

Choose the Right Tool for the Task: Leveraging Developmental Interactions in Medicine

Jeremy Branzetti¹, MD, MHPE
 Holly Caretta-Weyer², MD, MHPE
 Nicole Deiorio³, MD

A career in academic medicine will entail a number of challenges to an individual's development.¹⁻⁴ Some of these obstacles stem from a lack of content expertise (eg, a learner still developing clinical competency or a researcher with a project requiring unfamiliar methodology). Other times, the challenge requires broad-based guidance (eg, how to establish an academic niche) or facilitating access (eg, getting onto a steering committee or grant team). Still other times, the need is developmental (eg, a residency director establishing their own leadership philosophy or a midcareer faculty member considering an advanced degree or a new career direction). Though professional development guidance was recently provided by the Accreditation Council for Graduate Medical Education (ACGME) Clinician Educator Milestones,⁵ there is rarely an objective "right" approach to any of these conundrums. Instead, each individual must weigh preferences, needs, and immediate circumstances to make a decision. Often, learners and faculty turn to others for advice within the community of medicine in the form of a *developmental interaction*.

A developmental interaction is a bidirectional exchange between 2 or more people causing an intentional change in behavior toward a specific outcome.⁶ These interactions come in many familiar forms: teaching, advising, mentoring, coaching, sponsoring, etc. At its best, a developmental interaction can be deeply satisfying, empowering, and career-propelling. All too often, though, physician developmental interactions are approached as a passive process that "happens to you" rather than something one can proactively shape. In this article, we review common developmental interactions within medicine and provide some guidance on how a physician can deliberately and proactively leverage them to address future career challenges in a "personal board of directors" model as described in the *Harvard Business Review*.⁷

DOI: <http://dx.doi.org/10.4300/JGME-D-24-00648.1>

Editor's Note: The online supplementary data contains a guided worksheet exercise with completed examples.

Flavors of Developmental Interactions

A unifying quality of a developmental interaction is that it is "a distinguishing characteristic of training professionals."⁸ Teaching is undoubtedly familiar to most readers and will not be covered further. Advising is a hierarchical, content-focused relationship wherein a knowledgeable advisor gives direct guidance on how best to satisfy a challenge or overcome an obstacle.⁹ Mentoring involves a longitudinal, senior-junior dynamic wherein the senior mentor uses accrued wisdom and experience to guide the junior mentee along a (typically similar) career path.¹⁰ Sponsorship involves using one's position or power to vouch for another or direct opportunities their way. Coaching, a nondirective partnership, helps the coachee develop new insights and take action to address a specific goal.^{11,12} Coaching uniquely can occur across backgrounds, with no content expertise required.¹³ Each of these interactions have value, but none are a panacea; the key is to choose the right developmental interaction based on its indications for use (see TABLE 1).

Ask Yourself: What Do I Need From This Interaction?

A common mistake when engaging in a developmental interaction is to conflate the need for assistance with the need to be deferential. This passivity often leads to a mismatch between the developmental need and the specific developmental interaction format—something that can be frustrating, time-consuming, and unproductive. For example, a resident may become frustrated with a faculty member who is using a nondirective coaching approach when the resident is actually seeking definitive answers for how to perform better on a clinical rotation. Here, an advisor could best serve the resident. When deciding on the optimal type of relationship to pursue, spend time considering your desired outcome. Is it a structured space in which to reflect, give clarity to thoughts, and set goals? If so, a coach may provide the needed accountability. Is it to take advantage of the other's knowledge and expertise? Perhaps an advising relationship is in order. A mentor can add a layer of personal investment in the

TABLE 1

Strengths, Weaknesses, and Examples of Common Developmental Interactions in Medicine

