

Life changes – Life chances

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Coaching Pilot for GPs on Leadership Programme

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Evaluation of a Coaching Programme for a group of General Practitioners in the Northern Deanery

Introduction

This study came about as a result of one of the mentors for Primary Care Choices, who is also a Counsellor and Life Coach, approaching the Steering Committee of Primary Care Choices to see if she could conduct a coaching pilot under their auspices. She was aware that at that stage there were only a few GPs coming forward to use the mentoring scheme and felt that the coach approach might be more appropriate for many GPs as it builds on success and can be extremely beneficial in developing self awareness and improving effectiveness at any stage in a GPs professional development.

The Steering Committee agreed to fund and support an initial three-month pilot.

Aims of the Pilot

To establish whether:

- 1) Coaching help GPs to be more effective at work
- 2) GPs value coaching
- 3) Coaching works in a mixture of face-to-face group coaching, telephone and e-mail.
- 4) It is feasible to offer coaching on a wider basis to those working in Primary Care

Selection of General Practitioners

To progress the pilot we needed a small group of GPs who would be interested in participating and would be willing to evaluate it.

Primary Care Choices approached the Department of Postgraduate Medicine at Newcastle University. Each year for the past four years the Postgraduate Institute has run a leadership programme for 10 – 12 GPs in the Northern Deanery. They are selected through nomination by their Primary Care Organizations, (Health Authorities, PCGs or PCTs) or the Postgraduate GP Education Network. The aim of the leadership programme is “to develop the new generation of GP leaders who want to contribute to direct patient care, education, research and leadership of PCTs”.

It was felt that these GPs, having already experienced working together as a group and experienced the benefits of the leadership programme would be attracted to the opportunity for further development.

Collaboration was developed between Primary care Choices Co-ordinator (JD) the Coach (BB) and the Director of Postgraduate Education in the Northern Deanery (TZ) and a joint letter was sent to the 30 GPs in the Programme inviting them to participate in the pilot. Ten GPs expressed an interest and eight were finally recruited.

What is Coaching?

“Coaching is unlocking a person’s potential to maximize their own performance. It is helping them to learn rather than teaching them.”

¹Whitmore (1996)

It is a process based on a trusting, confidential relationship involving both support and challenge. It is similar to mentoring but may be more task and work oriented.

Working with a coach can support you to:

- 5) Focus attention in a way which gets more done with less effort
- 6) Follow through on good intentions
- 7) Clarify strengths and how to use them to best advantage
- 8) Achieve goals more easily and enjoyably
- 9) Make breakthroughs on persistent energy drains
- 10) Develop more successful relationships at home and work
- 11) Create systems that work

Short History of Coaching

Coaching has been developing as a profession in the last decade. Its theory and practice are drawn from a number of different disciplines. ²Parsloe and Wray (2000) describe the “influencers” as from the fields of academia, sports, consultancy, training, the corporate world and psychotherapy amongst others.

“What has emerged is a profession that works with individual clients to help them achieve results and sustain life–changing behaviour in their lives and careers. Professional/personal coaching addresses the whole person – with an emphasis on producing action and uncovering learning that can lead to more fulfilment, more balance and a more effective process for living”. ³Whitworth, Kimsey House, Phil Sandahl (1998)

Not surprisingly coaches themselves are drawn from a variety of disciplines and there are now a number of Coach Training organizations mainly in the United States and Britain.

¹ John Whitmore (Nicholas Brealey 1996) “Coaching for Performance”, Chapter 1, P.8

² Eric Parsloe and Monika Wray (Kogan Page 2000) “Coaching and Mentoring”, Chapter 1, P.2-5

³ Laura Whitworth, Henry Kimsey-House, Phil Sandahl (Davies-Black 1998) Co-Active Coaching Preface

The Coaching Process

The coaching relationship is built on rapport and trust and is very much a partnership between coach and client.

The agenda is always the client's and together the client and coach will work out how best to proceed towards the desired outcomes.

The coach's role is to understand how a particular client likes to be motivated, supported and challenged so the client can achieve his goals and grow. Often "homework" will be negotiated towards the end of a session so the clients are taking actions between sessions to enable them to move forward in their chosen direction. Both the content and process are important and the coach "models" behaviour for the client, for example, if the coach believes the client is thinking something but is not saying it, she will ask if this is the case. The coach helps keep the client focussed as they move through different phases of the coaching.

