THE Academy FOR Surgical Coaching

Surgical Coach Training Course

www.SurgicalCoaching.org

@SurgeonCoaching

Conflict of Interest Disclosures

Academy for Surgical Coaching – Surgical Coach Training
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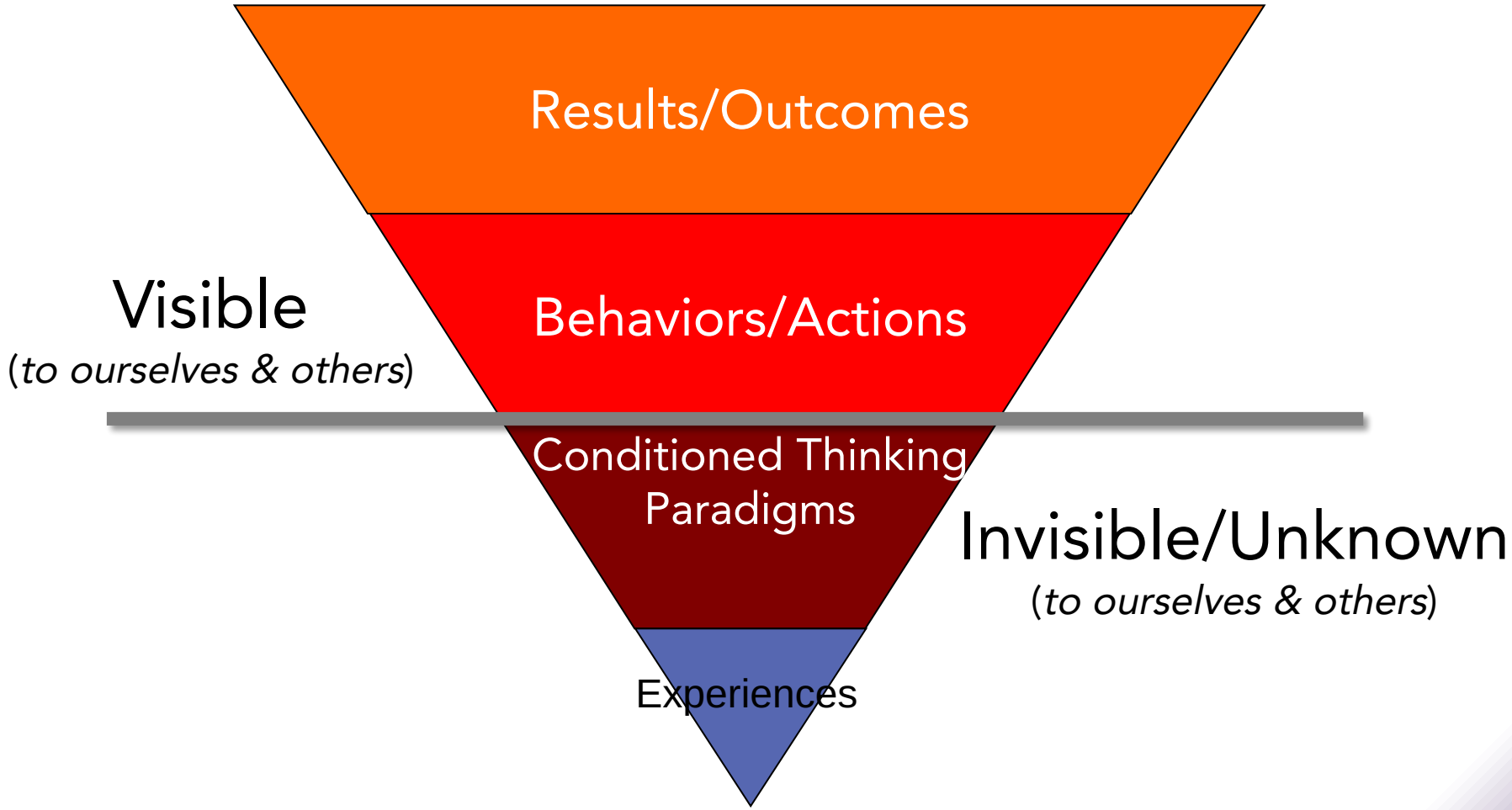
Shifting Behaviors Isn't Enough for Achieving Different Results



