A Primer on Mentorship and Coaching

Sabha Ganai, MD, PhD, MPH, FACS, FSSO
Associate Professor of Surgery
April 8, 2021
Objectives

- Distinguish mentorship, sponsorship, advisement, and coaching
- Discuss the impact of mentoring relationships on self-efficacy
- Discuss Diversity Mentoring and sharing across difference
- Discuss Positive Psychology, Mental Contrasting, and explore WOOP as a method to set goals
Who is Mentor?

Mentor was the human incarnation of Athena, goddess of wisdom.

Odysseus entrusted the upbringing of his son, Telemachus, to Mentor, his friend and servant.

Athena, disguised as Mentor, supported Telemachus in his emotional and intellectual growth until Odysseus returned 20 years later.
What is Mentorship?

M - Manage the relationship
E - Encourage
N - Nurture
T - Teach
O - Offer mutual respect
R - Respond to the learner’s needs

David Clutterbuck
Supportive Relationships

### Mentorship
- Long-term, informal, organic process based on mutual trust and respect.
- Mentor has first-hand content experience in area of interest to the mentee.
- Oriented toward a future state of the mentee wants to achieve.
- Role modelling is common.
- Advice is often provided once trust is achieved, but value focuses on nature of experience and wisdom imparted.
- Benefits often become bi-directional.

### Sponsorship
- Short or long-term advocacy for a protégée which may not require a bidirectional relationship.
- Transfers power or authority to the protégée through the reputation of the sponsor.
- Role on a committee
- Ranking / Hiring decision
- Focused on the immediate future
Supportive Relationships

<table>
<thead>
<tr>
<th>Advisement</th>
<th>Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Short to medium-term, formal process, often with informal approach.</td>
<td>• Short-term, focused relationship with a structured, formal approach.</td>
</tr>
<tr>
<td>• Advisor may or may not have content experience in an area of interest to the mentee, but has perspective on solving a problem in an area of importance.</td>
<td>• Coach may not have expertise in line of work, but can facilitate learning of relevant skills, impart focus, modify habits, or improve results.</td>
</tr>
<tr>
<td>• Problem-oriented towards a future state the mentee wants to achieve.</td>
<td>• Solution-oriented, aiming toward improving performance in a current role.</td>
</tr>
<tr>
<td>• Role modelling is not important</td>
<td>• Role modelling is not important.</td>
</tr>
<tr>
<td>• Advice is typically provided regardless of trust or the presence of a meaningful relationship.</td>
<td>• Providing directed advice is sometimes discouraged. Instead, <strong>focus is on development of intrinsic motivation to change behavior.</strong></td>
</tr>
</tbody>
</table>
Coaching Subtypes

Performance
• Focuses on addressing a specific challenge or problem

Development
• Focuses on the person who is dealing with the issue
Advisor, Mentor, and Coaching Relationships

- Peer-to-Peer
- “Recent Grad” to Novice
- Mid-Career to Early Career
- Expert-to-Novice, etc…
# Advisor, Mentor, and Coaching Domains

<table>
<thead>
<tr>
<th>Professional</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Academic Milestones</td>
<td>• Personal Milestones</td>
</tr>
<tr>
<td>• Clinical</td>
<td>• Family / Friendships</td>
</tr>
<tr>
<td>• Research</td>
<td>• Hobbies / Interests</td>
</tr>
<tr>
<td>• Leadership Development</td>
<td>• Finances</td>
</tr>
<tr>
<td>• Time Management</td>
<td>• Self Image</td>
</tr>
<tr>
<td>• Relational Capacity</td>
<td></td>
</tr>
</tbody>
</table>
Table 1. Characteristics of an Ideal Mentor

| Enthusiastic\textsuperscript{18,27} | Strong communication skills\textsuperscript{17,18,21} | Patient\textsuperscript{14} | Sensitivity and compassion\textsuperscript{17–19} | Selfless\textsuperscript{5,6,18,27} | Robust intellectual, technical, and research capabilities\textsuperscript{24} | Approachable and available\textsuperscript{7,15,18} | Demonstrates professional, ethical behavior\textsuperscript{7,27} | Respectful\textsuperscript{15,18,19} | Honest and trustworthy\textsuperscript{5–7,15,19,27} | Reliable and committed\textsuperscript{10,17,22} |

