

Introduction of Clinical Coach to the Care Delivery Model in LTC

Mary Boudart & Tamara Gherman

March, 2007



Objectives

- To clarify clinical coaching: definition, model, role dimension, process, variables, effectiveness
- To examine how coaching applies to health care professionals in LTC
- To discuss implementation of clinical coaching role and the outcome evaluation

Literature Review

- Little information specifically on Clinical Coaching as compared to coaching, mentoring and preceptoring.
- Clinical Coach helping new graduates to make the transition to professional registered nurse role (Hekkers, V. 2005)
- Coaching and Mentoring new graduates into perinatal nursing practice (Hom, E. M., 2003)

Literature Review

- Coaching behavior of nurses helping clients enhance self care, self management and adjusting to cancer (Lewis, F. & Zahlis, E., 1997)
- Clinical Nurse Specialist use of coaching as a strategy for enhancing evidence-based nursing practice (Ervin, N., 2005).
- Experiential learning of clinical skills by beginning nursing students: “coaching” project by fourth-year interns (Aviran, M., Ophir, R., Raviv, D. & Shiloah, M., 1998).

What is Coaching?

- A relationship between 2 people
- A conversation model (process) with 5 steps
 1. Establish the focus (problem, agenda, goal)
 2. Discover possibilities (set of questions)
 3. Plan of action (focus on outcomes, set targets)
 4. Remove barriers (uncover possibilities, resources)
 5. Recap (what has been learned, gain commitment)

WWW.CCUI.COM

What is Clinical Coaching?

- Coaching dyad: 2 people with mutually agreed goals

Clinical Coach

- skilled and experienced nurse, a trusted counselor
- powerful, knowledgeable and willing to share knowledge

Staff nurse

- less skilled and experienced nurse
- willing to assume responsibility for own growth and development

Yonder, L. (1990)

A Model of Coaching in Nursing

Clinical coach-staff nurse dyad

- Relationship (psychosocial): role modeling, counseling, empathy
- Functions (instrumental): sponsorship, visibility, coaching protection, challenging assignments

Organizational context

- Increased job satisfaction, retention, professionalism
- cost effective way to develop staff, to pass on skills and experience, to retain motivated staff, to increase professionalism

Yoder, L., 1990

Clinical Coach - 3 dimensions

1. **Interpersonal relationship**-occurs between clinical coach (an experienced and trusted nurse) and the staff nurse
2. **Structural role phenomenon**-emphasizes role development of a staff nurse through role clarification, role rehearsal, and role modeling. Instrumental in career progression
3. **Organizational phenomenon**-integral part of a corporate community needed to ensure success and organizational continuity and stability;
mechanism of introducing employees to the culture and operations of the organization

Yonder, L., 1990

Coaching vs. Mentoring (1)

Coaching

➤ Instrumental function

Professional development

Teaching/Training/Counseling

➤ Focus on specific behaviours, skills, attitudes

➤ Use hands-on approach to:

- increase job knowledge & skills
- increase performance & competency
- strengthen work relationships

Coaching vs. Mentoring (2)

***Mentoring* (Mentor-Protégé) exists over a long period of time**

➤ **Evaluates**

assess developmental needs,
plan & implement activities
assess progress, give feedback

➤ **Stimulates**

encourage, motivate, listen,
ask questions, counsel, coach

➤ **Facilitates**

identify resources, open doors

Related Concepts

- **Preceptorship:** a time-bound relationship with a competent peer to assist the social and professional integration of a nurse in a new role
- **Mentoring:** relationship of longer duration, process to further career development and advancement; marked by substantial commitment from both parties using formal and informal forms of influence
- **Sponsorship:** pragmatic function of finding one's fit within an organization
- **Role modeling:** identification with a person through internalizing another's standards and qualities
- **Peer strategizing**

Coaching Outcomes

Evaluation: Essential for long-term commitment
Qualitative (testimonials) and Quantitative

At micro-level:

- Clinical coach and staff nurse (testimonials)

At mezzo-level:

- Value to the organization
- Organizational outcomes: performance
- Staff retention
- Organizational knowledge transfer
- Cost-effectiveness
- Cost-benefit analysis

Yoder, L., 1990

Organizational Need for Change

- New strategic planning implementation 2003-2005 (clarification of Vision, Mission)
- Need to Reconnect to Baycrest Values: Compassion, Advocacy, Respect, and Excellence (C.A.R.E.)
- Operational needs to save money by replacing the RNs with RPNs
- Need to expand the role of RPNs to full scope of practice

Why has Clinical Coaching been added to staffing model at Baycrest

- To reinforce the Mission, Vision and Philosophy of Baycrest
- To focus on rapid nursing staff career and professional development to meet standard expectations *by acquisition* of new skills, behaviors, attitudes and *by empowering* staff
- To improve Quality of resident care: reducing falls, abuse and other incidents, improving client and family satisfaction with care (as per surveys)

Why Coaching?