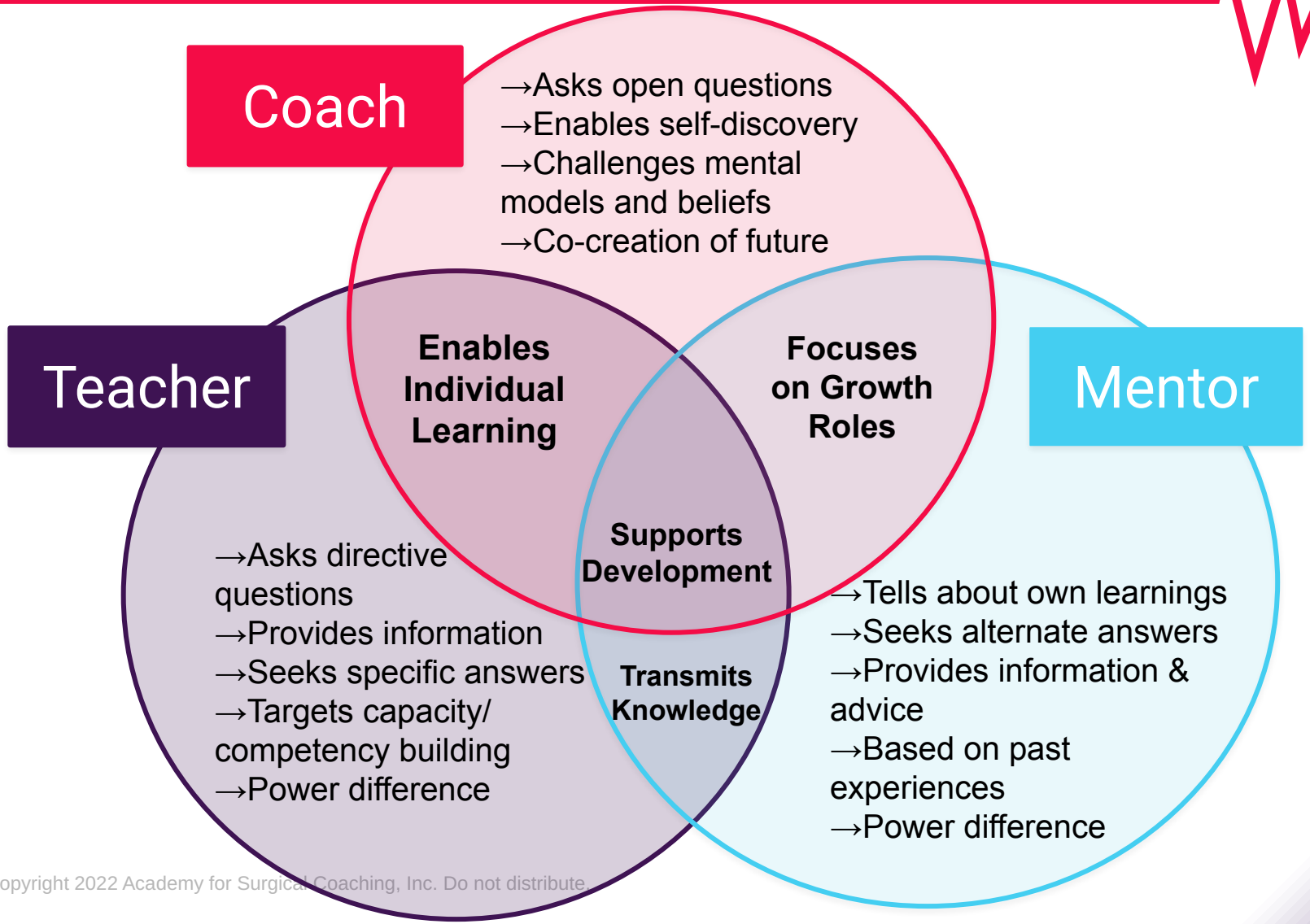
Courtesy of Janet Dombrowski, JCD Advisors, LLC

Introduction to Surgical Coaching

What is Coaching?

- In your mind, what is coaching?
- What are 3-4 important activities in which you think coaches should engage?
- How does coaching differ from traditional educational activities?

How is a Coach Different?



Definition of Coaching

- Unlocking a person's **potential** to maximize their own performance.
- It is helping them to **learn** rather than **teaching** them.
- Providing objective and constructive feedback to help someone recognize what works and what can be improved and inspire them to maximize their potential.

1. Palmer and Whybrow (ed.) Handbook of Coaching Psychology (2008)
2. International Coaching Federation (http://coachfederation.org/)
3. Whitmore. Coaching for Performance (1992)

Peer Coaching

A distinctive type of coaching in which peers, who are often at a similar level of knowledge engage in an **equal non-competitive relationship** that involves:

- Establishing goals
- Self-evaluation
- Observation, feedback
- Establishing next steps

To improve task performance and support in the implementation of changes.

1. Schwellnus and Carnahan. Peer-coaching with healthcare professionals…Medical Teacher (2014)l 36: 38- 46.
2. Grant, Passmore, Cavanaugh, Parker. The state of play in coaching today: A comprehensive review of the field. Inter Rev Ind Organ Psych. (2010); 25: 125-167.

Peer Coaching

- **Power balance** – by nature a **collaborative** relationship where neither participant takes a superior role
- **Self-directed/responsible** – enhances intrinsic motivation and enables people to follow self-concordant goals
- **Develops capacity** – monitor progress until the surgeon starts to develop the habit of self-monitoring

1. Wang. Structure and characteristics of effective coaching practice. The Coaching Psychologist. (2013); 9(1): 7 – 17.
2. O'Broin and Palmer. Co-creating an optimal coaching alliance. International Coaching Psychology Review. (2009); 4(2): 184-94.
3. Burke and Linley. Enhancing goal self-concordance through coaching. International Coaching Psychology Review. (2007); 2(1): 62-9.

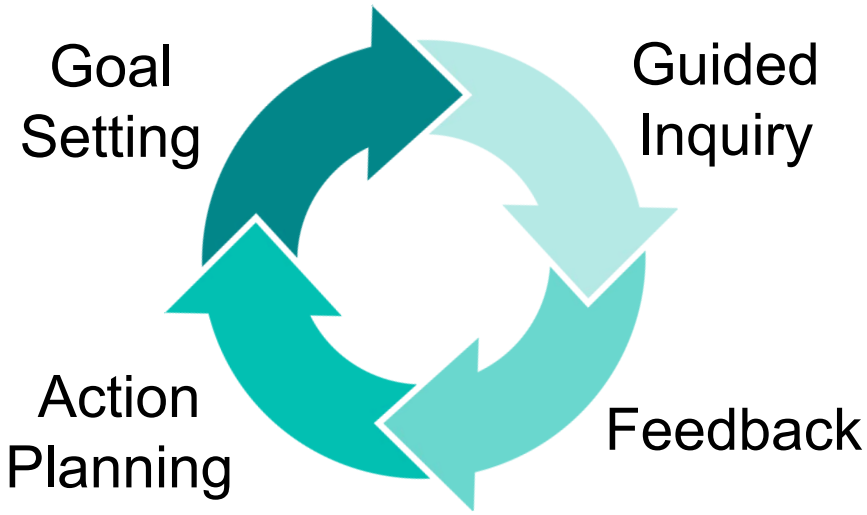
Peer Coaching as an Expert

- Expert coaching employs these same principles but in a situation where a surgeon aims to acquire a *new skill* or learn a *new procedure*.
- There is an implicit acknowledgement that the coach will have more experience and knowledge than the participating surgeon.
- Expert coaching serves as an adjunct to other types of learning. **It is a bridge to independence.**

Adult Learners

Individualized Learning

- ➔ Goal-driven
- ➔ Active Participation
- ➔ Tailored to Experience
- ➔ Iterative and longitudinal



1. Kaufman. Applying educational theory in practice. BMJ (2003); 326:213-16
2. Boonyasai et al. Effectiveness of teaching quality improvement to clinicians: a systematic review. JAMA (2007); 298: 1023-37.

