

# What the Heck is Care Team Coaching?

White Paper Care | Team Coaching

**The word “coaching.”** Depending on the context, this word can conjure up a wide array of very different images: the guy on the sidelines barking out direction to his team on the court, the boss sitting down with her employee to address job performance shortcomings, or someone exploring life goals with a personal development or health coach. At its best, coaching can be received as a valuable experience that results in new understanding, enhanced skills, and inspiration to greatness. At its worst, it can be considered unhelpful, punitive, and demoralizing.

**Care team coaching defined.** Due to the many different types of coaches in the world, it is important to define what Care Team Coaching in a healthcare setting is and is not. Care Team Coaching is designed to improve communication with patients by coming alongside a healthcare professional and sharing customized resources and strategies based on the improvement opportunities of that particular professional. In this way, Care Team Coaching provides individual attention and motivation to ultimately drive organization-wide advancement of the patient experience. Care Team Coaching is not punishment or part of a performance improvement plan. It is not coerced, like the kid whose parents force him to play 8th grade basketball against his will – he doesn’t want to get better at basketball, so he certainly isn’t open to learning anything from his coach. Also, Care Team Coaching is not about critiquing clinical practice or medical decision-making (and as such, a coach in this context doesn’t need to be medically/clinically trained).

This reduces the pressure on the participant, allowing her or him to focus on the application of key care practices to improve communication with patients. Finally, Care Team Coaching in the patient experience space is not the same thing as executive coaching, which can be very broad in scope and often requires an ongoing relationship over months or even years. Care Team Coaching is unique from all these other types of coaching in that it is exclusively concerned with helping individual practitioners in healthcare acquire and maintain specific skills related to ensuring a positive experience for patients and their families.

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So how does it work? A coach, trained in Care Team Coaching, shadows a member of the care team during his or her normal work and observes how that person interacts and communicates with patients, families, and coworkers. As with anyone who might shadow a clinician, the coach is briefly introduced to each patient and once the patient gives permission for the coach to be in the room, the coach fades into the woodwork and keeps an eye out for specific care practices. The session usually lasts between two and four hours so the coach can observe interactions with several patients. The goal is to provide an objective appraisal of speech, body language, and behaviors that affect the quality of those interactions. This appraisal, combined with recommendations for improvement based on best practices and research, provides an extremely effective one-

on-one teaching opportunity to reinforce key care practices.

**The case for care team coaching.** In our experience, observing a care team member's interactions with patients during the normal course of a workday is an extremely powerful modality for making a lasting impact on that care team member and ultimately the patients he or she cares for. The learning and development profession recognizes that the majority of learned habits are formed when doing the work, which is why physicians and other care team members report that coaching is where they are able to truly understand how to incorporate new care practices effectively into their practice. And for a coach, nothing compares to one-on-one observation and providing feedback in the practitioner's "natural habitat". While we can talk in the classroom (and classroom training is an important component of service culture training) about the concepts of showing empathy, incorporating teach back, and so on, theories actually come to life in an observation-and-feedback situation.

In his New York Times article "Personal Best – Top Athletes and Singers have Coaches. Should You?"<sup>1</sup>, Dr. Atul Gawande tells about how after graduating medical school, he improved over time as a surgeon largely on his own:

*As I went along, I compared my results against national data, and I began beating the averages. My rates of complications moved steadily lower and lower. And then, a couple of years ago, they didn't. It started to seem that the only direction things could go from here was the wrong one.*

Gawande felt he had plateaued in the performance of his craft, and then it occurred to him (while receiving an unsolicited tennis lesson) that just like professional athletes benefit from having coaches, he might benefit from allowing someone into the operating room with him to critique his practice. So Gawande invited a retired surgeon he had trained under during his residency (Dr. Robert Osteen) to watch one of his procedures, and then they debriefed afterwards:

*That one twenty-minute discussion gave me more to consider and work on than I'd had in the past five years. It had been strange and more than a little awkward having to explain to the surgical team why Osteen was spending the morning with us. "He's here to coach me," I'd said. Yet the stranger thing, it occurred to me, was that no senior colleague had come to observe me in the eight years since I'd established my surgical practice. Like most work, medical practice is largely unseen by anyone who might raise one's sights. I'd had no outside ears and eyes.*

Dr. Osteen was coaching Dr. Gawande on his surgical technique, but many of the same arguments Gawande makes throughout his article can be applied to Care Team Coaching as well. Physicians, nurses, and other members of the care team simply cannot observe their own interactions with patients like "outside ears and eyes" can.