\textit{(Plast. Reconstr. Surg. 131: 837e, 2013.)}
## Duties of a Mentor

<table>
<thead>
<tr>
<th>Educational</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach by example, be a role model for life balance, professionalism \cite{7,12,14,15,27,28}</td>
<td>Help mentee set and achieve career goals \cite{11}</td>
</tr>
<tr>
<td>Teach necessary professional skills such as research methods, ethical conduct, and time management \cite{7,10,14}</td>
<td>Provide resources and opportunities for research, networking, and collaboration \cite{7,10,15,18,19}</td>
</tr>
<tr>
<td>Transfer technical skills \cite{28}</td>
<td>Help mentee overcome difficulties \cite{15,22}</td>
</tr>
<tr>
<td>Give feedback, thoroughly and frequently \cite{15,18,19,22}</td>
<td>Career counseling and planning \cite{3,8,10,13,18,22}</td>
</tr>
<tr>
<td>Stimulate mentees, set high expectations, and help them meet their potential \cite{3,7,14,27}</td>
<td>Introduce mentee to environment, customs, and leading figures in the field \cite{15,12,18}</td>
</tr>
</tbody>
</table>

\textit{(Plast. Reconstr. Surg. 131: 837e, 2013.)}
Duties of the Mentee

Table 3. Mentee’s Responsibilities

- Identify a suitable mentor and which areas you require help with\textsuperscript{10,19}
- Be reliable and committed\textsuperscript{15,22}
- Prepare for meetings and show the mentor you are dedicated, not wasting his or her time\textsuperscript{19}
- Periodically self-assess your current skills and relationship to career goals\textsuperscript{10}
- Be receptive and willing to learn from the mentor\textsuperscript{19}
- Do not hesitate to bring up topics you want to discuss or to ask for help\textsuperscript{8}
- Be honest and tell your mentor what you think, not what you think they want to hear\textsuperscript{13,22}

Residents as Mentors: The Development of Resident Mentorship Milestones

Nickalus R. Khan, MD
Kristy L. Rialon, MD
Kate J. Buretta, MD
Jessica R. Deslauriers, MD
Jared L. Harwood, MD
LCDR Dinchen A. Jardine, MD, MS

**TABLE**
Mentor Competencies

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>Willing to participate in a mentoring program</td>
<td>Dedicates time and schedules mentoring sessions</td>
<td>Has an “open-door” policy and schedules ad hoc meetings with mentee</td>
<td>Mentoring ability transitions to relationships beyond training</td>
</tr>
<tr>
<td>Competence</td>
<td>Provides 1-on-1 mentoring to an individual</td>
<td>Mentors multiple individuals</td>
<td>Organizes and teaches other mentors</td>
<td>Considered an expert in the field; often supported by mentoring-related recognitions or awards</td>
</tr>
<tr>
<td>Altruism</td>
<td>Focused on the mentee’s needs</td>
<td>Gives timely, constructive feedback to the mentee</td>
<td>Provides career advice and assists with networking</td>
<td>Recognizes that own ambitions may differ from mentee’s ambitions and supports mentee to succeed regardless</td>
</tr>
</tbody>
</table>

1. **Availability** – willingness to provide time
2. **Competence**
3. **Support of the Mentee** (Altruism)
The majority of papers describe a Dyad model between faculty and students

- Combination of Dyad and Group models was second
- One used a Tiered group model which offers faculty mentorship to senior students, who then serve as one-on-one mentors to junior students

Program objectives

- Career development / planning / recruitment
- Professional development
- Well-being
- Specific mentoring of URMs or female medical students
Mentorship of US Medical Students: a Systematic Review

Amy H. Farkas, MD, MS\textsuperscript{1}, Jill Allenbaugh, MD, MS\textsuperscript{2}, Eliana Bonifacino, MD, MS\textsuperscript{3}, Rose Turner, MLIS\textsuperscript{4}, and Jennifer A. Corbelli, MD, MS\textsuperscript{3}