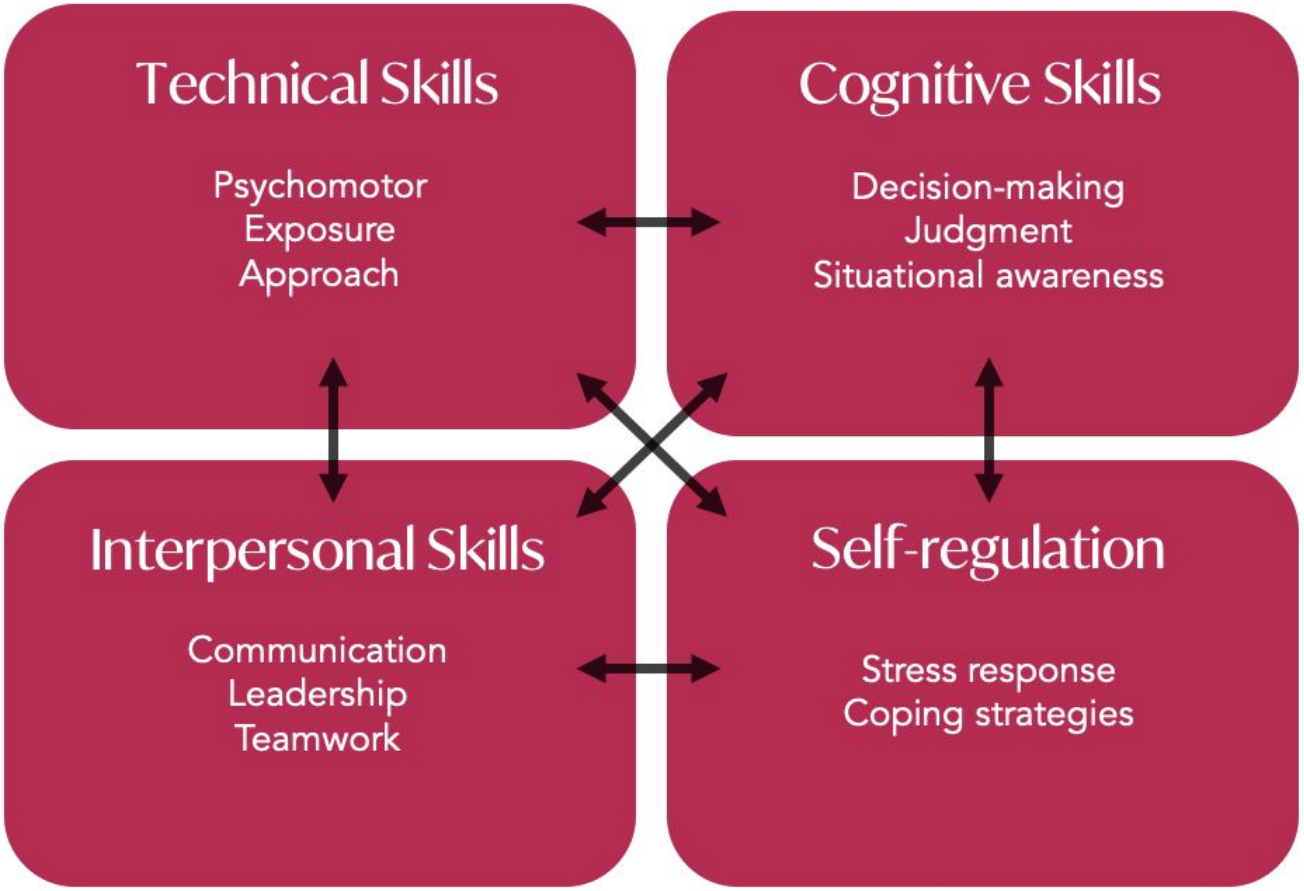
Operationalizing Surgical Coaching

Video-Based Surgical Coaching

- Allows one to view own performance
- More successful in sustaining behavior change
- Confers a time savings of 50-80%
- Removes concurrent responsibilities to allow full concentration on performance assessment
- Mitigates medico-legal and credentialing complexities

1. Ward. Resident self-assessment of operative performance. Am J Surg (2003); 185(6): 521
2. Scherer. Videotape review leads to rapid and sustained learning. Am J Surg (2003); 185(6): 516.
3. Beard. Assessing technical skills of surgical trainees. Br J Surg (2005); 92(6): 778.
4. Dath. Toward reliable operative assessment: the reliability and feasibility of videotaped assessment of laparoscopic technical skills. Surg Endosc. (2004); 18(12): 1800.

Surgical Performance Domains



Greenberg CC, et al. Surgical coaching for individual performance improvement. Ann Surg. 2015;261(1):32-4.
Yule S, et al. Non-technical skills for surgeons in the operating room: A review of the literature. Surg. 2006;139(2):140-9.

Getting Started: Rapport Building

- Stress that you look forward to learning together
- Explore the surgeon's professional background and interests
  - Identify areas of shared interest and common experiences
  - Surgical "camaraderie" and short, pertinent "war stories" can be helpful here
- Share a little about yourself relevant to the coaching program
- Elicit the surgeon's motivation for participating in the program and what he/she hopes to achieve
- Explain your motivation for serving as a coach

Mindsets and Skill Sets of Coaches

- Active participation based on equality and choice
- Role of experience of surgeon
- Co-learner, not expert
- Responsibility, not rescue

MINDSETS to foster adult learning

- Facilitate goal setting
- Guide inquiry / ask good questions
- Observe and give constructive feedback
- Facilitate action planning and follow up

SKILL SETS for effective coaching

The Peer Coach Tool

❑ FACILITATE GOAL-SETTING & REVIEW

- Press for clarity, specificity
- Ask for progress update, identify barriers, and commend effort
- Ask how current case relates to goals and where surgeon would like to focus

❑ GUIDE INQUIRY

- Understand parameters of the case and identify key contextual factors
- Listen for opportunities for inquiry (i.e.. surgeon insights, concerns, questions)
- Press for deeper analysis, using multiple questions, esp. "Why?"
- Explore alternative interpretations, staying objective re. surgeon's framing of events
- Problematize situations, with hypotheticals and "what ifs"

❑ PROVIDE CONSTRUCTIVE FEEDBACK that is

- Focused on surgeon's goals & responsive to issues they raise
- Descriptive of specific behaviors and observed or potential consequences
- Respectfully offered, i.e.. attentive to tone, style, and amount
- In the service of further inquiry & action planning
- Allows surgeon to respond

❑ FACILITATE ACTION-PLANNING

- Engage surgeon in identifying specific strategies for implementing changes
- Press surgeon to identify potential barriers and possible solutions

❑ ATTEND to the COACHING PROCESS

- Solicit surgeon feedback re. your coaching approach, session structure, content, etc.

