

GM Synergy

Short Coaching Skills Workshop



WHAT IS THE GM SYNERGY PROJECT?



- Based on the principles of the University of East Anglia's Collaborative Learning in Practice (CLiP™) placement model
- Learning from the implementation at Lancashire Teaching Hospitals NHS Foundation Trust
- GM Synergy Project is being developed: a coaching-style practice placement model bespoke to Greater Manchester
- Adapted for midwifery, community, mental health and AHPs



WHAT IS THE GM SYNERGY PROJECT?



- Based upon coaching ideologies with a strong emphasis on patient-centred care and peer learning
- Positive feedback received, with students reporting increased confidence and satisfaction. Some issues to work on for placements, students and HEIs.



HOW IT WORKS

An increased number of students allocated to each area

First week of placement is an induction to area

Ideal Coach-Student ratio 1:3 (4 max)
HCA can also be a coach

Coach remains responsible for those patients allocated to students. The coach will focus on teaching, supervision and promoting best practice



ORGANISATION OF LEARNING



- One coach to 3 students
- Coach has patient allocation & this is shared between students
- Mixture of students who organise their day's work
- Student takes responsibility of learning
- Better to have shifts with no students than 1 or 2 per shift
- Named mentor retains overall responsibility
- Off duty organisation key
- Students may have days out of Synergy – study days, working with mentor, spoke day, directed learning

PHILOSOPHY OF COACHING



- Stepping back
- The art of questioning not telling
- Students take responsibility for all the care of their patient/s
- Assessment of competency
- Students learn by doing under appropriate level of supervision
- Students will access spokes in relation to their patient journey
- The coach facilitates learning rather than simply providing the answers – the student holds the answers, not the coach

