

Chapter five: Differential Attainment Toolkit - Career coaching approaches to support and develop doctors

Introduction

This introduction to coaching skills, attitudes and approaches, is designed specifically for supervisors and educators who have responsibility for supporting the development of trainee doctors within their specialty or trust. These skills and approaches can also be incorporated, with a bit of practice, into conversations with colleagues and team members.

This toolkit includes a workshop lesson plan, exercises and further reading to support the introduction of these skills and approaches. The aim of the workshop is to spark curiosity about the value of coaching when having career conversations with trainee doctors, and to ignite enthusiasm and confidence to encourage colleagues to start having more coaching style conversations with them.

This toolkit is made up of:

- Facilitators workshop plan
- Details of pre-session activity for participants **appendix 1**
- Exercise 3: Career Coaching Questions: Traps and Pitfalls **appendix 2**
- Exercise 3: Career Coaching Questions: Traps and Pitfalls Crib sheet **appendix 3**
- Typical Coaching question structure: The Magic questions **appendix 4**
- Exercise 4: Case studies 1 – 4 **appendix 5**
- Facilitator crib sheets for Exercise 4 Case studies 1-4 **appendix 6**
- What is Coaching? information for participants **appendix 7**
- Careers Coaching Resources and Further Reading **appendix 8**
- Workshop powerpoint slides- **appendix 9**

Workshop learning outcomes

Directors of Medical Education, Training Programme Directors and Supervisors who participate in the training will increase their:

- Understanding of why values are an important consideration in career coaching and decision making
- Understanding of the boundaries of career coaching with doctors as well as when, and who to signpost to
- Understanding of contributing factors to differential attainment and its impact on career planning for International Medical Graduates (IMG) / Black Asian and Minority Ethnic (BAME) doctors
- Knowledge of question traps and pitfalls around supportive career coaching and how to avoid them.
- Confidence and motivation to cascade the learning among colleagues within your organisation.

Pre-session activity for participants

To help participants to get the most out of this workshop we advise that they are directed to the e-learning resource called **Supporting Career Conversations for Educators** which provides an introduction to coaching skills. Details of how to access this resource can be found in **Appendix 1**

Resources required:

- Flip charts and pens, Postit notes and data projector
- Worksheets to be printed for the delegates:
 - ✓ Appendix 2 – Exercise 3
 - ✓ Appendix 3 – Crib sheet for exercise 3
 - ✓ Appendix 4 – The Magic Questions
 - ✓ Appendix 5 – Case studies
 - ✓ Appendix 6 – Crib sheets for exercise 4 case studies
 - ✓ Appendix 7 – What is coaching? Information for participants
 - ✓ Appendix 8 – Careers coaching resources and further reading
 - ✓ Appendix 9 - Powerpoint slides to accompany workshop

Target audience

Directors of Medical Education (DME); Training Programme Directors (TPD); Postgraduate Deans (PGD); Heads of School and Deputy Heads of School

Workshop length

The workshop will take approximately 2 hours.

Session plan: 2 Hour workshop

5 mins	WELCOME & Introductions
10 mins	Pre-Session reflection/Exercises
10 mins	Different roles of the Education Supervisor
5 mins	Differential Attainment – what does it mean?
10 mins	Differential attainment and supervision
5 mins	Introducing the SCAN model for career planning
5 mins	Introducing TGROW model for coaching conversations
10 mins	Break
10mins	Questions – Traps and Pitfalls
10 mins	Questioning with style
20 mins	Looking at case studies
5 mins	Listening actively
15 mins	Identifying Future needs
	CLOSE