- Popular methods of staff development and training
- Effective method of building capacity in an organization through knowledge and skill transfer
- Effective method to share best practices and lessons learned
- Increase staff retention in organization
- Method to increase individual and organizational performance

Who is Clinical Coach ?

- Clinical Practice Leader
- Role Model
- Change Agent
- Excellent communicator: has self-awareness, is an excellent listener, non-judgmental, empathetic
- Works with: individual staff and/or groups of staff, clients, as well as other disciplines and the manager
- Clinically focused and skilled, promotes best practice and understands operations
- Provides staff with “just-in-time” teaching and with ongoing teaching of clinical skills and problem-solving skills

Clinical Coach Skill Inventory (1)

- MOHLTC Legislation and Standards
- Atypical Presentation of Illness in the Elderly
- Best Practice Guidelines for care of geriatric population
- Dementia/Delirium/Depression
- Protocols: e.g. Head Injury Routine, post-fall follow up
- Wound Care Protocol and others

Clinical Coach Skill Inventory (2)

- Expert in documentation
- Gentle Persuasive Care
- Dementia Care –P.I.E.C.E.S, trained
- Motivation Principles
- Adult Learning Principles
- Teaching/Learning and Coaching style
- Self Assessment Tools
- Competency in performance appraisal and developing learning plans

What does a Clinical Coach do?

- Works with the staff, clients and leadership team
- Functions as a clinically focused and skilled professional
- Promotes best practice
- Understands and appreciates operational needs
- Provides staff with “just-in-time” and ongoing teaching of clinical and problem-solving skills
- Ensure continuity of care and sustainability of programming

What else does a Clinical Coach do?

- Identifies system problems, barriers and challenges
- Assists with staff performance reviews and remedial planning
- Works flexible hours to provide 24/7 coverage
- Provides leadership visibility on off hours
- Assists staff in responding to residents' needs
- Assists in locating resources and navigating through the system
- Contributes to quality and risk management

What else does the CC do?

- Lead and participate in various task forces and committees e.g. Wandering client task force, Skin integrity task force
- Provide staff orientation-both general and on the unit
- Assist the staff with use of Electronic Healthcare Record (EHR) and documentation

What does a CC NOT do?

- Does not do staffing
- Does not replace a nursing staff if ill

Will respond to resident's needs by providing care "with" the staff but not "for" the staff

Desired Outcomes (1)

For the Staff Nurse

- focus on personal and professional development
- widening horizons
- understanding own strengths & limitations
- views feedback objectively
- realistic career choices
- professional advancement

Desired Outcomes (2)

For the Clinical Coach

- opportunity to practice and share experience and skills
- to see staff nurse grow and develop
- opportunity for professional contact with different individuals and views
- increase work satisfaction
- generativity