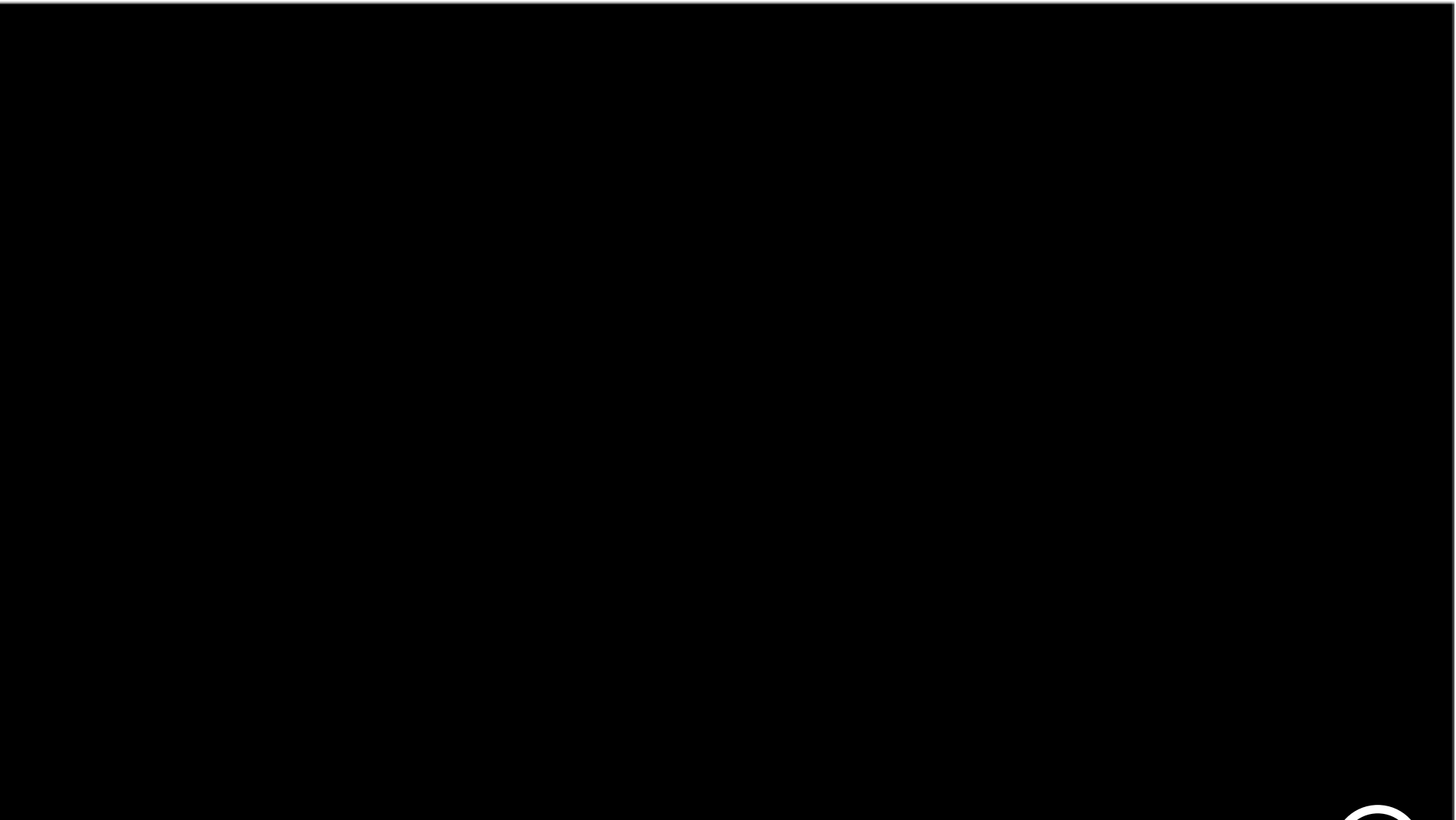
THE COACHING DAY: START OF THE SHIFT

Coach meets with the students to discuss the plan for the day and patient allocation

- This is dependent on the student's prior knowledge, experience and learning needs as discussed with the mentor
- Negotiate frequency of reviews / how often you will catch up
- Exploring learning opportunities, following the patient journey



VIDEO – INITIAL MEETING



USING THE GM SYNERGY LEARNING LOG



GM Synergy Learning Log

This learning log is to be used each day in practice, unless specified otherwise by your mentor. The comments of your mentor and coach should be signed for verification purposes. Please keep this log in the file in the placement area for the duration of your placement. Once completed, it can be kept in your personal portfolio.

Name of student:	Date:	Named mentor:
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Goals for the day What will be achieved?	Plan What will be done? How will goals be achieved	Name of coach: Feedback from coach (include feed forward and signature)

COACHING DAY: MID POINT

- Coach and student review progress and developments
implement changes if required
- Mentor if on duty will be available to support the coach and
teach/guide as required
- Feedback from coach; discuss evidence gathered and skills
being developed; adapt or build on original plan if necessary
- Confirm actions for the remainder of the shift



VIDEO – UNDERTAKING CARE



COACHING DAY: END OF THE SHIFT

Coach

- Reviews the day with student
- Gives feedback and feeds forward
- Completes learning log
- Reflects on the day and discusses outcome with mentor

Student

- Evaluates progress
- Gives feedback to the coach
- Reflects on the day / plans for the next learning opportunity



VIDEO – GIVING FEEDBACK



STUDENT BENEFITS

- Coached by all members of the team
- Promotes self-directed learning and self-awareness via the completion of relevant learning logs and reflections to support student development
- Aids with role transition to staff nurse
- Students have greater opportunity for peer learning, sharing knowledge under the guidance of their coaches
- Less intimidating to ask questions of peers
- Patient-focused care
- Aids recruitment



COACHING AND MENTORSHIP

SUPPORTING LEARNING IN PRACTICE



MENTORING - COACHING

Mentoring	Coaching
Answers questions	Asks questions
Steps in and provides care	Steps back and allows the student to learn by providing care
Is watched by the student	Watches the student
Directs the student's learning	The student demonstrates what they've learnt (usually self-directed) to the coach
Shows the student how	Is shown how, by the student
Allocates work to the student	Is allocated work by the student
Talks	Listens
Does the same work as before, but with a student	Works differently, while coaching the student
Identifies individual learning opportunities in the ward environment	Uses the whole ward as a complete learning environment