Workshop Plan

Topic & time allocation	Facilitator Notes	Slides & Handouts
<p>Welcome and introductions</p> <p>5 minutes</p>	<p>Introductions Facilitators to introduce themselves. (If this workshop is being delivered as a stand-alone event and not part of a full programme of activities with the same group of people then participants to introduce themselves and indicate their expectations of the workshop)</p> <p>Outline of aims of workshop – The aim is to spark your enthusiasm and confidence to cascade this learning to colleagues who have a supervisory role with doctors in training and in particular to support those trainees who are International Medical Graduates (IMG) or Black, Asian and Minority Ethnic (BAME) doctors</p> <p>Learning outcomes The learning outcomes summarised on slide 3 will cover a structured practical application of career coaching approaches to support trainees in a range of contexts such as making career choices, struggling with clinical or education issues related to performance and interactions with colleagues and patients</p> <p>This workshop will be a combination of information to set the context and reflective practice exercises. You will also be provided with some explanatory notes about coaching and a list of suggested further reading and links to resources. This will be given in the handout from appendix 5</p> <p>What is coaching? Information for participants</p> <p>Before we start: Agree ground rules and address expectations not in the scope of this workshop which may be covered by others in the series of the Differential Attainment toolkit</p>	<p>Slide 1: Workshop header</p> <p>Slide 2: Workshop aims</p> <p>Slide 3: Learning outcomes</p>
<p>Pre-course reflections</p> <p>10 minutes</p>	<p>Introduction to the exercise</p> <p>The following exercise refers to the pre-course recommendations which some of you may have had the opportunity to look at. This was recommended to you just to set the context for what we are going to be doing today – however it is not essential that you have looked at it in order to benefit from this workshop. A link to the resource Supporting Career Conversations for Educators can be found in the Information for Participants which will be handed out at the end</p>	<ul style="list-style-type: none"> • Details of pre-session activity for participants appendix 1

EXERCISE 1: Your Story (Values)

Values are important both in terms of self-awareness of core needs and priorities and how they are met/align with career choices and organisational values. They can also help instill clarity and inform effective applications and interviews for career progression and performance assessment.

Allow 5 minutes for the small group discussion and a further 5 minutes to bring together the thoughts from each of the groups. If the whole group is very small you may wish to do the entire exercise as a whole group discussion,

In groups: Explore your own answers to the two questions on **slide 4**. If you have already done a similar exercise from the online module you may wish to share your reflections with the group.

The following prompt questions on slide 5 may help generate discussion within the groups and during whole group feedback.

- *What shared core values do you have within your group? How might this impact on the way you work with trainee doctors?*
- *Why are values an important consideration in career coaching and decision making? (you might wish to include their relevance to personal drivers/self-awareness/Values based recruitment (VBR))?*
- *How do you think you will use the ‘**Supporting Career Conversations**’ toolkit with trainee doctors? (discussion might include understanding of career coaching approaches & models/listening skills and questioning styles in practice)*
- *What are the key issues being presented by trainees during supervision?*

Whole group discussion:

- *What is the benefit of adopting an empathetic coaching approach with trainees? (Did hardship(?) make you the consultant you are today or did other supportive factors have a bigger influence?)*
- *What would be the disadvantage of adopting a hard and unempathetic approach with your trainee doctors? (eg doctors may feel unvalued and leave the trust, medicine, specialty; trainee may not engage – having a negative impact on their progress)*

Facilitator to add learning points to the Flip chart as each group feeds back

Slide 4: Exercise 1

Two initial questions to consider

Slide 5: Exercise 1

Prompt questions for discussion

<p>Different roles of the Education Supervisor</p> <p>10 minutes</p>	<p>What are the different ‘roles’ that Educational Supervisors can be asked to convey and when?</p> <p>Educational Supervision</p> <p><i>An educational supervisor is responsible for the overall supervision and management of a specified trainee’s educational progress</i></p> <p><i>The Gold Guide 2018</i></p> <p>In this role you may well adopt a number of ‘hats’ or ‘roles’ within supervision depending on the issue presented. These can include mentor, coach, careers advisor, counsellor. It is important to consider the differences between these approaches, when they may be appropriate and when referral or signposting may be applicable. Notes to accompany slide 6</p> <p>The ‘Mentor’</p> <p><i>“A mentor gives relevant opinions or advice because their own professional experience matches yours in some way. So a mentor is more of a ‘wise guide’ because of their relevant skills or knowledge. Generally, a mentor is more involved in the content of a conversation, while a coach is more focused on the process of it.”</i></p> <p>Starr, J. (2008) Brilliant Coaching – How to be a brilliant coach in your workplace</p> <p>The ‘Coach’</p> <p><i>“A good coach can coach most people in most situations...they are able to support a person’s own thinking processes, using advanced skills of listening, questioning and observation or feedback. They are less likely to offer expert advice or guidance, as they are more committed to the other person finding their own solutions.”</i></p> <p>Starr, J. (2008) Brilliant Coaching – How to be a brilliant coach in your workplace</p> <p>Careers Adviser</p> <p><i>‘The provision of information, advice and guidance to support those wishing to make choices about their careers and working lives’</i></p> <p>www.prospects.ac.uk</p> <p>Counsellor</p>	<p>Slide 6: Educational Supervisor ‘Roles’</p>
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'Counselling is a talking therapy in which a trained therapist listens to the client and helps them find ways to deal with their emotional, personal and psychological issues.'

www.nhs.uk

The career coaching approaches we are sharing today bring together elements of each of these definitions & encourage choice.