Implementation Roadblocks

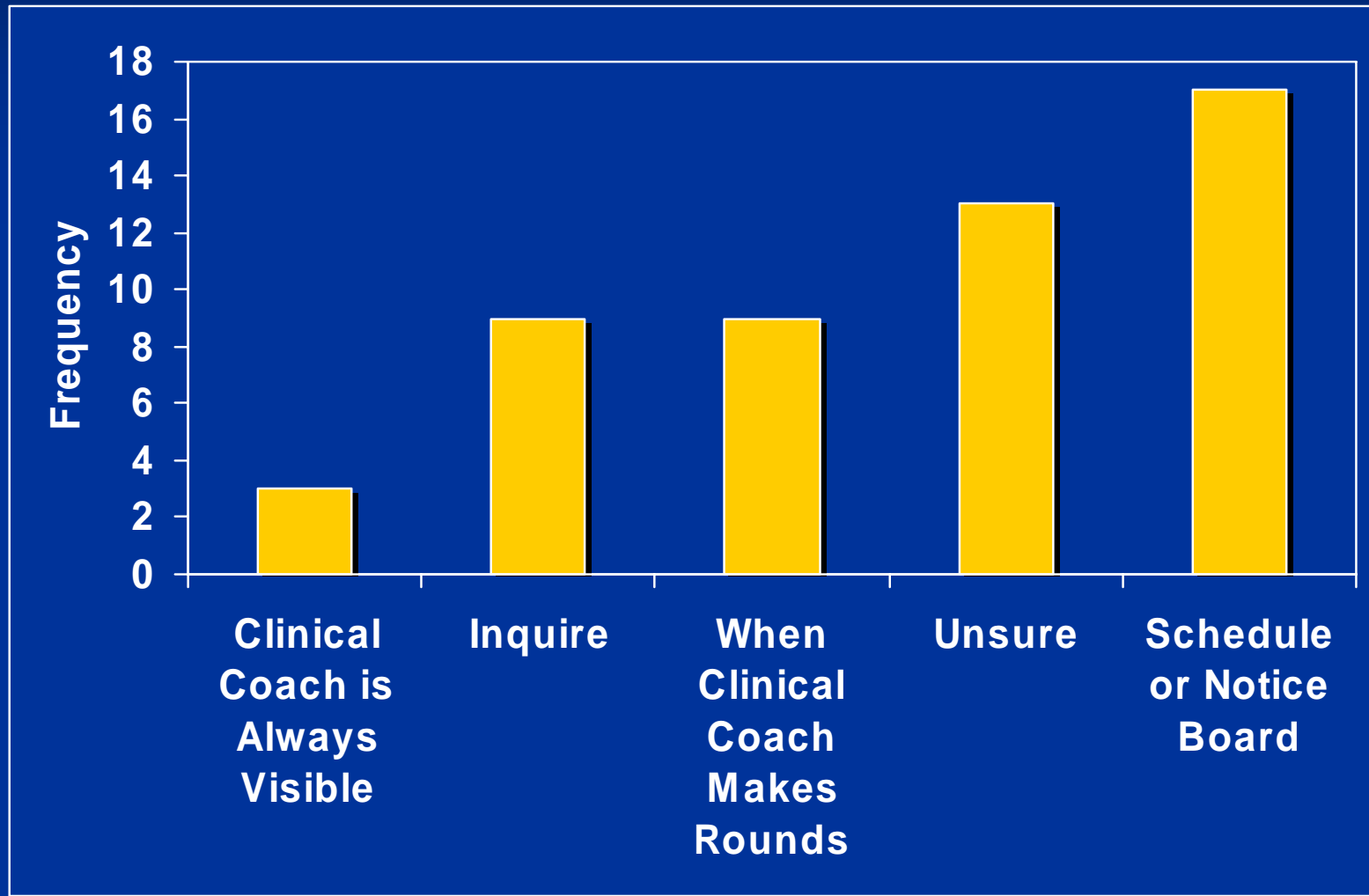
- Role clarity vs. role confusion
- Personal characteristics of the Clinical Coach and the level of expertise
- Client perception of the Clinical Coach role
- Staff understanding of the Clinical coach role

Clinical Coach-Role Evaluation

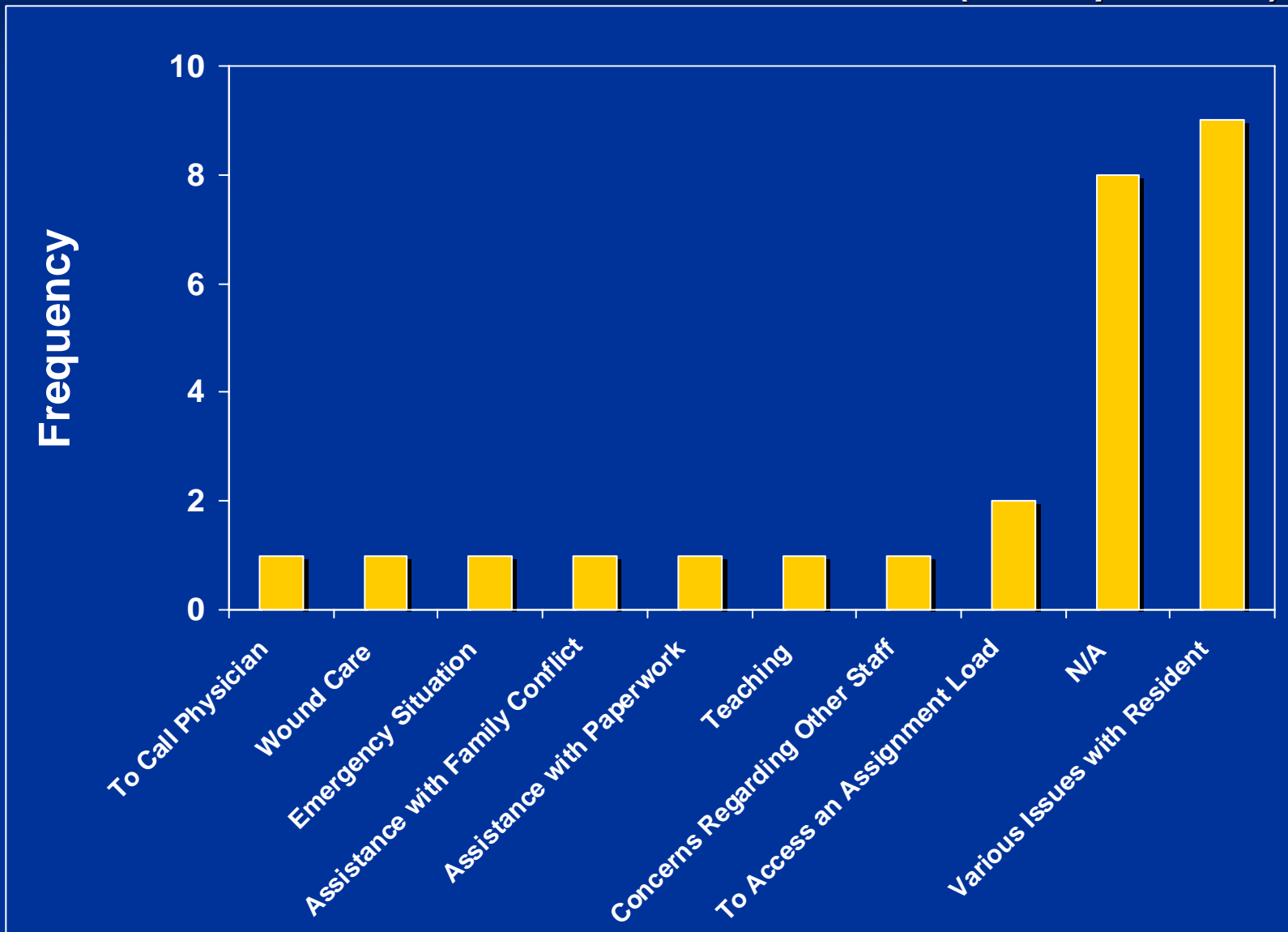
- Clinical Coach kept diary of activities and interactions for one week
- Clinical Coach provided feedback on the role as described
- Surveys distributed to all staff to explore their perceptions and goals for the role
- Focus group sessions held for all staff

