# DocTalks Ep 11 - Dr. Jill Bailey

DocTalks: A Medical Learning & Teaching Podcast

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**Curtis Maloley:**
Welcome to DocTalks. I'm Curtis Maloley

**Dr. Heather MacNeill:**
and I'm Heather MacNeill, and today on DocTalks, we're joined by Dr. Jill Bailey, who serves as the Associate Director of Academic Coaching for undergraduate medical students at TMU, and she's also a case based learning facilitator in the principles of medicine course and a competency coach for family medicine residents. Previously, she had a family practice for 14 years, and the last four years she specialized in addictions and mental health. So welcome to the podcast. Jill!

**Dr. Jill Bailey:**
Thank you so much. It's great to be here. Thanks for having me.

**Curtis Maloley:**
Well, let's start talking about coaching. Can you tell us a bit about how you got into it?

**Dr. Jill Bailey:**
Yeah, sure. First thing I always chuckle, because my oldest is at Mac University, and he has a coach, which is his track coach. So I'm not an athletic coach, so it's funny because my role is also called Head Coach. But the way I first got into coaching was actually being a physician who wanted to be coached myself, and it was actually through a program a colleague of mine runs a charting coaching program, which was really, for me, a bit of an entry point into being able to just think differently about how I approached my work. She actually revolutionized my charting just by saying that you should really finish off each note after each patient and then walk into the next patient room with kind of a fresh mind, without all these you know, details and things you're trying to hold on to and remember from that last encounter, and really having that strengths based and positive psychology approach, that was really my introduction to what being coached would be.

**Curtis Maloley:**
And then what about like at TMU? How does that fit into what's happening at our medical school?

**Dr. Jill Bailey:**
Yeah, so when I heard about the new medical school starting up, and I have a colleague who I've known for a long time, who works in Orangeville as well, she actually suggested that I might be

interested in joining and participating somehow in the academic coaching program. And then the job posting became available to apply to be the associate director of the program, and I thought, Well, might as well throw my name in there. And it's really been an amazing experience, to be involved at this level. I hadn't done much academic work, living in a small town, not really being close to a medical school, until now. Now there's a school in Brampton. It's really been a great opportunity to be able to be involved with med students again.

**Curtis Maloley:**
What sort of things might you coach a medical student on?

**Dr. Jill Bailey:**
So the coaches that I work with, they can talk to a medical student about anything really. I mean, part of their role as academic coaches is to talk to the students about their recent assessments. So if they had a test, or if they had a narrative assessment they had to hand in, or if they've had an assessment that one of their facilitators has filled out about their performance in their small group learning environments, it's really great for the learners to feel like they have someone that they can just really be vulnerable with. It is already quite vulnerable to have another faculty member who can see your marks, right? That's pretty vulnerable to say, you know, what Mark did you get on that test? And you know, it's kind of something you like to hold your cards close to your chest sometimes, especially when you're used to being highly competitive. We have some very elite students. They all, you know, were the top of their classes to be able to get here. The idea of being able to have an academic coach is that they have a safe person who is always in their corner, who they can talk to, because some learners are getting lower marks that they've never gotten before because they're faced with, you know, this much more challenging program. And so to have a coach to be able to talk to and really emphasize their strengths, someone who believes in them unconditionally and is always going to help them to see, you know, what goals they could set and how they can move forward. We really focus on having, like, a growth mindset, rather than that fixed mindset, right? So that fixed mindset is like, you know, I'm a smart person, and then as soon as you know, you get a bad mark, I'm not a smart person anymore. And that can really be overwhelming. A lot of emotions come up in coaching, a lot of stress and overwhelm and study habits, family issues, you know, it's not therapy. So if the learner seems to have a more significant, you know, mental health concern, then we definitely do a very warm handover to learner affairs to get them some support that way. But there's nothing that's off limits, because all these things come together to make us who we are, right? We don't want it to be just about, what are your grades and how are you going to do better next time?

