

Reading list: Coaching and mentoring for everyone - your future/their future

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1 Description

- This tailored reading list includes signposted web links, links to e-Books held by the BMA library, and journal articles on the topic of **Coaching and mentoring for everyone - your future/their future** as a supplement to the Learning and Development webinar you attended on 05 October 2023.
- The selected content is representative of the current literature on this topic, inclusion on this list does not imply endorsement from the BMA.
- If you would like to request a literature search on any aspect of this topic please fill out a [request form](#) (this service is available to BMA Members only).
- This reading list prioritises online content to ensure all attendees can benefit from this supporting resource. However most full text links will be accessible to BMA Members only. Find out more about [the benefits of BMA Membership](#) and [join here](#).
- The BMA Library prioritises an e-first approach, however if you are near BMA House in London, we have a modern, purpose-built library space where members are welcome to come and study. Find out more and see how we can help you [here](#).

2 Obtaining full text articles

2.1.1.1 Full text links

If available, the full text link has been included.

2.1.1.2 Search for Journals

The BMA Library provides access to thousands of e-journals for all BMA members. Use our [journal search](#) or [search by citation](#) options on the library website.

2.1.1.3 Article Requests

Members can use our article request service to request digital copies of articles that are not available in our library collections. We will try to obtain these copies from other libraries in the UK on your behalf for a fee: £5.10 (+VAT) for the first ten article requests; £13 (+VAT) for all subsequent requests. To request digital copies of articles, use the [order an article form](#) on the library website (you must be signed in).

2.1.1.4 E-Books

We provide free, direct access to thousands of e-books for BMA members.

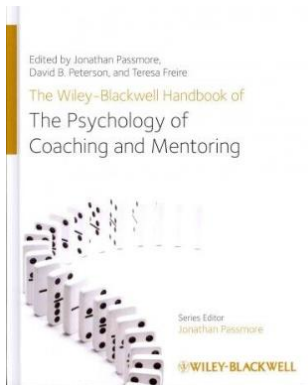
2.1.1.5 Further help

For any further help with getting full text articles, please contact the BMA Library Team (bma-library@bma.org.uk)

3 Results

Results

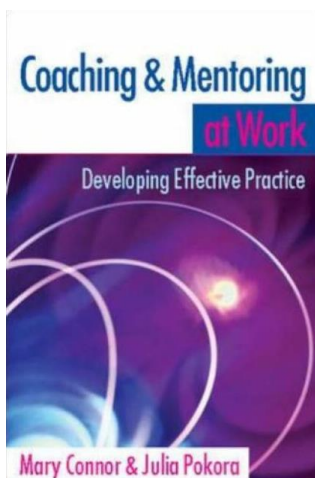
3.1 e-Books



Passmore, Jonathan, David Peterson, and Teresa Freire. **The Wiley - Blackwell Handbook of the Psychology of Coaching and Mentoring**. 1. Aufl. Somerset: John Wiley & Sons, Ltd, 2012.

Available online [here](#)

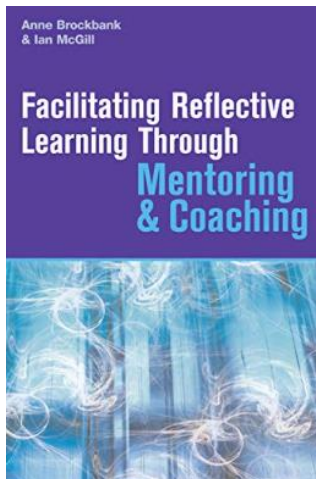
Provides an in-depth, international, and competencies-based approach to the psychology of coaching and mentoring. Thematic chapters cover theoretical models, efficacy, ethics, training, the influence of emerging fields such as neuroscience and mindfulness, virtual coaching and mentoring and more.



Connor, Mary, and Julia Pokora. **Coaching and Mentoring at Work: Developing Effective Practice**. Buckingham: McGraw-Hill Education, 2007.

Available online [here](#)

Coaching and mentoring are now mainstream activities in organisations. This book focuses on the common ground between coaching and mentoring, offering nine key principles for effective practice. It answers questions, including: How can I be an effective coach or mentor? How can I be an effective client? What are some useful tools and techniques?



Brockbank, Anne, and Ian McGill. **Facilitating Reflective Learning through Mentoring and Coaching.** London: Kogan Page Ltd, 2006.