Role	Ideal Use	What They Might Say to You in a Conversation	Potential Pitfall With This Approach	Learner Example: Choosing a Specialty	Faculty Example: Career Development
Mentor	You need guidance from someone with experience and expertise who personally cares about you and your career.	"What I did in this situation was ..."	The mentor may not appreciate your unique perspective; they may also have outdated perspectives based on their experience during a different time.	You want to learn more about what life in a particular field is like from the experience of a more senior person in that specialty.	You have been offered 2 different leadership roles and are seeking advice on which to choose.
Sponsor	You need someone with social capital or status to vouch for you for an opportunity.	"Let me set something up for you ..."	The sponsor may have a different agenda or may prod you in a direction you don't actually want to go.	You need help gaining experiences within the specialty or obtaining an away rotation and don't have ready access to opportunities.	You are applying for a grant but have no prior funding and are looking for a team member with funding experience to help.
Coach	You need help looking at a problem from a number of angles in order to figure out how best to address it.	"What does your next step need to be?" "What about this problem triggers you?" "What might you have to sacrifice to overcome this problem?"	Coaching takes time and requires dedicated effort to develop insights or try new tactics; sometimes giving an answer is the most efficient way forward.	You need to clarify your values and goals for choosing a particular specialty or residency program.	You have been in the same role for many years and find it less fulfilling. You are considering a career change but are unsure what that looks like.
Advisor	You are in a situation wherein you lack expertise and need targeted, direct advice to take decisive action.	"Here is what I think you should do ..."	The advisor may be too paternalistic for a given situation that requires an adaptive or constructivist approach.	You need help designing an elective schedule and choosing which programs to apply to.	You receive feedback that your clinical productivity is lower than your peers. A senior colleague reviews your charts and tells you what to do differently.

mentee's success over the long term. TABLE 2 can be used as a worksheet to identify the core issue for which support is desired and can assist the reader in identifying the type of relationship needed (the online supplementary data contains examples of completed worksheets for both a hypothetical learner and a faculty member).

The Arc of a Developmental Interaction

Much of the benefit of a developmental interaction stems from the quality of the interpersonal relationship

that forms within the dyad—regardless of the actual format of the relationship. Psychological safety, a concept that amounts to trust and consistency, is central to the formation of any high-quality relationship, especially where sensitive personal thoughts, goals, and challenges are revealed.¹⁴ TABLE 1 provides an overview of ideal uses for each type of role and what each of these conversations might look like, as well as potential questions you might ask as you consider them for your personal board of directors. Though some roles may

TABLE 2

Guided Worksheet to Choose the Right Developmental Interaction

Problem	What Is My Ideal Outcome?	What Do I Need? (Access, Clarity, Content Expertise, Wisdom)	It Looks Like I Need a ...	Questions to Ask as I Consider This Individual for My Team	The Next Step I Will Take to Move This Forward Is ...
Example: I am feeling overwhelmed as a new junior faculty member	To find my niche in something I find meaningful	Clarity: Exploration of areas of interest and overarching goals for your career	Coach	I have so many balls in the air in so many domains I don't know how to narrow it down to what will bring me joy and meaning long-term. What is your approach to helping me self-reflect and identify my values?	To look within or outside my department for someone who can provide an unbiased perspective and ask me coaching questions
You:					

involve a difference in seniority or expertise, each participant should feel empowered to co-create the relationship by clearly stating what they will contribute and what they need. Agreeing on goals of the relationship, which may seem contrived at the outset, will help structure your interactions and create a shared mental model to avoid misunderstandings. This transactional agreement amounts to a social contract each party understands and will strive to fulfill. Furthermore, these goals of the relationship can be revisited over time to meet evolving needs.

As Shakespeare said, “All the world’s a stage, and all the men and women merely players; they have their exits and their entrances.” So too is the developmental relationship circle. Though creating your personal board of directors is a long-term endeavor that requires curation, needs and people evolve. It is important to be attentive to signs a relationship has run its course. Have the advising questions been answered? Does the other person’s position no longer bring the necessary support? Has the coaching goal been met? Has the relationship been sullied through other factors? If so, it may be time to let that person move to another role—perhaps a treasured peer, perhaps an ex-colleague. Laying the groundwork early for goals of the relationship will facilitate a more comfortable closing conversation when the time comes.

Conclusion

Developmental interactions are foundational to physician professional development. However, they are

not one-size-fits-all; each has specific strengths that can be leveraged for personal growth. The keys to maximizing their effectiveness are to (1) understand differences between the various developmental interactions; (2) be proactive in seeking out the right one; (3) clearly articulate your needs up front; and (4) be mindful of cultivating—and maintaining—the relationship. Each factor requires proactive intent from the person seeking assistance; simply showing up and participating passively will yield fewer satisfying results. By crafting this personal board of developmental directors in advance of any specific need, one can have a go-to cadre of professional aides to address any career challenge.