When making decisions about which role you are adopting this will influence the conversational style which you adopt. In addition, you may also need to consider whether the issues raised require more specialist support including signposting and referral. Show **slide 7**

These questions should facilitate a discussion around how the doctor's issues highlighted how their:

- awareness of ownership and responsibility
- self-awareness
- timeframe
- emotional context

May influence the supervision itself and may dictate:

- the most appropriate type of questioning
- the need for more information
- the need for onward signposting within the supervision

Discussion around the most appropriate type of questioning may highlight the following:

- To promote a supportive style, it is advantageous to agree a shared agenda for the conversation as a generalised or unspecific agenda may lead to unfulfilled objectives and potentially take longer with more questioning.
- Some particular conversational styles may be more helpful than others – the discussion may identify active listening which includes - paraphrasing, reflecting and summarising as being helpful
- Care needs to be taken to avoid particular phrases or vocabulary which can result in the conversation having a negative impact on the trainee doctor. Terms such as 'pull your socks up' 'can I have a quiet word' can be unhelpful in these conversations – at best being misconstrued; at worst received as being very critical

Discussion around the boundaries for the different roles may highlight some of the issues on this slide.

- How would you respond to these issues? (General discussion may cover your area of expertise, knowledge of the particular issue raised and where sources of help are available; timeframe for resolving

Slide 7: Different Roles and Boundaries

	<p>issue – such as pressure to sit exams, rota issues etc; how long has the issue persisted; are there other needs such as emotional support that needs to be addressed before issues such as career planning and exam performance can be addressed?)</p> <ul style="list-style-type: none"> • What are the implications of setting boundaries with trainees in terms of what you can achieve in a coaching conversation? (Some trainees may not understand the limitations of your expertise and may feel that they have been ‘brushed off’. Alternatively, it may help the management of the situation so that each understands their responsibility in resolving the situation. By not setting boundaries the trainee may be misinformed or not get the most appropriate support potentially having a negative impact; Having unrealistic expectations as to what can be achieved in a discussion with a supervisor can delay the access to more relevant sources of support and the possibility of the situation being resolved satisfactorily) • The last point on this slide has a link to the Professional Support Unit’s (PSU) list of services.(Slide 7) Please do look at this as there may be many ways in which the PSU can support your trainee doctors 	
<p>Differential attainment – what does it mean?</p> <p>5 minutes</p>	<p>The current picture of the make-up of the NHS workforce has been described by Nancy Kline in 2015 as: NHS Trust boards, senior directors and management are not ethnically representative in terms of the communities they serve. In addition, a higher proportion of Black, Asian and Minority Ethnic (BAME) clinicians go through disciplinary/grievance procedures than their white colleagues. These factors impact on patient-centred care and satisfaction as well as staff innovation, respect, wellbeing and health (Kline 2015)</p> <p>This slide describes three different viewpoints of differential attainment. For a person to feel truly comfortable in an environment they should feel confident in each of these three areas. When coaching individuals from a wide range of backgrounds where there may be differential attainment issues it is important to consider an individual’s confidence and competence in each of these areas. Show Slide 8</p> <p>Cultural Safety – when an individual feels spiritually, socially, emotionally, physically safe (Williams, R 1999) – regular evaluation of oneself and others</p> <p>Cultural Competence – Being equitable and non-discriminatory in your practice and behaviour – person-centred balanced approach in which cultural identity and cultural context are taken into account. Cultural competence is defined</p>	<p>Slide 8: Differential Attainment – what does it mean?</p>

