



Health Coaching Training
(‘The Wessex Coaching Initiative’)

Evaluation

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Executive Summary

- The University of Winchester was commissioned by nhs Thames Valley and Wessex Leadership Academy to carry out an evaluation of training in health coaching delivered to staff at Hampshire Hospitals NHS Foundation Trust, Hampshire County Council and Southern Health NHS Foundation Trust.
- The training was delivered by The Performance Coach between April and October 2015 at a range of venues across the Wessex region. Staff members (n=144) from across the three organisations carried out core skills training. A Train the Trainer programme in health coaching was undertaken by a small group (n=8).
- The evaluation involved the combined use of telephone interviews, face to face interviews and focus groups to capture as many views from staff as possible. A Clinician Activation Measure was also administered to assess the degree to which clinicians support patient self-management.
- The main focus of the evaluation was changes in behaviour and performance resulting from health coaching and how learning was applied by participants. Also reported were improvements and impact at a broader, organisational level.
- The main findings were as follows:

- The core skills training programme

The programme was a good introduction to health coaching. Participants perceived that the training in health coaching should be rolled out to all staff. Everyone would then deliver the same message to patients about needing to take greater responsibility for their own health.

On return to the workplace some on-going support would assist clinicians with coaching.

For those that were going on to train to teach the core skills training programme it would have been helpful to have an outline of the portfolio requirements and an estimate of the hours outside the training days that were needed to complete the course.

- Implications for clinical practice

Learning about health coaching re-energised interviewees' clinical practise by giving them the chance to reflect on what they were doing with patients. They recognised the benefit in letting patients set goals for themselves.

The new coaching skills were practiced on colleagues first to build up confidence.

- Implications for patients

Different conversations were being had with patients that were more focused with more effective goal setting.

A shift towards getting patients to take more responsibility for their own health was reported by making, for example, a more explicit summary of a discussion.

Coaching is better suited to particular patients and clinicians exercised their professional judgement as to when to use techniques like TGROW.

- Implications for colleagues

Coaching skills have been used with colleagues in staff supervision, appraisal, team meetings and sickness management. The impact has been that staff felt empowered to come up with their own solutions.

- Organisational impact

Health coaching conversations can save on clinician time and reduce costs of services in terms of reducing the number of service 'repeat attendees'.

Health coaching gave newly integrated teams a shared goal and way of working with the patient i.e. it enabled the patient to think for themselves and gave them the power to manage their own condition. It provided different professional groups a common language.

- Learning points for the future of health coaching (and any roll out of the training)

Following the training, staff need time and the appropriate environment in which to practise their newly acquired coaching skills.

They also need on-going support. Mentors may provide the chance for staff to share their experiences and seek help with any issues.

Recruits to Train the Trainer programme need to be aware of the expectations of the course in terms of the time, self-directed study and confidence to teach.

Introduction

In 2015 the University of Winchester was commissioned by NHS Thames Valley and Wessex Leadership Academy to carry out an evaluation of training in health coaching delivered to staff at Hampshire Hospitals NHS Foundation Trust, Hampshire County Council (HCC) and Southern Health NHS Foundation Trust (SH).

Health coaching is intended to increase the responsibility an individual takes for management of their health condition. The Health Coaching Skills Development Programme was delivered by The Performance Coach between April and October 2015 at a range of venues across the Wessex region. As a part of this programme 144 members of staff from across the three organisations were trained in the core skills in health coaching programme. Eight staff undertook a train the trainer programme in health coaching.

The aim of the training is that staff become partners with patients/users/clients through utilising coaching techniques and skills to better support patients/users/clients in making health related behaviour changes or simply better able to manage their daily health care needs.

This report from the University of Winchester is intended to outline the views of staff participants from across three organisations about the training referred to locally as the Wessex Coaching initiative. Bournemouth University is also carrying out further evaluatory work. Using Buckley and Caple's four levels of the validation of training (2000), Bournemouth's evaluation can be seen to capture the first two levels i.e. 'reaction' and 'learning' (*internal validity*)¹. This report reflects on views of the participants in the core skills programme at least three months after they took part in the training. In the main it focuses on levels three and four (*external validity*) and reports on any changes in behaviour and performance resulting from health coaching or how learning has been applied by participants and any tangible results of the training in terms of organisational impact and improvements. It also reports on a series of focus groups and one to one interviews to offer reflections of how those staff who undertook the full 'Train the Trainer' programme felt about the course.

