



SquareStar Limited

and

Matt Driver Consulting

for



Coaching Skills For Educational Supervisors

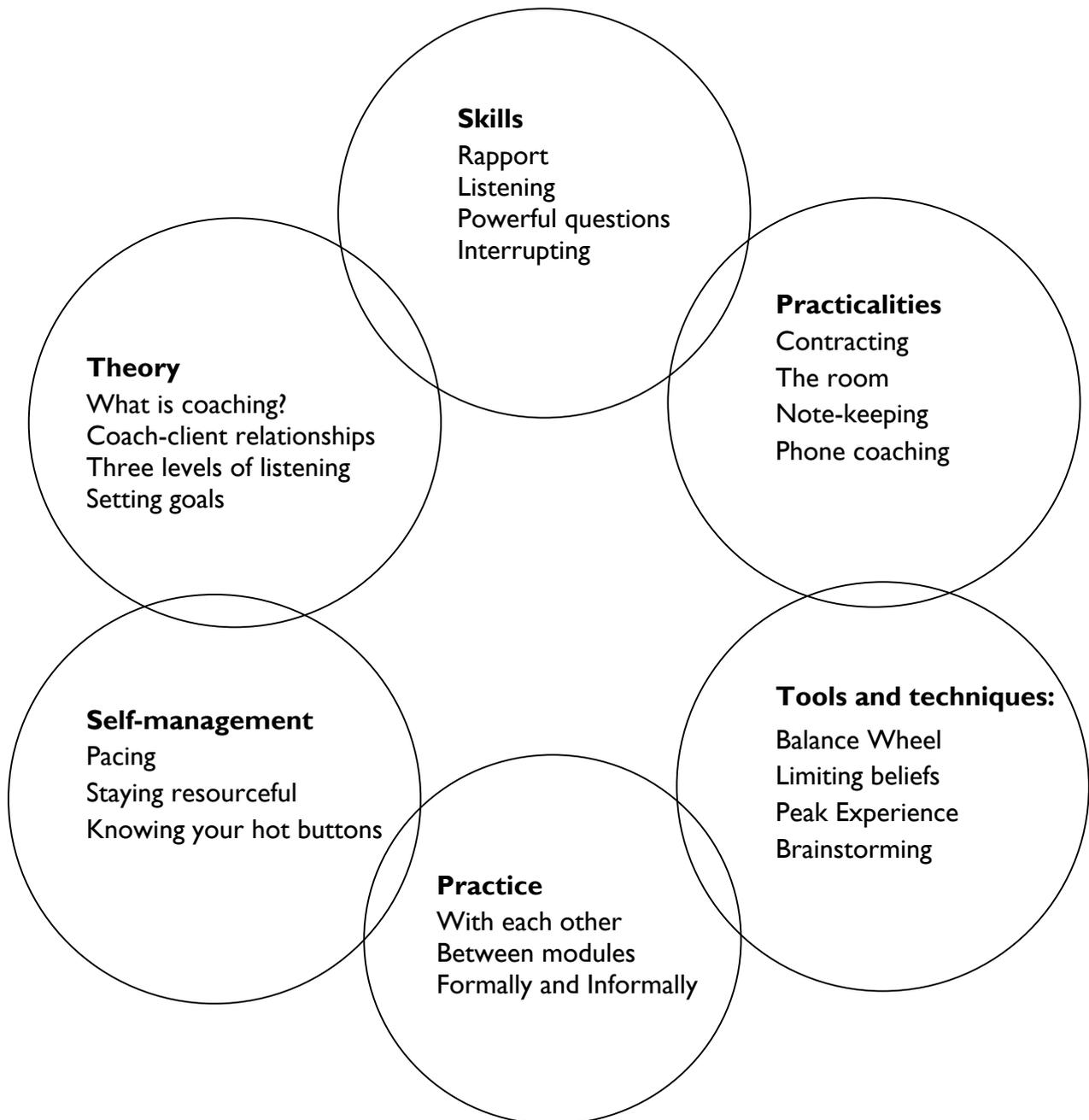
Seven-Day Programme Briefing Pack

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Programme Overview

The Framework: a series of overlapping topics and approaches, to be flexed as appropriate



Practical Details

Tea and coffee will be available 30 minutes before the start time each day.

Registration will also begin 30 minutes before the start time. Please make sure you are seated in good time.