One clinician we encountered, a psychologist, noted about her interest in Care Team Coaching: "I received a lot of supervision and feedback during my training, but now that I'm out in my own practice, I'm never sure if I'm really doing a great job or if I could be doing better." A few hours of observation and thoughtful feedback from a trained coach can go a long way to help a care team member know how she or he is doing, reinforcing key care practices that improve a patient's experience of his or her care.

One morning one of our experienced coaches was shadowing a hospitalist who had been in practice for at least 10 years, so she knew her stuff. After they got done, they sat outside of the ED and debriefed the experience. The coach talked to her about her many strengths, things she did some but not all of the time, and two opportunities for improvement the coach had witnessed during their time together. One of those opportunities was how she explained things and after she did, how she inquired about her patients' questions. She'd al-

ways ask (as most of us do) “Do you have any questions?” To this, the patients responded without thinking to the yes/no question, “No.” The coach’s challenge to her was to flip this and to use more of an open-ended question by asking “What questions do you have for me?” Later that evening the coach received an email from the hospitalist. She was so excited to share that indeed, “My patients do have questions! All this time I’ve been going around thinking that I was doing such a great job of explaining things. But this afternoon, I tried what you said and it worked! Just by subtly asking the question differently, it got out more of those questions that they really had for me!”

**Care Team Coaches: Born or Made?** It goes without saying that the encounter between a caregiver and his or her patient happens during a vulnerable time for that patient and family. The encounter is also a sensitive situation for the caregiver as they are being observed performing the work that they put their heart and soul into every day, and that after many years of training.

So when a coach is allowed to enter this sacred space, it is essential that the coach approach the session in a way that is respectful, non-threatening, personable, knowledgeable, supportive, and of course confidential.

Due to the high privilege of entering this sacred space, we believe that it is wise to ensure, through formal training, that prospective coaches appreciate that privilege and possess the characteristics necessary to be an effective Care Team Coach. You hire the highest-caliber physicians, nurses, and other care team members to take care of your patients, so don’t you owe it to those caregivers to ensure your coaches are of the highest caliber as well? This doesn’t mean that coaches must be clinicians themselves, however. Rather, they need to be skilled observers who are able to recognize key care practices in action (and absent), and they must be winsome, putting those they coach at ease and delivering feedback in a way that ensures it will be heard and understood.

The Care Team Coaching training process can act as a filter, allowing prospective coaches to determine for themselves if coaching is what they thought it would be, and if they are cut out for the task. Experienced Care Team Coaching trainers are also in a good position to assess whether their trainees have the proper attitude and demeanor to be a coach. A few examples to help make our point:

- We once had a highly trained and certified coach, with limited health care experience, go through our training. This person, who had the technical skills to coach executives to reach their goals, really strug-



gled and ultimately was unable to fully comprehend and appreciate the key care practices in action when watching them in a live patient situation.

- In another situation, we were training a prospective coach who had clinical experience. In her “day job”, she performed audits of things such as medications, crash carts, etc. However, this individual just couldn’t take off her clinical quality assurance hat to step back and view the “art” of communication practices in action.

Significantly, some of the most effective coaches we have encountered weren’t clinically trained. There was the HUC (health unit coordinator) of a busy Emergency Department who practiced what she preached in communication and was able to coach her peers to do the same (including physicians and PAs). Then there was the float pool administrative assistant at a small community hospital who regularly wowed nurses and other care team members when she coached them. Neither of these people were obvious picks for the role of Care Team Coach in their respective organizations, but they had the interest, they went through training, and it turned out they were naturals.