COACHING BENEFITS

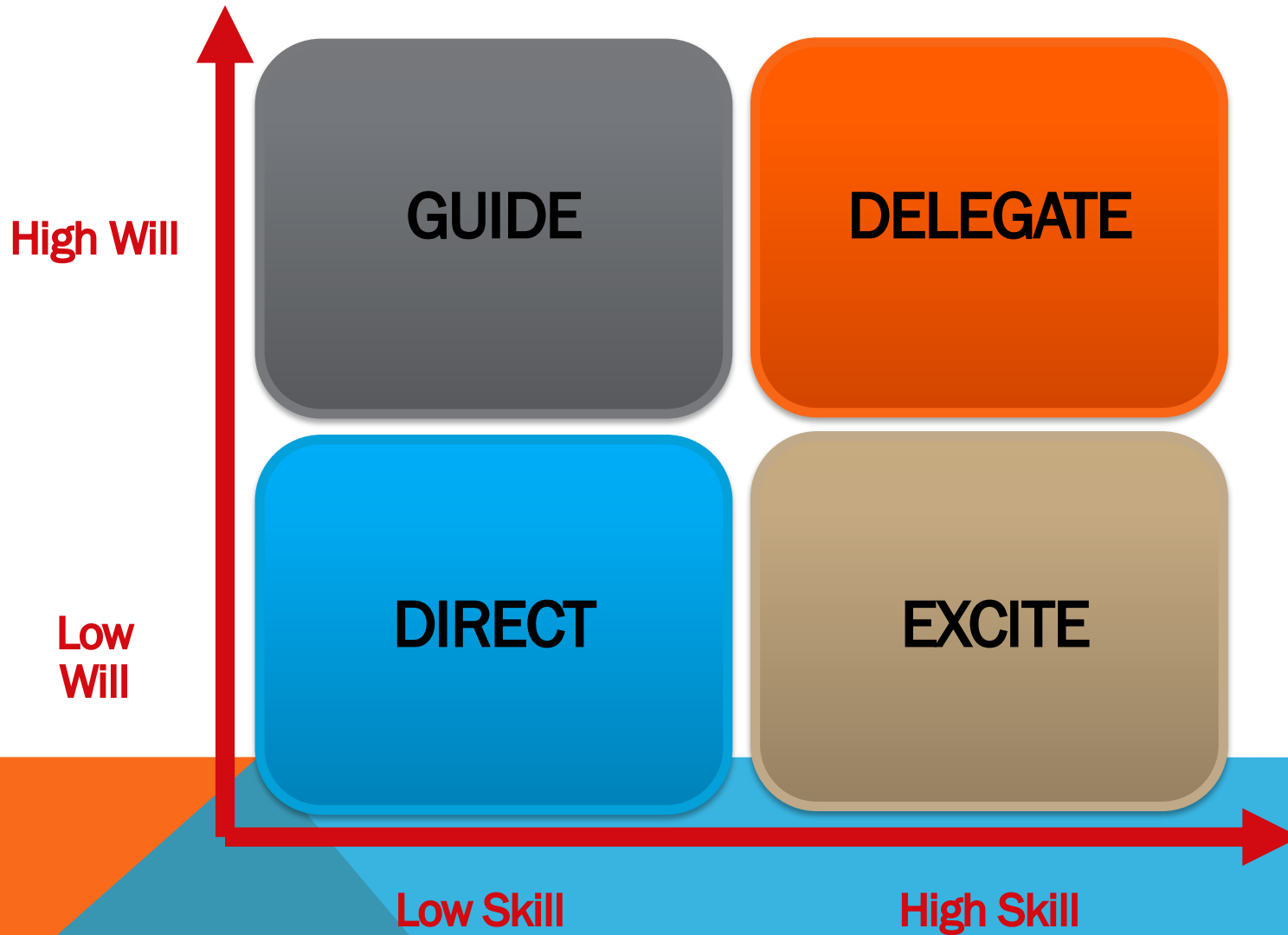


Learner	Coach
Increased performance	Increased self-awareness
Higher motivation and commitment	Learning by listening to others
Rapid personal growth	A sense of satisfaction due to making a difference
Higher quality of life	Intellectual challenge
Greater work/life balance	Improved skills e.g. listening, questioning
Greater sense of purpose and satisfaction	Increased awareness of issues
Improved communication and relationships	Enhanced ability to manage people and teams

SPECTRUM OF COACHING SKILLS



SKILL AND WILL



CHALLENGE AND SUPPORT

SUPPORT



COMFORTED



EMPOWERED



BORED



STRESSED

CHALLENGE



University of
Salford
MANCHESTER

GROW

PLANNING THE COACHING DAY A MODEL FOR USE



MODEL FOR COACHING: G.R.O.W



S.M.A.R.T. Goals

- Specific
- Measurable
- Achievable & Action-oriented
- Realistic
- Time-constrained

