrated and ultimately more synergistic than I think we could separate (into) specific ideas, at least in my mind."
				Interactive learning	"(It was) interactive enough that it never felt like we were going to be here for 2 h. You anticipated you were going to be engaged and you were going to be doing, along with learning."
					"I found myself really looking forward to the sessions because of the relationships I was building. I think that was really powerful."

Table 3 (continued)

No	Themes	Subthemes[a]	Categories with characteristics	Illustrative Comments from Participants After Training Completion
		Suggestions for future coach training programs (26)		
				"The 'building trust' session likely needs to be earlier in the series."
				"I wish I knew what this entailed so that I could be truly present and 100% committed."
				"(I wish I had) been a little more prepared for the time commitment outside of the meetings."
				"Practicing with other people (to) 'get out of your comfort zone.'"
				"(continuing education to) keep up our skills"
				"more practice"
				"It would be great to meet maybe quarterly and discuss challenges, bring back real-life examples of successful or not so successful coaching encounters to share, critique, and hone in on opportunities to improve by sharing."

[a] Numbers in parentheses are the number of statements for the theme that were mentioned by the participants

- Coaching skill development
- Impact of coaching

The second theme that emerged was the participants' perceived additional benefits from coach training. This personal discovery reflected what it means to be a coach based on one's personal characteristics. The subthemes emerging in this theme were:

- Personal development
- Illuminating discoveries

The third theme we labeled effective instructional practices to teach coaching. In this regard, two subthemes emerged:

- Learning community
- Suggestions for future coach training programs

Throughout these three themes, the coaching concepts of reflection, awareness, growth, and relationship were interwoven that deepened our understanding of the participants' experiences (Fig. 2).

Quantitative results from descriptive statistics (mean scores) supported qualitative findings that coach training participants found the training valuable. Aggregate means of 5 relevant posttraining questions that were scaled from 1 to 5 were consistent with participant statements regarding the beneficial aspects of training (24.78 ± 0.095). A separate scaled question regarding recommending the training, 18 respondents (94%) would recommend it to colleagues.

Perceptions, skills, and understanding of coaching

Although participants expressed early misconceptions about coaching ("didn't understand what coaching was"), the end-of-program survey showed that all 18 respondents reported increased understanding of coaching and 17 respondents (94%) had an improved attitude toward coaching, demonstrating understanding of the differences between coaching, mentoring, and advising, and belief in the benefits of coaching. One commented, "Physicians are used to learning by ourselves…but here active learning through someone is very new to me."

Knowledge and process of coaching

Participants noted that coaching differs from problem-solving methods practiced by physicians. They recognized that coaches need not have answers to questions and instead may enjoy learning with coachees. They expressed improved understanding of coaching methods such as asking questions with genuine curiosity, listening, and reflecting. When participants signed up to go through the coach training, many were unsure of what they were getting into. One faculty originally thought they were enrolling to be "cheerleaders" for students. Yet another signed up because they thought it would be a good way to help young faculty.

Training, by definition, is designed to increase skill levels, and was expected of our group learning how to coach. However, additional results, from multiple participant comments indicated that the training had altered their views of coaching as noted in the statement "…we all grew in our knowledge from maybe a basic definition to really understanding the process." Other faculty developed more in-depth realizations about "growth and awareness", "reflection", and the potential for positive applications revealed in such statements as, "I realized how different it was from knowing, mentoring, and advising…[I understood] coaching as a separate entity." One comment was, "This type of coaching sounded a little bit too touchy-feely for my personal background [as a doctor], and I've come to really have a much more positive feeling about the potential impact the coaching could have overall."

Along with an understanding of the nature of coaching in academic medicine, participants recognized the inadequacy of "problem-solving". Rather than having to be goal-driven in helping learners in their journey of "self-discovery", participants noted the fluidity in the "coaching process". The participant who thought they had signed up to be a "cheerleader" noted, "I'm okay, I can do that, but now that I've gone through the training, I know that coaching is much more than just being a cheerleader." One doctor noted,

> *Sometimes we are patriarchal but it doesn't have to be that way…obviously, you have to be a little bit more patient to get things worked out [with] tools and a little bit of enlightenment in terms of how to approach things.*

One participant in the focus group explained that what they were learning in the training sessions helped their relationships with their children, as they were able to use coaching tools to facilitate previously difficult conversations.

Coaching skill development

Participants verified that their understanding of the skills to apply the coaching method and the tools they had learned during the training had grown significantly. A typical remark was that "the program gave us the tools and the sense of direction of how we approach [and] how we see things."