First phase of the Pilot Programme

This phase consisted of two group meetings, each of three hours duration, one at the beginning and the other at the end, seven individual 30 -40 minute pre-booked telephone consultations and unlimited access to the coach by e-mail.

Introductory Meeting

Seven doctors attended this meeting. Refreshments were provided beforehand to give participants an opportunity to talk to each other. The Primary Care Co-ordinator was present at the early part of the meeting and introduced herself and outlined the background to the pilot. The coach introduced herself and described her background in counselling, training and supervision and how that might influence her coaching style. She talked of her longstanding interest in primary care and of the importance of the evaluation of this pilot in relation to coaching potentially being delivered on a wider basis in primary care and on future leadership programmes.

Each participant received a pack of coaching materials. (See Appendix 2)

Time was allocated to the completion of a client data form. This document contained information about the areas the clients wanted to work on during the course of the three months and the goals they were setting for themselves. It also contained personal information about the client, which would facilitate the coaching. The forms were returned to the coach at the end of the meeting and used as a reference during the telephone coaching sessions.

The reflection, which came from filling in the forms and a powerful exercise, formed the basis for the group coaching in the remainder of the meeting.

Coaching on personal and professional issues led to greater clarity for most of the participants and was continued in the telephone coaching sessions. Most of the group made their first appointment before they left.

The group had worked well together and an excellent start had been made.

Individual coaching by telephone

These calls typically took place once a fortnight with doctors ringing at pre-booked times. Most of the time this worked well. Occasionally a doctor was late through work related events. One or two forgot their appointments and were very apologetic! One started off well and then was erratic in keeping his appointments. However when he did have a session he seemed to find it very useful and this was reflected in his feedback.

E-mail

The coach was also accessible by e-mail, which the doctors were encouraged to use for support and feedback to the coach about on-going work; five doctors used this and there was a useful dialogue being conducted by e-mail. One admitted he never looks at his e-mail and delegates this to a member of staff. Three regularly prepared for a session and e-mailed their preparation form they found it very useful though not essential.

Final meeting of the first three months

The feedback from the final meeting along with the written evaluation has been summarised below.

One important factor at this meeting was concern about ending the programme and how the momentum could be kept going. It was clear that the coaching had been highly valued and, although most expressed the desire to have a short break, it seemed as though three months was not enough. Most expressed a desire to have another three months. The coach agreed to make this known and suggested that they might also ask for an extension of the pilot for a further three months. One doctor decided not to continue as she felt satisfied with her development.

Summary of feedback from the first three months of the pilot

1) Did the Introduction Pack help you to prepare for the coaching programme? If so, in what way?

“Yes, it gave me an understanding of what was expected of me and what I could expect from the coach.”

“Helped me identify key areas on which to concentrate and prioritise my perceived needs and goals.”

“Yes, made me think about where I am now and where I want to be.”

“The “Clean Sweep” is a useful gauge of where I am now.”

“The check lists were of dubious help.”

2) Was anything included that was not helpful?

“No, it was all useful.”

“The “professional practice list” was not useful to me personally.”

3) Was there anything you would suggest to improve the preparation stage?

“Tailor the “professional practice list to the GP.”

4) What is working well for you in the coaching call?

“Staying with issues till plan of action agreed.”

“Working on the ‘phone.”

“The coach showed perspicacious insights that overcame my natural reticence about engaging in private/personal details with a “stranger”.

“Allowing feedback from previous goals, how they were achieved or not achieved.”

5) What is working less well for you? What would you like your coach to do differently?

“Step up the challenge a little.”

“Would like the opportunity to have late calls, e.g. 9- 10 p.m.”

“Feel anxious re-arranging appointments when I am not sure I can make the commitment.”

“Found little time for e-mail in busy schedule so unaware of their value.”

6) Was the “homework” effective in moving you forward?

“Very useful, helped me focus on what I wanted to do next.”

“Very helpful as it was task oriented and specific. It helped me avoid procrastinating.”

“Disarmingly effective. What seems reasonable, quick and easily done correctly can be quite difficult to achieve.”

“Yes, I feel most of the work on this programme was done, day in, day out. Very much round the area designated as “homework.”

“Writing down what went on helped me clarify my thoughts and actions.”