MINDSET REMINDERS:

Who is driving the learning agenda?

The surgeon.

Which hat are you wearing?

An expert gives advice.
A co-learner is curious and supports exploration of a range of possibilities with a colleague.

Are you in service to the surgeon?

Attentive to the surgeon's style, needs, and goals, not your own

Who has responsibility?

Surgeon: for committing to and implementing changes / solutions

You: for improving your coaching

❑ FACILITATE GOAL-SETTING & REVIEW

Key Mindset Shift

Who is **driving** the learning agenda?

The Coach → **Surgeon/ participant**

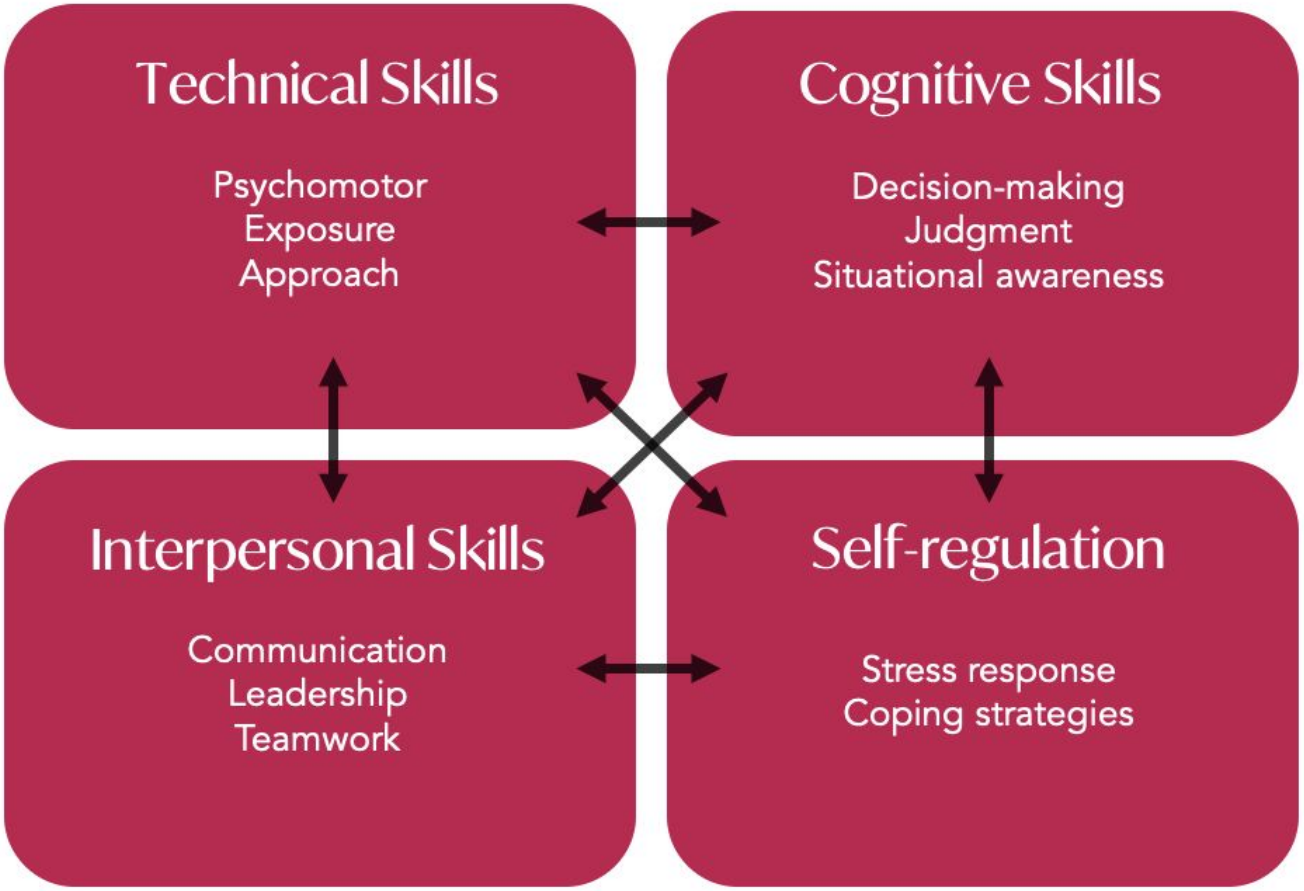
*"At the core of this role is the assumption that [surgeons] must be encouraged to remain **proactive**, in the sense of retaining both the diagnostic and remedial initiative, because only they own the problems identified, only they know the true complexity of their situation, and only they know what will work for them in the culture in which they live."*

Schein, E. (2011). Helping: How to offer, give, and receive help.

Skill Set for Goal-Setting

- Press for clarity, specificity
  - Metrics
  - Action steps
- Ask for progress update, identify barriers, commend effort
- Ask how current case relates to goals and where surgeon would like to focus
- Be able to distill goals into concise, written form

Recall the Performance Domains



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Goal-Setting Exercise

Challenges and Opportunities

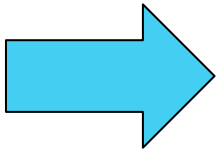
- Not just “jumping in” and skipping this key step
- Results in “conversation”, but not directed learning or shifting behaviors
- Not coming back to this at the end of a session

❑ GUIDE INQUIRY

Key Mindset Shift

Which hat are you wearing?