How Staff Know Clinical Coach is Working

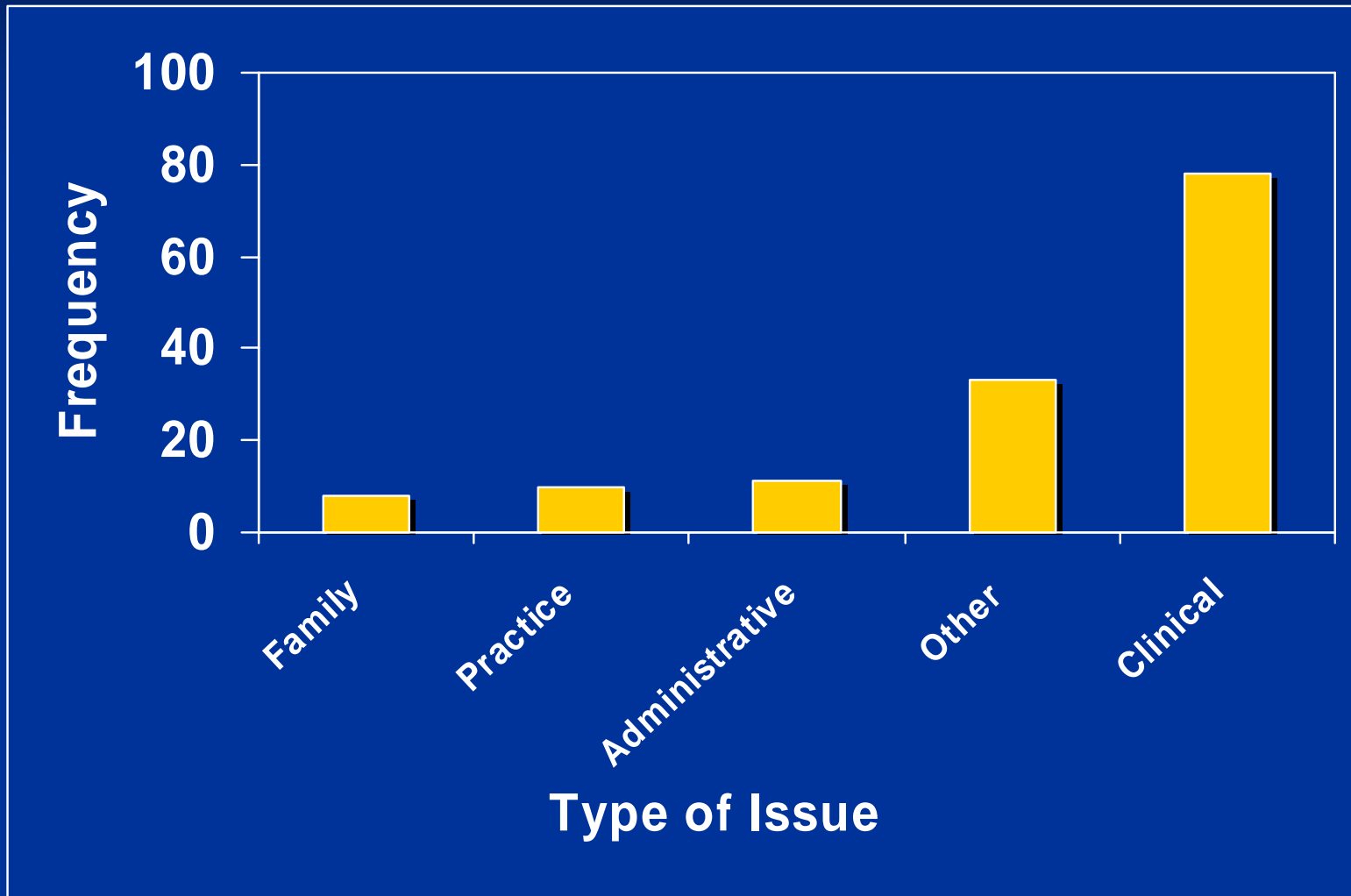
(51 Respondents)