Fig. 2 Alignment of coaching concepts with themes

Fostering a trusting relationship was repeatedly brought up as a key component of coaching. It necessitated acceptance of personal vulnerability, empathy, and blurring of traditional hierarchies. Participants in the training program recognized that there was an element of intimacy to the practice of coaching, indicating that while they would not be judgmental, they would question, listen, and learn, and lower barriers during their coaching sessions; they experienced what one referred to as "safe space:"

> *For me, it was the vulnerability of coaching [each other] in our group. We had to put ourselves out there and say this is something I'm struggling with (or whatever) and you weren't just in the coach role, you are in the learning role with peers that you are going to have to see again, or that you have seen a lot already. It was almost transformative because academic medicine is so hierarchical, and this process just destroyed any hierarchy whatsoever.*

The awareness of the need to be vulnerable in building trust with other members of the group facilitated the understanding how this might translate to working with students and colleagues. "Not being judgmental" as called for in establishing trust in the coach-coachee relationship was acknowledged to be "hard" but practicing being "on that side of the desk or the opposite chair from you" allowed for the recognition of the need for "[having] the right kind of empathy and understanding of vulnerability" as critical components in coaching. The training emphasized not to be judgmental of the students and their challenges: "I think it gives you a better perspective about the other person, in terms of honesty and transparency. It just makes you a better coach, because you're not judging, you're not being judgmental." Several participants recognized that there is not one exact relationship between a coach and the coachee, and that it is important to feel out the nature of a specific relationship in order to use the most appropriate tools from the cognitive toolbox.

One of the categories under coaching skill development we labeled *questioning with genuine curiosity*. Participants observed that coaches demonstrate true curiosity without judgment, especially asking questions, as expressed in: "Just formulating everything in the form of a question, having them dig down, I find myself using it when interacting with the residents and I found it very useful in my dealings with faculty too."

Listening to the whole person was not about fixing issues, but instead, allowing the opportunity, including

silent reflection, for self-discovery, as identified in such comments as "I was very thrilled about learning how to better the touchy-feely part into the conversations in ways that were helpful…to be able to actually facilitate people sorting things out on their own," and "I [learned] to let there be some silence in the process….that was the hardest part because I think we all have to feel in the know when it gets quiet, and just start trying to fill in the answers." To be able to listen and question rather than provide facile solutions was also expressed as something well learned to be able to build better relationships. Most succinctly, one summed up the toolbox: "It meant shut up."

Impact of coaching

Participants underscored the potential powerful effects coaching might have on students and residents in assisting learners to navigate the stresses of medical school successfully to find their niches, and to grow into effective medical professionals. *Personal and professional growth* emerged as a category under this subtheme. Along with tools to help meet the demands of a rigorous medical education, coach training provided tools to assist coachees with personal growth to "help them foster autonomy." As indicated by a participant, it was "very powerful when people come to find the truth in their own way instead of somebody telling them what the truth is." In "a journey of self-discovery, [the training] has given us the tools to get that whole conversation started." It was noted that coaching would help "our students to develop the mindset of continuing to grow" and to "discover enlightenment." One said, "It is critical to provide the opportunity for self-awareness to develop their own personal vision." The value of reflection in facilitating students' journeys of personal growth was made explicit: "I feel like nobody ever told me you should reflect, so it was kind of a new thing to me."

The coach-coachee relationship, described as "something incredibly important and integral to medical students as well as resident education" offers opportunities to help coachees grow professionally and personally. It was echoed that coaching was a method of "helping a person to achieve their best and letting them navigate knowing what the path should be." One participant summed up this influence as "help grow and foster autonomy and professionalism." The comment below illustrates how coach training would transfer into being a successful and effective coach:

> *I want someone to come back and say to us, years from now, that, you know, 'I became more self-aware. I became more understanding where my strengths and weaknesses were. It allowed me to choose my career path in a much more informed way.' I'm hoping we can get that feedback from them because I don't think that there's a measure that we can assign to it. Satisfaction is important, but it's not the outcome.*

Another category under impact of coaching was *strengthening mental health and wellbeing*. While all of the participants were health professionals, they recognized that it was not helpful to think that their own personal experiences were relevant to the stresses that coachees might be experiencing. One noted, "mental health is important and I think there is stigma around it. To see physicians support this program and to care about the wellbeing of students and residents was very exciting."