	<p>as a set of congruent behaviours, attitudes and policies that come together in a system or among professionals that enables them to work effectively in cross-cultural situations. Essential elements include valuing diversity, capacity for cultural self-assessment, being conscious of dynamics inherent when cultures interact, having institutionalised cultural knowledge, changes to service delivery to reflect cultural diversity (T. Cross 1999)</p> <p>Cultural Humility – The ability to maintain an interpersonal stance that is other-orientated (or open to the other) in relation to aspects of cultural identity that are most important to the person. Subtle difference is it focuses on self-humility rather than achieving a state of knowledge or awareness (cultural competence) (Hook 2013)</p> <p>You can read more about these ideas in a number of the references in the Appendix 8 Careers Coaching Resources & Further Reading which will be distributed at the end of this session</p>	
<p>Differential attainment and supervision</p> <p>10 minutes</p>	<p><u>EXERCISE 2: Differential Attainment & Supervision</u></p> <p>Exercise 2 is concerned with attendees reflecting on their own understanding and experience of differential attainment from both trainees’ and educators’ perspective</p> <p>Ask each group to address each of the prompt questions on slide 9 and prepare to feedback to the whole group</p> <p>Group feedback may have covered some or all of the following points. The slide will fill in the gaps of any that are missing Show slide 10</p> <ul style="list-style-type: none"> <input type="checkbox"/> Power Dynamics - What is your own cultural awareness in relation to unconscious bias/intra-cultural variation - Does culture play a part in adhering to hierarchy/asking for clarification? <input type="checkbox"/> What are the expectations and learning outcomes from the supervision – are they shared and created equally? <input type="checkbox"/> Sometimes expectations/observations remain left unsaid as we make assumptions about other’s understanding – this is not always the case for trainees especially IMGs <input type="checkbox"/> What is the generic culture of learning they are used to e.g. Is self-reflection a new concept? What challenges would this hold for recruitment and selection? E.g. utilising structured appropriate examples embodying organisational values such as teamwork rather than possibly listing achievements 	<p>Slide 9: Exercise 2: Differential Attainment & Supervision</p> <p>Slide 10: Coaching and Differential Attainment</p>

	<ul style="list-style-type: none"> ❑ Awareness and knowledge of cultural norms in terms of pride/status/achievement in family/community/culture and individual ability to move from an emotional state of denial when struggling being challenged by training <p>Putting yourself in their shoes can sometimes increase understanding of the many factors which impact on IMG's and BAME's performance and satisfaction in the workplace and training programme. Issues may include factors such as dislocation, a minimal support network and a poor understanding of multi-ethnic culture.</p>	
<p>Introducing the SCAN model for career planning</p> <p>5 minutes</p>	<p>We have considered different approaches involved in educational supervision and specific factors that can influence differential attainment for IMG and BAME doctors.</p> <p>But how can we best support the resourcefulness of IMG/BAME doctors to challenge the potential barriers of differential attainment and find resolution to achieve their career goals?</p> <p>We are now going to introduce two mnemonics that give structure to the approaches we have discussed</p> <p>The first one is: the SCAN model used primarily when discussing career planning and management and emphasises the role of informed realistic decision making. See slide 11</p> <ul style="list-style-type: none"> ➤ Model based on the DOTS model (Law & Watts, 1977, 1996), the Career Development Cycle which offers a step by step approach to career decision-making. ➤ Made up of four stages: <ul style="list-style-type: none"> ➤ Self-Awareness - exploring what the individual wants from their career and their life. Includes a consideration of their values, working preferences, skills, interests, personality and stressors ➤ Career Exploration – exploration of the opportunities involving establishing what you need to know, where you will find the information & who may be able to support you in your research ➤ Arriving at your decision – this implies a 'journey' leading to a career decision rather than merely 'making a decision' in isolation from anything else. This stage considers different ways to compare options and also checking the robustness of that decision 	<p>Slide 11: SCAN Model</p>