Available online [here](#)

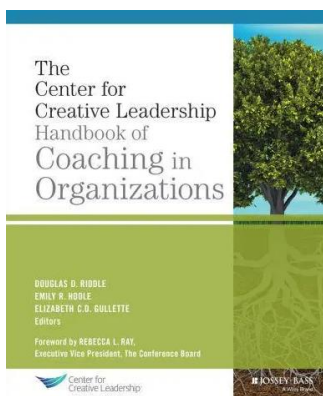
Ready to use resources include templates for contracting, reviewing, and evaluating, as well as guidance on group dynamics for team coaching and group supervision. Advice is also included on sensitive areas such as the boundary between mentoring or coaching and therapy, and the desirability of supervision.



Lobo, Charlene, Rachel Paul, and Kenda Crozier. **Collaborative Learning in Practice : Coaching to Support Student Learners in Healthcare.** 1st ed. Newark: John Wiley & Sons, Ltd, 2021.

Available online [here](#)

Describes the theoretical basis of the Collaborative Learning in Practice (CLiP) model, highlights potential pitfalls and successes, and offers practical guidance on implementation. Includes access to online learning tools including self-assessment tests, additional practical scenarios and case studies, and links to further reading.



Douglas Riddle, Emily R. Hoole. **The Center for Creative Leadership Handbook of Coaching in Organizations.** 1. ed. San Francisco, Calif: John Wiley & Sons, Inc, 2015.

Available online [here](#)

Provides actionable guidance for those designing, initiating, and implementing coaching programs, with new approaches and techniques that drive better outcomes.

Edited by Tammy D. Allen and Lillian T. Eby

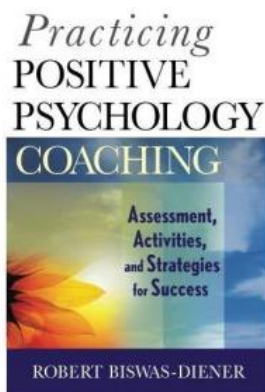


The Blackwell Handbook of
Mentoring
A MULTIPLE PERSPECTIVES APPROACH

Allen, Tammy D, and Lillian T Eby. **The Blackwell Handbook of Mentoring: a Multiple Perspectives Approach**. 1. publ. Newark: Wiley, 2011.

Available online [here](#)

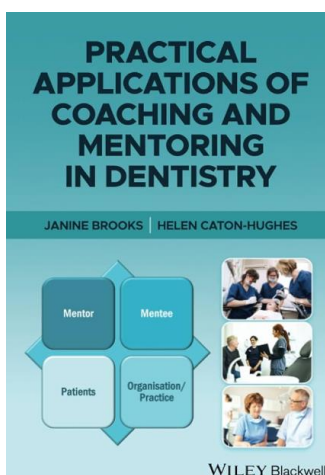
Cutting across the fields of psychology, management, education, counselling, social work, and sociology, The Blackwell Handbook of Mentoring reveals an innovative, multi-disciplinary approach to the practice and theory of mentoring.



Biswas-Diener, Robert. **Practicing Positive Psychology Coaching: Assessment, Activities and Strategies for Success**. 1. Aufl. Hoboken, NJ: Wiley, 2010.

Available online [here](#)

Presents a wide range of practical interventions and tools you can use right away in your coaching practice. Each intervention is clearly outlined and, where appropriate, illustrated by case studies from organisational and life coaching.



Brooks, Janine, and Helen Caton Hughes. **Practical Applications of Coaching and Mentoring in Dentistry**. Hoboken, New Jersey: Wiley Blackwell, 2021.

Available online [here](#)

This is a practically focused book showcasing uses of coaching and mentoring within the dental profession in the UK. It will include underlying theory and models; however, the main purpose is to demonstrate examples of how coaching and mentoring make a real difference to service provision.

3.2 Web links

**BMJ Learning***Coaching and mentoring skills*

This module introduces you to the principles and skills of coaching and mentoring, for the benefits of your own development, and that of your colleagues in the workplace.

Available online [here](#)

**NHS London Leadership Academy***Coaching & Mentoring*

Resource page where you can learn more about leadership concepts and develop your own leadership skills.

Available online [here](#)

**Skills for Health***Coaching v mentoring: What is the difference?*

Both coaching and mentoring are valuable resources for professional growth, especially in the public sector. But what is the difference between the two approaches and why might you choose one over the other?

Available online [here](#)

**NHS Elect***Top tips for coaching in the NHS*

Darren Leech, Director at NHS Elect, shares his top tips for coaching.

Available online [here](#)

**Faculty of Medical Leadership and Management***What is the difference between coaching and mentoring?*

Coaching and mentoring are both confidential developmental processes between a Client and a qualified Coach or Mentor, which take place as a series of conversations. They may be short term relationships over a few months, or longer term over a period of years.