Perceived additional benefits from coach training

Unexpected personal growth and transformation arising from opportunities for introspection led to epiphanies such as recognizing habitual patterns encompassing different aspects of emotional intelligence, including self-awareness, empathy, and embracing a growth mindset. Several participants expressed increased comfort moving into a coaching role and using coaching in leadership. Some viewed coaching as a new path in their academic career.

Personal development

The entire process of learning how to be an effective coach in academic medicine was geared toward being able to help students grow, achieve, and excel. That said, participants were surprised, engaged, and pleased, as evidenced by the overwhelming number of references in the data, to discover that in the process of learning how to be a coach, they were learning about themselves as well, as illustrated by comments like, "It's a professional development that actually is a personal development program," and "It added a lot to me as a person." Another framed personal growth as learning how "…to look at other people to know that not everybody fits into the same 'round peg in a square hole' but they're going to be different people [and] are going to have different attributes." We categorized these responses about the personal impact that the training had on individuals as self-awareness and opportunities for introspection, translating self-awareness into practice, and altered views about training process and outcomes. While there is some overlap in the categories, the overall subtheme of personal development as a direct result of the training sessions was voiced strongly and with conviction that the personal transformation was both unexpected and welcomed.

That the training provided a path to *self-awareness and opportunities for introspection* was heard over and

over again in all of our data sources. Typical comments included, "It just helped me reflect and know myself better, to kind of sit back and evaluate myself better, and I think it's a learning process from a coaching standpoint, but [also] for myself." Another noted, "I guess I was more aware of my own reflective process and what was effective about it and what wasn't. I just found myself doing it more, maybe better." And: "I was humbled by it because I thought I was a pretty good reflector. I realized that I wasn't very in depth, or anything, and having it guided a bit was very helpful for me." One remarked that learning patience along with "a little bit of enlightenment" helped in their capacity to utilize coaching tools. Participants affirmed that working in the medical field is constantly stressful, but learning how to take time to reflect is a powerful antidote to burnout, not just for themselves, but for their students: "As a physician I get very little time for reflection or I claim that I have very little time…I think a lot of physicians get burned out because they don't stop and reflect."

Additionally, participants suggested that, as a coach and leader, they learned to *translate self-awareness into practice*, which meant "[having] that realization and reflection and knowing yourself better in a certain aspect humbles you." Participants noted, "We can't help others to do what we have not experienced or be able to do ourselves." They indicated that they could envision themselves conveying such realizations into coaching practice as illustrated by the statement,

> *Part of what we do is solve problems. Oftentimes, I don't let my students or residents reflect on the situation. Then I end up running the whole conversation. Through this course, I have learned that this isn't the best way to handle things.*

Recognizing that physicians are leaders of care teams and that coachees would be looking to coaches as leaders, one doctor remarked, "I think it's important for people who are in leadership positions to get comfortable doing that [reflection]." One noted, "I found it to be more kind of metaphysical, but really, it's to give people, the coach, the tools to help the coached discover things on their own and really find their way through their own strengths."

Participants expressed *altered views about training process and outcomes*. One participant realized that the process of learning how to be a reflective, self-aware coach took them beyond a traditional outcomes-focused mindset ("the content is not what's uppermost in my consciousness," one remarked), as noted in this comment:

> *What's the measurable outcome of all of this? …This is our intervention. How are we going to measure? In the beginning, I was a little hung up on that. I think now I realized that there is no singular outcome that we're looking for…that's not a single thing and I think it took me a while to understand because that's my approach to everything.*

Illuminating discoveries

The experience of undergoing the training opened participants to new realizations about themselves, about what coaching could be, about self-development, and about the kind of mindset that builds a capacity for mastery over challenges. For some, it was as if a light went on that illuminated their journeys through the field of medicine and teaching. Words such as "transformative," "illuminating," "enriching," and "enlightening" were used to describe the effect of the training. One summed up the idea of epiphanies with the succinct statement, "I guess this is just the beginning of my journey." Considering that physicians constantly struggle to find time in their busy schedules, one faculty member justified participation stating that "our satisfaction and personal and professional growth is enough of an outcome to make it worth it for us." One noted, "It was more integrated and ultimately more synergistic than I think we could separate [into] specific ideas, at least in my mind." We compiled these aspects of illuminating discoveries into several categories: emotional intelligence, growth mindset, a new path as coach, and leader.