	<ul style="list-style-type: none"> ➤ Next Steps – explores the processes for making applications – application forms, CVs, Interviews, selection centres, online assessments and sources of vacancies and other options <p>Where would you start? - Most would start with self-awareness as it is difficult to decide on a career move without first understanding what you want from a career.</p> <p>The Careers Unit uses this model in the design of their on-line models for career planning. Links to these models can be found in Appendix 8 Careers Coaching Resources & Further Reading which will be distributed at the end of this workshop</p>	
<p>Introducing TGROW model for coaching conversations</p> <p>5 minutes</p>	<p>The second model is TGROW which is primarily used to offer a structure to coaching conversations. This model has been adapted from the GROW model proposed by Sir John Whitmore (2017) (Coaching for Performance Chapter 6 see Appendix 8 Careers Coaching Resources & Further Reading) and provides a sequence to structure your conversations inviting you to think about the:</p> <ul style="list-style-type: none"> ➤ Goals – the proposed outcomes from your meeting; ➤ Reality – an exploration of what is actually happening now; ➤ Options - those that are currently under consideration and finally - some sense of action or ➤ Will or a sense of motivation to move forward what was explored in the conversation ➤ GROW This conversation is set in context with the inclusion of the context or with the inclusion of: ➤ Topic for discussion –TGROW. <p>This can be very effectively used to structure both long and short coaching conversations as you can manage it to fit the time available. A possible outcome can be as simple as 'To discuss this issue properly we need to allocate more than five minutes. Let's book a half hour next week to discuss this more fully'</p>	<p>Slide 12: TGROW Model</p>
<p>Tea</p> <p>10 minutes</p>		
<p>Questions – Traps and Pitfalls</p> <p>10 minutes</p>	<p>The effectiveness of the SCAN and TGROW models as a structure or framework in which to analyse, reflect, challenge and identify goals is intrinsically linked to asking the right types of questions. This being so the next part of this workshop will look at different types of question and their potential to help or hinder the conversations</p> <p>It is very easy to fall into traps or experience pitfalls when asking questions which can impact on the rapport with your</p>	<p>Slide 13: Catalytic Questions</p>

	<p>colleague and the outcome of the conversation. The following exercise aims to raise awareness of how easy this is</p> <p><u>EXERCISE 3: CAREER COACHING QUESTIONS– TRAPS & PITFALLS?</u></p> <p>Facilitator to hand out worksheet which you can find in Appendix 2 (Slide 14 Knowing the traps explains the exercise)</p> <p>Ask the delegates to look at the questions in the speech bubbles on the second page and note down which they consider appropriate/ not appropriate for a career coaching conversation. Use the table on the front page to record their choices and their reasons for these choices.</p> <p>Traps and Pitfalls</p> <p>Appendix 3 Career coaching questions: traps and pitfalls crib sheet Option to hand out this crib sheet after discussion of this exercise with delegates.</p> <p>Quickly summarise the exercise in terms of traps and pitfalls – notes are in the notes section on this slide and contained in Appendix 3 crib sheet</p> <ul style="list-style-type: none"> ➤ Advice giving – wishing to be helpful through giving your own solutions dressed up as questions – Does the question start with a verb and can it be answered yes or no – if so it falls into this category ➤ ‘Why’ questions – Invites defensiveness which takes the form of analysing and intellectualising. Often focuses on motivation which might not be known and felt like an interrogation which closes the trainee off ➤ Researching the Data – The client already has the data – pertinent data will emerge when you ask the right questions. If you are searching for data you are not really listening ➤ People not present – None of us can be sure what another person’s motivation is an may convince the trainee that the problem is wholly owned by that other person or may have responsibility for the trainee’s decision ➤ Long & Multi-faceted Questions – client becomes confused and reveal uncertainty – take a pause and rephrase <p>Hand out the following resource which lists some examples of good catalytic or magic questions see appendix 4 Magic Questions</p> <p>Reference: Coaching Skills by Jenny Rogers (2012) (pp76-8)</p>	<p>Appendix 2: Exercise 3 (worksheet) Career coaching traps and pitfalls</p> <p>Slide 14: Knowing the traps</p> <p>Appendix 3 Career coaching questions: Traps and pitfalls crib sheet</p> <p>Slide 15 Traps and Pitfalls</p> <p>Appendix 4: The Magic Questions</p>
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	<p>For further information encourage delegates to look at the following reference. Full details of this reference are in the Appendix 7 What is Career Coaching? Information for participants to be distributed at the end of the workshop</p> <p>You can read more about questioning techniques in many of the suggestions for further reading to be found in appendix 8 Careers Coaching Resources & Further Reading</p>	
<p>Questioning with style 10 minutes</p>	<p>The previous exercise focused more on content and context of unhelpful questions. However questioning style should also be considered in terms of the impact on the effectiveness of career coaching. Examples of questions include open v. closed; reflective v. leading - Crux/Specific questions, nominalisations/buzz words and clean language – (this is particularly helpful with IMG trainees in that it reduces the risk of misunderstanding occurring) and finally slide past questions The following notes explain the information on the slides:</p> <p>Slide 16 Open versus closed: All questions fall somewhere along the continuum of closed and open questions. At the closed end are questions designed to obtain specific responses by offering the other person limited choice. At the opposite end are the more open questions that offer endless ways of responding. With closed questions, the response may be a factual piece of information or a ‘yes’, ‘no’ or ‘maybe’ answer. Open questions will open up the individual’s thinking, allowing them to explore their thoughts and seek the most appropriate answer, generated from their own reflection and thinking.</p> <p>Slide 17: Leading versus reflective: Leading questions do exactly that: they lead the other person towards the ‘right’ answer by implying what you think their answer should be. It is obvious that the person asking the question is expecting a certain answer. This may make the individual feel obliged to respond to give the answer the questioner is looking for to avoid a debate or having to justify their answer. Although a leading question can lead someone to agree with an idea, it is important to be aware of the negative effect it can have. The individual may feel they were manipulated into making a commitment they didn’t want to make. This could lead to feelings of distrust, loss of respect and undermine rapport.</p> <p>Asking a reflective question, on the other hand, will have a totally different effect. The question is structured in such a way that there is no indication of a right or wrong answer or an expected response. This helps open up the conversation and gives a better picture of what the other person is thinking.</p> <p>Slide 18: Nominalisations</p>	<p>Slides 16 – 19: Related to different types of questions:</p> <ul style="list-style-type: none"> • Slide 16 Closed versus open • Slide 17 Leading versus reflective • Slide 18 Nominalisations • Slide 19 slide past

