Continuous medical education with(out) coaching?

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British Medical Journal, Rapid response e-Letter, 4 May 2004
http://www.bmj.com/cgi/eletters/328/7446/999#58480

Sir, In a recent BMJ issue, GR Norman et al. (1) elaborate on innovative strategies to identify learning needs. Such identification could take advantage of health services coaching, a function meant to bridge the gap between health care delivery and management. Coaching adds to traditional continuing medical education approaches (2):

- a possibility to assess individual and group learning needs, based on continuous observation and discussion of medical practice and health care;

- psychological support to professionals and teams;

- organisational changes co-ordinated with in-service training, debated with decision makers and practitioners.

Coaches build upon methodologies such as education-oriented supervision (not control), 'inter-vision' (peer review of difficult cases management), action research, medical audit, user interviews, Balint groups and managerial interventions. Coaching assumes regular visits of an experimented health professional to health centres and hospital wards and subtle attendance to clinical activities. Meeting learning needs may require rotations in clinical services where doctors or nurses can acquire additional manual and behavioural skills (often left out of continuous learning scope). Long lasting relationships between coach and staff permit to establish the needed mutual trust. Coaches are best external to the organisation when appropriate competence is lacking or when a conflict of interest may arise concerning career prospects. Alternatively, experimented health professionals can devote part of their activity to support colleagues. They can be prepared for the function, e.g. accompanying experimented coaches and being exposed to available courses in health care management and systemic psychology, which is pivotal to support teamwork. Though available resources need to be used with opportunism, the introduction of coaching requires a special budget for non-clinical activities.

Coaching has been carried out in developing countries' pilot projects (3) and is commonly practised in the Belgian mental health sector. It is now tested in Belgian multidisciplinary teams (4). In this country, since 1994, external public health experts aim at endowing networks of specialists, general practitioners and nurses, with the responsibility for improving quality of care, co-ordination between tiers, and for setting up integrated local health systems inspired by the concept of the health district. The participants meet monthly to define priority problems to be studied and solved. Several actors of the project should be able, in the future, to coach themselves local health systems' groups elsewhere in the country. This project experience suggests that action research design, versatility, culture sensitivity, and creativity should characterise attempts to promote coaching in health services.

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Competing interests: None declared