Participants learned about *emotional intelligence* in the training sessions. Several participants indicated that through the practices and activities of the sessions, they developed a sense of their own emotional triggers while dealing with problems. One noted that "each session here was something to learn [about] the emotional quotient. The emotional intelligence was very enlightening." Another indicated, "…one thing I learned about coaching is that I think everybody should get it, and undergo the training, because it opens up your eyes to a lot of things not just about yourself but also how you can help other people."

Participants experienced a *growth mindset.* "It is a constant process and we can better ourselves," remarked a physician. A number of participants mentioned personal growth as an outcome of the training: "I think the way it was, the process took place and helped us grow as individuals in the process," and "the program showed us what coaching can bring out from within ourselves. Growth was the way to go." One commented, "We are also the most critical and impatient with ourselves. If we can maintain the growth mindset and also show compassion and empathy to ourselves, we can hopefully do this [more easily] with others." Through some of the personality

tests and nudges toward "growth mindset" that were part of the learning process, participants found themselves becoming more comfortable moving into a coaching role. By learning how to internalize a mindset for growth, one said, "now the times that I go back and I look at the things we did later, I think that's actually maybe a good sign that I'm still growing."

Another type of illuminating discovery that participants identified was that coaching rose to the level of a calling, *a new path as a coach*: "The piece that fell together for me was to understand my suitability towards being a coach. It answers a calling that I feel from within."

Participants made a connection between *coaching and leadership*. One physician said, "As a leader of a [clinical] department, I recognize the need to identify coaching opportunities for multiple types of people with different career pathways ranging from dedicated office personnel, medical providers, medical students, residents, and attendings [physicians]." Several participants found that the change process could not be "pinpoint[ed] [as] really one instant…The change happened so gradually, so much so that I started reading books about leadership and improvement."

Effective instructional practices to teach coaching

We categorized the elements of the training that participants found useful into two sub-themes, the nature of the learning environment that we labeled learning community, and suggestions for future coach training programs. They felt the leader (BM) kept them "engaged and interacting" throughout, with a suitable variety of discussion, practice, guest speakers, and reflective time.

Learning community

The "sense of community" was something that was mentioned frequently, and relationships that developed during training sessions were considered not only important in the understanding of coaching but important for the participants themselves: "I know [other participants] way better than I would [have]. I wouldn't have known [them] at all—I wouldn't have without all of this – and it's just added a lot of richness to know people." We categorized elements of an effective learning community as mindfulness practice, psychological safety, social cohesion, experiential learning, and interactive learning.

Attendees welcomed opportunities to disconnect from busy schedules with *mindfulness practice* at the start of sessions. Not surprisingly, even though no one had a meditation practice, faculty welcomed the opportunity to de-stress after a challenging day: "my favorite part was the relaxation exercise at the start of each class…[to] help transition from the busy workday."

Vulnerability for faculty during training would not have been possible without the development of a safe and trusting learning environment which creates *psychological safety*. In our case, participants felt they were safe, for example, "to talk about what was happening day to day in the ICU," during the pandemic. The opportunity to feel comfortable to talk about professional and personal struggles was appreciated.

The *social cohesion* of the group was deemed invaluable. Faculty noticed and appreciated the supportive community that developed during the program. "people interested in my wellbeing and the wellbeing of the peers was nice because it was rough during the COVID delta surge." Relationships developed during training enriched the experiences of participants as they learned about each other on unanticipated levels despite being colleagues for decades. One clinician said: "The combination of having the breakaway space and having established that it was safe amongst ourselves was to me pretty priceless."

Participants reiterated that the concept of "safe space" and the closeness that developed among participants was something they desired for future cohorts to experience as well: "I think that part of the interaction is one of the things that I hope that the next groups of coaching participants get. I hope that happens for them as well because that was really important to the experience." Attendees recognized that within the sometimes crisis-mode of being in the medical field where often close non-hierarchical relationships are "really lacking for faculty," the social engagement of the sessions provided an important grounding. Along with the blurring of hierarchies, participants working together to become coaches experienced a profound transformation in how they viewed their relationships within the college of medicine. One remarked, "I found myself really looking forward to the sessions because of the relationships I was building. I think that was really powerful." Similar comments reflected the satisfaction of recognizing "everybody's journey together" through "the mingling of the campus and clinical faculty." Another noted that their initial hesitation about the training sessions developed into a strong conviction that what they were learning about coaching was helping not only their personal growth but their ability to work with others even outside of the trainee group: "I learned so many things that I can also translate into my everyday work."