Times

Day 1	Start	09.30
	Finish	17:00
Day 2	Start	09:30
	Finish	16.30
Day 3	Start	09:30
	Finish	17.00
Day 4	Start	09:30
	Finish	16.30
Day 5	Start	10.00
	Finish	16.00
Day 6	Start	10.00
	Finish	16.00
Day 7	Start	09.30
	Finish	16.30

Each Day: There will be breaks mid-morning and mid afternoon.
A sandwich lunch will be provided.

NB These times are indicative and may vary slightly

Outline Timetable

Aims

To clarify what coaching is and is not, particularly in a health context

To be able to judge when to use coaching or another style

To build on existing skills and develop them further

To develop confidence in using a coaching approach

To have a lot of practice in using the skills

Out Approach:

We do little or no role play in this training but do ask you to be ready to have a go at coaching and being coached. As the course is very practical, we ask you to bring along two real issues or challenges you face and are willing to be coached on. These don't need to be 'problems' (although they can be) but can also be aspirations or goals to build on existing success. What is important for the day is that they are real and that you want to move forward with them.

Your Coaching Practice:

The seven days of this programme are spaced over a period of several months to allow you to put what you have learned into practice.

Between each meeting, we ask you to set up at least one, and ideally two 30-45 minute formal coaching session(s) with a coachee. This can be by telephone or face to face. It is better to avoid:

- Your spouse/partner/best friend
- Anyone in your immediate family circle

The only brief you need give them is to explain that you are being trained in coaching and need a practice coachee. Explain that it is NOT a role-play. They need to have a challenge or issue in their lives where they want to become more effective (work, home, leisure, relationships – it doesn't matter which) and that they would be prepared to discuss with you.

It will be your responsibility to find these coachees during the programme and we will be reviewing your practice and learning at the start of each subsequent meeting.

Programme:

Day 1: 09.30 – 17.00 (Registration from 09.00)

AM

A 'Key Person' – practical activity

Introduction to the course. Background and context.

The Health Education Coaching service and being a coach with us.

Advice exercise: When to use coaching and when not to

Coaching v. other forms of help: definitions. Some useful principles of coaching

Core skills: introduction

Core skills: Rapport. Input, demo and practice

Core Skills: Summarising. Input, demo and practice

PM

Core skills: Listening. Input, demo and practice

The Balance Wheel: A useful technique. Input, demo and practice

The coaching process: Goal Setting. Input, demo and practice

Briefing for Day 2

Day 2 - 09.30 – 16.30

AM

Review of Day 1: In coaching style for additional practice

The coaching process: Contracting. Discussion and input. Boundary issues.

Core Skills: Questioning skills. Input, demo

Questioning skills: Focussed practice in two groups

PM

Tools & Techniques: Using Challenge. Input, demo and practice

The coaching process: 'Magic' Questions. Input, demo and practice

A useful technique: Brainstorming. Input, demo and practice

Coaching practice: How will I find coachees? How will I use my peer group?

Briefing for Module Two (Days 3&4)

Day 3 - 09.30 – 17.00

AM

Welcome back. Outline of day.

Review of learning and coaching practice since Days 1&2

Practice 'clinic': Recapping key learning points and answering questions

Tools & Techniques: Working with blocks and limiting assumptions. Input, demo and practice

PM

Tools & Techniques: Identifying and working with personal values and strengths.

Input, demo and practice

Tools & Techniques: Building Resourcefulness

Review

Day 4 - 09.30 – 16.30

AM

Review of Day 3: In coaching style for additional practice

Situational coaching: Using coaching approaches in other conversations.

Input, demo and practice

PM

Assessment: In 3's using feedback framework

Peer Coaching Review

Next Steps: Follow-up support available

Day 5 – 10.00 – 16.00

AM

Review and supervision morning on your coaching practice

PM

Coaching at times of change and transition

Day 6 – 10.00 – 16.00

AM

Review and supervision morning on your caching practice

PM

Positive Psychology and coaching: using new approaches to enhance our practice

Day 7 - 09.30 – 16.30

AM

Welcome back. Outline of day.

Review of learning and coaching practice since Day 6

Tools & Techniques: Working with feelings - the Meta Mirror

PM

Final extended practice using the assessment framework

Working with Health Education: where next?

Managing your future coaching learning

Close

The Increasing Impact of Coaching – Some Background

Introduction

Matt Driver and Sandra Grealy have extensive experience training doctors and other clinicians and NHS professionals in coaching and mentoring skills. Initially the intention of this work, carried out with the London Deanery, was to enable doctors and dentists to become coaches or mentors for other clinician colleagues. Typically, performance appraisal and professional support were available to some extent; and if a doctor found themselves in a more difficult situation, there were additional avenues of support available. However, there was an important support gap for clinicians who were well and worked successfully but who faced some of the typical tougher challenges of life like career decisions, handling a challenging new role or dealing with complex relationships in their practice or hospital.