	<p>A nominalization is a noun, adjective or verb which has been turned into an abstract concept e.g. a politician will talk about <i>modernizing</i> the NHS or in the civil service. Similarly, a trainee may talk about being <i>paralysed</i> by <i>indecision</i>. No behavior is specified and each listener will create their own meaning lulled into a false sense of shared understanding.</p> <p>If you think you maybe hearing a nominalization – ask yourself could you buy it, carry it away as a physical entity or see it in actual behavior - if not then it is a nominalization and you should always ask the trainee to clarify instead of assuming meaning.</p> <p>Slide 19: Slide past A presupposition question allows you to ‘slide past’ anything that could be blocking someone from seeing something from a different perspective. It also frees the individual to bypass their own blocks, e.g. negative beliefs and limiting assumptions that stand in the way of decision making or taking steps towards their desired goal.</p> <p>Using ‘slide-past’ questions works subconsciously to bypass mental blocks, giving the person permission to move on (to commit to action). The subconscious mind does not judge instructions that it receives from the conscious mind. It simply obeys its commander; storing away any information which may be at odds with the individual’s self-perceptions or beliefs. The instruction manages to ‘slide past’ the subconscious – and as such, the “blocks”- and the individual is invited to open up to new possibilities and new ways of thinking. Reference: Coaching Skills by Jenny Rogers (2012) (pp 81 - 102)</p> <p>For further information encourage delegates to look at the following reference. Appendix 7 What is Career Coaching? Information for participants to be distributed at the end of the workshop</p> <p>You can read more about questioning techniques in many of the suggestions for further reading to be found in appendix 8 Careers Coaching Resources & Further Reading</p> <p>As the questioning styles are thoroughly summarised in the handout referred to above facilitators may wish to very quickly cover this section and refer delegates to the notes. in Appendix 8</p>	
Looking at case studies	EXERCISE 4: Case studies: –	Slide 20: Exercise 4: Case studies