- **Program Evaluation**
  - Clerkship grades
    - Clerkship related increases in honors and resident match rates
  - Research Productivity, Papers
  - Pipeline for URM students in surgical subspecialties

- **Barriers**
  - Faculty schedules, time/cost $\rightarrow$ relying on residents, etc. to support
  - Mentor skill development $\rightarrow$ training, guidelines and best practices
  - Small numbers of URM faculty $\rightarrow$ Using non-URM faculty mentors
Obstacles to the Mentor-Mentee Relationship

- Network/Regional/National Biases
- Generational Biases
- Gender Related Biases
- Racial Biases

Note: To allow for unduplicated counts of faculty, "Multiple Race - Hispanic" includes all faculty who were reported as Hispanic and at least one other race/ethnicity. "Multiple Race - Non-Hispanic" includes all faculty who were reported as more than one race/ethnicity but who were not reported as Hispanic.
Diversity Mentoring (Clutterbuck)

• Bidirectional relationship where mutual learning, exchange, and growth are achieved through dialogue.
• Difference is positioned within the relationship as a resource of learning rather than a problem or something to be avoided.
• Learning occurs:
  • Directly from mentor (tapping their experience and wisdom)
  • From open dialogue (having assumptions challenged, becoming more aware of self and others, learning how to learn, etc), suspending judgment, and identifying common interests and values.
  • From reflection on the mentoring sessions.
Diversity Mentoring (Clutterbuck)

- Positioning difference and disadvantage in a professional and transparent way.

As a mentee, it doesn’t hurt my feelings if someone acknowledges the [racial] difference between us. In some ways I like those relationships better. It makes me feel more comfortable – we’re not dancing around the issues in some artificial way. What’s uncomfortable for me is when we have to pretend there isn’t a difference.’

The keys, in our experience, are to do the following:

- Agree, between mentor and mentee, what role the mentee wishes difference to play in the relationship.
- Agree that mentor and mentee will challenge each other around the role of difference, where appropriate, so, for example, the mentor might question the mentee’s perception that their failure to achieve a promotion is a result of racial bias (or vice versa).
- Educate and support participants in the skills of managing difference.
- Provide avenues for assistance when difference seems to cause difficulties.
• Women have less social capital... they are often over-mentored and under-sponsored.
  • Social capital is more predictive of career success than actual performance.
• Women are subject to cognitive biases
  • Implicit biases can downgrade their competence, hirability, and salary offers.
  • Stereotype threat can impair women’s confidence at acting against norms.
  • Agentic (assertive, decisive) vs. Communal (nurturing, egalitarian) behaviors are polarized
    • Assertive → bossy
    • Confident → conceited
    • Analytic → controlling, nit-picky
    • Open → unsure
• DOUBLE BIND – being successful as a woman potentially makes one unlikeable
Female medical students are:

- Less likely to see themselves as leaders.
- More likely to default to stereotypically feminine behaviors
  - Relational – Over-apologizing
  - Housekeeping – Doing the work of support staff
- Less capable of negotiating uncomfortable situations with attendings
1. Mentors should be ready to boost a mentee’s self-efficacy (belief that one can achieve a goal).

2. Mentors can provide feedback on communication styles, recommend approaches to blend agentic and communal behaviors, or at least encourage understanding of these biases.

3. Mentors can provide individualized support and not assume career potential is limited if gender-specific obstacles are raised.

4. Mentors should use influence to act as sponsors and provide feedback as appropriate regarding biases and obstacles.
**Emphasize accomplishments, not effort**

Letters for reference for men are more likely to emphasize accomplishments (‘his research’, ‘his skills’, or ‘his career’) while letters for women are 50% more likely to include ‘grindstone’ adjectives that describe effort. ‘Hardworking’ associates with effort, but not ability.

**We all share bias**

It is important to remember that unconscious gender bias isn’t a male problem. Research shows that women are just as susceptible to these common pitfalls as men. This is a problem for all of us - let’s solve it together!

