

# Chapter 3

## What training is needed for health coaching?

Health coaching training aims to equip clinicians and others with the knowledge, mindset and skills to have coaching-style conversations that activate and support people to better manage their own health.

This chapter covers:

- **The evidence base of health coaching training**
- **What health coaching training involves**
- **Developing local health coaching trainers**

## What is the evidence about health coaching training?

Evidence on the most effective health coaching training interventions is limited due to lack of clarity about what is involved<sup>1</sup>; ill-defined roles of coaches<sup>2</sup>; varying backgrounds and approaches of the practitioners<sup>3</sup>; confusion between motivational interviewing and health coaching<sup>4</sup>; and a variety of applications. However, clarity is now emerging, including an agreed definition of health coaching<sup>5</sup> (Chapter 2) and competencies for health and wellness coaching defined as a basis for a national certification in the USA<sup>6</sup>.

Successful training has been described for general practitioners<sup>7</sup>, occupational health nurses<sup>8</sup>, practice nurses<sup>9</sup>, physical medicine and rehabilitation physicians<sup>10</sup>, physiotherapists<sup>11</sup>, dentists<sup>12</sup> and community health workers<sup>13</sup>.

Health coaches use reflective enquiry and facilitative strategies to explore the clients' experience. These include creating rapport, encouragement and affirmation, taking a non-judgmental approach, focusing on progress, reflection to check understanding and overlapping speech. Active interventions on the part of the coach include reframing, tentative suggestions/advice, offering information and rationale and guiding to specifics<sup>14</sup>. Evidence is that at least two days' training is required to achieve a mindset shift amongst clinicians<sup>15</sup>, plus ongoing support and reinforcement.

### At a glance

Training in health coaching includes adoption of principles and practice from psychology, behaviour change science and performance coaching integrated with clinical skills

Good health coaching training is an experiential process with opportunities to test application of learning in the workplace

Evidence shows a minimum of 2 days training is required for effective mindset and skill acquisition

Train the trainer models can effectively develop an internal training resource for organisations

**"I feel that ideally all health care professionals should have access to this type of training."**

General Practitioner

**"My conversations are different. I ask patients what their aims are. I used to say "this is what I'm going to do." Now I'm a facilitator asking "what can you do?" and "how can you change it?" This has enabled me to get onto the clinical stuff much quicker."**

Physiotherapist

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## What does health coaching training include?

Health coaching is an umbrella term used to describe many different interventions that 'coach' or actively support people to self-care. The aim is to move away from a dependency creating approach to one that is empowering and shared, based around a person's own aspirations and goals.

Effective health coach training integrates a range of skills and principles taken from three core disciplines of psychology and behaviour change science, performance and development coaching and clinical skills (or lived experience if a peer) (Figure 6).

A two day training programme is conducted over two weeks to enable practice and skills assimilation.

Core training includes:<sup>16</sup>

- Structuring conversations using a coaching approach to increase personal accountability for plans
- Active listening and how to build trust and rapport
- The use of effective questions to raise awareness and provide supportive challenge
- Applying a range of directive and non-directive communication approaches
- Setting goals important to the person to encourage intrinsic motivation
- The use of approaches that focus on strength and positive emotions
- Applying the principles of patient activation and readiness for change
- Understanding health behaviour and barriers to change (cognitive, emotional, behavioural, etc.)
- Applying specific coaching and behaviour change techniques in a variety of circumstances (including but not limited to motivational interviewing)
- Reflection and planning for the application of learning to practice

Figure 6. Health coach training content

### Integration of principles and skills



## What does the health coaching training process need to involve?

Effective health coaching training models a coaching style that is experiential and highly interactive. It includes:

- **Opportunities to share experiences, develop relationships, network and plan how to apply new learning**
- **Practicing on each other which challenges existing perceptions and limiting beliefs (i.e. “we are already doing this”) as clinicians personally experience moving away from a directive approach**

Key ingredients in health coaching training reported by participants include:

- **Practical focus** – emphasis on addressing the challenges of using health coaching in clinical practice and achieving behaviour change
- **Active learning** – incorporating a range of inputs and activities, e.g. theory, discussions, reflection, group learning and skills practice
- **Experiential process** – through a process of having an experience, observation and reflection, the formation of new ideas and testing in new situations
- **Personally meaningful** – skills practice about personal experiences drives an appreciation of the usefulness of the techniques and approach

