

Appendix 1. Key skills and attributes for a person who wants to coach.²²

Many of these attributes are similar to the clinician who wishes to perform high-quality consultations, i.e. good coaches have strong communication skills.

Coaches generally:

- have high emotional intelligence: they're good at relating to people, and they're interested in people. You have to genuinely want to help others develop to be a good coach. It's no good just paying lip service to the idea
- need to be able to show empathy and be good at building relationships, including building rapport
- are good at gathering information and then clarifying it. They generally have strong listening skills, including active listening
- don't jump in straight away with the answer but rather make sure that they've fully understood the issue by reflecting and clarifying
- have usually taken time to develop strong questioning skills. It's been said that coaches should never offer opinions, but ask questions to guide the person being coached. This is similar to the role of a counsellor
- give space and time for people to try things out. They don't get over-excited or angry about mistakes, instead they concentrate on how to recover the situation calmly and with the involvement of the person who made the mistake. They provide feedback and use tact and diplomacy.

Coaches may also use various models of learning and thinking, such as Myers-Briggs Type Indicators, and have training and expertise in various tools and techniques, for example, psychometric testing or neuro-linguistic programming.

In Primary Care, most coaching is informal by senior team members, and many do it without training. "External" coaching is unusual (partly because you have to pay for it), but "internal" coaching (i.e. of your own team) has pitfalls and problems that the external coach will not experience. See Box 8.

Similar to a patient who emerges satisfied from a meaningful consultation, coachees can be surprised by the power of the communication that can come from open and interested enquiry into their life and work. Here are some examples:²⁴

"I became aware of aspects of my personality that were painful and life-changing. For me the coaching experience was one I hoped I would find within the appraisal system, but didn't"

"I've gained a deeper understanding into my values and beliefs, and adapted my behaviour in alignment with them. Our sessions were insightful, instructive and

inspiring and always ended up with me coming up with a series of steps to help me achieve my goal.”

“Prior to coaching I was (wrongly) sceptical about the self-indulgent nature of “finding oneself” - which I had previously associated with life coaching.”

“I now believe that coaching should be made available to all clinicians at all levels, to produce a happier, more productive, self-reflective, and resilient workforce. It could even reduce the number complaints about staff – surely a win-win for the NHS.”

[Expert reviewer’s comment: Heron’s work on “helping the client” explores coaching skills – see reference section.]¹⁰

Box 8. Problems when coaching within your own team²²

The coach may well have a strong vested interest in the quality of the decision-making, as well as knowing a lot about the subject. They may well know the person being coached very well: they may have been managing them for some time and have some preconceived ideas of the likely outcomes of coaching, which may not necessarily be positive.

Put aside any preconceived ideas about the person and their effectiveness. Try to focus on the coaching process, and what you learn about the individual through that.

Do not advertise your own subject expertise, instead help the individual to develop their own solutions. One good way is to make an effort never to offer a comment, but only to ask open questions (i.e. do not say ‘Have you thought about doing x?’).

Do not leap to solutions but, instead, allow the person being coached time to explore the problem in their own way. Again, continuing to ask questions about the nature of the problem, or what might be a possible solution, is a good way to do this.

Be aware of assumptions made - whether about the person, the process or the subject.