**Avoiding gender bias in reference writing**

Got a great student? Planning to write a super letter of reference? Don’t fall into these common traps based on unconscious gender bias.

**Mention research & publications**

Letters of reference for men are 4x more likely to mention publications and twice as likely to have multiple references to research. Make sure you put these critical accomplishments in every letter!

**Don’t stop now!**

On average, letters for men are 16% longer than letters for women and letters for women are 2.6x as likely to make a minimal assurance (‘she can do the job’) rather than a ringing endorsement (‘she is the best for the job’).

**Keep it professional**

Letters of reference for women are 7x more likely to mention personal life - something that is almost always irrelevant for the application. Also make sure you use formal titles and surnames for both men and women.

**Stay away from stereotypes**

Although they describe positive traits, adjectives like ‘caring’, ‘compassionate’, and ‘helpful’ are used more frequently in letters for women and can evoke gender stereotypes which can hurt a candidate. Be careful not to invoke these stereotypes directly (‘she is not emotional’).

**Be careful raising doubt**

We all want to write honest letters, but negative or irrelevant comments, such as ‘challenging personality’ or ‘I have confidence that she will become better than average’ are twice as common in letters for female applicants. Don’t add doubt unless it is strictly necessary!
Emphasize accomplishments, not effort

Letters for reference for men to emphasize accomplishments (‘his skills’, or ‘his career’) while women are 50% more likely to emphasize ‘effort’ adjectives that describe working ‘with effort’ associates with effort.

We all share bias

It is important to remember that gender bias isn’t a male problem, nor is it just a common pitfall as men. This is a problem for all of us, together!

Adjectives to avoid: Adjectives to include:
caring successful
compassionate excellent
hard-working accomplished
conscientious outstanding
dependable skilled
diligent knowledgeable
dedicated insightful
tactful resourceful
interpersonal confident
warm ambitious
helpful independent
intellectual

Mention research &

Keep it professional

Letters of reference for women are 7x more to mention personal life - something that is often irrelevant for the application. Also make sure you use formal titles and surnames for both men and women.

Stay away from stereotypes

Although they describe positive traits, adjectives like ‘caring’, ‘compassionate’, and ‘helpful’ are used more frequently in letters of recommendation for women and can evoke gender stereotypes which can hurt a candidate. And be careful not to invoke these stereotypes directly (‘she is not emotional’).

Be careful raising doubt

We all want to write honest letters, but avoid making negative or irrelevant comments, such as ‘challenging personality’ or ‘I have no doubt that she will become better than others’. These comments are twice as common in letters for women as they are for men.

brought to you by:

The University of Arizona Commission on the Status of Women

University of North Dakota
Advice for Men Who Are Nervous About Mentoring Women

by Wendy Murphy

1. Intentionally seek out women mentees
   • Assume there may be some initial discomfort.

2. Be transparent and professional in your developmental practices
   • If you are willing to golf or have dinner with a man and not a woman in a mentorship, or vice versa, why?
   • If inappropriate, then consider limiting to coffee or lunch or nil with everyone.

3. Listen with empathy to ask good questions

4. Acknowledge gender issues exist

5. Actively sponsor her and help her connect with other sponsors.

https://hbr.org/2019/03/advice-for-men-who-are-nervous-about-mentoring-women
### Diversity Awareness Ladder