Dr Rachel Locke from the University of Winchester undertook the evaluation between August 2015 and January 2016. She worked closely with Sharon Kibble, Research Practitioner for the Workforce, HHFT in designing and carrying out the research and data analysis. To understand the coaching model, Rachel Locke attended a half day information session run by The Performance Coach. She attended steering group committee meetings across the duration of the project to report on progress and receive feedback on the approach to the evaluation. The evaluation involved the combined use of telephone interviews, face to face interviews and focus groups to capture as many views from staff as possible about health coaching. The Clinician Activation Measure was also administered to assess the degree to which clinicians support patient self-management and whether there is any shift in attitude about the role of the patient in the care process as a result of the training. This written report completes the evaluation by

¹ Buckley, R. and Caple, J. (2000) *The Theory and Practice of Training* (4th Edition), London: Kogan Page.
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the University of Winchester for the Thames Valley and Wessex Academy. It starts with an outline of the approach to the evaluation and the techniques used for collecting the data and analysis. The main findings are then discussed. It ends with some key learning points for any future roll out of health coaching.

1: Methods

This is an *outcomes* evaluation which takes place at the end of the delivery of a health coaching training programme to assess the views of participants about the training once they are back in the workplace and its effects on their professional practice. It also considers any broader, organisational impact.

1.1 Data Collection Techniques

The evaluation employed mixed methods. Qualitative data collection techniques to get participants' views about the training and its effect on their practice and organisational impact: one to one interviews in person or by telephone and focus groups. And a quantitative tool to get measurable outcomes in terms of any shift in mind set about patient self-management: the Clinician Activation Measure.

1.1.1 Interviews

Interviews were conducted with participants in a two-day core training course (Introduction to Coaching and Stage 1 Coaching Skills Development Programme), designed for participants to learn about coaching skills and how to utilise these techniques in their everyday interactions. The course was delivered as a two full day course over a two week period to give participants the opportunity to practise the skills after the first session. All participants in the training were asked whether they were willing to be interviewed and those that agreed were contacted by email to set up meetings. The interviews were conducted at least three months after participants had undertaken the training and commenced in November 2015. This time lapse was deemed sufficient for them to embed the training in their practice and so provide the opportunity to capture information about any changes in clinical practice. The interviews were conducted in person where possible but otherwise were by telephone.

In total, eight interviews were conducted with five members of staff from Hampshire Hospitals NHS Foundation Trust (HHFT), one from Southern Health NHS Foundation Trust (SH) and two from Hampshire County Council – Adult Services (HCC). Amongst this cohort, there were four team leads, three occupational therapists and three physiotherapists. Undertaking this number of interviews took a great deal of effort. For example, three separate times and dates were arranged for one interview before it finally went ahead. (See Appendix 1 for Interview schedule)

1.1.2 Focus groups

Focus groups were intended to provide the opportunity to gather information about those staff who undertook the 'Train the Trainer' Programme and their experiences of undertaking the course as well as their ongoing needs. Trainers were required to attend a two-day core training programme (stage 1) as well as a further 6 days of training including the accredited development programme (stage 2) and the Train the Trainers programme (stage 3,4 & 5). Unfortunately not all of eight individuals were able to complete the training during the project time. It was decided that all those that started the Train the Trainer programme, as well as the those that finished it, be invited to a focus group so that the difficulties they had in completing the course could be

heard. A focus group was run on 5th November 2015 with four participants (1 from HCC, 1 from SH and 2 from HHFT). The duration of this group was two hours and was recorded. Their comments are reported as 'focus group 1' in the findings. Originally only one focus group was planned, but due to participants' availability a second group was held on 11th November 2015. This one ran with two participants (1 from HCC and 1 from HHFT). This group discussion took 1 ¼ hours and was recorded. Their comments are reported as 'focus group 2' in the findings. Extra effort was made to hear the views of the two members of staff who did not attend the first focus group. A time and date was fixed to run a focus group at their workplace. Unfortunately, this did not go ahead due to lack of communication issues. However, a one to one interview by telephone with one of these members of staff was arranged at a later date. Although not a 'group' interview as such, as the focus group questions were asked of this individual, it is reported as 'focus group 3' in the findings section below.