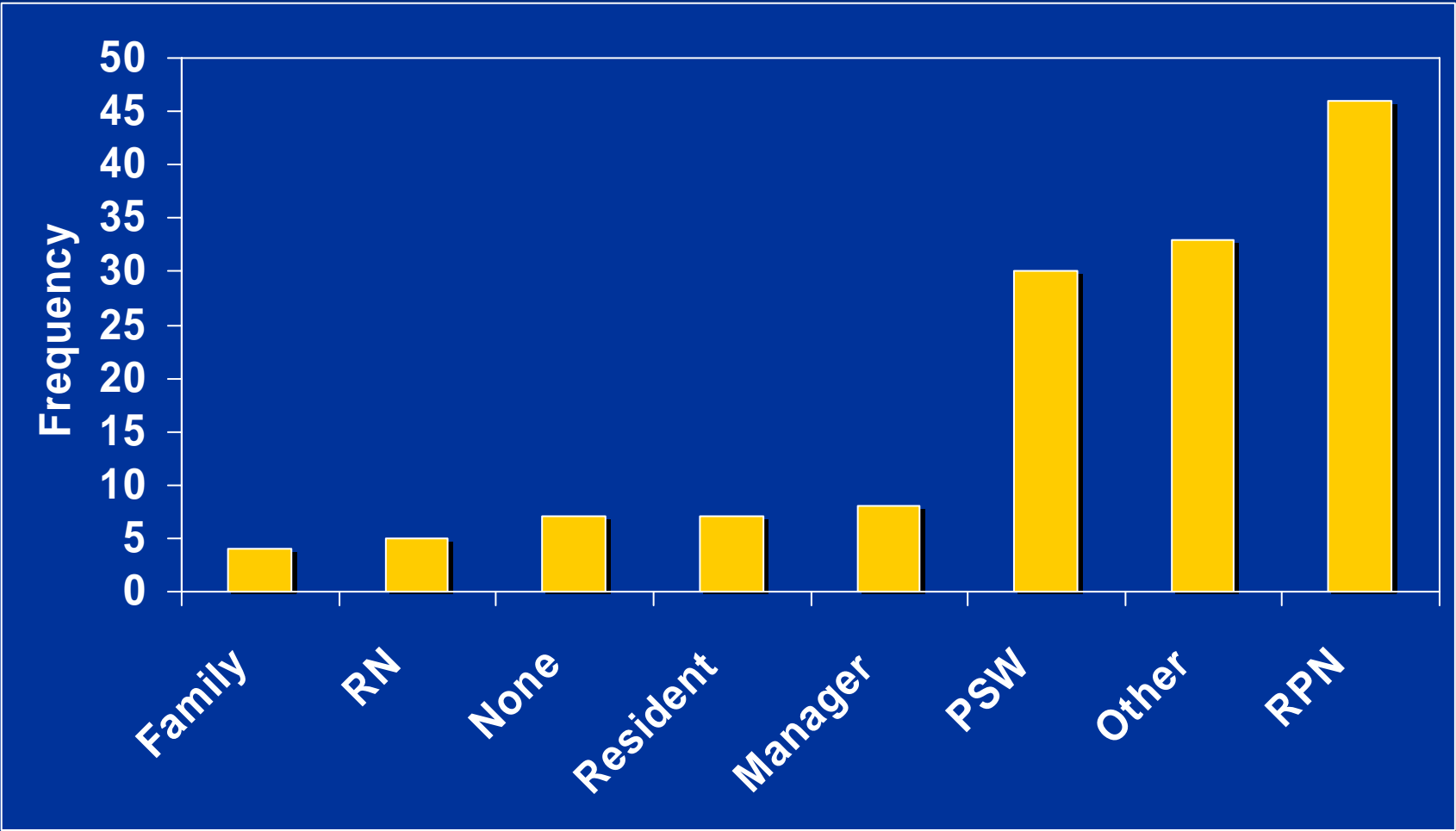
Issues/Concerns For Which Clinical Coach Has Been Involved (26 Respondents)



