Check one:

- [ ] regular small Duke AHEAD grant - proposal with budget up to $5,000
- [ ] targeted IPEC Duke AHEAD grant - proposal with budget up to $25,000

Principal Investigator/School/Department: Elizabeth Ross, DPT, MMSc, FACH

Collaborator(s)/School(s)/Department(s):
School of Medicine

Focused question: Does Coaching in the final year of medical school have an impact on students stress, anxiety and depression?

Background: (including brief review of prior research)
Medical students in the final year of undergraduate education experience significant stress and anxiety because of transitions they are planning for during this year.1,2 They are engaged in sub-internships, applications for residency, interviews and making critical decisions for their future professional and personal development. It is worthwhile to consider how these students could be supported to make the best decisions for themselves and develop skills to find their most meaningful paths. Coaching is a possible way of supporting these students throughout this year and providing an opportunity for the development of agency, confidence and thoughtful decision-making as they graduate. Coaching is defined as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential”.3,4 Coaching is differentiated from Advising, Mentoring and Psychological Counseling. Advising is telling another what is recommended to do. Mentoring is an experienced person of the same profession sharing his/her experience and guiding someone who wants a similar path. Psychological Counseling is addressing underlying emotional and psychological concerns for the purpose of processing them. The underlying tenet of Coaching is that the best choices and plan for each person resides within that person. The skill of the Coach, as someone without conflict of interest, is to ask key questions, reflect back and support the person through the process to recognizing the solutions that are within that person. Coaching is goal focused and action oriented for a finite period of time.3,4 Coaching is widely used in business and often supported by the companies themselves for the well-being of their employees and the success of their businesses. More recently, Coaching has been introduced into the academic arena through faculty coaching and leadership coaching. Some academic institutions have introduced coaching for their undergraduate students, but there has been limited coaching(by the ICF definition) for those in medical training. Coaching has begun to emerge in medical schools.5,6,7 The delivery of coaching in academia for students exists in pockets and frequently the model and format are not clearly articulated. There are published guidelines for the creation of a Coaching Program for
medical students. This project proposes a pilot study of coaching for students over the final year of medical school because it is challenging and entails planning for major decisions and transitions in their lives. A pilot study of this nature has been performed recently by Fried and Irwin with undergraduate students in Canada.

References
1. Dyrbye, Liselotte N. MD; Thomas, Matthew R. MD; Shanafelt, Tait D. MD: Systematic Review of Depression, Anxiety, and Other Indicators of Psychological Distress Among U.S. and Canadian Medical Students. Academic Medicine: April 2006 - Volume 81 - Issue 4 - p 354-373
4. (ICF) www.coachingfederation.org
6. Deiorio, N, Miller Juve, A. Developing an academic coaching program. DOI: https://doi.org/10.15694/mep.2016.000143 Published Date: 07/12/2016

Specific aims:
The aim of this pilot of year-long coaching is to assess how coaching might affect the mental health(stress, anxiety and depression), self-awareness and overall well being of medical students in their final year, during which they are making critical decisions and anticipating their futures. The results might inform the future routine use of coaching as a means to support students in a meaningful way as we prepare them to embark on their professional training beyond medical school.

Project Plan, including brief description of steps and/or timeline:
The Coaching pilot is intended to provide eight(8) coaching sessions for each of ten(10) medical students during the final year of their undergraduate medical school education. The 30-60 minute sessions will be at least monthly, with modifications as needed for individual students. Sessions will be held in person, via Zoom, Skype or phone call, according to circumstances and preferences of the students and the coach. The coach is the primary investigator, who will have completed(August, 2019) the academic training of the ICF(International Coaching Federation) Professional Coaching Certificate Program and is working toward the credential of Associate Certified Coach(ACC). The Code of Ethics for ICF frames the practice of this coach.
Participants will be recruited from the list of learners enrolled in the Capstone Course. Selection will be determined by the order in which eligible students reply to the requests for participants. All responding potential participants will take the Readiness Assessment for Coaching(Appendix) and must score 7 or higher to be eligible for participation in the pilot. Each
participant will take the Hospital Anxiety and Depression Scale (HADS) and the Perceived Stress Scale (PSS) pre-, mid-, and post-coaching. These scales are easy to administer and are reliable, validated tools. Additionally, there will be 3-5 open-ended questions and/or a focus group to receive feedback on the outcomes of coaching for the individual participants, including the reactions to coaching and the likelihood of recommending it to others or accessing it again. September, 2019 Recruitment of participants/Readiness Assessment administered September, 2019 HADS and PSS given prior to first session September, 2019- April, 2019 Individual Coaching Sessions provided January 2020 HADS an PSS given at mid-point April-May, 2020 Final HADS and PSS; Open ended questions and/or focus group May-September, 2020 Development of poster/manuscript for dissemination.

Outcome measures: (please select from among the following)
- Pre-and post-intervention/innovation surveys
- Qualitative analysis (including focus groups or interviews)
- Post-intervention/innovation satisfaction survey
- Attendance figures/usage data
- other (please provide a brief description – max 20 words)

Resource needs and budget:
Funding will be available for a 12-month period. Please fill in the table below and provide justification/description for each item below. Additional budgetary support may be available through DASHE vouchers for editorial support, data management, education research commons, and more (see https://dukeahead.duke.edu/how-we-can-help/duke-ahead-supporting-health-professions-educators).

If submitting a proposal for a targeted IPEC grant, please provide an estimate of the time/effort you will expend on this project. PI support may not total more than 25% of the requested funds. If submitting a proposal for a regular (small) grant, PI may not request financial support and it is not necessary to estimate time/effort. Administrative support for either type of grant is available through “consultant costs.”

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