Available online [here](#)

3.3 Google Scholar



intitle:coaching mentoring (doctors OR clinicians OR "health professionals" OR NHS)
-medline -embase

Click link to see [Google Scholar results](#)

BMA members can follow the instructions set out in [this library blog post](#) to directly access the full text of any of the Google Scholar articles that the BMA library has a subscription to (you only need to follow these instructions once).

*Please note that as Google Scholar results are ordered by relevance, the first few pages of results will be the most useful.

3.4 Journal articles

1. Toh, R. Q. E., et al. (2022).

“The role of mentoring, supervision, coaching, teaching and instruction on professional identity formation: a systematic scoping review.”

BMC Medical Education 22(1): 531.

[Click to view reference](#)

BACKGROUND: Mentoring’s pivotal role in nurturing professional identity formation (PIF) owes much to its combined use with supervision, coaching, tutoring, instruction, and teaching. However the effects of this combination called the ‘mentoring umbrella’ remains poorly understood. This systematic scoping review thus aims to map current understanding.

METHODS: A Systematic Evidence-Based Approach guided systematic scoping review seeks to map current understanding of the ‘mentoring umbrella’ and its effects on PIF on medical students and physicians in training. It is hoped that insights provided will guide structuring, support and oversight of the ‘mentoring umbrella’ in nurturing PIF. Articles published between 2000 and 2021 in PubMed, Scopus, ERIC and the Cochrane databases were scrutinised. The included articles were concurrently summarised and tabulated and concurrently analysed using content and thematic analysis and tabulated. The themes and categories identified were compared with the summaries of the included articles to create accountable and reproducible domains that guide the discussion.

RESULTS: A total of 12201 abstracts were reviewed, 657 full text articles evaluated, and 207 articles included. The three domains identified were definitions; impact on PIF; and enablers and barriers. The mentoring umbrella shapes PIF in 3 stages and builds a cognitive base of essential knowledge, skills and professional attitudes. The cognitive base informs thinking, conduct and opinions in early supervised clinical exposure in Communities of practice (COP). The COPs’ individualised approach to the inculcation of desired professional characteristics, goals, values,

principles and beliefs reshapes the individual's identity whilst the socialisation process sees to their integration into current identities.

CONCLUSION: The mentoring umbrella's provides personalised longitudinal support in the COP and socialisation process. Understanding it is key to addressing difficulties faced and ensuring holistic and timely support.

2. Worsh, C. E., et al. (2022).

“Resident and Faculty Perception of Mentorship Following Development of a Formal Mentorship Program.”

Journal of General Internal Medicine 37(Supplement 2): S219.

[Click to view reference](#)

BACKGROUND: Mentorship is a focus within our IM residency program. A novel mentorship curriculum was developed that consisted of four components; assignment of each resident to a faculty mentor, required meetings once a quarter, development of a structured meeting tool for faculty mentors to utilize during meetings, and creation of faculty development sessions. We hypothesized that implementation of a standardized mentorship program would improve resident and faculty satisfaction with program mentorship. To help grow our program to include coaching we included questions around perceptions and desires for coaching and culture of growth mindset. **METHOD(S):** The mentorship program was implemented in the IM residency at the Hospital of the University of Pennsylvania. The participants were the resident physicians and faculty mentors. Evaluation was done via survey with Likert scale and open-ended questions. At the time of this submission, data collection is still ongoing. **RESULT(S):** A total of 36 residents responded, with majority being PGY-1 (n=14). A majority of PGY-1 residents felt that mentorship was important to their training, and they would like to have an assigned mentor (n=10, 83%). PGY-1 residents are comfortable with clinical coaching (n=11, 91.6%), but had limited experiences prior to residency. A majority of PGY-2/PGY-3 residents reported satisfaction with the formal mentorship program (n=12, 57%). Mentor meeting content included career interests (n=17, 81%), adjustment to being a senior resident (n=15, 71%), and professional goal setting (n=16, 76%). Senior residents reported an understanding of clinical coaching (n=15, 79%) and felt the clinical environment was conducive to a growth mindset (n=11, 58%). All faculty mentors responded to the evaluation (n=14). A majority reported satisfaction with the structured meeting tool (n=12, 86%) and the tool advanced the mentor-mentee relationship (n=8, 57%). Half of the faculty mentors attended a faculty development session (n=7), and a majority learned a new skill. They reported a desire for more faculty development on mentorship, and specifically a session on how to be a better clinical coach for their mentee (n=10, 71%). **CONCLUSION(S):** A novel formal mentorship program improved mentorship satisfaction for residents and faculty in our residency program. The standardized mentor meeting tool provided structure to ensure all residents are receiving mentorship for career guidance, wellness and adjustment, and goal setting. Faculty mentors find the tool helpful but hope for more dedicated faculty development for mentoring skills. We have learned that trainees and faculty alike see the value in clinical coaching, however more work needs to be done to standardize the experience among our trainees. It may be possible to incorporate this role into the faculty mentor model.