1.1.3 Clinician Activation Measure

The Clinician Activation Measure was used to assess the degree to which clinicians support patient self-management and it was intended to investigate if there was any shift in attitude about the role of the patient in the care process as a result of the training. Unfortunately, due to lack of willingness by a large number of the participants on the core training programme to be contacted again after their training it was felt to be unsupportable to gather further after training data. However, this validated questionnaire tool was used in this study to assess the feasibility of administering it to a larger, representative sample in any future studies planned. The measure was administered to a sample of 92 participants of the core skills coaching programme, before they undertook the training and the findings of these surveys will be reported on in a separate evaluation report.

1.2: Ethics

The evaluation was undertaken in accordance with the University of Winchester's policy on the ethical code of research and knowledge transfer. Participation in this project was voluntary, with opportunities for withdrawal provided at different stages of the research as part of gaining informed consent from participants. Informants were asked to complete a consent form prior to their involvement in the interviews (i.e. group and one to one) and were emailed an information sheet that explained the purpose of the research and a description of what their participation in the project meant in terms of demands of data collection and being recorded, and the implications of analysis and reporting. The data was stored securely and only used for the purposes of this evaluation.

1.3: Analysis

Three different sources of evidence were drawn upon in the evaluation.

1. Focus group transcript notes about the Train the Trainer programme and the use of health coaching post training.
2. One to one interview transcript notes about the core training programme and the use of health coaching in practice.

3. Completed clinician activation questionnaires about attitudes regarding the role of the patient in the care process.

This information was analysed by the research team (Sharon Kibble and Rachel Locke) to make data sets.

- From the focus groups and one to one interviews qualitative data was analysed to generate themes. Quotations from participants were produced.
- From the clinician activation measure, a data set was generated and analysed to produce descriptive statistics. These statistics are reported in a separate report.

The main themes derived from the qualitative data set are presented in the following section of this report.

2: Main Findings

This section starts with participants' views on the core skills programme three months after they had taken the course. It then presents the participants' views of the Train the Trainer programme. The main focus of this report is how participants have put their learning about health coaching into practice. Commonly occurring themes have been identified and grouped together relating to the implications for practice, patients and colleagues. Any improvements and impact at a broader, organisational level are then outlined in the report. Exemplar quotations from participants have been included throughout the main findings section of the report.

2.1 Participants' views on the core skills training programme

2.1.1 Participants were positive about the training

Various comments were made by interviewees – see table 1 for examples – who saw value in rolling out the training to *all* staff to facilitate the same type of conversations across their organisations in health and social care.

Table 1: Views on the core skills training programme

<i>One of the best courses I've ever done and I've been raving about it ever since. It was quite informal. Teachers worked together to give examples and humour in it with personal examples. Light hearted and relaxed and this is how it was embedded in my mind. And the whole group came away thinking that I will use this (interviewee 8)</i>
<i>Incredibly good course.....there was lots of practical application to what they were trying to show and that was really useful. Especially Andrew he was excellent actually. Very positive and very affirming and a lot of it is to do with listening (interviewee 3)</i>
<i>The course was brilliant (interviewee 6)</i> <i>It's really useful to take time out of normal day to day work and think about how you do things. That was hugely beneficial to think about the way you do approach things (interviewee 6)</i>
<i>Two days out of my working time to do that course, a good use of time, excellent really (interviewee 7)</i>
<i>That was really useful. It filled a gap in my skill set that meant I was able to use that one the next day so that was really good (interviewee 5)</i>
<i>Good facilitation from outside the trust (interviewee 2)</i>

2.1.2 The training was a good introduction to health coaching

One participant described 'a light bulb moment' when they were coaching each other in the training as they realised how effective it is as a technique and how straightforward it is to learn.

"And interesting that when the other person did it in the group and coached me they were as good as if they had been coaching forever" (interviewee 6)

However interviewees felt the training could only prepare them so far. When they got back to work they had to work out how for themselves how to put it into practice.