Expert & Advice-giver & Critic



Co-learner & Curious Supporter

Coaching Mindset Shift

Expert

- Knows the answers
- Shows little curiosity
- Relies on habits, routines/rules
- Feels competent, complete, comfortable

Learner

- Wonders about answers
- Shows great openness
- Challenges assumptions and beliefs
- Continuously tests competence, accepts discomfort, tolerates conflict

Courtesy of Janet Dombrowski, President JCD Advisors, LLC

Balancing Advocating vs Inquiring

- What is the balance of these two components in Western conversations?
- How about in your own conversations?
- Real dialogue happens when advocacy and inquiry are in balance
- “Seek first to understand, then to be understood”

Skill Set: Different Types of Inquiry

Process Inquiry

- Warming up
- Focused on the “WHAT”

Deeper Inquiry

- Uncovering thinking processes
- Focused on the “WHY”

Schein, E. (2011). Helping: How to offer, give, and receive help.

Process vs Deeper Inquiry

Process

- Develop a full picture of the surgeon's situation
- Demonstrate commitment to listening carefully in order to understand
  - Eliciting details of what occurred
  - What the surgeon has tried
  - What kind of help is expected and would be useful

Deeper

- Engage the participant in reflection and diagnosis through guided questioning related to:
  - Personal reactions and thinking
  - Causes & motives
  - Actions taken or contemplated
  - Systemic considerations

Inquiry Examples

Process

Prompt case description

- “Tell me what’s going on…”
- “What brings you here?”
- “How can I support you?”

Ask clarification questions

- What do you mean by…?”
- “Could you tell me more about…?”

Check your own understanding

- “What I hear you saying is…”
- “So, what you are wondering about is…”

Deeper

Personal reactions

- “Why do think this is an issue now?”
- “Why do you think you reacted that way here?”

Causes & motives

- “What conditions might have contributed to X occurring?”
- “Are there other possible explanations for Y?”

Actions taken or contemplated

- “What have you tried so far? Why?”
- “Can you imagine another approach to this?”
- “What is another way this might have played out?”

After the Inquiry: Levels of Listening

For Understanding

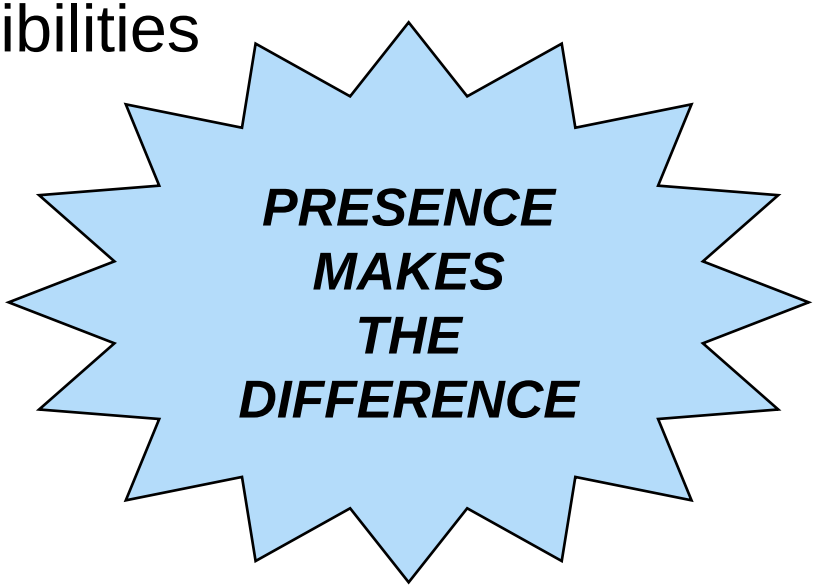
- of the entire message; beyond the words
- generative, full of possibilities

For Application

To Agree/Disagree

To Tell My Story

Non-listening



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“Most people do not listen with the intent to understand. They listen with the intent to reply.”

– Stephen R. Covey

Challenges & Opportunities

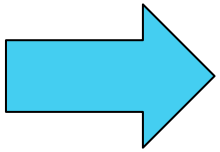
- Biggest mindset shift is from telling to asking
- Be alert for “feeling” words as indicator to go “deeper”
- When in doubt, ask a question - less about process, more about thinking
- Remember to listen to responses

❑ PROVIDE CONSTRUCTIVE FEEDBACK

Key Mindset Shift

Are you in service to the surgeon participant?

YOUR perspective, views, needs



THEIR needs, style, goals

Shift from "Rescue to Responsibility"

	Rescue	Responsibility
Mindset	• They can't do this without you • You fear they are not capable • Coach takes the blame	• Other person has the wisdom and ability that you bring out • The other person has choice about how to react/respond • The surgeon will need to live with results
Feedback Qualities	• Weakness focused • Makes decisions, gives directions • Results oriented • Fosters dependence	• Strength based • Stimulates thinking with great questions • Learning oriented • Builds capacity

Courtesy of Janet Dombrowski, President JCD Advisors, LLC

Skill Set for Constructive Feedback

- Be descriptive, specific, and non-judgmental
- Focus on observations of behaviors and the impact of those behaviors, rather than on assumptions or inferences
- Follow with an opportunity for the surgeon to consider the feedback and respond
- Be mindful of:
  - Tone
  - Timing of the feedback
  - Amount so as not to overwhelm

Examples of Constructive Feedback

Instead of…	You might try…
"You shouldn't stand like that."	"Here I noticed that your arm position was tight to your chest. This looks like it made it difficult for you to…"
"The resident was too timid. I don't like how he hesitated when…"	"The resident paused here for a couple of seconds before he… This led to… "
"Don't do that again before checking with the anesthesiologist."	"At this point, you started closing before you checked in with the anesthesiologist."
"Nice job there."	"Your movements looked very fluid and natural. The extra time you spent positioning the retractor seems to have made it much easier to see."

Example “Script”: 3-Part Technique

1 Your Observation

Tell the surgeon what you saw. It is important to be specific, clear, and objective.