**Dr. Heather MacNeill:**
Yeah, and it's such an amazing approach. I think sometimes when we all look back on our own medical career, right? And I know we've talked before and you said, kind of, you know your secret mission, if I could, it's kind of like…

**Dr. Jill Bailey:**
Well now it's not a secret.

**Dr. Heather MacNeill:**

Now the cat's out of the bag, but the secret mission is kind of almost like a well being intervention. If we can foster wellness in our trainees, then we're going to have less burnout, better physicians, people who are more empathetic with their patients, etc. But it definitely is a departure from how we were trained, which was when being a good student meant, you know, pushing yourself beyond what was good for your well being and staying very long hours and not allowing yourself to feel for the patients or feel what's going on in your own family home life. So how do you see this changing the landscape of how we do medicine?

**Dr. Jill Bailey:**
Great question. I mean, I would say, first thought, like you said, my secret mission of this being a well being intervention, that I think because every learner's well being now, this is a bit of a generalization, but I think is true for a lot of learners, definitely was true for me. Their well being is very tied to their academic performance, and it goes both ways, right? So whether or not they really feel badly about themselves and get very self critical if they don't achieve at the high level they expect of themselves, or if, because something's going on in their personal life or their sleep habits or whatever, that can then contribute to their academics, it really does go both ways. So being able to have someone that, right from the first month of medical school you're meeting with and talking to, and this is the family physician in me as well, right? It's all about the prevention, if we can support learners before they show up as being, you know, not on track, or having, you know, marks below a certain level, or seeming to struggle with professionalism, but to begin to sort of nurture that, and to intervene early, I think that's a big part of the benefit of having this program. I should say as well, every learner, it's mandatory that they meet with their coach. Every month, every learner is assigned a coach. I know in some programs, sometimes it's just, you know, if you want to sign up for this extra thing, you can but our model has been that we want to really encourage that. This is the way we do things here at TMU, is that everyone gets a coach.

**Dr. Heather MacNeill:**
Sometimes, when we talk about things wellness, people might say, well, that's not how I learned how to be a doctor. And, you know, is wellness just going to a yoga retreat or that sort of thing. But here, I think you know, what you're talking about is wellness in the terms of prevention, about being a better student, you know, being a better physician, starting that reflection process on, you know, how to grow is, is really, I think, a departure.

**Dr. Jill Bailey:**
That really reminds me of that hidden curriculum that we often have talked about over the years in medical school. I always pictured this like we're getting turned into these medical care providing robots and those individuals, once they somehow morph from being a human being into a medical care providing robot, you know, they don't need to eat or sleep, and they don't have their own emotions tha they have to process. They don't get stressed or need time to, you know, take care of themselves. Just go, go, go. Have that differential diagnosis always on mind. Just move into the next room, kind of like your life just becomes an OSCE. I felt that way myself, actually, often in my clinical work, that all day long, I was just like knocking on doors and going in and seeing the next patient knocking on the next door. The real tragedy of that is that our patients need our humanity. They need us to, just like, be ourselves and to be a person too. And the more that we disconnect from that, not intentionally, of course, because we're trained to either overtly or, you know, in this hidden curriculum, but our patients

miss out on, you know, the essence of who we are that made us want to go to medical school in the first place, or made us really care about supporting other people. And then we also get so much more easily burned out, right? Because if your whole life is just an OSCE, you know, that gets old really fast.

**Curtis Maloley:**
I can imagine. I mean, I find it really encouraging though I like to hear that every student gets a coach, but then I assume there must be a lot of coaches.

**Dr. Jill Bailey:**
Yes, that's true. So for this year, we have 94 students and 16 coaches. So each coach has between four and six students. Our hope is that the same coaches will continue to follow the same learners for their whole entire four year career.

**Curtis Maloley:**
I imagine some of our listeners might actually be interested in coaching . How does one become a coach?