1. Fear
2. Wariness
3. Tolerance
4. Acceptance
5. Appreciation

### TABLE 1.2 Diversity awareness ladder

<table>
<thead>
<tr>
<th>Stage</th>
<th>The inner conversation</th>
<th>The outer conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fear</td>
<td>What do I fear from this person?</td>
<td>What do we have in common?</td>
</tr>
<tr>
<td></td>
<td>What do I fear learning about myself?</td>
<td>What concerns do you have about me and my intentions?</td>
</tr>
<tr>
<td></td>
<td>What might I be avoiding admitting to myself?</td>
<td></td>
</tr>
<tr>
<td>2. Wariness</td>
<td>What if I say the wrong thing?</td>
<td>How can we be more open with each other?</td>
</tr>
<tr>
<td></td>
<td>Is their expectation of me negative and/or stereotyped?</td>
<td>How can we recognise and manage behaviours that make each other feel uncomfortable/unvalued?</td>
</tr>
<tr>
<td></td>
<td>How open and honest can I be with them?</td>
<td></td>
</tr>
<tr>
<td>3. Tolerance</td>
<td>What judgements am I making about this person and on what basis?</td>
<td>How can we exist/work together without friction?</td>
</tr>
<tr>
<td></td>
<td>What boundaries am I seeking/applying in dealing with this person?</td>
<td>How can we take blame out of our conversations?</td>
</tr>
<tr>
<td>4. Acceptance</td>
<td>Can I accept this person for who they are?</td>
<td>What values do you hold?</td>
</tr>
<tr>
<td></td>
<td>Can I accept and work with the validity of their perspective, even if it’s different from mine?</td>
<td>How do you apply them?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How can we make our collaboration active and purposeful?</td>
</tr>
<tr>
<td>5. Appreciation</td>
<td>What can I learn from this person?</td>
<td>What can we learn from each other?</td>
</tr>
<tr>
<td></td>
<td>How could knowing them make me a better/more accomplished person?</td>
<td>How will we learn from each other?</td>
</tr>
</tbody>
</table>
Self Efficacy

Albert Bandura

- Belief in one’s capabilities to organize and execute the courses of action required to manage prospective situations
- Task oriented $\rightarrow$ performance

- Not the same as:
  - Self-concept (perception of self)
  - Self-esteem (what you think of your value)
  - Self-actualization (reaching your potential; Maslow)
Social Learning Theory

Behavior is learned from observation, imitation, and modelling, and not from conditioning, reinforcement, and punishment.
Developing Self-Efficacy through Mentoring Relationships

• **Performance Accomplishment**
  - Experiencing success leads to an experience of mastery
  - Facing challenges with support leads to growth and further motivation to tackle harder tasks

• **Vicarious Learning through Others**
  - Role models and peers – we learn from others through observation
    - If they can do it, so can I!
    - Our stories matter!

• **Encouragement**
  - There is power in positive feedback, encouragement, and affirmation.

• **Emotional Intelligence**
  - Training our mind to be aware of our own and other’s emotions, and knowing that we can manage our own emotions.
Intrinsic Motivation

• Autonomy
• Mastery
• Purpose
Giving Advice vs. Achieving Goals and Tapping Potential...
A Statewide Surgical Coaching Program Provides Opportunity for Continuous Professional Development

Caprice C. Greenberg, MD, MPH,*† Hala N. Ghoussaini, PhD,‡ Sudha R. Pavuluri Quamme, MD, MS,* Heather L. Beasley, PhD,*† Lane L. Frasier, MD, MS,* Nicole A. Brys, MPH,* and Janet C. Dombrowski, MHSA,* and Douglas A. Wiegmann, PhD*†, for the Wisconsin Surgical Coaching Program

COACH
Call for nominations via Wisconsin Surgical Society
Nominated surgeons invited to participate as coaches
Complete 4 hour coach training program

PARTICIPANT
Program announcement via Wisconsin Surgical Society
Surgeon participants sign up
Complete 1 hour online orientation session

Coach and Participant Matching
Pre-Call
Participant records case and sends to coach
Coach reviews case video
Live coaching session (~1 hr). Goal quarterly sessions for 1 year
Exit Surveys, Focus Groups, and Interviews

Annals of Surgery • Volume 267, Number 5, May 2018
### TABLE 2. Participating Surgeon Evaluation of Coach Effectiveness at the Completion of the Program (5 = Agree, 1 = Disagree)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>SD</th>
<th>Min, Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated me as a peer</td>
<td>4.7</td>
<td>0.7</td>
<td>3, 5</td>
</tr>
<tr>
<td>Maintained a focus on my stated goals</td>
<td>4.4</td>
<td>0.7</td>
<td>3, 5</td>
</tr>
<tr>
<td>Used questions skillfully to help me analyze my own performance</td>
<td>4.3</td>
<td>0.9</td>
<td>3, 5</td>
</tr>
<tr>
<td>Provided constructive feedback related to my goals</td>
<td>4.3</td>
<td>0.7</td>
<td>3, 5</td>
</tr>
<tr>
<td>Made valuable suggestions for alternative approaches, techniques, and solutions for me to try out in practice</td>
<td>4.6</td>
<td>0.7</td>
<td>3, 5</td>
</tr>
<tr>
<td>Encouraged me to identify potential solutions/alternatives to try out in practice</td>
<td>4.0</td>
<td>1.2</td>
<td>3, 5</td>
</tr>
<tr>
<td>Helped me develop a concrete action plan to implement changes in my practice moving forward</td>
<td>3.9</td>
<td>1.0</td>
<td>2, 5</td>
</tr>
</tbody>
</table>