7) Was it relevant, too much, too difficult?

“Very relevant and focused contextually on the thoughts from our conversations.”

“My only problem was finding time but I did it as it felt valuable.”

“Less emphasis on tick boxes and measurement.”

“I think it was just right because we negotiated what was right for me in the process itself.”

“Very relevant, usually “hit the nail on the head.”

8) What changes would you recommend?

“Number of calls seems high though it does give impetus to maintain the pace of change.”

“E-mail feedback on each session.”

“Some changes to the introduction pack (as already described).”

“Buddy up system for each GP on programme.”

1) Coach Effectiveness (see appendix 4 for rating scale)

Results were mainly 4 (high) some 3s and one number 2 on keeping focused.

1) Value in Coaching

Can you describe in your own words what you are getting out of the Coaching Programme?

“Taken forward opportunities from the Leadership Course, giving me an understanding of how I work, where energy is being used in a damaging way (both internal and external).”

“Protected time to talk and deal with problem areas in a safe but challenging environment.”

“This has been the most important part of the Leadership programme for me. I have dealt with some difficult personal issues and made some challenging professional decisions.” (slightly altered quote so as not to reveal personal material)

“Have dealt with some interpersonal conflicts that arise from time to time.”

“Instead of thinking about /aspiring and feeling frustrated, the ‘chivvyng’ along and surmounting of perceived hurdles has moved me along at an important time. Also given me some useful time management tools and tips day to day.”

2) Are there any significant changes taking place in either your work or personal life that you would attribute in part or wholly to the coaching programme?

“Have made significant changes in my work load, delegating tasks that drain me and finding new ways of reviving enthusiasm in other areas of work.”

“Resolved a difficult problem with a local consultant which at the time was heading for conflict. As a result of the coaching a different approach was used which was far more successful.”

“Less timid, more open. Feel more able to be open about developing a non-clinical and increased management role and am much more focused on it.”

“Despite a very chaotic few weeks re-organisational change in PCT and practice, I still managed to work towards a specific goal. The coaching was the thing that made the difference in being able to move on an issue when my life was very difficult.”

“Progressing research fellowship career.”

3) Where do you see coaching fitting in to your future development?

“Regular contact would help me focus on the key aspects of my life. It is useful to have someone who can continually challenge your thought processes and actions. I would very much like it to continue.”

“I feel the best use would be three months coaching annually.”

“As important. We do have some mentoring with peers (a lot more loose) with our six-monthly Leadership Academy meetings, which are extremely valuable. Coaching helps me to take risks both personally and professionally.”

“ At present I feel I have achieved my goals. I had difficulty identifying longer-term issues. It may be useful in the future but a break would be good, it can be quite intense.”

4) In your view how could coaching contribute to GPs developing both their practice and their business?

“In the context of change, uncertainty and “the future of the NHS” it would provide some protected breathing space for GPs to think about themselves, their practice and their development.”

“As an external opinion/challenge to the traditional practice and thinking that permeates general practice.”

“Focusing on relationships at work and on the business side is extremely helpful.”

“Through the legal changes in the GMS contract which is being amended to include appraisal, coaching could be very helpful to assist in developing areas of weakness.” (Verbal quote)

5) In your view would there be value in incorporating coaching with the Leadership Programme. If so have you any suggestions as to how it may fit in?

“Yes, in between the modules, to help develop thinking and after the programme to continue development.”

“It is an extension of the personal development work started on the leadership programme, perhaps after the end of the course but before the first review, or between parts of the course.”

“Very much so. It would be good for the coach to connect with a group who is about to finish. This would give continuity to the process and make it feel more longitudinal rather than isolated snapshots of activity.”

“Yes, after a period of cooling off from the Leadership Course.”

6) What value do you place on coaching?

“Excellent return for effort/energy/time invested.”

“Enjoyed the sessions, found them useful.”

“Very important.”

“Unique because it looks at me. Valued because of this. Energized, focused after each session.”

7) Would you consider the value to be between £150 and £250 per month?

“Yes, episodic at times of pressure for me, but I appreciate others will have different needs.”

“Yes.”

“Affordable at a cheaper rate with perhaps decreased contact.”

“Don’t know. Have difficulty quantifying sessions in monetary terms.”

“Depends on personal need.”