**Dr. Jill Bailey:**
First of all, you don't have to do any training in advance. We have an amazing relationship with Stanford University and their academic coach training program, and they've been providing training for our coaches. So really, what we're looking for is just people who sort of have that, you know, Coach approach, or that coach mindset, in terms of really wanting to be supportive of the learners, encouraging the growth mindset, being curious and interested and being able to talk them through things. One thing that I've learned actually with coaching, that I think is really valuable for any new coach as well, is that it's actually not your job to solve the students' problems. It's just to help them to see that they have the solution. So it's a lot of asking questions, and of course, sometimes offering ideas like, oh, you know, maybe you should go to learner affairs, or here's this resource, right? We don't only ask questions and never give ideas, but it really is a lot about fostering in the learner their sense of self efficacy and being able to let their strengths shine. And it's amazing how sometimes in the course of a half hour conversation, you think that you need to give all this advice, and by the end, the student has given themself all the same advice, plus some much better ideas than what I ever would have said.

**Curtis Maloley:**
That's interesting, because I imagine, as a doctor like you're used to being the kind of expert that you have the answers, whereas, you know, the coaching seems very different than that.

**Dr. Jill Bailey:**
Yeah, I think that probably all of us in our medical work could benefit from having at least a bit of this coach approach. It's big pressure as a clinician to feel like I have to fix everything and it's all on me, and being able to say, you know, I can be there and come alongside my patient, emphasize their strengths, ask them questions, see what works in their life, not assume that I actually do have all the answers. We have a lot of answers, but we don't know exactly what happens on a day to day basis in our patients lives, or what they've been through in their life. So I think in our clinical work, we can probably use a lot of coaching tools, and it is really freeing, both as a coach and a clinician, to be able to say, You know

what, I don't actually have to know everything all the time or fix everything. Actually, as a medical student, it's good to know that too. I mean there's a lot to learn in med school, and I know I had a lot of pressure on myself to to kind of know it all, and now I realize that that's just part of the fun of medicine, is that you never know it all.

**Dr. Heather MacNeill:**
Like that's what I love about medical education too is, like, learning about the psychology of learning and everything isn't just about education. It also makes me a better doctor. It makes me a better parent. It makes me a better friend. I think, like you learn all these things, I could see somebody really being drawn to being a coach. And along those lines, I think coaching, to a lot of us, myself included, is kind of like, what is coaching exactly like? How is it different than mentorship therapy, for instance? Could you expand on some of those concepts a bit?

**Dr. Jill Bailey:**
Yeah, yeah. Thank you. So a lot of those words can get thrown around, yeah, mentor, advisor, therapist, coach, and the way we think of it is that, as an academic coach, again, their role is to meet with the learners, talk about how things are going in school. And of course, as we said before, they're not just students, they're human. So there's lots of other things happening. But rather than being an advisor, the coach's role isn't to sort of say, well, this is the elective you should take if you want to become a plastic surgeon. They're not really giving advice as often as maybe an advisor might so an advisor, their role is more to say, well, this is the course you should take. Get this summer job. Do this for your CV. Even advisors can have a coach approach to that role, even if they're leaning more into the advice, rather than simply the question asking. And then a mentor is typically someone who has a very similar lived experience, or similar to what the student is hoping to do. So you know, if you want to go into family medicine, you might get a family physician to be your mentor. I have a colleague who also is married to a physician, and her and her partner had a physician couple as their mentors, because there's a lot of other things that they could talk about in terms of going through all that training as a couple. So it's just really lovely, I think, to have that mentor who can speak from their own experience. They really do get what you're going through, and you're paired with them or sought them out, whereas, actually, the evidence for coaching is that the coach doesn't actually have to have any same lived experience to the individual they're working with. It's simply that approach of asking questions, being curious, expecting the best, having that unconditional positive regard. Sometimes it's actually better if the coach doesn't know a lot about the subject that the coachee wants to be supported on, because then they sometimes ask really unique questions. If you're in it with someone, you can't really see what other ideas or perspectives could be available. But if you don't really know much about what they're talking about, what they're talking about, sometimes that's when some really interesting ideas can come forward. So coaches here will sometimes flex a bit and do maybe a bit of advising, and there may even be a bit of that mentoring, but we really try to stick with the coaching first, and then maybe offer something a little outside of coaching towards the end, like a piece of advice or something like that.

**Curtis Maloley:**
I wonder for you, as a coach, when you're talking to your colleagues who are also coaches, how do you know it's working? What are the signs that it's working?