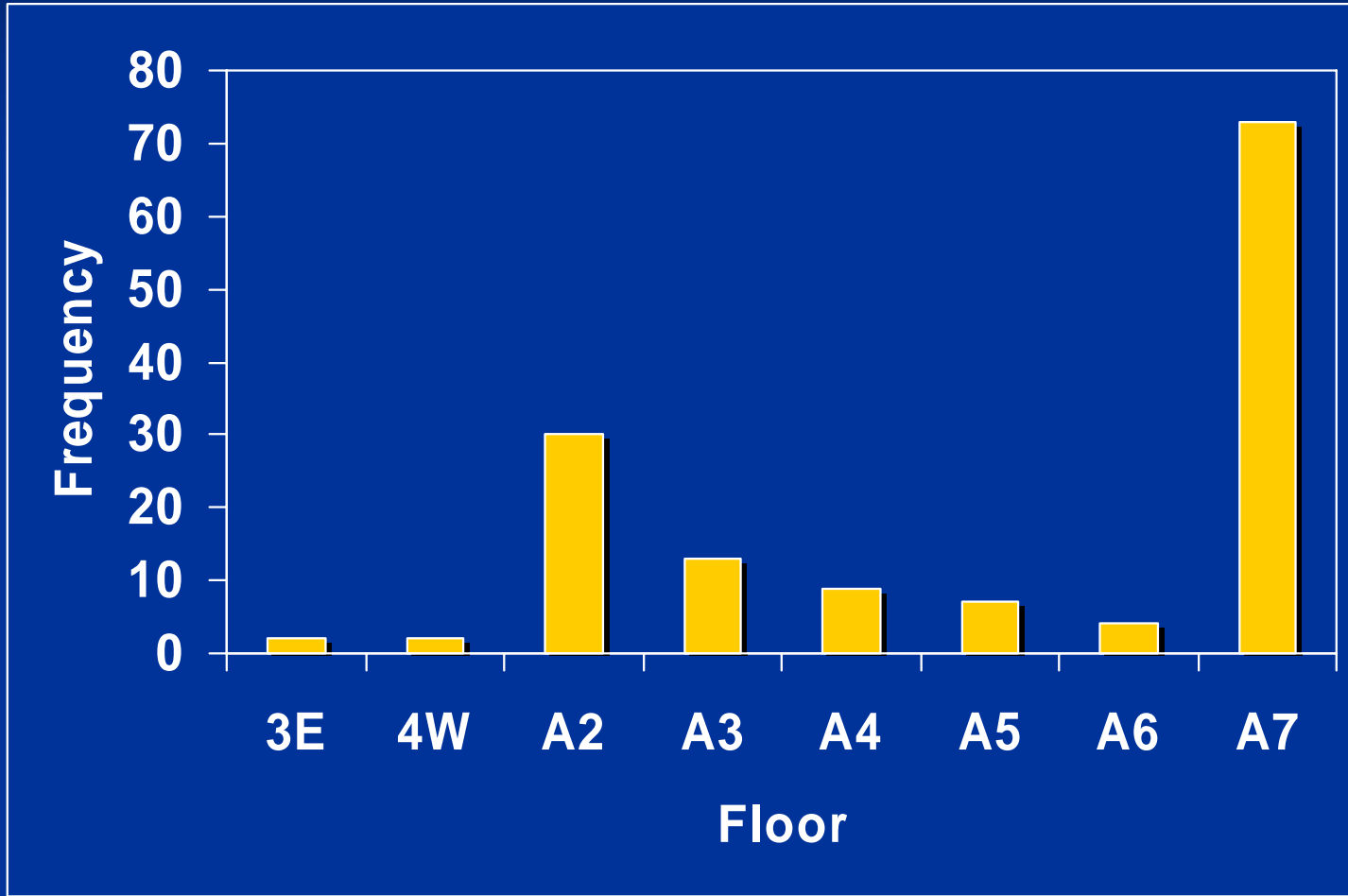
Issue (CC Log)