Participants encouraged training organizers to retain the *experiential learning* practices, as reflected in such comments as, "…to think about ways that [the training] maps into your day-to-day-life and spend a little more time doing that," and "I personally would have liked a little more guided reflection…." One noted, "All the exercises where you learn about yourself are very important. I

would definitely keep that in and do more of it." However, the comment, "I was not as keen on the self-assessments although I know they play a valuable role in my understanding of my blind spots" perhaps highlights the internal struggle with vulnerability in academic medicine.

Participants took note of the *interactive learning,* remarking that it "wasn't a lecture on coaching but it was very interactive." One faculty mentioned that they "greatly admired [the instructor's] sense of how much was enough didactic versus 'it is time to stop and talk or act or do.'" An aspect of the interactivity of the training that was appreciated was the opportunity to be observed by professional coaches and receive feedback.

Suggestions for future coach training programs

Most participants did not offer suggestions for major changes in the way the training sessions were conducted. Some practical considerations were put forth, such as session order, clarifying expectations about time commitment, and creating opportunities for continuing education after training completion. One suggestion was to use "something physical like a notebook, so you can go back and review things or take notes" instead of an online platform for shared reflection and discussion. Some participants mentioned that they would have liked more coaching practice after receiving feedback from an external coach, as the feedback session was the last session of the program. Yet some felt "that we didn't always have time to really spend with [readings]." This sentiment was echoed in other ways. Doctors have very busy lives and while the participants were committed to the training and to their future roles as coaches, such comments as, "I wish I knew what this entailed so that I could be truly present and 100% committed," and "[I wish I had] been a little more prepared for the time commitment outside of the meetings" indicated that future trainees will need to be ready for the activities expected outside of the actual training sessions.

Another noted that having all the readings available prior to the course would have allowed them to adjust their time in case of sudden emergencies. Even something like "a message…to the division chiefs so that they can allow for transit time" reflected the challenging nature of finding the necessary time for activities and sessions.

Several suggested changing up the groups to "get out of your comfort zone" and practice with other people. Some wanted follow-up sessions, continuing education, in order to "keep up our skills," and "more practice." One comment in this vein was, "It would be great to meet maybe quarterly and discuss challenges, bring back real-life examples of successful or not so successful coaching encounters to share, critique, and hone in on opportunities to improve by sharing."

Discussion

The need for acquiring skills to develop as a self-motivated learner for medical students and residents is felt more strongly today than ever before because of the rapid and constantly changing healthcare environment [1]. Coaching is known to evoke self-awareness, and the motivation to grow and develop oneself [2, 3] and is therefore being increasingly embraced by medical educators. Experienced doctors have an important role to play in the development of future professionals. Much of this influence, of course, manifests in the day-to-day teaching in the classroom and clinical rotation activities that are part of medical education. We could not locate in the literature a description of any well-developed faculty coach training program even though faculty are increasingly being expected to coach students. Subsequent to this training, a coach training curriculum has been published emphasizing the importance of simulation and practice in learning to be a coach [54]. This study may be of interest to academic medical centers that are implementing or considering coaching for students and residents to help them create their own path for growth, and professional and personal development as they step out into the world as physicians. Evidence from this study suggests how academic medical faculty members may experience coach training in order to take on the new role of coaching students and residents. Faculty members participating in the training expressed improved understanding of coaching in academic medicine and a realization that coaching is beneficial for personal and professional growth. Participants underscored that being a successful coach encompasses building trust, asking questions, curiosity, listening to the whole person [2, 16, 55]. Central to the perspectives of our study's participants was the understanding of the foundational coaching concepts of reflection, awareness, growth, and relationship (Fig. 2) [20, 25, 35].

In a trusting environment, individuals experience psychological safety, allowing one to show vulnerability [12, 16, 56]. In the creation of a coach training program, it is important to provide opportunities for participants to experience psychological safety within the training environment, facilitating comfort in talking about professional and personal struggles. People who share experiences often develop personal connections, bonds that transcend hierarchies, traditions, roles, or particular environments. Grounded in trust, coaching could therefore be integral in improving confidence and decreasing anxiety in learners [57]. People in academic medicine may not easily embrace vulnerability [3], which was brought to light by

participants in our study. However, participants recognized the importance of vulnerability in minimizing traditional roles to develop trust and psychological safety in the training environment as well as in coaching.