### TABLE 3. Rubric-based Assessment of Coach Effectiveness on 4 Domains of Coach Activity (5 = Agree, 1 = Disagree)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>SD</th>
<th>Min, Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared responsibility/treat participating surgeon as a peer</td>
<td>3.2</td>
<td>1.0</td>
<td>1, 5</td>
</tr>
<tr>
<td>Effective use of inquiry</td>
<td>2.8</td>
<td>0.8</td>
<td>1, 4</td>
</tr>
<tr>
<td>Provide constructive feedback</td>
<td>3.2</td>
<td>0.8</td>
<td>1, 5</td>
</tr>
<tr>
<td>Setting goals and action planning</td>
<td>2.6</td>
<td>0.7</td>
<td>2, 5</td>
</tr>
<tr>
<td>Overall effectiveness</td>
<td>3.1</td>
<td>0.8</td>
<td>2, 5</td>
</tr>
</tbody>
</table>

SD indicates standard deviation.
Problem solving via Inquiry

- Kickstart question – What’s on Your Mind?
  - Expand on Projects/People/Patterns
- AWE question – and what else?
  - Don’t ask why questions!
- Focus question – What is the real challenge here for you?
  - Help them figure out what the Real Problem is…
- Foundation question – What do you Want?
  - Get comfortable with silence
- Lazy question – How can I help?
  - Use this when conversations enter the “Drama Triangle” (victim, persecutor, rescuer)
- Strategic question – If you are saying Yes to this, what are you saying No to?
- Learning question – What was most useful for you?
The New Wave of Positive Psychology

• Eudaimonia as a Goal
  • Growth mindset
  • Grit and Resilience
  • Optimism
  • Gratitude
  • Signature Strengths
  • Well-Being
AWS Coaching Project
Positive Psychology
Focus on growth mindset via reflections and inquiry with a goal to explore feelings, attitudes, and behaviors

5 Steps to Any Coaching Session

1. Check-in/Agenda Setting
   How am I finding you today? What would be useful for us to talk about today?

2. Positive Story
   Tell me about a good story since the last time I saw you.

3. Positive Psychology Coaching Exercise
   Included in session guides, practiced in training.
   Attempt to link to areas they want to explore, if appropriate.

4. “10 out of 10”
   Initial meeting: Imagine it’s the end of the year and it went perfectly. What does that look like? What have you accomplished? What are you capable of now that you weren’t before?
   Subsequent meetings: Let’s revisit your “10 out of 10” and see how you are progressing toward your goals. How do you want to adjust your goals to move towards your vision for a perfect year?

5. ½ Step Forward
   What do you want to accomplish between now and the next time I see you?
   What are the first steps forward to achieve those goals? How will you know you did it?
AWS Coaching Project
Positive Psychology
Focus on growth mindset via reflections and inquiry with a goal to explore feelings, attitudes, and behaviors