- "I saw"
- "I observed"
- "I watched"
- "The team did"
- "The team didn't"
- "I noticed"

2 Your Opinion

State why you think what you saw is important to talk about, and explain why you pointed out what you did.

- "I think…"
- "I believe…"
- "It is really important to…"
- "I am pleased because…"
- "I am concerned because…"

3 Your Question

Ask a question to help the team reflect on what happened.

- "Can you help me understand?"
- "I am curious, what do you think happened?"
- "How did that make you feel?"
- "What is your point of view?"
- "How did you experience that?"
- "I wonder what you think happened?"
- "Where do you think your team was coming from?"

Coaching Clinical Teams Module: Facilitator Notes. Content last reviewed October 2020. Agency for Healthcare Research and Quality, Rockville, MD.
https://www.ahrq.gov/hai/tools/ambulatory-surgery/sections/implementation/training-tools/coaching-fac-notes.html

Alternate “Script” for Feedback

What I appreciate is...

AND

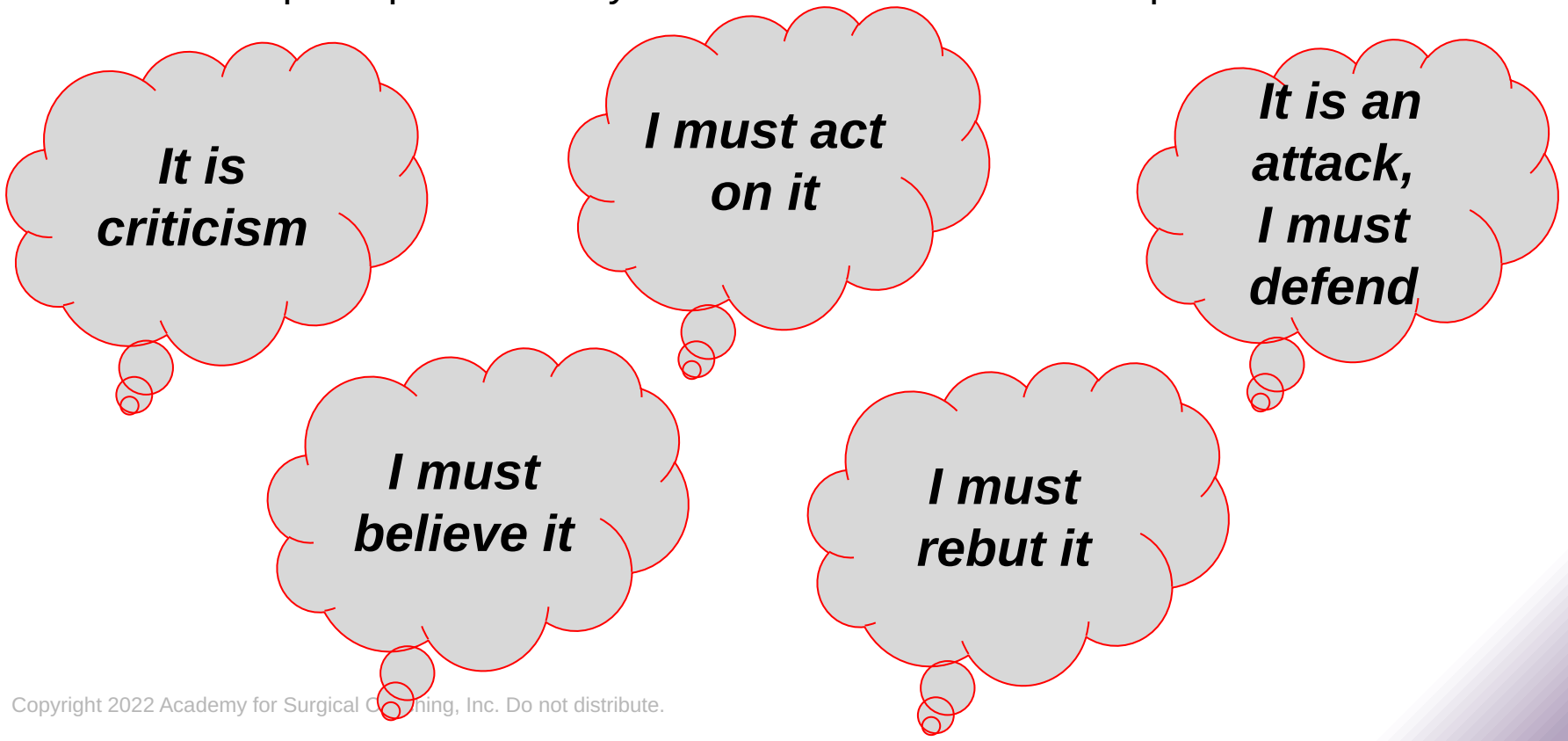
I feel you could be even more effective if...