**Dr. Jill Bailey:**
That's a very good question. One thing that I like to do is just to be naively optimistic. First of all, which then means you can just decide that it's working, and you don't have to have any signals that it is, especially if you're working with someone who seems to not be very engaged, or maybe they even say, Oh, this didn't help at all, you know. And of course, we want to be open to feedback. That's a really important tenet of coaching as well. To say, What can I do better next time? Or how can we work well together? But knowing that hopefully something I do matters, even if I don't get any feedback from the individual, to say otherwise, because sometimes everyone's on their own journey, and it can take time, but otherwise, I think I always know that coaching is going well. If the person says, Oh, that is a really good question, and their like, affect, or their tone of voice kind of changes, and they start to say, oh, I can do this. Or, you know what, I didn't even think about it, I can maybe do this, and all of a sudden, all these opportunities and possibilities open up to them. I just asked a question, and they had a bit of their own breakthrough, if that's the right word. And I know when I'm being coached, I can feel that as the coachee as well. When they ask a question, I'm like, oh, wait a second, maybe this isn't as hard as I thought it was, or maybe I do know how to figure this out when someone again, asked me a really great question in a coaching conversation.

**Curtis Maloley:**
You know you're only starting with these folks, and I imagine now we'll be with them for several years and get to know them really well. And I remember I had a hockey coach for four years. I mean, it's not the same, obviously, but like, the growth I did under that one hockey coach was so significant that, like, I still know him, it was years and years ago. I imagine this also builds community among physicians over time.

**Dr. Jill Bailey:**
And even, like what Heather was saying before about sort of like the way we might have trained. I had a chat with another faculty member the other week, and just saying about how almost healing it is to be able to have these really lovely relationships with learners. Because it's like you can kind of be that faculty member or that coach to a learner that you didn't get when you were a learner, or you can sort of do that thing that you would have benefited for. Them that nobody really did that just didn't really exist back then. So it's, I think, really encouraging. And a lot of my coaches are saying that they're really enjoying this as a part of their week, because they're able to give back in this way and develop these positive relationships with, again, just these amazing people like our students they all have such interesting histories. And, you know, I also do the case based learning class, and I have 10 amazing women in my group that I just feel were like hand picked to come to be with me. It's like, so fun every Wednesday morning to talk to them. And it's very different from being with patients too, right? If you're used to being a clinician who's always just working with patients, they're really amazing. It's very encouraging to be in the presence of an enthusiastic medical student.

**Dr. Heather MacNeill:**
I would imagine, like, sometimes almost a mirror effect, right? If you are coaching somebody to reflect on their own lives. People will come back and say, Actually, this is helping with my workout too. Do you notice that?

**Dr. Jill Bailey:**
Yeah! And I sometimes say, like, oh wait, maybe I should ask myself that question. Or maybe it would be a good idea. Like, I'm kind of thinking of what my answer would be to that question, maybe I should start going to bed a bit earlier. Or maybe I shouldn't, you know, be a bit more self compassionate. Or, you know, maybe I want to start saying no to that committee that I really hate being on. I noticed that honestly, my clinical work too, when I'm chatting with my patients, and then think, oh, I should really take my own advice sometimes.

**Curtis Maloley:**
So what, what is your one favorite, powerful question, the question that you your go to?

**Dr. Jill Bailey:**
Oh, okay, I like, how could we make this easier? Or, how could this be easy? At least my brain likes to over complicate things. So even something as simple as I'm going to start doing a mindfulness practice, or I want to start exercising, it's like, well, I have to get up at 5am I have to get a gym membership, I need to get a new pair of shoes, and all this has to happen, or else, like, I can't even do it at all. But if we say, Well, how could you just make this easy? You say, Well, I guess I could just go for a walk after work, start there, right? Just for example, I find that really opens up new perspectives.

**Curtis Maloley:**
I love that.

**Dr. Heather MacNeill:**
Okay, so I've got one last question. You mentioned that coaches are in this unique position to be unconditionally there and really go deep into spaces with some of our learners. How do you create that safe environment to be able to do that, especially, like, as you said, like, you know, they also get to see all the marks, and, you know, ask these probing questions. What advice would you give around that?