The last three questions relate to whether they would be happy to refer the coach and to use their comments in testimonials (see Appendix 3).

All were happy to do this although some wanted anonymity.

Everyone wanted to be informed of further coaching programmes and to receive information from the coach if she felt it would be useful to them.

Completion of Phase One

The three-month pilot proved so successful that seven out of eight doctors requested a continuation and the co-ordinators agreed to fund it for a further three months on receipt of an evaluation of the whole project. The eighth doctor was content with her development and preferred to have a break from coaching at this time.

Description and Evaluation of the Second Phase of the Pilot

The second phase of the pilot consisted of each participant having six 30-40 minute telephone consultations. Most had a gap over the summer and started late July/August and finished in October.

Five questions were asked and the answers are summarised below:

8) What difference has being on this programme made to your work?

“Increased self-awareness and awareness of others with consequent improved relationships.”

“Responding rather than just reacting to situations at work. I am more balanced and focused and therefore more effective at GP and PCT work.”

“ I am learning how I can change my attitude and behaviour so I do not get so frustrated by the pace of change. This has helped me to have more patience with the process and the people involved.”

“Not allowed me to slip off the rails so I have achieved my goals.”

“ I know where my responsibilities end!”

9) What was the most challenging situation that you have experienced when it comes to transferring learning from the coaching to daily professional life?

“Having to engage with stakeholders who can make a difference to my perceived goals (being an introvert this was particularly difficult).”

“For a long time I had wanted to hand over practice finance responsibilities to a colleague but had put it off because of factors related to internal practice “politics”. This coaching took me through that issue resulting in a successful handover.”

“Major issue with a development bid for our branch surgery. As a result of the coaching amongst other things I discovered that I give mixed messages to others and the difficulties they can cause.”

“Taking the necessary steps to reduce my work load to a level which is compatible with having a family life.”

10) How has your thinking changed as a result of the coaching?

“I tend to build a shared vision rather than share a built vision. It is paying great dividends both professionally and in my private life.”

“ I have become aware that current core themes influence my behaviour /attitudes. This awareness has helped me drop the bounds of my prejudice.”

“View events/others in a more positive light.”

“I now think before setting myself up for the fall - avoiding the trauma that goes with it!”

“I no longer feel quite so “driven” to achieve all the time. I have begun to take a longer-term view and to integrate work and family more effectively.”

11) What impact has the coaching had on your relationship with colleagues?

“ Good, listen-involving – work more strategically with people now.”

“It has encouraged me to be patient and listen to other viewpoints before pushing ahead with my own. This has been particularly helpful when dealing with my more introvert colleagues.”

“ I think I have re-discovered respect for some of my partners.”

“More tolerant of colleagues, consider their actions in a different way.”

12) What is the most beneficial result you are taking from the coaching?

“I have finally made a breakthrough into the academic world of research at Sunderland University.”

“New exciting developments at work and a more harmonious home life.”

“ A greater understanding of my roles at home and at work and developing a framework to maintain an appropriate balance.”

“ Enhanced self awareness resulting in feeling healthier and less stressed at work.”

“ During the coaching it emerged that I would benefit from some counselling. The coach helped me to recognise this and to find a suitable counsellor. We continued coaching and worked in a way that was complementary to the counselling.” (Verbal quote)

Additional Comments given in Feedback

“As a trainer I have found this particularly helpful. Registrars need a lot of support and guidance and much of this is done by modelling, often without the process being explicit. The coaching I have had has made me realise just how influential my position can be and made me aware of some areas I can impact on. It has also given me some new skills I can use in this context.”

“I think the process would be of great value for all trainers. The effects would not only be on the individual concerned, but would have an impact on new learners too, thus cascading the benefits to the newer members of the profession.”

Discussion of whole Pilot

In this part of the evaluation there will be a reflection on some of the factors which demonstrate how powerful the doctors found the coaching process and how valuable it is for them to have some protected time to reflect on their personal and professional lives, which are inevitably inextricably linked.

A vital ingredient was the confidence the doctors appeared to have in the coach. From the feedback it appeared the doctors quickly began to relate well to her and had confidence in her ability to maintain confidentiality as well as provide the appropriate degree of support and challenge.