"The techniques were well represented and we did have a practise with them but it isn't until you use it several times in the clinical situation that you actually felt you know where you are going with it and that it is has been useful" (interviewee 1)

2.1.3 There was nothing that the participants wanted more or less of on the course

There were a lot of techniques covered on the two-day training course but this enabled participants to select a technique(s) that suited them. The duration of the course was right and the facilitation good. The mix of different groups of staff populating training days, i.e. clinical specialists and therapists and staff from across the three organisations is mentioned by the interviewees. This staffing combination worked well in the main.

".... there may be merit in looking at having similar groups being trained together but then you miss the cross conversation that you benefit from the rest of the time" (interviewee 1)

2.1.4 Not all participants were engaged in the training

One interviewee suggests not all participants had the communication skills to be able to participate fully.

2.1.5 It would have been useful to take along a clinical scenario to the training

Sometimes it was difficult for participants to come up with an everyday scenario during the training session itself. It would have been useful to know before they undertook the course that they would need to supply this information so that they could think about it in advance. One suggestion was that they take a clinical scenario along to the training and work through that during the course.

2.1.6 Some ongoing support would be helpful

Once back in the workplace some ongoing support would assist clinicians with coaching. This is because the skills can be forgotten when participants go back to 'the day job'.

"You go to study days and you learn all this lovely stuff and you come out thinking this is great and then you get into practice and it just goes out of your head" (interviewee 4)

Health coaching champions and/or mentors could offer ongoing assistance and allow others to share how they are progressing with coaching at work. The opportunity to revisit the material would help, possibly via a refresher course.

2.2 Participants' on the Train the Trainers programme views

2.2.1 The core skills training should be rolled out to all staff

Focus group participants shared the same view as interviewees that all should receive the two-day core skills training. This means from the acute care setting and then out into the community care setting, all clinicians will deliver the same message to patients about needing to take greater responsibility for their own health. Furthermore if all staff are trained, health coaching would become self-perpetuating.

“This is important because it is not always the same person going into see the patient. Obviously we try to do this because we do discuss it but not everyone has done the course so they are not using the same techniques. I think the continuity and repetition would really move it forward” (focus group 3 participant)

Such a roll out of the core skills training will need to be supported and promoted by senior management in participating organisations. Focus group participants recognise there are cost implications but if a way can be found to deliver the training effectively, ‘then fantastic’ (focus group 2 participant).

2.2.2 Trained trainers enjoyed teaching the core skills training

The three staff members that completed the Train the Trainer programme are now delivering the training themselves and enjoying teaching health coaching.

“I’ve had a really brilliant experience with health coaching and the cross over with health and social care has been great. And it’s been eye opening. Feedback on the course from staff is that it has been best course they have been on. Brilliant for resilience. Better than leadership courses. It’s great for those messages and great experience” (focus group 2 participant)

2.2.3 Participants were not aware at the outset that they were training to teach

When embarking on the course many focus group participants did not know that they were going to go on to train to teach health coaching. This meant they were not aware of the amount of time the Train the Trainer programme would take because the amount of input needed was not clear.

“...how much time we would take out of our normal work routine and the pressure in terms of learning something new as well as to teach something that was new to us. It took a while for this to sink in” (focus group 1 participant)

It would have been helpful to outline the portfolio requirements and an estimate of the hours outside the training days that were needed to complete the course.

2.2.4 More help was needed to undertake the accreditation paperwork

Participants would have appreciated more help with the accreditation paperwork as there was not enough information given on the two-day accreditation course.

“Perhaps a few examples of how it was filled out would have been useful” (focus group 2 participant)

Where the numbers on the two-day accreditation programme were smaller, one participant described how they got through things quickly and there was enough time to be able to ask detailed questions about the paperwork.

2.2.5 The key techniques were not embedded for all participants

On the two-day course on teaching the core programme time was spent revisiting coaching techniques. This was because some participants were not familiar enough with them to be able to take them forward so they could go on to teach. A significant amount of independent study time was needed outside the training days to keep on top of the learning.

2.2.6 More information was needed on learning to teach

Focus group participants would have liked more on this course about how to teach, particularly if they had not taught before.