Since 2008, over 400 clinicians have been trained in coaching and mentoring skills and over 1500 others have called upon the service as coaches/mentees. You can see assessments of the success of this work on the London Deanery website [London Deanery Mentoring and Coaching](#).

What was unexpected, although predictable in hindsight, was the regular evidence of doctors and dentists having successes – sometimes breakthroughs - with patients as well by using their newly developed coaching skills. It has become clear that there are very many potential benefits and applications of coaching with patients as well as with colleagues.

The Challenge

A recent report (1), found that annual prescription medicine wastage in England is in the order of £300 million. Estimates for Wales and Scotland are also significant.

As well as the financial cost, the report identifies a significant opportunity cost of health gains which are not realised because of poor medicine use. An area of particular concern is that of patients experiencing long-term or chronic conditions where behavioural change may also be required. Increasingly, health professionals are realising that merely 'prescribing' treatment or attempting to cajole a patient into change, does not work. Success can only come about through the positive and consistent motivation on the part of the patient.

The report suggested a number of strategies including providing targeted support for patients starting new therapies, caring better for 'treatment resistant' patients and improving the quality of care at around the time of hospital discharge.

Approaches such as Motivational Interviewing have been shown to deliver greater adherence to prescribed treatments. Additional skills and approaches by health professionals could make a significant contribution to patient motivation and ultimately to health outcomes as well as delivering cost savings.

Coaching

Coaching is an intervention in which a person is enabled to set goals and identify ways to achieve those goals. It is essentially non-directive although usefully employed alongside other approaches. Thus a doctor will have the medical knowledge and information which the patient needs, but can use a coaching approach to gain ownership and commitment, helping the patient identify valued personal goals and then to commit to actions which will help them move towards these goals.

An article in the BMJ (O'Connor et al, 2008) (2) stressed the importance of patient engagement and found that coaching 'develops patients' skills in preparing for a consultation, deliberating about options, and implementing change.'

A research paper by Simmons et al (2009) (3) stated that 'Patients, not healthcare providers, are the primary managers of their health conditions' and found that patients could be helped by relatively 'easy-to-learn' techniques used as part of consultations. These included goal setting, asking effective questions and agreeing next steps - all of which are key elements in coaching.

The University of Minnesota is now offering health coaching for nutrition, physical activity and nicotine dependency. Private coaching organisations are offering coaching to patients to support the work of their clinicians. Medical practitioners, who offer telephone health coaching, conducted a first test of 'high risk' patients. They found that the coaching experiment saved an average of \$300 a month per person.

Health Education

The London Deanery (Now Health Education), having established a highly successful Coaching and Mentoring Service, is now tuning in to the wider coaching and mentoring agenda with the UK and overseas health services. Health Education, Yorkshire and Humber, NHS NW and others are also creating trained professional to professional coaching and mentoring services. There are many recent developments in the field - particularly in the ways coaching and mentoring can be used for development within a health context.

The UK Department of Health report '*Invisible Patients*' (7) has stressed the need for health professionals to have access to mentoring as part of an overall strategy of maintaining their well-being. This well-being ultimately supports patient health. The report suggests that mentoring is of particular importance at times of transition, returning to work, for professional development and for promoting flexible working. It further suggests that those involved in mentoring should be properly trained and supported.

In '*Time for Training*', Sir John Temple (6) challenged traditional models of training and service delivery in the light of the European Working Time Directive. He proposed that a 'structured coaching approach' should be an important element in building the competence and then mastery of new consultants. He noted that there was a particular need to build confidence within this group and saw mentoring support as crucial to achieving this. At the same time, he described current mentoring provision as 'patchy' noting some major successes but also some resistance.

The report '*Making a Difference*' (8) on developing women doctors, describes mentoring as one of the ways in which every doctor can be helped to realise their potential. It notes some particular successes of mentoring in helping develop women's careers and in helping those returning to work. At the same time, it highlights the under-representation of women in key medical roles and shows that women doctors are less likely than their male peers to find an effective mentor. The report stresses the need for adequate training to enable doctors to mentor other doctors and encourages the setting up of an 'explicit facility' which is made available to doctors as well as a register of those competent and willing to provide the mentoring. It proposes that money and time should be made available by trusts to develop and carry out mentoring.

