Short Description: Faculty play a key role in guiding learners along the path of professional identity formation as a physician, but little is known about how to best apply various strategies. This workshop will promote a discussion of the advantages and disadvantages of three “guiding” methods, advising, coaching and mentoring, as they apply to vignettes common during medical education. This analysis will help uncover guiding principles that can be used for effectively aligning methods with learner needs.

Abstract: Background: Guiding learners as they form their own professional identity is an important role for faculty. The process of professional identity formation has been described as consisting of professionalism, psychosocial identity development and formation (development of core knowledge, skills, behaviors and commitments). Advising, mentoring and coaching are all methods that can be used effectively to guide learners. They may, however, be used best in different settings and with different learner levels – from medical and graduate students to faculty. Skills and expertise of the faculty, content of the interactions and approach also vary in each method. Some of the differences include the following:

- **Advisors** have expertise to aid in addressing a focused topic (e.g., selecting the best rotations) and provide information directly. They may interact only once, or in multiple sessions addressing different issues each time.
- **Coaches** don’t require content expertise to help the learner. While they may meet multiple times, the overall length of interaction is often time-limited. Their approach is action oriented, using questioning to help the learner solve the problem or create the plan for ongoing professional identity development.
- **Mentors** are usually selected not only for their content expertise, but for their shared interest in the learner’s field of choice. They create long term relationships and introduce both informal and formal components as they help socialize the learner to the profession and advance their professional identity.

Each of these guiding methods can promote professional identity development in differing ways and with varying time investments. As educators, deliberately selecting the optimal method for the learner and their current situation is an important and often neglected skill. Selecting the appropriate approach and guidance method is critical to maximizing impact and expectations while minimizing role conflicts and optimizing time. This workshop will compare and contrast the use of these three guidance methods as tools to efficiently and effectively aid professional identify formation in learners at any stage of their career.

Objectives: At the end of this session, participants will be able to:

- Discuss the similarities and differences between advising, coaching and mentoring of learners in medical education.
- Select an appropriate method for each of a variety of real-life vignettes that may impact learners’ professional identity formation.
- Create a plan to discuss the optimal use of the three methods in their own institutions to enhance learners’ professional identity formation.

This workshop will first present a brief explanation of the similarities and differences between advising, coaching and mentoring in terms of how the learner and faculty may experience them. Facilitated small groups will then work on selected real-life vignettes that depict key incidents often involved in professional development (e.g., moral dilemmas, workplace stressors, professional behaviors, pressure to produce/excel). Each vignette will be reviewed from the perspective of all 3 approaches (advising, coaching, mentoring), evaluating the strengths and weaknesses of varying approaches, and identifying one method as a "best practice" for each vignette. Small groups will present their findings to the larger group, identifying guiding principles that helped them select a best practice during a facilitated discussion.
These will be recorded and any themes in how each strategy is used will be identified. The groups will then be asked to consider costs and barriers to developing a program that aligns guiding interventions with learner needs to facilitate creation of a plan for use of the three methods at their own institutions.

**AGENDA**

**Time** | **Content (method)**
--- | ---
5 min | Welcome and Introduction
10 min | Advising, Coaching and Mentoring – differences and similarities (Brief didactics)
5 min | Introduction of vignette work (Interactive discussion)
15 min | First vignette - compare/contrast advising/coaching/mentoring (Small group discussion)
5 min | Check in – questions/concerns (Interactive discussion)
15 min | Second vignette - compare/contrast advising/coaching/mentoring (Small group discussion)
30 min | Share and discuss themes/guiding principles (Large group interaction)
15 min | Discussion of costs and barriers at home institution (Small Group Discussion)
20 min | Share and discuss benefits and barriers (Large group discussion)
5 min | Wrap up (Interactive discussion)

**Outcomes and dissemination:** The small and large group discussions will identify themes and guiding principles that can help educators identify the best method for supporting learner professional identity formation. The group will also identify barriers (lack of resources, costs, etc.). The results of these discussions will be used to create a summary fact sheet for submission to the AAMC’s iColloborative and a manuscript that will be submitted as a perspective or teaching and learning moment to *Academic Medicine* or as a case study to *Teaching and Learning in Medicine* to disseminate ways to promote the developmental process for our learners.

**Level of Audience:** Expert

**Focus of Presentation:** Continuum

**References:**


**PRESENTER:** Karen Marcdante

**AUTHORS/INSTITUTIONS:**
- K. Marcdante, Pediatrics, Medical College of Wisconsin, Milwaukee, Wisconsin, UNITED STATES
- L. Arnold, University of Missouri - Kansas City, Kansas City, Missouri, UNITED STATES
- D. Simpson, Aurora Health Care, Milwaukee, Wisconsin, UNITED STATES
- C. Stalburg, University of Michigan, Ann Arbor, Michigan, UNITED STATES
- L. Doyle, David Geffen School of Medicine at UCLA, Los Angeles, California, UNITED STATES
- J. Lindemann, Sanford School of Medicine - University of South Dakota, Sioux Falls, South Dakota, UNITED STATES
- J. Riddle, University of Illinois - Chicago School of Medicine, Chicago, Illinois, UNITED STATES