Challenges & Opportunities

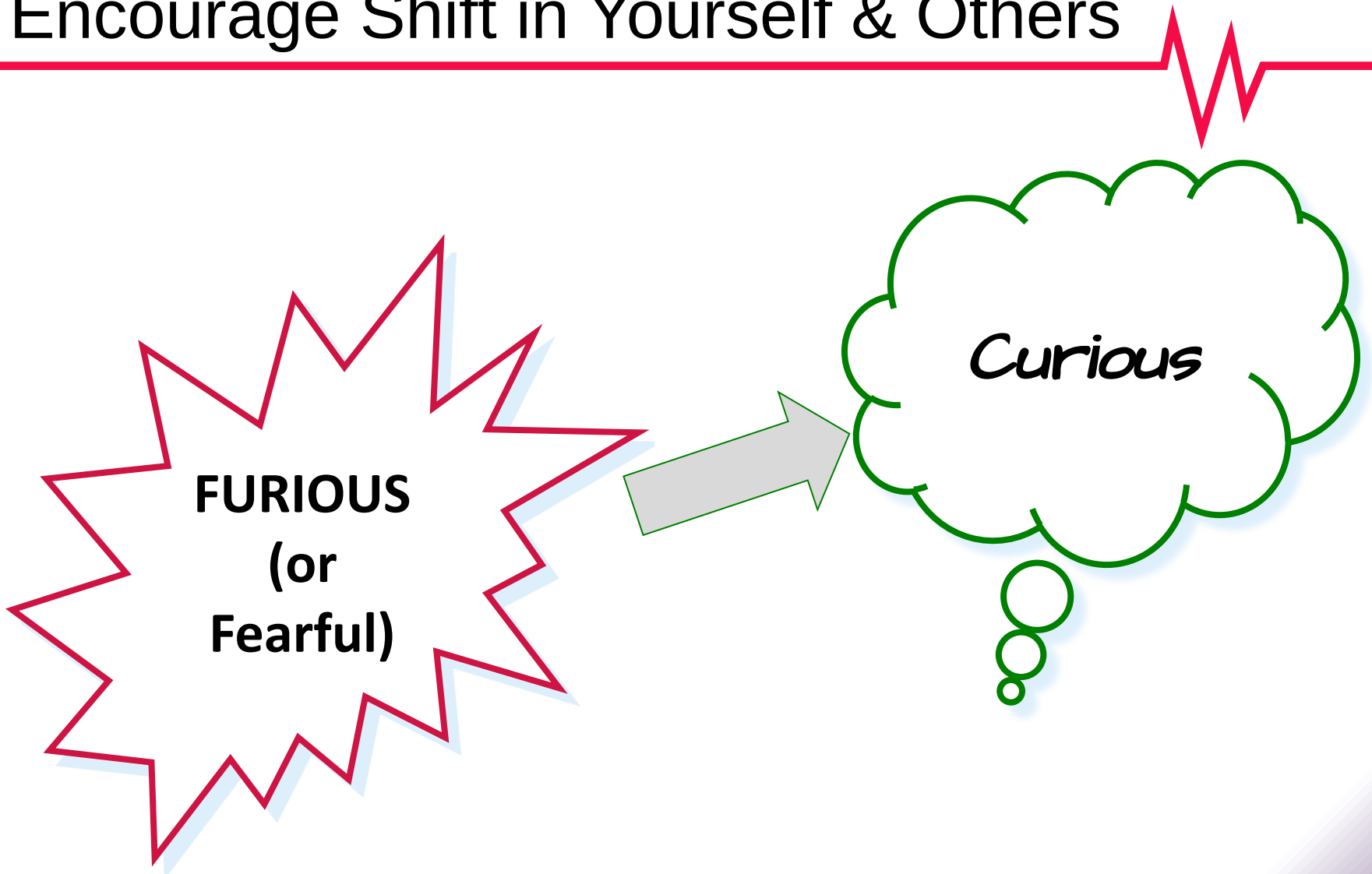
- Tough skill for physicians to put into practice
- Need to shift from just observation to feedback
- Make sure to invite surgeon to respond/react
- Commit to using a “script”

RECEIVING Feedback Can Be Tough

A **mental model** is an explanation of your thought process about how something works in the real world. It is a representation of the surrounding world, the relationships between its various parts and a your intuitive perception about your actions and their consequences.



Encourage Shift in Yourself & Others



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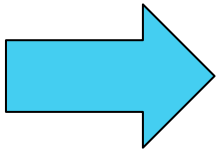
❑ FACILITATE ACTION-PLANNING

Key Mindset Shift

Who has responsibility?

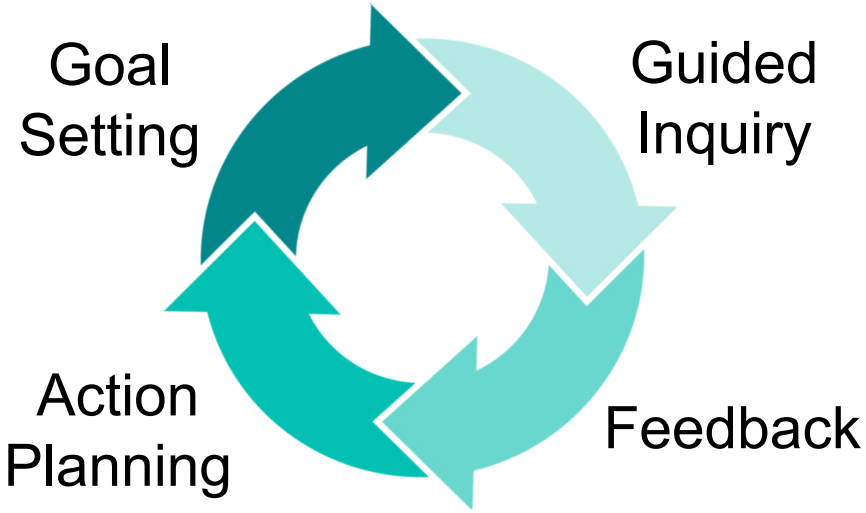
YOU tell them what to work on



THEY choose & commit to implementing change

Skill Set for Action Planning

- Support adult learning
- Engage surgeon in identifying specific strategies for implementing changes
- Press surgeon to identify potential barriers and possible solutions



Challenges & Opportunities

- Similar to goal setting – needs focused attention
- Attend to timing, use end of session wisely
- Intentionally wrap up
- Document planned changes/actions

❑ ATTEND to the COACHING PROCESS

Take the Opportunity to Improve

- Solicit surgeon feedback regarding:
  - Coaching approach
  - Session structure
  - Content
  - Pace

- Go back and review these training materials

- The Academy is here to support you and provide feedback

Create Momentum & Accountability

- Coach helps hold the structure for the surgeon to be accountable to him/herself
- Ensure goals, action plans are documented
- Schedule future sessions at the time of the current session
- Discuss expectations for ongoing communication between coach and surgeon from session to session

How Coaching Goes Wrong

Common Coach De-Railers and Their Effects

Break Confidentiality	→	Lose trust
Lack of clear goals and process	→	Just “chatting” /sub-optimizes learning opportunity
Acting in ”rescue mode”	→	Reduce surgeon responsibility
Reverting to expert/mentor	→	“It’s all about me”/Lose focus on surgeon needs
Interrogation vs Inquiry	→	Defensiveness/withdrawal