Avoiding the need to fix issues, coaching relationships are anchored in respect, mutual engagement, and a shared focus on growth [3]. Although acquiring the knowledge of coaching is important, the development of the "self as an instrument" of coaching [55] (p.146) may be best achieved through practice, feedback, discussions, and reflection, and not simply by reviewing well-recognized goal-setting models [50]. The training participants engaged in practice coaching using their own real-life situations and not simulations or case studies, alternating as coach and coachee. They learned how to ask questions in the practice sessions using a lens of compassionate listening. With the help of non-judgmental open-ended questions, coaches guided coachees to visualize their goals and explore their strengths to craft a learning path toward goals in accordance with ICT [20]. Centered on the learner [2], coaching provides opportunities to listen to the whole person through strategic silence, and different communication techniques that help coachees find their own path [15]. In the process, coachees feel seen and heard, and achieve a better understanding of themselves, as suggested by SDT [19].

Cultivation of self-awareness in facilitating self-directed learning and emotional intelligence skills, as well as leadership behavior, was identified as a benefit of coaching. Opportunities for self-reflection during the program fostered participants' self-awareness and set the stage for personal and professional growth. Participants mentioned a sense of vulnerability that emerged from introspection, which helped mitigate existing hierarchical structure [16], fostering a sense of community. Medical students and residents have a difficult life. Sometimes the stress can be overwhelming. While this coach training was not specifically designed to provide ways to bolster the mental health and wellbeing of the students, coaching in and of itself can lend to wellness; the 1:1 empathetic coaching relationship encourages reflection and self-awareness in the coachee who feels seen, heard, and understood. They stated that intentional reflection strengthened resilience which may help combat burnout and stress in academic medicine [8, 9, 58, 59].

Our findings that participants in the academic medicine coach training program highlighted relationships, curiosity and deep listening, and reflection as not only areas of personal growth but also as effective instructional practices within the coach training answered our research questions and are in alignment with previous literature [2, 7, 16, 54]. The findings also reiterate that the coaching process allows for the coachees to feel seen and heard, and achieve a better understanding of themselves, as suggested by internal motivation models and theories, such as MAL and SDT, respectively [1, 19]. It is possible that academic coach training may be confounded by reversion to traditional practices of advising and mentoring unless coaching is supported by institutional culture [3]. Therefore, we intend to establish an ongoing faculty coaching community to continue coaching each other and share effective practices, obstacles, and resources.

The quantitative data support the rich findings of the qualitative data. The integrated results provide a comprehensive view of participants' appreciation for the coach training experience.

Study limitations include the small sample of volunteers with limited diversity at a single academic medical center, not allowing for evaluation of demographic and cultural differences, and advanced quantitative analysis. While it is possible to implement a similar coach training program at another academic medical center, potential barriers may include faculty openness to embrace coaching, willingness to volunteer their time, and conflicts with clinical duties. As training is dependent on a trainer who maintains a reflective, empathetic attitude and who guides participants through the experience of being a coach and coachee, it is unknown whether our results may be replicated despite similar content. We did not evaluate how coaching might be used in participant roles and interactions with students. Future studies are justified to develop a toolkit of practices for creating an experiential coach training program with a lasting effect on academic medicine faculty embracing the role of coaching, and to document how faculty members transfer skills to the coaching of students. Since this training, coaching was implemented on a limited basis for coaching students; an IRB approval has been obtained for an ongoing study of program impact.

Conclusions

This study showed that participants in our coach training program experienced key components of an effective training curriculum designed to facilitate medical faculty becoming coaches. Participants highlighted the value of trusting relationships with coachees, curiosity, listening to the whole person, introspection, and creating a psychologically safe learning environment. The program framework and instructional practices could be replicated in other academic medicine contexts. Coaching may provide opportunities for professional and personal development beyond traditional advising and mentoring and may improve trainee growth as independent practitioners. The newly trained coaches from our program embraced internal transformation to embody being a coach.

Supplementary Information

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Supplementary Material 1.

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Authors' contributions
BM contributed to conceptualization, methodology, securing resources, data collection, data curation, formal analysis, writing original draft, reviewing manuscript, editing manuscript, and project administration. LL and GK contributed to data collection, data curation, formal analysis, writing original draft, reviewing and editing manuscript.

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The qualitative data from the audio recordings and transcripts from the focus groups, and discussions and postings during the training cannot be shared due to respondent confidentiality concerns. If there are specific questions about the data, the corresponding author may be contacted to potentially provide additional de-identified responses.

Declarations

Ethics approval and consent to participate
Approval for this study was granted by the Institutional Review Board of the University of South Alabama under the number 1834372. Participants signed written informed consent document that was approved by our IRB.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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