References

1. Kahlke R, Pratt DD, Bluman B, Overhill K, Eva KW. Complexities of continuing professional development in context: physician engagement in clinical coaching. *J Contin Educ Health Prof.* 2022;42(1):5-13. doi:10.1097/CEH.0000000000000382
2. Cruess SR, Cruess RL, Steinert Y. Supporting the development of a professional identity: general principles. *Med Teach.* 2019;41(6):641-649. doi:10.1080/0142159X.2018.1536260
3. Button BLG, Cook C, Goertzen J. Impact of a professional development session based on learner evaluations within a preceptor community of practice. *Med Teach.* 2023;45(7):732-739. doi:10.1080/0142159X.2022.2155121
4. Slotnick HB. How doctors learn: education and learning across the medical-school-to-practice trajectory.

- Acad Med.* 2001;76(10):1013-1026. doi:10.1097/00001888-200110000-00008
5. Accreditation Council for Graduate Medical Education. Clinician Educator Milestones. Accessed January 27, 2025. <https://www.acgme.org/milestones/resources/clinician-educator-milestones/>
 6. Stoddard HA, Borges NJ. A typology of teaching roles and relationships for medical education. *Med Teach.* 2016;38(3):280-285. doi:10.3109/0142159X.2015.1045848
 7. Nawaz S. Build your own personal board of directors. *Harvard Business Review*. Published February 22, 2017. Accessed July 16, 2024. <https://hbr.org/tip/2017/02/build-your-own-personal-board-of-directors>
 8. Rabow MW, Remen RN, Parmelee DX, Inui TS. Professional formation: extending medicine's lineage of service into the next century. *Acad Med.* 2010;85(2):310-317. doi:10.1097/ACM.0b013e3181c887f7
 9. Santiesteban L, Young E, Tiarks GC, et al. Defining advising, coaching, and mentoring for student development in medical education. *Cureus.* 2022;14(7):e27356. doi:10.7759/cureus.27356
 10. Toh RQE, Koh KK, Lua JK, et al. The role of mentoring, supervision, coaching, teaching and instruction on professional identity formation: a systematic scoping review. *BMC Med Educ.* 2022;22(1):531. doi:10.1186/s12909-022-03589-z
 11. Deiorio NM, Carney PA, Kahl LE, Bonura EM, Juve AM. Coaching: a new model for academic and career achievement. *Med Educ Online.* 2016;21(1):33480. doi:10.3402/meo.v21.33480
 12. Wolff M, Deiorio NM, Miller Juve A, et al. Beyond advising and mentoring: competencies for coaching in medical education. *Med Teach.* 2021;43(10):1210-1213. doi:10.1080/0142159X.2021.1947479
 13. Branzetti J, Love LM, Schulte EE. Coaching for clinician educators. *J Grad Med Educ.* 2023;15(2):261-262. doi:10.4300/JGME-D-23-00071.1
 14. McClintock AH, Kim S, Chung EK. Bridging the gap between educator and learner: the role of psychological safety in medical education. *Pediatrics.* 2022;149(1):e2021055028. doi:10.1542/peds.2021-055028



Jeremy Branzetti, MD, MHPE, is an Associate Professor of Emergency Medicine, Yale School of Medicine, New Haven, Connecticut, USA; **Holly Caretta-Weyer, MD, MHPE**, is Associate Dean of Admissions and Assessment and an Associate Professor, Department of Emergency Medicine, Stanford University School of Medicine, Palo Alto, California, USA; and **Nicole Deiorio, MD**, is Associate Dean of Student Affairs and Professor, Department of Emergency Medicine, Virginia Commonwealth University, Richmond, Virginia, USA, and Executive Editor, *Journal of Graduate Medical Education*, Chicago, Illinois, USA.

Corresponding author: Jeremy Branzetti, MD, MHPE, Yale School of Medicine, New Haven, Connecticut, USA, jeremybranzetti@gmail.com, X @theBranzetti