“This is why people were panicking about it because they didn’t feel they had their own teaching and presenting skills and then on top of that having to learn the contents of quite a hefty course, and getting key messages that weren’t explicit that you would only have caught if you were listening intently. It was a pressure packed into a short time” (focus group 2 participant)

“We needed to prepare more for standing up and teaching health coaching to others. One by one we should have been practising presenting material even it was in our small groups so that we could feel confident that we had time to practice delivery before we went to co-deliver” (focus group 1 participant)

Having three, rather than two, co-delivery sessions with co-trainers from the Performance Coach, would have given more opportunities to practise teaching. A lot of time is needed to prepare for these initial teaching days.

“Lots of hours out of work time put into prepare for co-delivery days with co-hosts or co-trainers from the Performance Coach. There were gaps in the things that were covered in the two days” (focus group 1 participant)

The requirement that you filled the courses you delivered added to the pressure participants felt.

Individuals recruited to any future Train the Trainer training require experience of teaching or presenting to large groups. Individuals need to be motivated to undertake self-directed learning and either be given time by their employer to dedicate to the course and any additional study or have the time outside of work to complete these tasks.

2.2.7 Delivering co-delivery days was positive

For focus group participants that got this far in the training, their confidence grew during this time. A clearer idea about the assessment process would be useful i.e. what co-trainers are looking for and the base line. Nevertheless the feedback that the following focus group participant got from their team gave them the confidence to do the next co-delivery day and their confidence has grown since so that they do not need to do quite so much 'swotting' for the next teaching session.

"I enjoyed seeing the immediate impact with my own team in XXXX and the feedback from the team was amazing and how they came together. They then fed back that they were having the same sort of conversations with clients and building working relationships together which was fabulous" (focus group 2 participant)

"I learnt loads about the actual teaching method with the Performance Coach and it was really good to see somebody deliver the course in a different way to how we were taught" (focus group 3 participant)

This interviewee realised they could deliver the training in a way that suits them so long as they get the information across. Where this interviewee had struggled with the 'physical stuff' i.e. 'controlling the room' and managing timings, the Performance Coach had worked 'quite heavily' to assist them so the second co-delivery day went a lot better.

2.3 Implications for clinical practice

2.3.1 Provided the opportunity to engage in reflective practice

Learning about health coaching has re-energised interviewees' clinical practise by giving them the chance to reflect on what they are doing with patients.

"I could really delve into my own work and start to pick it apart and see where, having done the job over a lot of years it is sort of 'reawakening' and go back to basics with the job. It was really good opportunity to dig deep. We all get used to doing things in a certain way in our habits and doing stuff by rote and it's really good to delve deeper right into the core of it all really" (focus group 1 participant)

It reminded interviewees of the best way of engaging patients by allowing them to make decisions and be less controlling and directive. One of the focus group (1) participant's learning made them reflect on the degree to which they were actually 'patient centred' and 'holistic'.

"I thought I was patient centred and holistic and I think on reflection I was really quite prescriptive and quite a bias if I met a patient and I think that's really changed now. I had a fixed agenda. Patient has got a problem with x and I am going into to do... actually their priorities may be different" (focus group 1 participant)

It was not necessarily too far removed from how some of the clinicians had been practising previously. For therapists this was because it was seen as closely aligned to their role as

therapists and the enabling philosophy of their profession “to empower patients to take control and help themselves to get better” (interviewee 3).

2.3.2 Interviewees learnt to structure a conversation and use coaching techniques

Conversations with patients were more structured and to have these conversations they use techniques they acquired on the core skills training. Most commonly used was TGROW but others mentioned were the Directive/Non Directive and Diamond models. Clinicians learnt to get patients to set goals for themselves rather than setting goals for them and then telling them how to achieve them. Remembering the techniques can be an issue so interviewees used prompts while talking to patients.

2.3.3 Newly acquired skills may initially have been practised on colleagues

Participants needed to build their confidence to then approach their clients in the way they had learnt to do on the training.

*“Having just done the training it was a bit scary. How am I going to apply these techniques?”
(focus group 1 participant)*

Some interviewees practised their new skills on colleagues first. Where a focus group (1) participant had been involved in the pilot of health coaching (then named ‘recovery coaching’), to support acute inpatient elderly care rehabilitation on a hospital ward, they reported a positive experience of sharing their learning on the ward with other trained staff and as such were all ‘giving it a try’.