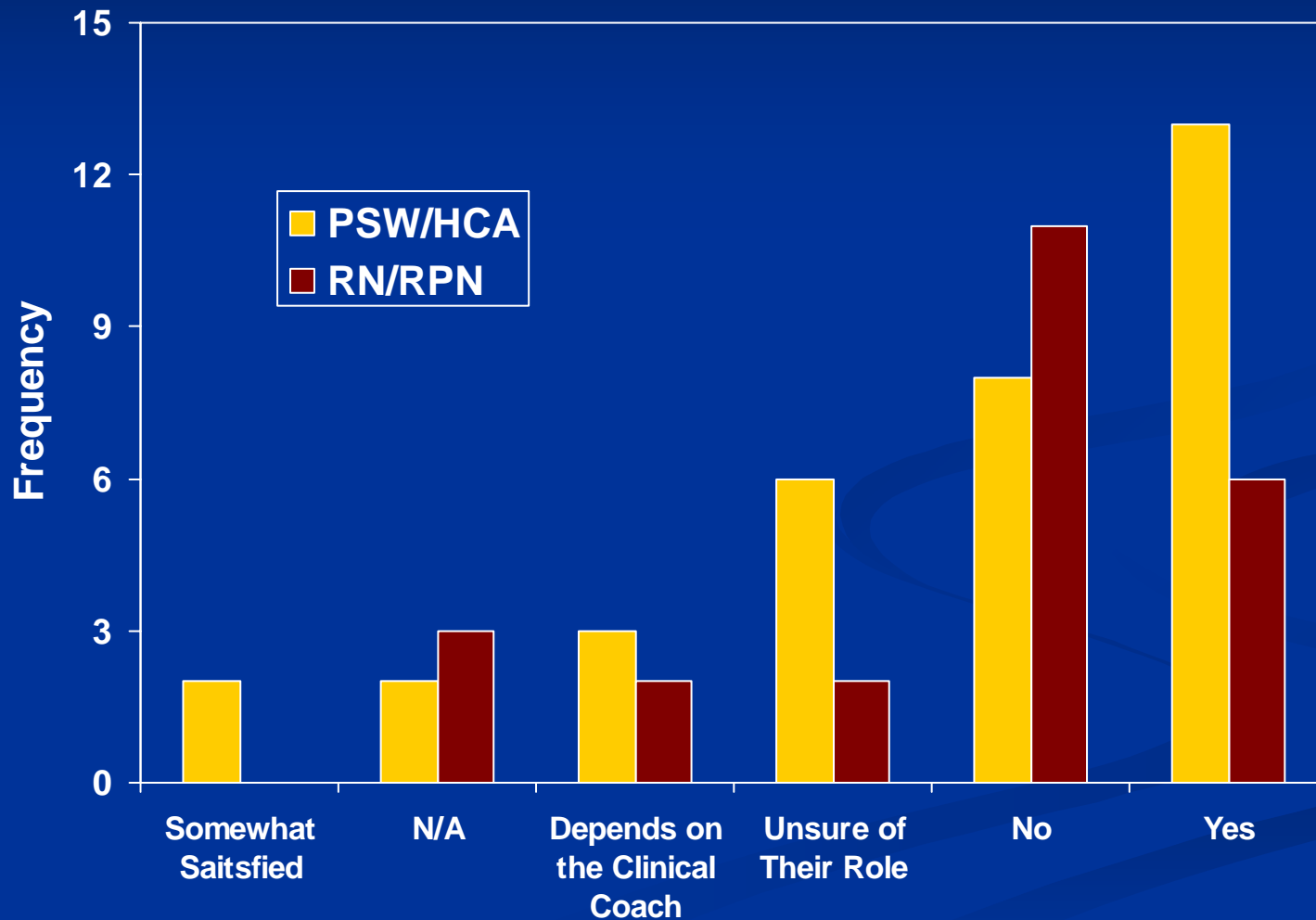
Primary Person Involved (CC Log)