A prospective Care Team Coach must have respect for each opportunity they have with a member of the care team, something training helps to reinforce, he or she must have a particular comportment, which training can help evaluate, and training of course will convey specific skills necessary to be an effective coach.

**Some of these skills include:**

- How to begin the coaching session and put the care team member being coached at ease
- How to stay out of judgment mode and see every person as interested and capable of being their best
- How to respond to various situations that can arise during the coaching session, and when it’s ok (and advisable) to step out of the room
- What care practices matter most to patients and how to recognize them
- How to provide constructive, strengths-based feedback during the immediate verbal follow-up
- How to communicate via the formal written report in a way that effectively reinforces what was shared in the in-person debrief



In our Care Team Coaching model, potential coaches participate in at least 24 hours of hands-on training to prepare for the Coaching Exam. The process begins with classroom-style, interactive learning focusing on the “why” of coaching, care practices, and communication. Potential coaches then progress through an experiential training component which involves them shadowing providers while being shadowed by a coach trainer. Next, they learn how to write an effective follow-up report that goes to the provider who was coached. Finally, the training concludes with an exam that is comprised of multiple sections that evaluate the potential

coach’s grasp of key care practices, ability to communicate clearly in written form, and her or his desire and self-assessed ability to be a Care Team Coach.

**Sounds Great, but Does it Really Work?** Hopefully by now the concept of Care Team Coaching makes sense to you, and you can see how it might be beneficial to healthcare providers, members of the care team, and to patients and their families. But a nice concept alone rarely inspires organizational purse strings to be

loosened. In fact, the biggest question that we are asked from organizations that are considering creating a coaching program is “does it really work?”

In other words, are there demonstrable improvements in outcomes as a result of implementing Care Team Coaching? In our experience, the answer is a resounding yes! It works so well, in fact, that Care Team Coaching is the closest thing to a silver bullet that we’ve found when it comes patient experience improvement.

**Introducing Your Organization to Care Team Coaching.** As more and more organizations understand the benefit of Care Team Coaching, we have, not surprisingly, found wide variation in both the philosophy and function of these programs. In some organizations, anyone can be a coach provided that they are interested and have the time to do so. No formal training is required; coaches are just “sent forth” out into the organization. Others may participate in a couple-hour classroom training session with no on-the-job observation of the coaches as they learn to coach.

DTA Associates’ Care Team Coaching program was developed to give coaches the tools they need in a methodical manner to encourage success for the coach and those being coached. We not only have the training model to create internal capacity in your organization to do this type of coaching, but we also have ongoing support programs to help continue to develop the coaches in your organization.

Additionally, our Coaching Reporting Tool makes it easy to improve the lives of coaches, maximizing their efficiency and creating meaningful customized reports for the people they coach. While maintaining the confidential nature of the coaching experience, our Coaching Reporting Tool allows for aggregated cohort analysis and trends to help identify trends in strengths, inconsistencies and opportunities. Many organizations have found this feature as an essential one to driving improvement as a result of the coaching program.

**Want to learn more about how care team coaching could be of benefit to your organization? Contact us at [contact@dtaassociates.com](mailto:contact@dtaassociates.com).**

#### References

<sup>1</sup> Gawande, Atul. “Personal Best – Top Athletes and Singers have Coaches. Should You?” *The New Yorker*, 3 Oct. 2011, [newyorker.com/magazine/2011/10/03/personal-best](http://newyorker.com/magazine/2011/10/03/personal-best).

<sup>2</sup> Pollak, Kathryn I., et al. “Coach, Don’t Just Teach – Communication Coaching for Clinicians.” *NEJM Catalyst*, 17 Jan. 2019, [catalyst.nejm.org/coach-teach-communication-coaching](http://catalyst.nejm.org/coach-teach-communication-coaching).

**DTA Associates** is a patient-centered quality improvement consultancy serving hospitals, clinics and health care systems. We have core competencies in process and technology improvement aimed at enhancing the patient experience and empowering physicians and other clinical staff to resolve quality shortfalls. Leveraging technology and analytics that engage physicians and drive process improvements, DTA helps clients make progress on specific goals, ultimately leaving them with the skills and tools they need to achieve goals independently and with confidence.

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