COACH SKILLS

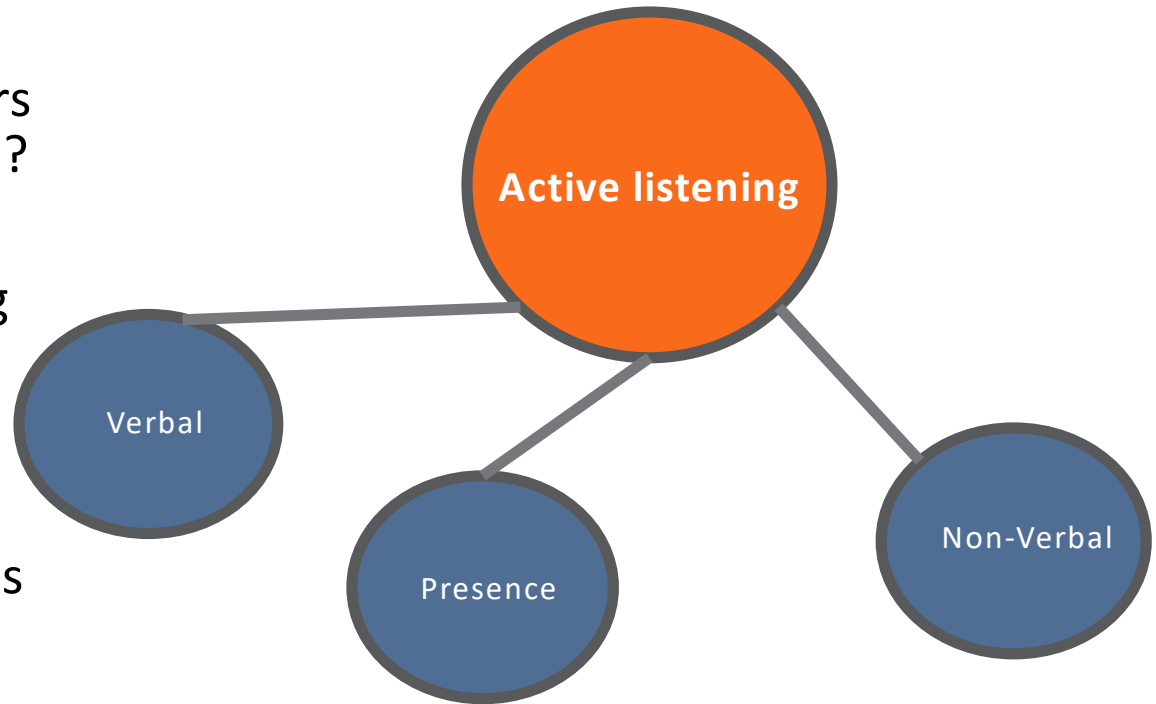


ACTIVE LISTENING



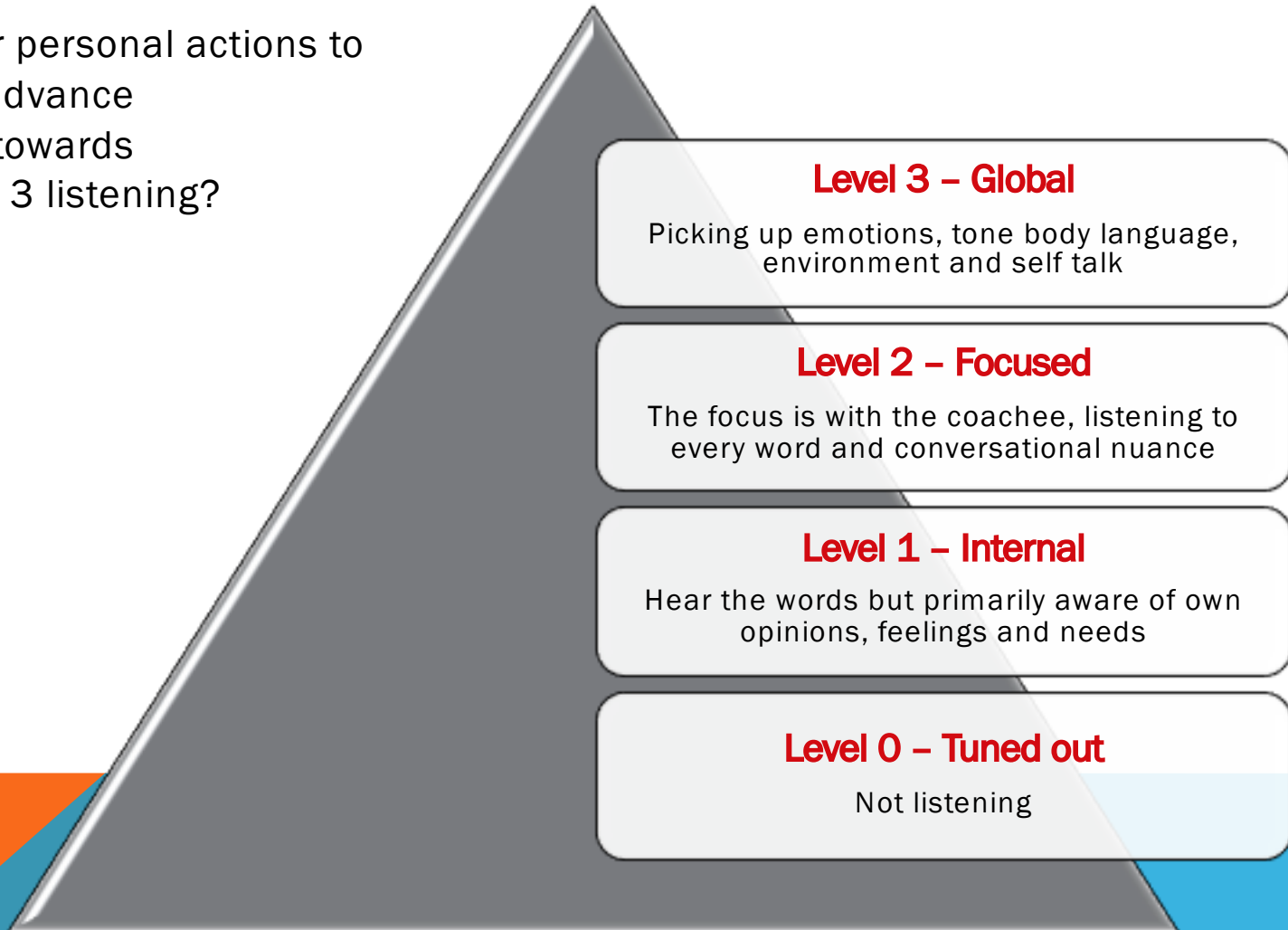
SKILL: LISTENING ACTIVITY

- What skills are required for listening?
- What are the barriers to effective listening?
- All about developing a good rapport with the learner
- Use mirroring & matching techniques



LEVELS OF LISTENING

What are your personal actions to
advance
towards
Level 3 listening?



Adapted from: Kimsey-House, K., Kimsey-House, H., Sandahl, P., & Whitworth, L. (2011).
Co-Active Coaching (3rd ed.). London: Nicholas Brealey Publishing.

EMPATHIC/GLOBAL LISTENING



Empathy is the most fundamental communication skill where the listener:

- Seeks to *“see the world through the eyes of the speaker”* to really understand how the other is experiencing a situation & gives *‘psychological airspace’* to the speaker; for them to explain their feelings and emotions around their issue
- Essential that the coach understands the learner’s prior experience and opportunities so they can understand them fully