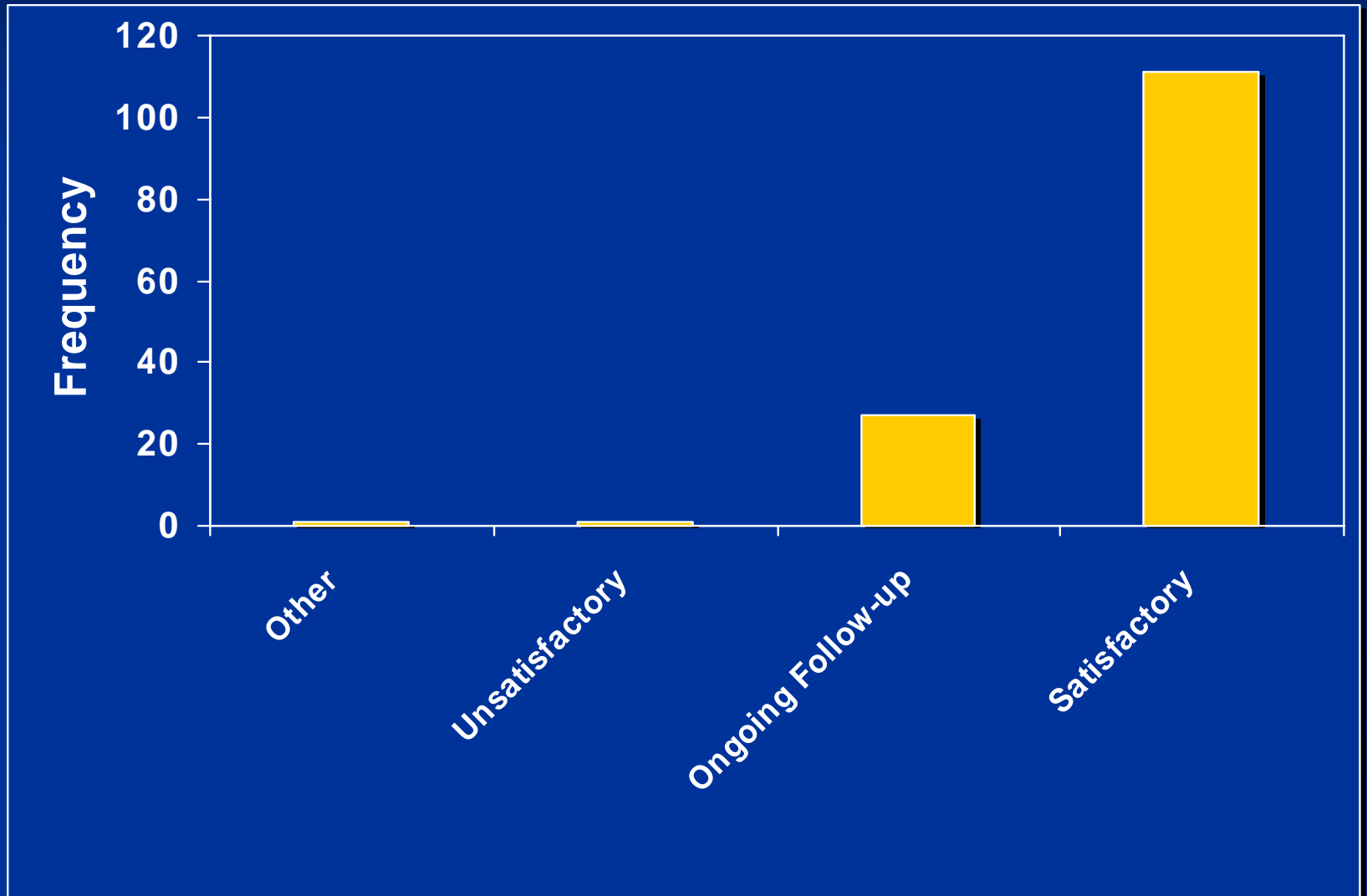
Location of Activities (CC Log)



Satisfaction with the Role of Clinical Coach (58 Respondents)



CC Satisfaction (CC Log)



Next Steps (1)

- Ongoing evaluation of the role and satisfaction levels
- Continued role clarification for both staff and the Clinical Coaches
- Continue to empower the staff while maximizing the availability of CC to staff
- Celebrate the successes

Next Steps (2)

- Nursing Leadership retreat to clarify roles of Manager and Coach
- Identify natural coaching styles:
 1. directing
 2. presenting
 3. mediating
 4. strategizing

When to use which of the 4 styles

www.ccui.com

References (1)

- Aviram, M., et. all. (1998). Experiential learning of clinical skills by beginning nursing students: “Coaching” project by fourth year student interns. *Journal of Nursing Education*, 37 (5), 228-231.
- Ervin, N. E. (2005). Clinical Coaching: A strategy for enhancing evidence-based nursing practice. *Clinical Nurse Specialist*, 19, (6), 296-301.
- Hekkers, V. (2005). Clinical coaches: Making a difference for new nurses. *Nursingmatters*, 16 (12), 10-11.

References (2)

- Hom, E. M. (2003). Coaching and mentoring new graduates entering perinatal nursing practice. *Journal of Perinatal Nursing, 17 (1)*, 35-49.
- Lewis, C. K. (1996). The clinical nurse specialist's role as coach in a clinical practice development model. *Journal of Vascular Nursing, 14 (2)*, 48-52.
- Lewis, F.M. & Zahlis, E.H. (1997). The nurse as coach: A conceptual framework for clinical practice. *Oncology Nursing Forum, 24 (10)*, 1695-1702.
- Yonder, L. (1990). Mentoring-a concept analysis. *Nursing Administration Quarterly, 15(1)*, 9-19.