<p>20 minutes</p>	<p>The case study exercise invites delegates to consider one or more of the cases presented on the worksheet and in particular address the questions on slide 14. If time results from the discussion should be shared with the whole group In your groups the case studies reflect/discuss/feedback on the following 5 questions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What differential attainment issues could be present? <input type="checkbox"/> What career coaching structure(s) would be useful to adopt in discussion with this doctor? <input type="checkbox"/> What questions would be useful to assist the doctor in moving on/identifying a goal or outcome? <input type="checkbox"/> What potential pitfalls or traps could occur within the discussion? <input type="checkbox"/> Is signposting appropriate? If so, then to whom? <p>Appendix 6 summarises the discussion from an exploration of each of the cases in exercise 4. You may wish to hand out the crib sheet to the participants after some discussion of the questions in the exercise</p> <p>Facilitators may wish to allocate one case study to each group and allow 10 minutes for discussion and 10 minutes for group feedback.</p>	<p>Appendix 5</p> <p>Exercise 4: worksheet Case studies</p> <p>Appendix 6: Facilitator crib sheets for Exercise 4 Case studies 1-4</p>
<p>Listening actively – some guidelines</p> <p>5 minutes</p>	<p>It is worth briefly reflecting on the impact of effective listening skills both in terms of developing rapport but also supporting and developing the environment for cultural safety and cultural humility to flourish. Some of the techniques are outlined in Slide 21</p> <ul style="list-style-type: none"> ➤ Match your voice to the colleague's (volume, pace, pitch, tone, intonation and phrasing). ➤ Copy and match your colleague's use of terminology, jargon and turn of phrase and jot down frequently used words ➤ Match & mirror the non-verbal signals ➤ Be mindful of the power of silence. Give permission and encouragement to use the silence for continuing the thinking process. ➤ Words expressed with energy = Excited? Optimistic? Motivated? Words which sound flat = Bored? Defeatist? Daunted? ➤ Reflect back the <u>exact</u> words and phrasing, conveyed with the <u>same feeling</u>. Colleague will feel understood and listened to e.g. 'So you're thinking of having a word with your medical director on Thursday.' 	<p>Slide 21: Listening actively – some guidelines</p>

<p>Identifying future needs</p> <p>15 minutes</p>	<p>Identifying future needs for extending the learning to other trainers within their trust. Ask the whole group to in groups or individually give:</p> <ul style="list-style-type: none"> ➤ <i>Verbal feedback – stating ONE key take away from the workshop</i> ➤ <i>Evaluation: THREE questions – what is their next step? who or what do they need to help them? when do they plan to achieve this?</i> 	<p>Slide 22: Identifying Future Needs</p> <p>Appendix 7 Handout: What is coaching? Information for participants</p>
<p>Close</p>	<p>Workshop should take approximately 2 hours</p>	

Information for Participants

Appendix 1: Pre-workshop activity for participants

The following e-module **Supporting Career conversations for Educators** allows a common understanding of some of the concepts and philosophies we employ when working with clients which can be used in one to one conversations between Educational Supervisors and trainee doctors.

Before attending the workshop on **Career coaching approaches to support and develop doctors** you may find it helpful to take a brief look at this module which is hosted by E-learning for healthcare.

You can access it by following the link and access instructions below:

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_36974&programmeld=36974

- *log in to your elfh account*
- *select Educator Training Resources*
- *select Guiding Personal and Professional Development*
- *select Supporting Career Conversations for Educators*

This module has been designed to support supervisors new to their role feel confident about having career conversation with trainees for who they are responsible

Appendix Two:
EXERCISE 3: CAREER COACHING QUESTIONS– TRAPS & PITFALLS?

Look at the questions overleaf and note down which you consider appropriate/ not appropriate for a career coaching conversation. Use the table on this page to record your choices and your reasons

Appropriate Questions:	Reasons:
Inappropriate Questions	Reasons:

EXERCISE 3: Appropriate Questions?

What makes it an issue now?

Why do you feel you wouldn't make a good O&G consultant?

Imagining you are at your most resourceful what do you say to yourself about this issue?

What is your responsibility for what is happening?

Have you spoken to Dr X. about getting experience in Paediatrics?

What criteria will you use to judge your options?

So tell me when you first came to feel concerned about this? Was it when you first started your placement or did it start later? And has that concern always been as strong as it is now?

So what's the problem?

What does Dr. A. feel about this issue?

So how are the interviews for ST1 Public Health structured?