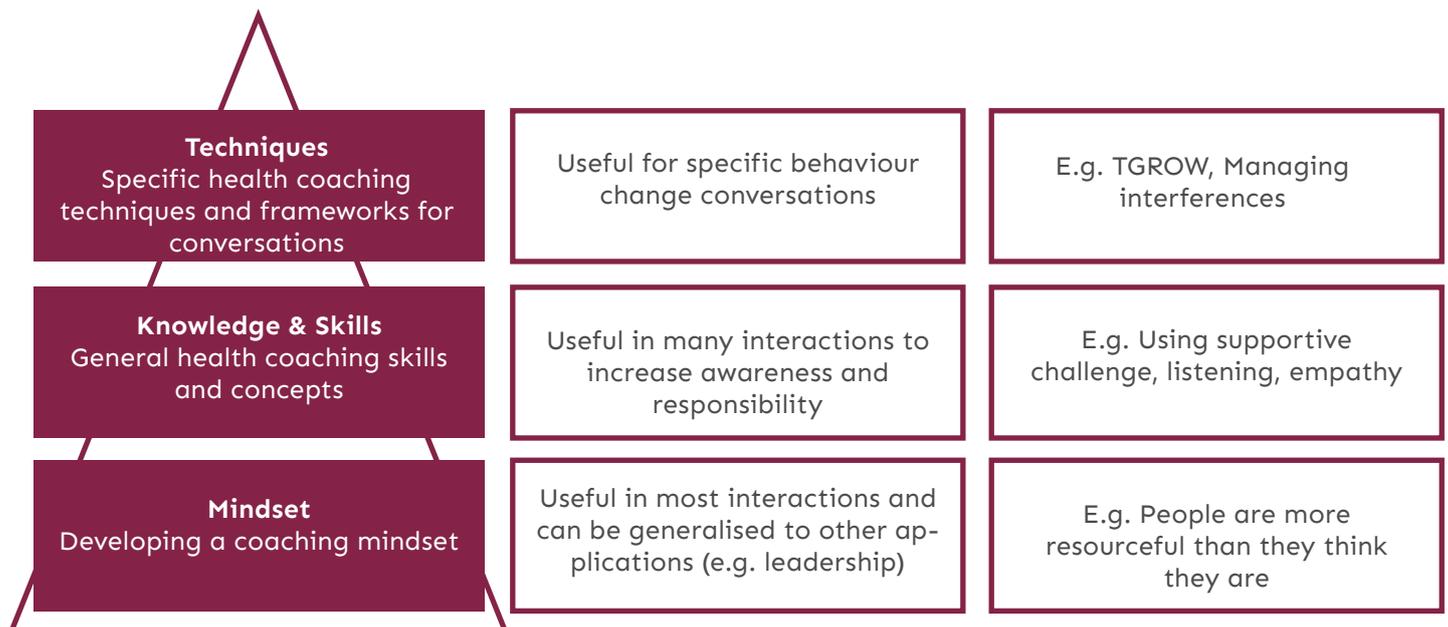
- **Holistic approach** – engaging the head (cognitive knowledge), heart (emotional), and hands (practical skills)
- **Application to workplace** - opportunities to think about and plan how to close the knowing, doing and being gaps in applying learning to clinical roles and adopt a mindset to embed the approach

## Does training in health coaching work?

Health coaching training that works supports the development of knowledge, skills and mindset and an understanding of when and how to use them (see Figure 3). Clinicians have reported using the health coaching mindset with all patients, the knowledge and skills to build on consultation skills such as listening and developing rapport, and the behaviour change skills with specific patients<sup>17</sup> (Figure 7).

Since 2010 the training described in this chapter has been delivered to over 3,000 practitioners from over 100 different organisations. Clinicians have used health coaching in a variety of ways including daily practice (case study 1); on a rehabilitation ward (case study 3); in medicines optimization (case study 4); across a health and social care system incorporating hospitals, community health and local authorities<sup>18</sup>; as a telephonic intervention tailored to levels of patient activation; and with non-clinical health coaches. The effectiveness of these skills in practice are listed in Figure 1 in Chapter 1.

Figure 7: Using a coaching mindset, skills and techniques<sup>17</sup>



## How do we develop an internal training resource in health coaching?

To create a sustainable and cost effective training resource within the NHS, there is a need to train clinicians and others as trainers. A number of studies demonstrate the effectiveness of train the trainer interventions for clinical skills development<sup>19</sup>; developing skills in shared decision making<sup>20</sup>; for teaching motivational interviewing skills<sup>21</sup>, and encouraging person-centred care in non-clinical staff<sup>22</sup>. However, there are no studies of train the trainer programmes in health coaching. Reports on Making Every Contact Count<sup>23</sup> and Co-creating Health<sup>24</sup>, emphasise the use and importance of train the trainer strategies but do not provide details of the structure or content of those initiatives.

In 2014/15 HEEoE commissioned a train the trainer health coaching programme, and trained 20 local health coaches who have subsequently independently trained over 800 clinicians. Other regions have since adopted a similar approach, which now requires evaluation.

