



Utilizing AI to Become the Feedback Coach of Your Dreams

- Cynthia Meneghini MD, FAAFP
 - Program Director
 - Community East Family Medicine Residency Program
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Objectives

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

- Recognize the characteristics of high-quality coaching and feedback in graduate medical education.
 - Interpret AI-generated feedback summaries to identify meaningful coaching opportunities.
 - Conduct coaching conversations that translate feedback into specific, measurable improvement goals.
 - Implement AI tools responsibly to enhance coaching effectiveness while preserving the faculty-learner relationship.
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Having done the 'Coaching Skills Questionnaire'
I think I need a coach to coach me in
improving my coaching!



What is feedback vs coaching?



Feedback- tells a learner or colleague what happened



Coaching- helps the learner/colleague reflect on it, learn from it, and improve from said feedback



Both are skills that must be learned, improved upon.



Both are things that make us nervous!!

Community East FMR- 2025-26

APE goal was to improve the quality of faculty feedback

Goal- increase number of NI evals from residents

Goal- increase quality of feedback

Goal- ensure anonymity (if desired)

Education given to residents

Utilize start/stop/continue as able

Result- greater than 500 evaluations! Average 28 per faculty

Over 500
evaluations!
Over 1000
comments!

Now what?

Each faculty did receive the NI eval, and signed it

Routed to myself (PD) for review

80% positive comments, 20% constructive

All professional and most actionable

How to summarize?

Microsoft Copilot 365 (test/pilot year)

Why not give it a try?

Method

Ask CoPilot the right questions

Upload all evaluations for single faculty

“Can you please summarize these evaluations , noting areas of strength and areas for improvement”

Strenghts summary

Strong Commitment to Resident Education

Residents consistently described Dr. X as enthusiastic about teaching, invested in resident growth, and dedicated to expanding educational opportunities, particularly in OB. Multiple comments highlighted efforts to increase resident experiences on Labor & Delivery and improve the overall OB curriculum and training environment.

Excellent Clinical Knowledge and Evidence-Based Practice

A recurring theme was Dr. X's strong medical knowledge, particularly in obstetrics, commitment to evidence-based care, and continual pursuit of current best practices. Learners appreciate thoroughness, attention to detail, and ability to explain the rationale behind clinical decisions.

Supportive Learning Environment

Residents frequently described Dr. X as kind, thoughtful, approachable, patient, and genuinely concerned about resident well-being. Several comments noted that s/he creates a collegial atmosphere, encourages autonomy, and treats residents as developing colleagues rather than simply learners.

Calm Leadership and Professionalism

Dr. X was repeatedly recognized for remaining calm and level-headed during stressful clinical situations. Residents and peers described her/him as compassionate, professional, collaborative, and positive under pressure. Peer evaluations also highlighted her/his professionalism, teamwork, and strong relationships with colleagues across departments and the health network.

Program Development and Innovation

Faculty and residents acknowledged Dr. X's leadership in advancing OB services, continuity initiatives, ultrasound implementation, and other program improvements. These contributions were viewed as meaningful enhancements to both patient care and resident education.

Areas for growth

Aligning Teaching with Clinical Workflow

The most common educational feedback centered on timing and structure of teaching. Several residents noted that teaching sessions sometimes occur during high-acuity or busy clinical moments, potentially affecting efficiency and workflow. Some also suggested greater focus and clearer learning objectives during teaching encounters.

Awareness of Resident Workflow and Operational Demands

A recurring theme was the need for increased awareness of resident workload, competing priorities, and the operational pace of the OB service. Residents expressed appreciation for teaching but noted that balancing educational discussions with clinical demands remains an area for continued development.

Communication, Guidance, and Decisiveness

Several comments suggested opportunities to provide more direct guidance, clearer expectations, and greater decisiveness in clinical situations. A few less-experienced residents expressed a desire for more active feedback and supervisory support, particularly when working on OB.

Consistency of Clinical Presence and Support

Multiple comments raised concerns regarding attending presence, availability, and timeliness on the inpatient OB service, particularly overnight and on weekends. Feedback included requests for greater consistency in responding to clinical needs, supporting residents overnight, participating in handoffs, and facilitating timely patient care processes such as discharges. These comments represented the most consistent operational concern raised in the evaluations.

Efficiency

Although residents frequently described Dr. X as thorough and thoughtful, some noted that this thoroughness can occasionally impact efficiency or timeliness, particularly during busy inpatient OB workflows.

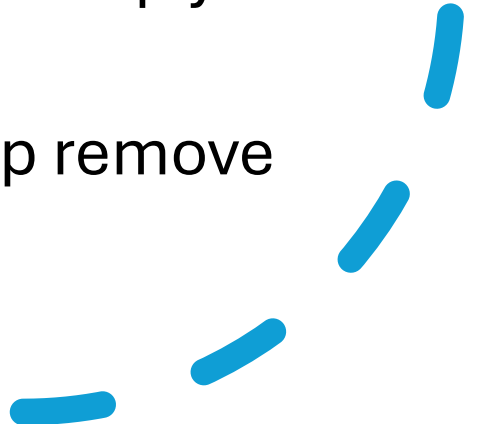
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Next steps

- “suggest coaching goals for my meeting with Dr X”
 - “create a one page email with a summary of key strengths and areas of improvement”
 - “create a document with goals and objectives for Dr X. We will utilize this document at a follow-up meeting”
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Unique to
each eval
summary

Coaching-Oriented Questions (more general)

- What aspects of teaching have felt most successful this year?
 - Which resident feedback themes resonate most with you?
 - What changes have you already implemented based on prior feedback?
 - Where do you see the greatest opportunity to improve the learner experience?
 - What support or resources would help you achieve your educational goals?
 - How can program leadership help remove barriers to success?
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Coaching based on goals/feedback

Feedback Skills (area for growth)

Goal: Deliver timely, actionable feedback consistently.

Reflection Questions

- When is feedback most often provided?
- What barriers prevent routine feedback?
- How can feedback become more proactive rather than learner-initiated?

Development Activities

- Implement brief "start, stop, continue" feedback after shifts.
- Schedule midpoint feedback during rotations.
- Document one feedback interaction daily for a month.

Measures of Success

- Increased frequency of feedback conversations.
- Improved resident perception of feedback availability.
- Greater consistency across learning environments.

Difficult feedback? Resistant acceptor?

- Can you help me give feedback based on these evaluations. This faculty member can be resistant to feedback based on prior conversations. Can you help structure a useful coaching conversation”
- *-How can we create space for residents to explore practice styles and learning approaches that may differ from your own while still maintaining efficiency and high-quality patient care?*
- *Even when comments are not intended negatively, learners may be especially sensitive to conversations about colleagues. Because these themes appeared more than once, it's worth reflecting on how those discussions are being experienced by residents*

Ask for specific actions

Goal: Enhance openness and psychological safety in the learning environment.

Specific actions:

- Ask residents weekly: "What's one thing we could do differently to improve your learning experience?"
- When residents suggest alternative approaches, first explore their reasoning before responding.
- Be intentional about avoiding discussions regarding colleagues, residents, or staff that could be perceived as gossip.
- Add one brief teaching pearl or evidence-based discussion each clinic session.
- Invite residents to discuss disagreements regarding clinical decisions as learning opportunities.

Giving feedback and coaching

- Is a learned skill
- Very difficult for most of us
- Never took a class on this in college, med school
- Could read a book on feedback...
- Harness the power of AI to help!!

