Sharpen Your Coaching Skills with AI

An Interactive Resident Coaching Simulation Tool for Family Medicine Faculty

Introduction

This tipsheet provides a structured prompt designed to help family medicine faculty simulate coaching conversations using an AI platform of their choice, such as Claude, Gemini, or ChatGPT. ***To get started, copy the conversation starter below into your preferred AI platform, fill in the bracketed fields to customize the resident's personality and scenario, and engage in a simulated coaching conversation.*** When you are ready to conclude, signal the AI to transition into feedback mode, where it will guide your reflection and evaluate your coaching skills.

Regular practice with this tool can help faculty develop competencies outlined in the faculty milestone framework (Kemmet et al., 2022), including communication skills such as recognizing and utilizing principles of conflict management in difficult situations, and professionalism skills such as developing a shared appreciation of the learner and working in partnership to meet their personal and professional goals.

Conversation Starter

I am a family medicine faculty member serving as a resident coach. I would like to simulate a coaching conversation with my coachee. Please take on the role of the family medicine resident throughout our conversation, and I will serve as the coach.

About my coachee: *[insert personality description]*
Scenario: *[insert scenario]*
My comfort level with this conversation: *[very comfortable / somewhat comfortable / not comfortable]*
After our conversation, I would like specific feedback on: *[insert coaching skill or area of focus, e.g., use of open-ended questions, managing resistance, goal setting]*

I have attached relevant coaching literature and a rubric for you to use when providing feedback. *[Include Curated Coaching Resources listed below]*

Stay in character as the resident until I signal that the conversation is over. When I indicate we are done, transition into feedback mode and do the following in order:

- Ask me to reflect on what went well and what I would do differently.
- Provide an evaluation of my coaching based on the attached rubric.
- Offer specific, targeted feedback on the coaching skill I identified above.

All feedback should be grounded in our interaction, constructive in tone, and connected to evidence-based coaching strategies from the attached literature where applicable.

Example Scenarios
A resident who is struggling with time management during clinic and consistently runs behind, affecting patient flow and staff morale.
A resident who received critical feedback from an attending after a difficult patient interaction and is feeling discouraged and questioning their career choice.
A resident who is excelling overall but expressing burnout and struggling to maintain work-life balance in their second year.
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Create Your Own: Describe a specific situation or challenge you are currently facing with a resident, and the chatbot will simulate a coaching conversation around that scenario.

Example Personalities	Description
The Defensive Resident	Quick to explain away feedback, attributes struggles to external factors, and becomes visibly uncomfortable when performance is questioned.
The High-Achiever in Distress	Outwardly performing well but privately overwhelmed, holds very high self-expectations, and finds it difficult to ask for help or admit vulnerability.
The Disengaged Resident	Offers minimal responses, appears checked out, and requires significant effort to draw into the conversation, though underlying causes may vary.
Create Your Own	Describe the personality traits or communication style of a resident you have in mind, and the chatbot will adopt that profile for the conversation.

Curated Coaching Resources

Many AI platforms allow users to upload or link supporting materials to enhance the realism, educational value, and contextual accuracy of custom agents. ***Users are encouraged to import curated coaching resources developed by experts in faculty coaching and competency-based medical education within family medicine to help ground responses in established frameworks and best practices.*** The following resources are suggested examples and are not intended to be exhaustive.

Sandars J, Murdoch-Eaton D. Appreciative inquiry in medical education. *Med Teach*. 2017 Feb;39(2):123-127. doi: 10.1080/0142159X.2017.1245852. Epub 2016 Nov 17. PMID: 27852144.

Meg Wolff, Nicole M. Deiorio, Amy Miller Juve, Judee Richardson, Gail Gazelle, Margaret Moore, Sally A. Santen & Maya M. Hammoud (2021) Beyond advising and mentoring: Competencies for coaching in medical education, *Medical Teacher*, 43:10,1210-1213, DOI: 10.1080/0142159X.2021.1947479

Fainstad TL, McClintock AH, Yarris LM. Bias in assessment: name, reframe, and check in. *Clin Teach*. 2021 Oct;18(5):449-453. doi: 10.1111/tct.13351. Epub 2021 Mar 30. PMID: 33787001.

Passarelli AM, Gazelle G, Schwab LE, Kramer RF, Moore MA, Subhiyah RG, Deiorio NM, Gautam M, Gill P, Hull SK, King CR, Sikon A. Competencies for Those Who Coach Physicians: A Modified Delphi Study. *Mayo Clin Proc*. 2024 May;99(5):782-794. doi: 10.1016/j.mayocp.2024.01.002. PMID: 38702127.

Schulte EE, Alderman E, Feldman J, Hametz P, Havranek T, Kaskel FJ, Levy A, Manwani D, Stein REK. Using the "Coach Approach": A Novel Peer Mentorship Program for Pediatric Faculty. *Acad Pediatr*. 2022 Sep-Oct;22(7):1257-1259. doi: 10.1016/j.acap.2022.03.020. Epub 2022 Apr 3. PMID: 35381378.

Jack AI, Passarelli AM, Boyatzis RE. When fixing problems kills personal development: fMRI reveals conflict between Real and Ideal selves. *Front Hum Neurosci*. 2023 Aug 3;17:1128209. doi: 10.3389/fnhum.2023.1128209. PMID: 37600554; PMCID: PMC10435861.

ICF Core Competencies

Scheer M, Scott KR, Schoppen Z, Porter B, Caretta-Weyer HA, Hammoud MM, Winkel AF. Coaching in GME: Lessons Learned From 3 Unique Coaching Programs. *J Grad Med Educ*. 2025 May;17(2 Suppl):10-14. doi: 10.4300/JGME-D-24-00412.1. Epub 2025 May 15. PMID: 40386485; PMCID: PMC12080498.

Mand SK, Caretta-Weyer H, Jewell C, Pirotte M, Scott KR, Yarris LM, Schnapp BH. The coaching approach in graduate medical education: Practical considerations for program creation and implementation. *AEM Educ Train*. 2025 Apr 29;9(Suppl 1):S12-S23. doi: 10.1002/aet2.70019. PMID: 40308863; PMCID: PMC12038743.

Fainstad T, McClintock AA, Van der Ridder MJ, Johnston SS, Patton KK. Feedback Can Be Less Stressful: Medical Trainee Perceptions of Using the Prepare to ADAPT (Ask-Discuss-Ask-Plan Together) Framework. *Cureus*. 2018 Dec 11;10(12):e3718. doi: 10.7759/cureus.3718. PMID: 30906679; PMCID: PMC6428363.

Sargeant J, Lockyer JM, Mann K, Armson H, Warren A, Zetkulic M, Soklaridis S, Könings KD, Ross K, Silver I, Holmboe E, Shearer C, Boudreau M. The R2C2 Model in Residency Education: How Does It Foster Coaching and Promote Feedback Use? *Acad Med*. 2018 Jul;93(7):1055-1063. doi: 10.1097/ACM.0000000000002131. PMID: 29342008.

Deiorio NM, Edwards C, Santen SA, Mukherjee B, Agarwal A, Kelleher ME. The Role of Racial Identity in Coaching: A Grounded Theory Study of Coaches Outside of and Within Medical Education. *J Grad Med Educ*. 2025 Dec;17(6):713-721. doi: 10.4300/JGME-D-25-00393.1. Epub 2025 Dec 16. PMID: 41415996; PMCID: PMC12710349.