Stuart Henochowicz and Diane Hetherington (4) reviewed the state of leadership coaching for physicians and other health care leaders. They found that although coaching has proven to be extremely beneficial in developing leadership, it was in fact an 'underutilised resource'. They noted that coaching is helpful in developing the interpersonal and emotional intelligence competencies required to lead within increasingly complex organisations.

A further area in which coaching has been shown to make a strong contribution is that of empowering patients. This theme has been developed by academics, doctors and patients themselves. In a recent study, McCorkle and others (2011) show the importance of empowerment for chronic cancer patients. They describe senior clinicians acting in a coaching role and identified a number of useful strategies including: establishing a common language, building the relationship and making mutually agreed plans with the patient taking responsibility for carrying them out. All of these are core elements of coaching.

In more general research on building a coaching climate and culture, David Clutterbuck (5) stresses the importance of proper training for coaches, for skills

development and awareness among senior managers to support them, for some level of training for coachees and for the development of a cadre of 'mastercoaches' who act as practice leaders and points of reference for others.

This array of research and practice confirms the joint experience of the London Deanery and ourselves in many individual, team and organisational contexts. Specifically it shows that coaching and mentoring skills can be used:

- As part of personal development conversations such as appraisal or clinical supervision.
- In helping colleagues new in role to develop their confidence and competence.
- To build leadership capacity in formal managerial roles and informally at every level.
- To help patients, particularly those with chronic conditions, to take ownership and control of their lives.
- To develop other staff that the coach or mentor works with or line manages.
- To provide support to fellow professionals within one's own Trust.
- To build a culture which focuses on helping people to achieve their best potential.
- To empower under-represented groups to move up the promotion ladder or into new specialisms.

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Coaching for the Professional

The professional who uses coaching as part of their work is different from an executive coach. The context is different: coaching may provide a specific service within the professional setting, for example doctors coaching or mentoring colleagues, or it may be used as part of other conversations, for example performance appraisals. It may also be short and opportunistic rather than formalised or planned.

The question of relative seniority, while not necessarily a problem per se, is likely to be there in the background where coach and coachee come from the same professional group or work in the same organisation.

In many situations too, the professional doing the coaching is likely to come up against issues about which they have strong experience and a clear view of what should be done. If they are the coachee's line manager they may indeed need to express this view at some point.

Having said this, the essential mindset and skills for the professional as coach are exactly the same as for the executive coach.

The Coaching Mindset

Before you start coaching a colleague (whether a peer, more junior or more senior), you may need to switch off your prevailing mindset. Most successful professionals have a 'can-do' solution-focussed way of working. They are good at problem solving and have risen to senior positions on this basis. They are also used to helping others solve their problems, mostly by giving good advice and suggestions, allied to the benefit of their experience and good judgment.

The coach cannot work successfully if they bring this mindset. In coaching, you are not asked to solve a person's problem, nor give advice, nor offer the benefit of your experience.

In coaching what you are asked to do is to help the coachee or client articulate their own goal and support them in thinking through, for themselves, how they can achieve that goal or at least move it forward. So the coachee does all the thinking and the work. You just provide the framework.

When you are coaching, you may find that you actually need to 'sit back' and almost relax a little. This can be disconcerting for a driven professional who can almost feel a loss of identity or worth. However, if you keep at it you will find that the coaching approach will hugely enhance your impact when you are working with colleagues.

Coaching: Frequently Asked Questions

What does a coach do?

Coaches work with coachees to help them become more effective. This could include helping them with challenges such as:

- improving their performance
- getting through a difficult time
- career development
- finding more job satisfaction
- getting a better life balance
- improving working relationships

-and so on

A coach asks a client to do more than they often think possible!

Is it the same as sports coaching?

In some ways, yes. A sports coach encourages a client to perform at their absolute potential and so does a coach. In other ways, no. There is no win-lose element in our kind of coaching. It's not about competition with others.

How is it different from therapy or counselling?

We assume that our clients are resourceful, healthy people. Therapy often asks the question, 'why?' and looks into the past. Therapy is very useful where what the client needs is emotional healing. Counsellors are often dealing with people in crisis - for instance marital counselling, bereavement counselling. Coaching clients are not usually in crisis. Also, coaches are usually more interested in the question what? and focus on the present and the future.

Can't a good friend do that for you just as well?