**Dr. Jill Bailey:**
Yeah, thank you. I think that's really important, because any coaching relationship, and, of course, especially as we're talking about a learner and a faculty member really setting the stage the first time they meet to be very clear about what this is meant to be, what this container of a coaching conversation is, and the confidentiality, especially in the academic role, there are some extra limits to confidentiality that you might not have if you just kind of like, hired a coach outside. Because, of course, the coaches are writing notes in the learner assessment system to say, I met with a student, and these are the goals they're setting, and they're on track or not, but a lot of the personal details, like they're talking about their sleep or something's happening in their family, I want to make sure it's very clear that those things can come to a coaching session, but only if the learner is consenting would it ever be written down. So there's very limited documentation that happens really just strictly about the academic piece, the goal and how things are going academically, and then also for the learner to know that this is a confidential safe space that, just as clinicians, we are bound to keep things confidential with our patients we ascribe to the same values as coaches. And then, of course, there's the same other limitations, like if there's a risk to self or others, or if we think this is really getting outside the realm of coaching, they would pause the coaching conversation and say, okay, let's see what other resources

we can access for you that are over and above what we can do. But I think really naming it and the learners actually meet as a group with their coach in the very first session. And it's really just meant to be like a get to know you and talking about what coaching is and setting the stage. So there's no you know, let's go around and say what Mark we got on that first test. There's nothing like that. It's just, you know, what did you do before med school? Or what are you interested in, just getting to know them as people, and the coach sharing a little bit about you know who they are as well. And then we also have a coaching agreement that both the coach and the learners sign that again, really outline: it's confidential, this is a strengths based approach and what is expected from both parties. So that way, hopefully the relationship starts off. Everyone kind of knows what is supposed to be happening and what this is meant for. Because for most people, they probably haven't had an academic coach before, and it could be daunting. You know, I don't want to tell this faculty member something, you know, what, if it gets out, but it's a place to be able to be honest and be yourself.

**Dr. Heather MacNeill:**
Thanks so much for joining us today, Jill, really enlightening conversation.

**Dr. Jill Bailey:**
Well, thank you for having me.

**Curtis Maloley:**
You're so thrilled to hear that every student gets a coach. It's fantastic.

**Dr. Heather MacNeill:**
One

**Dr. Jill Bailey:**
Well can I make a little plug too?

**Curtis Maloley:**
Yeah, please.

**Dr. Jill Bailey:**
How do you become a coach at TMU? We will be hiring for the next year's class, so we will need a total of 32 coaches for our current first years who are very soon going to be second years and then the new incoming first year class. Many of the coaches who are currently here are going to continue with us, but we're definitely going to need at least 16 more, and so people can watch out for the job application showing up on the TMU School of Medicine website. You don't have to already have some sort of fancy coach certification. We just want clinicians who are really interested in playing this role in learners' lives, and we'll provide that really amazing Stanford University training.

**Curtis Maloley:**
Sounds great. You're gonna get 1000 applications after this podcast.

**Dr. Jill Bailey:**

I hope so. I want this to be like the elite place to work at the School of Medicine.

**Curtis Maloley:**
Yeah.

**Dr. Heather MacNeill:**
And just because sometimes people might be listening to this podcast on a different date, I think you're talking about the applications go up around May, and I would imagine every May going forward.

**Dr. Jill Bailey:**
Yeah! We're gonna keep on building more and more classes over the years.

**Curtis Maloley:**
Well, thanks again, Jill.

**Dr. Jill Bailey:**
Oh, thank you.

**Curtis Maloley:**
And we also want to give a big thank you to our teaching resources and technology specialist Sally Goldberg Powell, who produces DocTalks,

**Dr. Heather MacNeill:**
and the Center for Excellence in learning and teaching at TMU for sponsoring this podcast. You can find us on Spotify, iTunes, SoundCloud, or wherever you listen to your Podcast, so please like and subscribe for more episodes.