The East of England approach involved a 10 day programme including:

- **An introduction to core health coaching skills programme (2 days)**
- **Foundation level health coaching (2 days)**
- **Facilitation skills development (2 days)**
- **Two opportunities to co-deliver the core health coaching programme with an experienced lead trainer, with assessment and accreditation (4 days practice in total)**

Critical elements in the train the trainer programme include the selection of participants, ongoing continuous professional development and organisational support (case study 5). Local health coaching trainers report the following factors enabled them successfully to deliver their roles:

- **Ongoing commitment from organisations and senior organisational sponsorship**
- **Organisational and logistic support for coordinating training programmes**
- **Time to practice skills and develop confidence**
- **Access to a community of practice for supervision and development of learning**
- **Access to continuing professional development workshops and skills refreshers**
- **Access to mentoring and coaching to manage new situations and overcome skills deficits**

Figure 8. Questions to consider when planning health coaching training

Questions to reflect on when considering commissioning health coaching training	Questions to reflect on when considering developing an internal training resource
<p>Thinking about the service you want to develop ...</p> <ul style="list-style-type: none"> <li>• How are clinicians currently having conversations?</li> <li>• What shift do your local clinicians hope to make in how they communicate?</li> <li>• What behaviours, skills and mindset would they like to use?</li> <li>• What are the likely benefits of introducing a health coaching approach and where could it be used most effectively?</li> </ul>	<p>To what extent is there...</p> <ul style="list-style-type: none"> <li>• Support and commitment for health coaching among workforce development, clinical leaders and senior decision makers?</li> <li>• An already tested approach by 2-3 early adopter teams with positive results?</li> <li>• Staff who could be identified and supported to become health coaching trainers?</li> <li>• A plan to disseminate training (teams, specialties, obvious challenges to address)?</li> </ul>

# Case study 5

## Health coaching train the trainer - a whole organisation approach

In 2014 East Coast Community Healthcare C.I.C. (ECCH) set out an ambitious programme to embed health coaching as the key operational approach for all adult services teams. The aim was to change the nature of clinical relationships, particularly for patients with LTCs, promoting independence, self-management and improving the outcomes of care.

Three senior clinical staff were selected to undergo the 10 day HEEoE accredited train the trainer course. Within 18 months of completing the course they had trained 248 staff (66%) and 32 staff from partner organisations in primary care.

The lead trainer was the Director of Quality and Primary Care and the two further senior therapists were selected on the basis of clinical experience and commitment to take the programme forward. They all received regular Continuing Professional development (CPD) provided by HEEoE.

Key enablers for roll out across the organisation included:

- Health coaching was championed from the outset by the CEO to enhance its credibility and sustainability
- The initiative began with a full presentation to the Board in October 2014 followed by regular updates and evaluations
- Participants were booked through normal learning and development processes leaving the trainers responsible for training only
- The commitment from the Board was that training would be made available to all clinical staff above Agenda For Change (AFC) Band 4
- The organisation provided the training resources and made the commitment to release staff and trainers as a priority
- The value of the programme was spread through internal social media, promotional circulars, word of mouth and training evaluation. The reputation grew and clinicians became keen to attend creating a waiting list for programmes

Evaluations included participant surveys and action learning sets. The impact has included benefits at patient, team and organisational level:

- **For patients: More effective consultations; aiding healthier choices; motivating patients, building their confidence and enabling self-management; setting realistic patient owned goals; improved medication**

### At a glance

- ECCH health coaching programme was aimed at all clinical staff above band 4
- 248 of 372 staff were trained in under 2 years (66%)
- Trainers are 3 senior experienced clinicians chosen for credibility and sustainability
- Full support and sign up from the Board and CEO champion
- Board understood benefits both for patients and resource management
- Positive and motivational feedback from staff
- Plan to go forward using health coaching to build strong partnerships across agencies

Staff Quotes

**"I feel more confident that I'm doing the right thing"**

**"I have a gut feeling that I'm wasting less time with patients and getting less resistance"**

Patient Quotes

**"I was surprised, didn't know how to react, I am the expert!"**

**"I get the idea, I'm really pleased"**

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concordance and improved health outcomes

- **Organisational and financial: Reduce inappropriate activity e.g. repeat attendances and follow up rates; reduction in wasted pharmacy costs**
- **Teams and individual staff: Training reduced pressure and "feelings of failure" when patients did not adopt healthy behaviours; made it easier to identify patients who were open to change and goals that were owned by patients; increased clinicians confidence that patients were happy with care; led to more constructive conversations, and greater ability to challenge patients supportively.**

The training will now be rolled out to more clinicians, include partners from primary care, social care and the voluntary sector partners and be evaluated to identify outcomes for patients.