Probably not, unless they have also trained as a coach. A coach is *friendly* but is not actually your friend. The coach's strength is in being detached and objective as well as being firmly on your side. The coach may be able to help you deal with things that your best friend could not. Our experience of friends is that they often give you friendly *advice* - the one thing that a coach very rarely does. A coach has questions, not answers.

How does coaching work?

The coach gives the client 100% of his or her attention. The coach knows how to ask the powerful questions that will both challenge and support the client. As a result, the client sets and reaches very stretching goals. The coach will probably also help the client acquire new skills. When you put all of this together, you have powerful momentum for change and growth. Coaches can help makes dreams reality.

Does everyone need a coach?

No. As a coach you can only work with a willing client, so a client who is totally satisfied with their life cannot be coached. But anyone who would like to get more out of their work or their life and is willing to give it a go can probably benefit from coaching. A key idea with our approach to coaching is that you don't have to be bad to get better. Building on success is an important principle.

How long does coaching go on?

For as long as the client has an agenda for change. That can be four 60-90 minute meetings over a couple of months, or it can carry on for longer. In some cases it may also be helpful to phone for a review or email.

Is dependency an issue?

No. We encourage resourcefulness.

Therapists have been accused sometimes of harming clients. Can a coach do the same?

Abuse is possible in any private one-to-one relationship. But it's less likely in coaching because the core of the coaching relationship is equality and respect. Coaching clients are not in the fragile state that clients for therapy may be. Also, coaching is very sensitive to word of mouth recommendation. A coach who harmed a client would be unlikely to be used again.

How do you become a coach?

Anyone can call themselves a coach. The profession is not regulated and probably never will be in the same close way as, for instance, doctors or dentists are. The best way to become a coach is through well-devised training followed by a lot of practice and supervision.

What Does Coaching Offer?

Standardized courses, where everyone follows the same curriculum are often tremendously valuable, especially as part of a culture-change programme in an organisation, but they cannot ruthlessly pinpoint the plusses and minuses in an individual's behaviour or give detailed attention to their concerns and interests. Sometimes a course may be enjoyable, but there may appear to be a little as 10% of a course that is relevant to any one individual. By contrast, coaching is typically an intensive one-to-one experience.

In coaching, the coach and the client create the agenda together: there is no standard curriculum. Every moment of the time coach and client spend together is about those issues that the client and coach together believe will increase the client's effectiveness.

Business results and their links with personal behaviours are consciously turned into goals from the start.

Many people reach senior positions in organisations without having experienced the benefit of any training or management development. This is particularly likely to be true if they are specialist professionals, promoted in mid or late career. At this point, behaviours which have previously been regarded as bearable eccentricities can become liabilities. Peers and direct reports will typically put pressure on bosses and demand change.

Like senior line managers, clinicians can at times become isolated. While all decent coaches will encourage the client to tackle such isolation, it may persist as an issue. Becoming a sounding board for such clients where they can 'hear themselves think' in a safe and non-judgemental environment is one of the reasons so many clients value coaching.

The same isolation can result in clients believing their own fantasies about personal performance, whether flattering or critical. One of the coach's prime functions is to be objective because he or she has no axe to grind other than the client's learning. Offering proper feedback, whether supportive or challenging, is rightly one of the most prized aspects of coaching.

Coaching is about change. Coach and client will typically end a session with an action plan for behaviours that are different and that are to be tried between sessions. Often these behaviours will have direct impact on job performance.

The Typical Benefits Brought By Coaching

All of this creates a rich potential agenda for the executive coach. Coaching clients are not dysfunctional and Coaching is not counselling in disguise. They are already successful people looking for additional leverage in their performance. Typical results include:

1. renewed focus and performance in their job
2. greater self-insight through coach's feedback and their own reflection
3. greater insight into others through discussion and observation
4. improved relationship management of key stakeholders; more effective influencing and negotiating
5. sharper communication skills – e.g. learning more effective ways to run and contribute to meetings
6. more satisfying work-life balance and improved health through more effective time and stress -management
7. releasing potential in the people they lead through more effective delegation and feedback
8. learning to apply systems thinking
9. career-management: identifying next steps

Pre-programme Self-assessment Questionnaire

At this stage you may know a little or a lot about coaching – it does not really matter which. What does matter is that you begin the process of becoming a skilled coach, part of which is creating your own record of your learning. Intrinsic to this is accepting that you are the only person who can be responsible for your learning. We can't do your learning for you: 'I learnt him/her' is not only grammatically incorrect, it is impossible.