3. Singh, H. K., et al. (2022).

“Competencies and training of health professionals engaged in health coaching: A systematic review.”

Chronic Illness 18(1): 58-85.

[Click to view reference](#)

OBJECTIVE: A systematic review was undertaken in order to evaluate the competencies of primary healthcare professionals who are engaged with health coaching patients with chronic health conditions.

METHODS: The databases CINHAL, EMBASE, PubMed, PsychINFO and SCOPUS were searched to identify peer reviewed papers referring to competencies of health professionals engaged in health coaching.

RESULTS: Nine key competencies that health professionals met and which resulted in successful patient outcomes from health coaching were identified. Comparisons of the core health coaching competencies to the competencies for coaches established by the International Coaching Federation and European Mentoring and Coaching Council showed considerable overlap. However, the comparison also reiterated the need for competencies specific to health coaches to be made explicit.

DISCUSSION: Health coaching has been shown to improve the health outcomes in patients with chronic health conditions. As such, there is a need to build an evidenced-based competency framework specific to health coaches. At present, the lack of a competency framework on which to base health coach training could significantly impact the outcomes of patients receiving health coaching. Practical implications include improving regulation and quality of health coaching, and more importantly, the health outcomes of patients receiving the service.

4. Sachdeva, A. K. (2021).

“Preceptoring, proctoring, mentoring, and coaching in surgery.”

Journal of Surgical Oncology 124(5): 711-721.

[Click to view reference](#)

Contemporary models of surgical education that are founded on sound educational theories and constructs need to be used across the continuum of professional development of surgeons starting with the first day of medical school, through surgery residency and fellowship training, to the last day of surgical practice. The highly learner-centered and individually-focused special interventions of preceptoring, proctoring, mentoring, and coaching should be linked to innovative competency-based education models to address the educational needs of learners at all levels, and especially of surgeons in practice to continually improve their knowledge, skills, and performance, with the aspirational goal of achieving expertise and mastery. Each of these interventions is distinct with its own unique characteristics, applications, and anticipated impact, which must be clearly recognized for the interventions to be used most effectively. Broad acceptance and adoption of the aforementioned special interventions require recognition of the value each brings to the learner and the educational program. Professional organizations should play a key role in designing innovative educational programs that include these interventions, supporting their integration into surgical education and surgical practice, and influencing changes in the cultures in surgery to facilitate broad adoption of these interventions.

5. Brazeau, C., et al. (2023).

“Designing and Building a Portfolio of Individual Support Resources for Physicians.”

Academic Medicine 23: 23.

[Click to view reference](#)

As health care organizations in the United States move toward recovery from the COVID-19 pandemic, physicians and clinical faculty are experiencing occupational burnout and various manifestations of distress. To mitigate these challenges, health care organizations must optimize the work environment and provide support for individual clinicians using a variety of approaches, including mentoring, group-based peer support, individual peer support, coaching, and psychotherapy. While often conflated, each of these approaches offers distinct benefits. Mentoring is a longitudinal one-on-one relationship, typically focused on career development, usually with an experienced professional guiding a junior professional. Group-based peer support involves regular, longitudinal meetings of health professionals to discuss meaningful topics, provide mutual support to one another, and foster community. Individual peer support involves training peers to provide timely 1-on-1 support for a distressed colleague dealing with adverse clinical events or other professional challenges. Coaching involves a certified professional helping an individual identify their values and priorities and consider changes that would allow them to adhere to these more fully, and providing longitudinal support that fosters accountability for action. Individual psychotherapy is a longitudinal, short- or long-term professional relationship during which specific therapeutic interventions are delivered by a licensed mental health professional. When distress is severe, this is the best approach. Although some overlap exists, these approaches are distinct and complementary. Individuals may use different methods at different career stages and for different challenges. Organizations seeking to address a specific need should consider which approach is most suitable. Over time, a portfolio of offerings is typically needed to holistically address the diverse needs of clinicians. A stepped care model using a population health approach may be a cost-effective way to promote mental health and prevent occupational distress and general psychiatric symptoms.