“Being able to learn it together and practice in an environment when everyone was in the same boat as you” (focus group 1 participant)

Application of a similar model of sharing learning and experiences of health coaching for lone practitioners could be fulfilled by mentors within the participants’ organisations. They could work with staff to support health coaching with patients. This was a suggestion discussed at the focus groups with a network of mentors drawn from those with experience of the Train the Trainer programme.

2.3.4 Quiet areas may be needed to use coaching techniques

The environment in which a clinician works needs to be conducive to coaching patients. The coaching may need to be conducted in private to facilitate ‘open’ conversations.

“I normally work in the space you saw me in; there are four of us working in a space which is 4 metres by 3 metres. Patients aren’t willing to explore their emotions when they have absolutely no privacy, it doesn’t work. I don’t even broach topics because you can’t... in that environment” (interviewee 3)

2.3.5 Sufficient time needs to be committed to practising coaching

Workload and the nature of work can make practising coaching difficult. For one interviewee the time since the training has been spent managing a team and they have had little time for clinical work. They have not had the chance to put any of the techniques into practice to date.

“I haven’t had the proper time on focusing on the skills and implementing them accurately. It’s more about using open questions and what the patients think. I think it’s made me think about it about more but I haven’t had the opportunity to put it into practice yet” (interviewee 4)

2.4 Implications for patients

Although there is evidence of the impact on training participants’ practice it is important to demonstrate patient benefit. Given the short time scales, it was not within the scope of this evaluation to carry out a survey of patient experiences of health coaching. There are however future plans to measure patient benefit as part of a bid to be submitted by HHFT to the National Institute of Health Services Research. This section offers staff’s views about the implications of health coaching for patients.

2.4.1 Different conversations with patients

Interviewees reported starting to have conversations with patients which have taken on different characteristics. They were more focused with more effective goal setting. Everyday goals were used that the patient had identified as relevant to them and then through conversation teasing out how the patient can achieve them. In this way the patient feels more in control. So for example an individual wants to return to driving. This conversation focused on identifying the skills which are currently a problem, like speed of reaction, and the patient was ‘coached’ to work out how the gaps could be addressed and come up with options. It can mean taking things more slowly to be able to have a coaching style conversation to work out what is important to the patient, whatever this feels like for the ‘coach’.

“Slowing down a little bit. Rather than we’ve got to get this person through as we have got a waiting list. It’s a bit longer of a conversation because we are using some of the models” (interviewee 8)

The shift towards getting patients to take more responsibility for their own health is being achieved by more explicitly summing up a discussion. This is a means of understanding what the patient has understood and gets them to identify the actions they need to take to improve their condition. The conversations are more person-centred as they are based on greater empathy on the part of the staff so they are better able to explore patients’ needs. One interviewee described how they recognised an elderly patient could not take in all the information in the planned hour and half assessment. Slowing things down and agreeing to come back together at a later point was recognised by the practitioner as the best thing for the patient. Previously to the training the consultation with the patient would have been determined by the requirement to complete a checklist.

“The coaching has reaffirmed that whatever we do regarding that [the checklist] the client is at the centre” (interviewee 7).

This interviewee had had a positive response from this patient who had said that it would be good to come back later and do the other things that needed doing.

Interviewees anticipated that employing a coaching approach would benefit patients. It is not something they have measured (via service evaluation sheets for example) though and not all staff see the same patients regularly to be able to know about how patients have responded.

2.4.2 Coaching is better suited to particular patients

Professional judgement is required to recognise that health coaching is better suited to some patients. Patients need to be able to participate in a structured conversation. A therapist working in palliative care said it works well for difficult conversations because the conversation follows the same model (in their case TGROW) that once patients are familiar with, they know where the conversation is going. In other circumstances it has not worked so well and may even have been met with resistance. Where patients have got mental health problems for example health coaching may not always be appropriate. Part of the applied learning about health coaching is about realising which patients benefit from this type of conversation.