- Communicates their understanding of the speaker’s experience
 - When I *sympathise* I am imagining how *I would feel if I were in your shoes*
 - When I *empathise* I imagine how *you feel in your shoes*

QUESTIONING SKILLS



SKILL: WHY ASK QUESTIONS?

- Essential to overall process
- Find out about learner (entry behaviour & experience)
- Explore any issues
- Clarify goals and actions

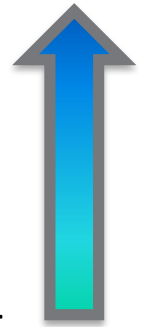
30% Coach

70% Coachee

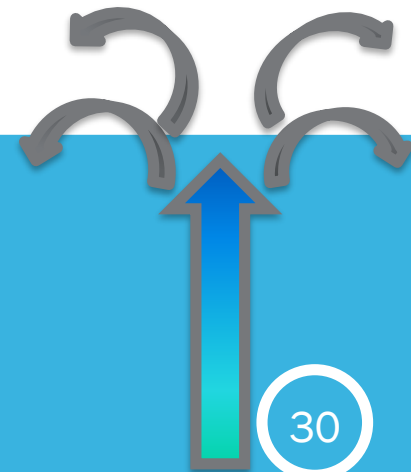


EFFECTIVE COACHING QUESTIONS

- Start with **OPEN** questions: **who, what, when, where** and **how** – beware **WHY**
- **PROBE** for more details
- **LISTEN** to hear, not reply, until you think you fully understand
- **REFLECT** back; **SUMMARISE** what it is you think has been said
- Be **SELF AWARE** – think about your own communication: what message are you giving?
- Avoid **LEADING QUESTIONS**
- Is **NO** question the best approach?



