

Implementation of a group coaching initiative for paediatric trainees approaching career transitions

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THE PROBLEM

Trainees make several transitions during a career, which increase stress and work-related anxiety.^{1 2}

Feedback from a 'Paediatric Return to Acute Clinical Practice' (PRACP) Course indicated trainees wanted greater focus on psychological aspects of returning to training (RTT). We designed a group coaching course for returning trainees aiming to improve returners insight and assist transitioning back to clinical work. This article describes how we implemented this as a quality improvement intervention (cycle 1) and then developed the project (cycle 2).

AIM

To improve preparedness of paediatric trainees RTT through attendance at a group coaching course (table 1).

MAKING A CASE FOR CHANGE

Coaching is a well-established tool for professional development, the value of which is increasingly recognised by the medical workforce.³ Several group coaching programmes for doctors have previously been evaluated⁴⁻⁶ and have shown success in developing professional identity,⁴ work-life balance,⁴ communication skills⁵ and understanding of organisational culture.⁶ We, therefore, felt that a coaching-based approach could be effective in addressing the psychological aspects of RTT.

Individual coaching is already available to trainees in our region for specific work-related issues but is expensive with limited capacity. Through our course we hoped to introduce a wider group of trainees to the benefits of coaching.

YOUR IMPROVEMENTS

First cycle: coaching for trainees returning to acute clinical practice

Method

Funding from HEE's (now NHS-England Workforce, Training and Education) SuppoRTT fund enabled a team of three professional coaches, experienced with healthcare professionals, to be hired. A 3-hour coaching skills workshop introduced attendees to several coaching concepts, focussing on 'take away' skills and 'self-coaching' tools. Workshops addressed topics including contracting, listening, interpersonal dynamics, somatic feedback and the unresourceful state. A full description of course content is beyond the scope of this article but can be provided on request. Trainees were offered a follow-up session several months later. All sessions were delivered face-to-face by the coaches.

Four initial sessions were advertised to those attending the PRACP course and via the regional school's social media. Participants were asked to complete precourse and postcourse questionnaires, rating confidence, preparedness for and anxiety about RTT.

Results

Between February and November 2019, 46 participants attended four workshops. We also ran three follow-up workshops, but these were less well attended (10/46).

Feedback was obtained from 24/46 attendees (52%). Five of these had attended a follow-up coaching session.

Participants used a 5-point Likert scale to explore their anxiety, confidence and preparedness for RTT. For each item, there was a decrease in negative feelings between precourse and postcourse assessment (figure 1). In addition, there was a rise in the



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Table 1 Coaching return to acute clinical practice: SMART aim

S	Specific	Improve preparedness of paediatric trainees returning to the workplace after time out of training
M	Measurable	We planned to obtain precourse and postcourse ratings of: Anxiety about return Preparedness for return Confidence about return
A	Achievable	Target audience already identified and had expressed interest; funding available.
R	Relevant	Improving support offered to returning trainees highly relevant at a time where workforce depleted and staff retention of key importance
T	Time-bound	We planned to run an initial set of four courses then review

number of trainees who felt they knew what they needed to be at their best in the workplace and when they needed to seek help (figure 1).

Learning and next steps

This project demonstrated that a coaching approach could be used successfully in supporting RTT. From the feedback, it was clear that trainees felt the skills and strategies taught would benefit a much wider audience, not just those RTT.

In a second PDSA cycle, a further iteration of coaching courses was designed to be suitable for any trainee approaching any career transition. To increase impact, numbers of places were raised and an attempt was made to simultaneously develop a coaching faculty using a 'Train the Trainer' approach.

Second cycle: coaching for trainees in transition; train the trainer

Methods

The second round of coaching for trainees employed the same coaches as before and again used a group

format. However, to improve accessibility, the course was transferred to a virtual setting. A broader range of participants was recruited using the regional school website and its WhatsApp group.

The coaches also developed and delivered an online 'Train the Trainers' course for local education leads, part of which involved participation in the trainee-focused coaching session.

Participants received precourse information on course content and learning objectives. For this cycle of courses, only a postcourse survey was used. This was sent out by email at two time points following completion of the workshop to explore the longer-term impact of the course.

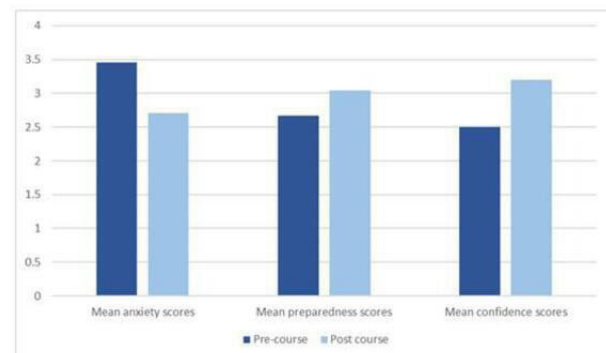
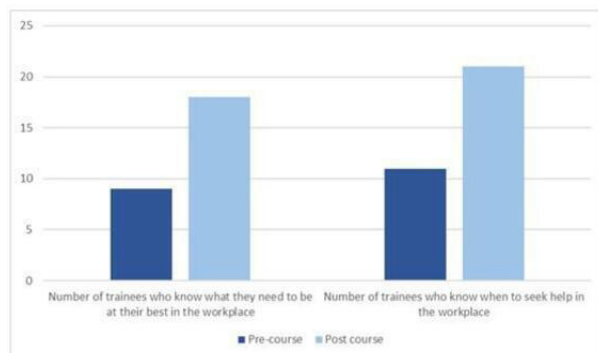
Results