Fill in these sheets as candidly and knowledgeably as you can. It is as important to know what you *don't* know as it is to know what you *do* know. All of this will change as you progress, of course.

Use extra sheets if you want to write more than the space given here.

1 Your coaching experience up till now

How much coaching have you done up till now? (Include related helping styles like coaching, clinical supervision, counselling)

Over how many months or years?

2 Your current understanding of coaching

What do you currently believe coaching to be? In a few lines, how you see:

- Its core purpose

- How it is different from other forms of helping (eg therapy or training)
- What do you need to understand more clearly about the principles or concepts behind coaching?

3 Your existing self knowledge

Understanding yourself is a key attribute for a coach. Coaching others virtually always involves helping clients to understand themselves better. Before you can do this, you need to be able to understand yourself. What are your own strengths? What do you know you can do really well without having to think too much about it? What are your weaknesses? Which are your hot buttons? What do you know about your impact on other people? Many coaches and potential coaches have already undertaken a good deal of self-development. If this is true for you, use this section to record the headlines.

4 Feedback messages

Most of us get at least some feedback from others, often clumsily-given, but feedback none the less. Think here about:

- the people close to you and what they say to you about living and working with you
- casually-given comments over the years.
- comments in formal appraisals at work, if you have had them.
- any 360 degree feedback you have done
- other questionnaires or psychometrics; eg Myers-Briggs or Belbin

What have been the main messages for you about your style and impact on others?

Assessment

There will be an assessment on Day 4 of this programme. Your coaching will be observed by an assessor and you will receive detailed feedback.

The key skills and approaches being observed follow a framework for assessing coaching and mentoring skills agreed by the Institute of Leadership and Management (ILM) and the European Mentoring and Coaching Council (EMCC).

The key areas the assessors will focus on are:

1. Developing and maintaining rapport

Matching breathing/energy level/posture

Matching the client's language

Creating a judgement-free zone in the coaching room

Self-management: eg containing own anxiety, need for recognition etc

Listening to what is said and not said

2. Creating/maintaining the partnership

Checking the client's understanding of coaching

Demonstrating the equality of the relationship

Asking how the client would like to be coached

Seeking the client's feedback on the session

3. Creating goals

Asking for the client's agenda items

Re-framing a vague wish, complaint or problem into a goal

Reviewing how far the goal has been met at the end of the session

4. Questioning

Keeping the coach's agenda out of the way

Avoiding advice-in-disguise questions

Asking *what* or *how* questions

Asking 'drilling down' follow-up questions

Avoiding why questions
Using questions to identify feelings
Keeping questions brief and focused

5. Handling change and resistance

Establishing motivation to change
Identifying blocks
Identifying and working to overcome limiting beliefs and assumptions
Clarifying or challenging generalizations
Reframing problems as positives
Handling implicit or overt opposition from the client

6. Managing the flow of the mentoring conversation

Identifying bottom-line issues
Summarising accurately
Summarizing frequently
Using linking statements or questions to move the conversation on
Interrupting
Managing the time and pace

7. Moving the coachee to action

Remaining unattached to the outcome
Identifying options
Making a request of the mentee
Agreeing action or a homework question

We will not of course expect you to cover every one of these areas. However, it will be important to ensure you create a good rapport with the client, agree some clear goals, let them do most (80%) of the talking, ask good open questions, avoid advice giving, and get them to identify and agree actions by the end.

What Do You Need To Focus On During The Training?

Based on what you have read thus far, and the knowledge and experience you already have of coaching and other related disciplines, what are the main learning goals you will be focussing on during the three days?

Example:

<i>GOAL 1</i> By the end of the course, I understand what Coaching is and how it's different from other kinds of one to one work	<i>HOW I'LL KNOW I'VE REACHED IT</i> I can describe it fluently and confidently to potential and actual clients
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Your learning goals:

<i>Goal 1</i>	<i>How I'll know I've reached it</i>
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<i>Goal 2</i>	<i>How I'll know I've reached it</i>
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<i>Goal 3</i>	<i>How I'll know I've reached it</i>
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What do you need to do to help yourself attain these goals?

What help do you need from the tutors?

What help do you need from others in the group?

How might you sabotage yourself?

What do you need to do to overcome any potential self sabotage?

Signature.....Date.....

Book List

The number of books on coaching and mentoring is growing fast. We list here a selected number of titles which we see as interesting, useful and informative.

Those marked with a star should be regarded as key texts which have been particularly influential in the development of the executive coaching profession.

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