Sometimes the Surgeon Can Create Challenges to Coaching

- Lack of commitment (time, effort, enthusiasm, preparation)
- Technical problems (no videos, problems with Zoom, scheduling/time zone issues)
- Content/goals for coaching
  - Wants the focus of coaching be the adoption of an entirely new procedure
  - Wants to “be coached” or “told” what to do by “expert”
  - Can’t see or commit to areas for improvement/pushes back/defensive

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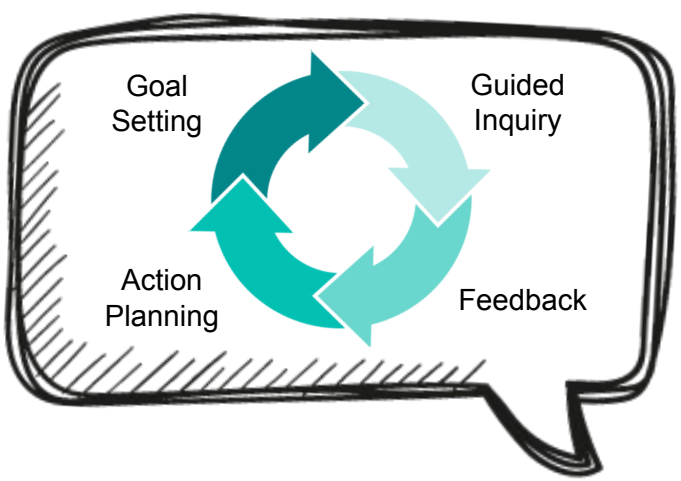
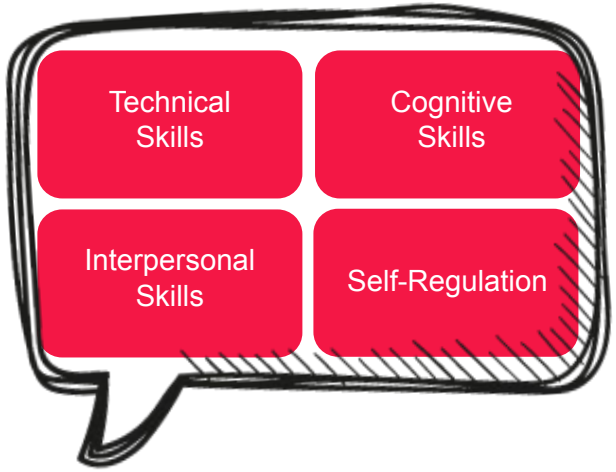
Being the Most Effective Coach You Can Be

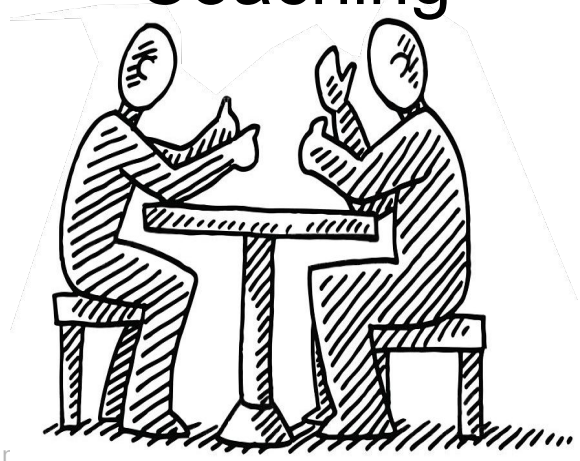
Surgical Coaching Interaction





Peer-to-peer Coaching

Surgical Coach



Surgeon Partner

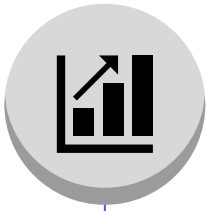
Longitudinal Coaching Relationships

Sign Coaching Contract to outline duration, goal.
Determine Honorarium.
Surgeon pays coaching fees.
Surgeon completes baseline evaluation(s).

Onboarding

Periodic check-ins with coach for video review and analysis.
Assess progress toward goal.
Modify goals and action plans.
Track, analyze performance outcomes.

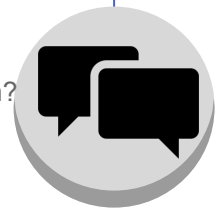
Ongoing Coaching Sessions



Month 0 | Month 1 | Month 1 | Up to 12 months | Final Session

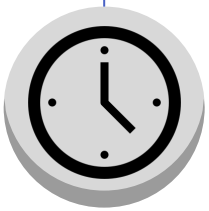
Intro to Surgeon

30 Minute Introduction Call
Discuss surgeon's goal
Can you support this surgeon?
Are your schedules compatible?
Do they want to work with you?



First Coaching Session

Build rapport.
Baseline evaluation of surgical skill.
Establish goals for improvement.
Develop action plan.



Evaluate

Final evaluation of surgeon's performance.
Final assessment of goal attainment.
Reflection on coaching process.
Pay honorarium.
Issue CME Credit.

What makes an effective coach?

- How important is surgical technical skill?
- How can great coaches be identified?
- What characteristics do you see in yourself that will help you in your role as a coach?

What makes an effective coach?

- “Successful coaches are **masterful communicators** and unsuccessful coaches often fail not because they lack knowledge of the sport but because of poor communication skills” - Athletics
- “So the ability to **adapt**, like I say, situational is 95% of being a good coach. Reading the situation and figuring out what each person needs” - Music
- “Good coaches speak with **credibility**, make a personal **connection**, and focus little on themselves” - Teaching

Traits of an Effective Coach

- Communication skills - two way
- Adaptability
- Can understand surgeon’s needs and perspectives
- Ability to motivate
- Broad knowledge base
- Respected in the field
- Attention to detail/observation
- **Self awareness**

Effects on Coaching Interaction

People who prefer Extraversion tend to	People who prefer Introversion tend to
• Talk things through	• Think things through
• Take action, get going	• Reflect before acting
• Want to be involved	• Want to be informed
• Prefer face-to-face communication	• Prefer writing/one-on-one communication

THE Academy FOR Surgical Coaching

Empowering surgeons through coaching