Between 2021 and 2022, a total of seven virtual Coaching for Transition courses were run and attended by a total of 125 participants. A total of 42 (34%) responded to an initial feedback survey and 18 (14%) completed a separate survey released 3 months after attendance. ST4-8's were the largest group (25/42), with ST1-3s (15/42) and certificate of completion of training (CCT) holders (2/42) also taking part. In the first cycle, all participants were RTT, but in cycle 2, just 24% were RTT, with the remainder transitioning levels—to 'middle grade' rotas (38%) or to consultant working (43%).

Responses indicated that trainees had learnt new skills, strategies and approaches to manage difficult problems in the workplace (figure 2). Participants noted the value of peer support and experience sharing in the coaching sessions. The limited responses in a follow-up survey 3 months later indicated that learning was retained and coaching skills were being used (figure 2). Qualitative feedback showed that skills gained were taken directly back to the workplace (figure 3).

TRAIN THE TRAINER COURSE FOR COACHES

Twelve consultants attended our 'Train the Trainer' course. They gained new skills and knowledge



Where:

1 = not at all anxious and 5 = very anxious
1 = not at all prepared and 5 = very well prepared
1 = not at all confident and 5 = very confident

Figure 1 Precourse versus postcourse anxiety/confidence/preparedness/comfort and knowing when to seek help (cycle 1).

Quality improvement short report

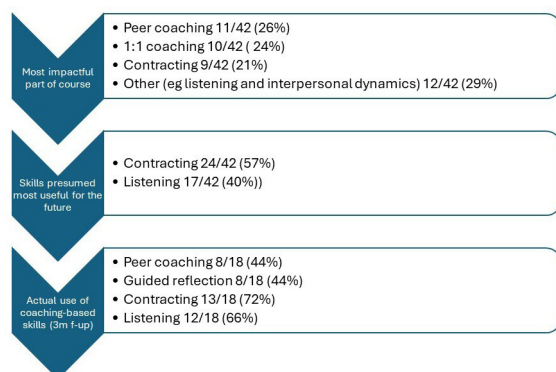


Figure 2 Most valued coaching skills and techniques (cycle 2).

but fed back that they wanted more experience as coaches before independently running a group coaching course. In context, professional coaches typically work for over 1000 hours before coaching independently and we had overlooked this in our eagerness to ensure continuity of the programme. Further investment in local deanery staff, with a longer training course and period of supervised practice, would be needed to help develop a larger faculty base which one could potentially envisage as an exciting post-CCT career development opportunity.

LEARNING AND NEXT STEPS

We have developed a group coaching approach that is valued by trainees preparing for transitions. While there may have been some response bias, with those who benefitted, being more likely to provide feedback, we did not receive any negative comments. Overall, survey respondents gave positive postcourse feedback with specific examples of how learning from the course had helped them.

"I acted upon what I was coached upon... and I am much clearer on what job I might have post CCT. The coaching helped me to move from a state of confusion to a state of action!".

"I am involved in a project to support international medical graduates and have used some of the skills learned from the workshop in my interactions with IMG colleagues"

[I have used] "guided self-reflection post-resus and when planning career changes"

[I have used] "contracting at home to get through a busy day, setting goals and timescales – it worked really well and I had a really productive day"

Figure 3 Qualitative feedback (cycle 2).

Ensuring sustainability of this novel intervention would require on-going funding, the justification for which is complex. Studies of coaching interventions from the business world suggest a financial return of up to 2–5 times the initial costs⁷ and a recent meta-analysis showed that coaching has positive effects on individual performance, well-being, coping and work attitudes across a range of professional contexts.⁸ In the medical sector, coaching has also been shown to reduce burnout and sickness-related absenteeism,^{9 10} which would have a huge financial impact given current difficulties with workforce retention.

However, budgets are stretched and in the absence of ongoing funds, we are developing an online coaching toolkit for our regional school website. This will partly replace the virtual courses and also widen access to the resource. The Coaching for Transitions feedback has shown, which elements are most important to include and we have begun to train some educational supervisors with knowledge and skills to support this venture.

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Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval As this piece of work was undertaken as quality improvement rather than research, formal ethical approval was not sought. However, all participants gave consent for the use of their anonymised questionnaire responses in evaluation of the project and were expected to benefit from involvement—in line with the Declaration of Helsinki 1964. Participants gave informed consent to participate in the study before taking part.

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