“I did try it on one patient but it wasn’t the right patient to pick. I need to be better at choosing who I use it for really” (interviewee 4)

2.5 Implications for colleagues

2.5.1 Team leaders have used health coaching with colleagues

Interviewees that are team leaders mentioned using the newly acquired coaching skills with colleagues. Coaching has been tried in staff supervision, appraisal, team meetings and sickness management sessions. In employing these techniques with colleagues, interviewees were less directive and let the ‘coached’ come up with solutions to the problems that they had identified.

“In the past I would probably have tried to solve things more with people rather than letting them actually find their own solutions. I do that far better now” (interviewee 6).

This approach was having an impact. For example, one interviewee talked about using it with *“my band 6s in very small scenarios” (interviewee 4)*. The result was that the staff felt it empowered them to come up their own solutions. A focus group (2) participant gave an example of where a care crisis had put a community response team under a lot of pressure to provide interim care. Sharing the responsibility with the clients and actually discussing with them what they could do for themselves made staff feel *“more resilient and empowered” (focus group 2 participant)*. Importantly they did not go home holding all the responsibility for clients’ health and wellbeing as through coaching, staff had learnt that responsibility is able to be shared with the clients.

2.5.2 Learning about coaching techniques has been shared with colleagues

For those interviewees who do not have supervisory responsibility, they reported sharing what they had learnt about techniques with colleagues. For example, one interviewee told a colleague about health coaching to help them coach their junior colleagues. This colleague fed back that use of these skills had made a positive contribution to their discussions with junior members of staff.

2.6 Organisational impact

This section covers any tangible results of the training in terms of any improvements and impact at a broader level. There are potentially many confounding factors that contribute to change other than an intervention like training. This section reports on points that interviewees and focus group participants identified as the potentially wider impact of the application of the health coaching.

2.6.1 Reduction in the number of service 'repeat attendees'

Health coaching conversations can save on clinician time and reduce costs of services in terms of reducing the number of "repeat attendees" (interviewee 8). Although health coaching may require slowing things down in the short term, in terms of lengthening consultations, in the long term there are gains to be had as the clinician is more likely to get compliance with the therapy and avoid a patient coming back and using the service again.

2.6.2 Health coaching provides integrated teams a shared goal and way of working

There are many changes with the way in which staff across health and social care are needed to work together to deliver better services. Integrated teams of different professional groups (e.g. occupational therapists and community resource teams) now need to work more closely even though the ethos of these groups is different and may have varied ways of working. Health coaching gives these newly integrated teams a shared goal and way of working with the patient i.e. it enables the patient to start thinking for themselves and gives them the power to manage their own condition.

"It is important that we integrate the coaching between us as the aim is to work from the one plan with one set of goals with different professionals – this is what is new to us" (interviewee 8).

2.6.3 Health coaching provides different professional groups a common language

An important dimension to this new way of working together is the development of a discourse that is shared between different professional groups. One interviewee offered the example of how when their newly integrated team were talking about a client, the directive and non-directive technique was discussed as a way of promoting rehabilitation.

"About a month after course but still in people's minds" (interviewee 7).

This team had done their health coaching training together which had been positive in terms of contributing to the team forming and addressing any language barrier that existed between the

staff. A focus group participant views a common language being used across health and social care.

“Been fabulous working across the organisations in health and social care and addressing some of the language barriers. There is the potential of ‘them and us’ and it’s been good to do this because coaching challenges this” (focus group 2 participant)

3: The future of health coaching

This section summarises the main outcomes of the training and the application of coaching techniques in the workplace. It then identifies a number of learning points to inform any roll out of health coaching.

3.1 Main outcomes of the training

Health coaching is making a difference in terms of the conversations that participants in the training now have with patients. More structured conversations are being held utilising the health coaching techniques to better support patients make health related behaviour changes. Impact has been reported in the application of techniques with colleagues including in clinical supervisions and meetings with teams. The impact of health coaching has also been noted as potentially reducing the number of times a patient returns to use a service. It gives teams comprising different professions a shared language, goal and way of working with patients.

3.2 Learning points for the future of health coaching (and any roll out of the training)

The two-day core skills training was well received by participants. Once staff return to work they need time and the appropriate environment in which to practise their newly acquired coaching skills. They also need ongoing support. Mentors would provide the chance for staff to share their experiences and seek help with any issues. It may be that a network of mentors can be drawn from those that have experience of the Train the Trainer programme. A refresher course may be helpful at some future point to consolidate and update coaching skills.