<table>
<thead>
<tr>
<th>Reflection Type</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple</td>
<td>repeat/rephrase what they are saying</td>
<td>“It sounds like you are feeling like no one is supporting you”</td>
</tr>
<tr>
<td>Framing</td>
<td>Puts a positive frame around their story; involves affirmations</td>
<td>“You continue to find meaning in patient care, despite your frustrations with the OR schedule. Your patients must be very important to you.”</td>
</tr>
<tr>
<td>Feeling Reflections</td>
<td>Name the emotion and why they are feeling it</td>
<td>“You’re feeling burned out because taking good care of your patients and spending time with your family is becoming harder to juggle.”</td>
</tr>
<tr>
<td>Goal Reflections</td>
<td>Say what it seems they are reaching for, trying to do</td>
<td>“You want to be a doctor who represents advocacy in your life too.”</td>
</tr>
<tr>
<td>Process Reflections</td>
<td>Matter of fact, state the patterns you are noticing in their behaviors/actions</td>
<td>“You’ve noticed that when you stay focused during clinic and turn off your email, you finish earlier and have less work to do at home.”</td>
</tr>
<tr>
<td>Double-sided</td>
<td>Reflect both sides of their ambivalence</td>
<td>“On one hand, you really want to apply for this position; and on the other hand, you realize it will mean a lot of changes for your family.”</td>
</tr>
</tbody>
</table>
AWS Coaching Project

Positive Psychology

Focus on growth mindset via reflections and inquiry with a goal to explore feelings, attitudes, and behaviors
The SECOND Trial – Learning and Wellness for Residents

The FIRST Trial randomized surgical residents to strict versus flexible work-hours but failed to improve burnout (it worsened over time in both arms).

A cross-sectional survey at the ABSITE revealed well-being may be influenced by relational issues including mistreatment.

The SECOND Trial aims to influence well-being using QI principles. Part of the wellness toolkit (intervention) will include Zoom mentorship.

American Board of Surgery In-Training Examination (ABSITE) Survey

- 99% response rate for residents in all 262 ACGME accredited general surgery programs.
- Overcomes non-response bias of prior studies.

39% Burned Out

Mistreatment Frequently Reported

- Gender Discrimination: 65% of ♀
- Racial Discrimination: 17%
- Verbal/Physical Abuse: 32%
- Sexual Harassment: 20% of ♀

Impact of Mistreatment

- Mistreatment associated with significantly higher risk of burnout & suicidal thoughts
- Higher burnout among women is largely due to mistreatment

Next steps

SECOND Trial to address resident well-being in >200 residency programs

Chu* and Ellis*, Hewitt, Yang, Cheung, Moskowitz, Potts, Buyske, Hoyt, Nasca, & Bilimoria. NEJM October 31, 2019 (*co-first authors)
**Sample Wellness Toolkit Interventions**

**Half-Weekday Off per Month**
- How we did it
- Arranging coverage
- Mitigating safety issues
- Keys to success

**High Performance Team Training**
- How we did it
- Identifying a psychologist who understands surgical training
- Convincing surgeons to go
- Arranging coverage
- What did it cost?
- Keys to success

**Lactation Policy**
- How we did it
- Finding appropriate space at each clinical site
- Training faculty/residents
- Keys to success
Staying on Track with Goals – WOOP

- Blind optimism does not motivate people – it creates a sense of relaxation complacency
- Mental contrasting (imagining winning and behaviors/barriers that could prevent one from winning) leads to better performance than wishful thinking
Staying on Track with Goals – WOOP

- Mental Contrasting
  - WISH
  - OUTCOME
  - OBSTACLE
  - PLAN
Specific. What exactly are you going to achieve?

Measurable. How can you tell you've made progress?

Achievable. Can this actually be done?

Relevant. Is this goal important to you?

Time Based. When do you want to achieve this goal?
• Make it Obvious
  • “Motivation is Overrated, Environment Matters More”

• Make it Attractive
  • Social norms can shape your habits

• Make it Easy
  • Set up habits that can take 2 minutes to do. (Activation energy)
    • ‘I will run 3 miles three times a week’ becomes ‘I will put on my running shoes three times a week.’
  • Make good habits inevitable.

• Make it Satisfying
“Winning is a habit.
Watch your thoughts, they become your beliefs.
Watch your beliefs, they become your words.
Watch your words, they become your actions.
Watch your actions, they become your habits.
Watch your habits, they become your character.”

- Vince Lombardi, arguably the greatest football coach of all time.
Aim for excellence, not perfection…

“We are what we repeatedly do. Excellence then, is not an act, but a habit.”

~ Aristotle