**Quick Orientation on coaching skills for (to be used when it is not possible to conduct a coaching skills training).**

**Focus/objectives**: to help staff understand what coaching is, key concepts on coaching and how one can use coaching skills to ensure effective supervision that builds on involvement and ownership by the health workers.

**Notes to the facilitator:**

* During the session utilize adult learning and facilitation skills
* Allow the staff to discuss freely and share experiences
* Utilize the case studies and where applicable review actual supervision reports
* Exercise the 4-step coaching process and create a plan from a case study.
* Explain all the key points below clearly and with examples as much as possible

**1. What is coaching**

Expected outcome:

* Definition of coaching
* Emphasis and awareness that a coach supports the coachee but does not “do it” or “give instructions” to solve the problem
* Why coaching is best to achieve results/ownership and accountability rather than giving instructions which is usually done during supervision

Play the coaching video (where possible) and have the participants tell who among the 2 is the coach and the coachee

* Coaching is teaching skills, knowledge, and competencies necessary for health workers to perform a specific job within their work environment
* Coaching uses the regular or existing workplace tools, documents, equipment and skills necessary for a health worker to learn to effectively perform his or her job.
* Focuses on helping the person being coached to discover answers for themselves

**2. How and why is coaching complementary to supervision.**

Expected outcome

* Staff/supervisors to understand that supervision does not result in long-term results is coaching is not incorporated.
* Coaching is complementary to supervision
* Advantages of coaching to the health facility and the coach/supervisor

2.1 Coaching Vs supervision

|  |  |
| --- | --- |
| Coaching | Supervision |
| * The process used to empower individual employees to put forth their best efforts
* Coaching is based on **asking** rather than telling, on **provoking thought** rather than giving directions and on **holding a person accountable** for his or her goals
 | * The act of watching a person or activity to see if they do everything correctly; give a score
 |
| Complementarity: * Supervision helps identify strengths and challenges
* Coaching can be conducted after supervision to develop a plan to address challenges
 |

2.2 Advantages of coaching

For the team/facility being coached?

* Improves skills
* Enhances self esteem
* Happier employees
* Better performance
* Increased productivity
* Empowers employees

For the person doing the coaching?

* Economical (training on site over sending to a training),
* Customize to work environment
* Better performance leads to less work and effort by supervisor
* Improved performance outputs
* Increased knowledge

**3. Characteristics of a good coach and Coaching techniques**

Expected outcomes

* Staff to understand qualities of a good coach**,**
* Understand the techniques used for coaching
* Adults base on their experiences and learning is best when interactive

3.1 Characteristics of a good coach

* Willing to share: skills, knowledge, expertise, time
* Personal interest in the staff to be coached and Commitment
* Positive attitude (positive outlook, approachable, available)
* Enthusiasm. Is objective, compassionate
* Ongoing learning and support
* Provide constructive feedback
* Respected and respectful
* Values opinions and initiatives
* Consistent
* Communication skills
* Preparedness

3.2 Communication skills

To ensure effective communication, a good coach should:

**Listen:** It is important to focus on what the trainee is saying in order to understand his or her perspective.

**Observe:** Coaching involves watching. Sometimes a trainee’s body language may tell a lot about what he or she feels or understands.

**Question:** Ask questions to find out what is important to the trainee. Be careful to ask questions in a constructive way.

**Rephrase:** After a trainee makes a statement, it is sometimes useful to restate what you think the trainee meant. This clarifies the trainee’s ideas or feelings and shows you are listening.

3.3 Coaching techniques:

|  |  |
| --- | --- |
| **Learning Process**  | **Coaching Techniques/Strategies** |
| Read | * Assign reading in the National Protocol
* Read or review wall charts or technical charts
 |
| Hear | * Group Discussions to gather more information on the problem and discuss solutions;
* Meetings with Health Center Direction
* Lecture or training
 |
| See | * Demonstrations
* Pictures in national protocol or on wall
* Making a tool and hanging it on the wall
 |
| Say | * Group Discussions
* Lecture
* Meetings with Health Center Director
 |
| Write | * Writing a new wall sheet
* Working on reports or OTP individual cards together
 |
| Do | * Demonstrations
* Assisted changes (help set up OTP room or stock room)
* Creation of a tool
 |

**4.The coaching process**

Expected outcomes

* Learn the 4-step coaching process and how to implement each step
* How to assess your coaching abilities

4.1. The 4-step coaching process

**Step 1: Introduce yourself and Observe Work**

**Purpose:** Create an understanding between the team and the coach about what is happening

**Take time:** Spend time following the flow of work in the SC, look at the patients and their files, observe a feeding, observe the environment, ask questions to understand and repeat for clarification

**TFP Score Card:** It this is a supervision visit, use the TFP score card per usual and then note the strengths and challenges and continue with the

Pointers to good introduction

* Smile and be courteous
* Greeting every one by name or position (ask name if you do not know it)
* Request for time
* Remove barriers by introducing yourself as working with the team/government.
* Clear and specific explanation of the purpose of the visit

Pointers to good observation

* Linking different aspects (OTP flow of activities, supplies, IYCF, WASH, health education, following the guideline, respect for beneficiaries, documentation and reporting etc)
* Noting all observations both positive and negative
* Asking and repeating responses for clarity
* Allocation of enough time
* Being with areas where there were challenges at the previous visit

**Step 2: Identify Strengths and Challenges**

* Look at what is working well and encourage the team to continue the good work
* Note the areas of improvement that you have observed
* Fill out “Strengths and Areas for Improvement” sheet

Pointers to proper identification of strengths and challenges

* Probing more about the strengths for lesson learning
* Probing for the challenges
* It’s a discussion not a fault-finding mission or blame game
* Challenges discussed in detail
* Asking and repeating responses for clarity (the why behind the why)
* Appreciating the strengths
* Following up on the challenges identified at the last visit
* Completed supervision checklist

**Step 3: Initiate a Plan**

* Work with the team to discuss solutions to the challenges
* Apply tactics to improve performance using tools, policies and procedures as methods of coaching
* Work with the team to complete the “On the Job Coaching Action Plan” Sheet
* Turn challenges into actions
	+ **Challenge:** hardship or problem; needing effort or skill to overcome
	+ **Goal:** The desired result
	+ **Action:** the process of doing something to achieve the goal
	+ **Look at the challenge**
		- What change do we want to see?
		- What steps need to be taken to see that change?

Pointers to good planning

* Prioritising the challenges
* SMART expected outcome(s)/desired results
* A guiding discussion where the coachee comes up with the solutions
* Small doable actions
* A completed plan of action posted at the health facility
* Responsibility and timelines allocated
* Availability of tools, equipment for the proposed actions
* proposed action plan incorporated with the existing health worker’s plan (where one is available)

**Step 4: Get a commitment and Follow-up**

* Just because a plan is developed doesn’t mean the team will follow through
* Initiate the first step with the team
* Set a follow up meeting and schedule telephone check in
* Make yourself available for follow up and any questions that arise
* Be persistent, put in the time needed and follow through on what you say you will do (establish Confidence)

Pointers to commitment and follow-up

* Summary of actions in the health facility log/visitors/supervision book
* A completed plan of action posted at the health facility
* Availability of tools, equipment for the proposed actions
* proposed action plan incorporated with the existing health worker’s plan (where one is available)
* Capacity level of the heath workers taken into account in the plan of action
* Existence of the coach and coachee contact information
* Satisfaction with the support provided
* Timely completion of tasks
* Follow-up communication