*“Say more”
“.....”*



QUESTIONING SKILLS

EFFECTIVE COACHING QUESTIONS

Open

- (to promote discussion)

What, Where, When, How (Why needs to be used carefully to avoid appearing judgemental)

Probing

- (to follow up on what has been said)

Can you tell me more about...?

Focussed

- (to establish the real situation and real actions to be taken)

What were your feelings at the time?

What action will you take?

Leading Questions

- (to be avoided!)

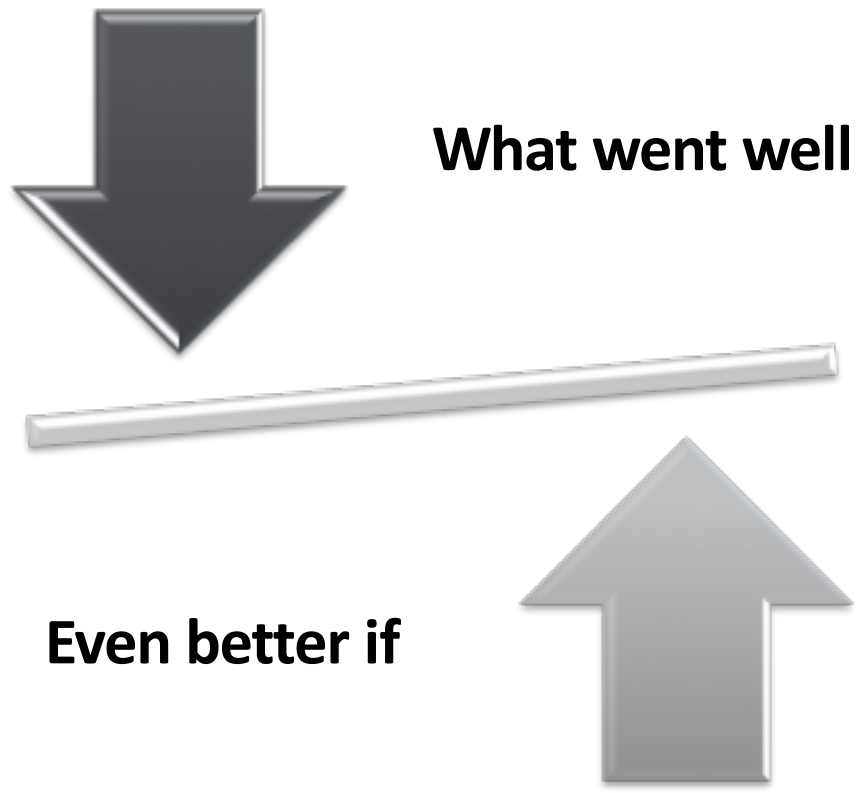
Don't you think it would be better if...?

Why don't you do the following...?

FEEDBACK



BASIC FEEDBACK



BE POSITIVE!



FEEDBACK MODEL: PENDLETON RULES



Phase	Coach	Learner
Positive aspects	Comments on what went well	Tells what went well
Areas for improvement	Comments on what could be done better	Tells what went wrong; what could be done better
Action plan for improvement	Approves action plan with modifications	Tells action plan
Summary	Comments as appropriate	Summarises the key points

Providing effective feedback in medical education

<https://www.slideshare.net/zprazan/providing-effective-feedback-in-medical-education>

SUPPORTING THE FAILING OR STRUGGLING STUDENT

- **The mentor remains responsible for assessment**
- The Coach notes progress concerns in the learning log and discusses these with the student
- Mentor and Coach discuss student's progress
- Mentor meets with student to discuss action plan and documents this in the PARE
- Mentor may choose to work with the student on specific activities / shifts during this time
- Can be removed from Synergy if appropriate