More trained trainers may be needed to meet the future demand for health coaching. Recruits to this course need to be aware of the expectations of the course in terms of the time, self-directed study and confidence to teach.

Appendix 1: Interview schedule for one to one questions about two-day core skills training programme

Background

Find out about their role, their employer organisation and when they did the two day programme.

Implications for practice, patients and colleagues

How has learning about health coaching affected your clinical practice?

How have you used the techniques in your clinical role?

What is different about the conversations you are having now with your patients/clients/service users?

How have your patients/clients/service users responded?

Have you used the techniques with your colleagues? Please describe

Have your colleagues noticed any change in how you are working with them and/or with your patients/clients/service users?

Reflections on the core skills programme

Did you feel that the training prepared you for coaching?

What if anything would you have liked to have done more or less of?

What do you think would have been useful to know before you undertook the course?

The future

What do you see as the future for health coaching in your organisation?

What advice would you pass onto your organisation in how to make this happen?

Appendix 2: Question schedule for focus groups about Train the Trainer programme

Section 1 – Whole Group Discussion
Question 1 Pre Course - Thinking back to the very beginning of this journey.
1a) What do you think would have been useful to know before you undertook the course?
1b) Did you realise at this time that this was the health coaching skills programme you would be training up to teach?
Section 2 – Pairs Discussion
Question 2– Core Programme – Health coaching and your clinical practice
Thinking back again to the very beginning of this course and the first two day programme you undertook in the Core skills programme
2a) How has learning health coaching affected your clinical practice?
2b) How have you used the techniques in your clinical role?
2c) What is different about the conversations you are having now with your Clients/ patients?
2d) How have your patients/clients/service users responded?
2e) Have you used the techniques with your colleagues? Please describe
2f) Have your colleagues noticed any change in how you are working with your clients or with them?
Section 3 Pairs Discussion
Question 3 – Accreditation two day programme
The next two day programme covered more of the techniques and how to develop as health coaches and complete feedback for accreditation
3a) Do you feel that the training provided helped you to undertake the accreditation paperwork or would you have appreciated more? Please describe
3b) What things need to be considered for someone undertaking an accredited coaching course?
Question 4 – Two day course in teaching the core programme
The final two days of taught work was in how to teach the techniques and various sections of the core training programme, so what we would like to understand is ...
4a) Did you feel that the training given prepared you for teaching the core programme?
4b) What if anything would you have liked to have done more or less of?

4c) Thinking back through the journey is it possible (today) to record on a scale of 1- 10 of how your skills development grew from 1= none to 10 having new transferable skills? i.e. core programme – accreditation – trainer the trainer days
Section 4 Pairs Discussion
Question 5 - The next set of questions relate to preparing to teach the core training programme to others
5a) How long did you have to personally study to prepare for giving the core training programme?
You were all expected to provide details of staff from your organisations who would undertake the two day programme you were co- delivering to alongside rooms for holding the course in.
5b) What were the benefits or challenges of doing it this way from your perspective?
5c) What support if any would you have appreciated from your organisation or us in the project office in this regard?
Question 6 – Co-delivery Days
Please describe your experiences of undertaking the co-delivery with your individual groups This time please feel free to discuss the trainers and their input and support. What did you enjoy? What was most challenging?
Section 5 – Whole Group Discussion
Question 7 - Next Steps
The Mentorship Scheme: We would like to create a mentorship network so that all of us can act as ‘Coaching Champions’ so that we can support those staff who have undertaken the core course during co-delivery and ensure sustainability of the training in the workplace.
7a)How do you feel we can bring this into your organisations in the coming months
7b) What support do you need from your organisations to make this happen?
7c) What support do you need from the current project office to make this happen?
Section 6 - Question 8 The Future - Whole Group Discussion
8a) As clinicians and now trained health coaches what do you see as the future for health coaching in your organisations?
8b) What advice do you have to pass onto the organisations in how to make this happen?
8c) What type of person do you feel would be best to undertake the full Train the Trainer programme and what skill set do they need to have to become trainers?
Is there anything else you would like to say regarding the experience and the future of coaching?