Coaching to oversee student progress in clinical and professional development.

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PROBLEM

The concept of four vertically integrated clinical (VIC) teams, each led by a VIC Director who is supported by a patient care coordinator (PCC) was developed in 1992 at the University of Michigan School of Dentistry. Since the inception of the model, class sizes have expanded, dental education has become more complicated, and the needs of students and patients have changed. By 2018, each clinic team had roughly 35 dental students from each of D4, D3, and D2 years and eight to nine dental hygiene students. It had become challenging for a VIC Director to provide essential supervision to each of their 115 students and their patient families. Moreover, these Directors only had time for one 15-minute meeting four times per year, which was inadequate for monitoring patient progress and providing student mentorship for job and residency applications. Clinicians who have been mentored are more resilient, motivated, and have more well-developed professional identities.[1,2]

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The important self-reflective question that developed among our faculty body was, in an era of precision health and education, can we continue to treat all students the same or should we have customized experiences to optimize learning and performance?

SOLUTION

A pilot Faculty Coach (FC) program was developed which had 5 coaches working with a total of 40 students (20 D4's and 20 D3's). Three FC's had ten students each and two FC's had 5 students each. These FC's had time to meet with each student for 30 minutes once per month individually, and for 1 hour as a group, to discuss various topics (see Table 1). The pilot program ran from September 2018 to September 2019. Coaching topics included reviewing complex treatment plans and discussing rationale; planning ahead for challenging patients; planning ahead for multi-disciplinary cases; synthesizing feedback acquired in other forums and career path discussion.

RESULTS

Table 2 describes student participant feedback which was, overwhelmingly, positive. A total of 88.9% of participants wanted to maintain a FC relationship until graduation. Notably, 94.7% said they learned something new from working with their FC.

What went well: Learning teams organically developed where students under one coach would reach out to each other and bring educational topics to their team meetings. Additionally, students began to disclose their clinical shortcomings to their FC in an attempt to, pre-emptively, build a remediation plan—historically in our highly competitive program, students were less comfortable disclosing weaknesses. Furthermore, we believe (but did not measure) that student well-being improved as the pilot FC's reported students bringing stress-related concerns to individual and group meetings—the latter often resulted in peers supporting each other.

What didn't go well: In business, the importance of mentorship and preparation to mentor is well understood.[3] During our pilot it became obvious that some preparation and training was necessary as the coaching role became much more time consuming than previously anticipated. This was a position we envisioned as being a FTE effort of 5% but after the pilot, we increased that effort to 10% which has significant clinical staffing implications.

Lessons learned: To be effective, faculty cannot just arrive to a meeting with a student – preparation/training is required. This may also imply that, with sufficient preparation/training, a variety of different individuals may be suitable to serve as a mentor, however, further research is needed to confirm this.

References

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Table 1. Agenda for small group (1-3 students) and large group (5-10 students) meetings

Small Group Meetings	Large Group Meetings
Ensure care is being delivered in a timely manner	Present a complex case that one student is managing and discuss solutions, treatment plans or learning points
Ensure phasing and sequencing of care is appropriate	Discuss a current research article
Ensure patient interactions are effective and efficient	Faculty coach can present on a specific topic that they are interested/expert on – for example, how to choose the most appropriate abutment for the implant that has been placed
Monitor student progress toward competency, confidence and professionalism.	Faculty Coach can invite speakers based on need – for example, a Pediatric Dentist to speak about graduate programs and the application/interview process.
Empower the student to create and maintain good patient relationships through planning, role playing and facilitating reflective practice.	

Table 2. Feedback survey from students in the pilot (N = 38, 95%)

Statement	True	False
I have learned something new from working with my Faculty Coach	94.7%	5.3%
I have solved clinical, treatment-planning or case-management dilemmas with help from my Faculty Coach	89.5%	10.5%
I have received help in areas other than case management or treatment planning	94.7%	5.3%

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Overall, I have valued the individual or small group (2 or 3 students) meetings	89.5%	10.5%
I want to continue to have a Faculty Coach until graduation	88.9%	11.1%
I want to continue to have large group meetings (5-10 students) with my Faculty Coach until I graduate.	70.6%	29.4%
Overall, I value being involved in the Faculty Coach pilot	94.7%	5.3%

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