Much of the coaching centred around personal development with reflection on their own personality traits, habits, values and attitudes and the implications for the way they view and approach problems. There were times when someone had a current issue with a colleague and in the coaching focused on looking at it from a different perspective. This was often followed by dealing with the situation differently, usually with a better outcome.

An aspect, which was highly valued, was the protected time given for reflecting on practice. It does not appear to be part of the culture for this to happen, particularly not one to one time with another person who is solely there to listen and to be on their side even when being challenging.

The ‘homework’ was part of this and the value of writing down specific goals and actions to be taken which would contribute to reaching the goal was commented on as giving clarity and focus to what seemed like an exhausting ‘to do’ list which one never got to the bottom of. When ‘homework’ was difficult or did not have the desired results further coaching often enabled the doctor to get greater insights and support for continuing along different lines. This was often the point at which they might have given up without the coaching.

Several of the doctors commented on the effect of the coaching on their ability as team players citing more respect for the views and opinions of their colleagues and building with others rather than pushing their own views.

One doctor, after spending time discussing facilitation skills felt much more confident when chairing a meeting of other GPs and local consultants and felt the meeting had achieved much more as a result. The time spent on this will have an effect in many more such meetings in the future.

By spending time concentrating on personal values and priorities, some highly significant changes were made which impacted considerably on a sense of achievement. Some doctors were beginning to delegate more so they could concentrate on work they wanted to develop. Boundaries were being set so they could spend more quality time at home with a resultant feeling of well-being.

Improved relationships with partners and children developed as time together was being built in instead of just occurring by chance. Some had conversations about deeply personal issues, which would not have happened without the one to one coaching. In some instances the telephone may have encouraged that as it allows some distance and maybe some extra safety.

The fact that the coach was from outside the medical world could be seen as an advantage as she was completely objective and brought a new perspective, which was seen as very valuable.

Another aspect of doctors having coaching is that they experience being really listened to but not having their problems solved for them. This provides them with a model, which they can apply in their work when they are involved in the development of others, for example in a training role as mentioned in the feedback. It could also apply in their work with patients. It is interesting that there was little mention of work with patients at all in the coaching and when there was it was in the context of the difficulty a doctor was having when he was required just to listen and empathise when there was nothing else he could do.

Conclusion and Recommendations

In terms of the aims of the pilot, to see if coaching is useful for GPs and is valued by them, the answer seems to be yes. Is it feasible to make it more widely available?

Building it into the Leadership Programme seems an obvious start because it successfully integrates the theory from the programme into practice. It gives doctors the one to one as well as group support to continue being motivated. It also provides a safe place to continue the work on personal development, which is so crucial to successful leadership.

One of the reasons the coaching took off so well in the group was because most of the doctors had met each other on the programme or in the Leadership

Academy and already had a group identity. This clearly was an identity they felt very comfortable with and they enormously valued being given the opportunity to be on both the Leadership and the coaching programme. It seemed as though there was prestige and the sense that they themselves were being valued enough to be given something. This sense of being valued is in itself a powerful motivating factor.

We can see how effective the coaching has been and believe it has potential in other areas, for example with GP trainers. We know that nurses are now being recruited onto the Leadership Programme and would imagine that they could benefit enormously by an integrated approach.

There are problems in the areas of recruitment and retention of GPs and coaching could help prevent doctors burning out and retiring prematurely.

Coaching is very easy to deliver and is a cost-effective approach to supporting and developing people working in Primary Care.

In terms of its delivery method, the mixture of face-to-face, telephone and e-mail worked very well. One GP only had telephone and e-mail and was surprised and very happy with the way it worked for him. Although most of the GPs found the six months quite intense, they managed their appointments well. It is difficult to say if travelling to meet the coach would have been an extra burden.

Brenda Beecham Coach

Dr. Jane Dammers Primary Care Choices Co-ordinator November 2002

As the coach I would like to say how much I enjoyed delivering this pilot. I strongly believe the coaching process has a great deal to offer those working in primary care and is particularly appropriate for those people in leadership roles. I am grateful for the opportunity to have taken part in this pilot and would like to thank Dr Jane Dammers and Professor Tim van Zwanenberg for their part in making it happen.

I sincerely hope to be involved with the Leadership Programme in the future.

APPENDIX

- 1) Testimonial from Dr. Chris Corrigan
- 2) Pilot Introductory Pack
- 3) Evaluation Form 1
- 4) Evaluation Form 2