Appendix 3: Exercise 3: Coaching Questions Crib sheet

Appropriate Questions:	Reasons:
<ul style="list-style-type: none"> • What makes it an issue now? • What is your responsibility for what is happening? • So how are the interviews for ST1 Public Health structured? • Imagining you are at your most resourceful, what do you say to yourself about this issue? • What criteria will you use to judge your options? 	<ul style="list-style-type: none"> • Open question inviting coachee to explain in their own terms • Open question acknowledging coachee's responsibility • Open question to check level of knowledge • Open question inviting coachee to reflect on the impact of the experience on them and invites them to think creatively about solutions. • Open question inviting assessment on what they want from their career
Inappropriate Questions	Reasons:
<ul style="list-style-type: none"> • Why do you feel you wouldn't make a good O&G consultant? • So, what's the problem? • Have you spoken to Dr X about getting experience in Paediatrics? • What does Dr A feel about this issue? <p>So, tell me when you first came to feel concerned about this? Was it when you first started your placement, or did it start later? And has that concern always been as strong as it is now?</p>	<ul style="list-style-type: none"> • 'Why' questions can seem aggressive suggesting that the person asking has their opinion on the situation provoking a defensive response • Potentially an aggressive sounding question suggesting that the person asking may not be sympathetic to the problem • This response can be seen as advice giving which may not have been requested or be appropriate. This also can take responsibility from the coachee • The conversation is between you and the coachee. Conversations should not include the views of anyone else not present. • This question potentially starts well but multiple questions can lead to confusion. In this case the limited choice of possible answers may close down further exploration of the issues.

Appendix 4: The Magic Questions

For further reading around this topic can be found in Coaching Skills by Jenny Rogers (pages 83 – 87). These questions in order, can provide a question structure for typical coaching based conversations from beginning to end.

Type	Question
Topic/ Goal	<ul style="list-style-type: none"> • <i>What is the issue/Problem?</i> • <i>What do you want to achieve?</i> • <i>What do you need from me specifically?</i>
Reality/ What is Happening	<ul style="list-style-type: none"> • <i>What makes it an Issue Now?</i> • <i>What do you long for?</i> • <i>Who owns the issue/Problem? -which bits do they own?</i> • <i>How important is the issue to you (Scale 1-10)? – should be more than 5</i> • <i>How much energy do you have for a solution (scale 1-10)?</i> • <i>What would need to happen to increase your energy/motivation?</i> • <i>What are the implications of doing nothing/keeping the status quo?</i> • <i>What would be the implications/result of that?</i> • <i>What have you already tried?</i> • <i>What else do we need to consider?</i> • <i>Imagine the problem/issue has been solved – what would you see/hear /feel?</i> • <i>What's standing in the way of that outcome</i> • <i>What's your own responsibility for what's happening – what do you need to change?</i>
Options	<ul style="list-style-type: none"> • <i>What are the options for action here?</i> • <i>What criteria will you use to judge these options?</i> • <i>Which option seems the best one against these criteria?</i>
Way Forward/ Next Step	<ul style="list-style-type: none"> • <i>So, what's the next step?</i> • <i>What are you proposing?</i> • <i>When will you take it?</i> • <i>What support will you need?</i>
Encouragement	<ul style="list-style-type: none"> • That sounds like a good plan • Great – it will be good to hear how you got on

Appendix 5: Case Studies

Case study 1: Dr ST Core Surgical Trainee year 2 (CST2)

Dr ST has recently been unsuccessful in his application for a Specialty Trainee year 3 in Trauma and Orthopaedics (ST3 T&O) for a London Training number. Although clinically competent, his scores were low on the portfolio and management stations with his style of communication being highlighted in feedback. Dr ST felt very angry, frustrated and confused as to why he had been unsuccessful and wondered whether he had been discriminated against.

Background

Dr ST grew up and went to school overseas coming to the UK to pursue medicine. Surgery had always been his primary interest because he liked the feeling of having a tangible impact on patients' health as well as the opportunity to utilise his creativity in an often-high-pressured environment. During his undergraduate studies he had the opportunity to have placements in both plastics and Trauma and Orthopaedics which had further developed his enthusiasm for Surgery.

In foundation training, he completed rotations in Gastro Intestinal Medicine and Trauma and Orthopaedics which he thoroughly enjoyed. However, he got an outcome 5 in his Annual Review of Competency Progression (ARCP) after Foundation year 1 (FY1) because his portfolio was incomplete. Feedback received had highlighted a female patient's complaint who felt that some of their concerns had not been fully addressed. The complaint was investigated and upheld resulting in him being reminded of the NHS Constitutional values – however no other sanction was suggested.

He successfully secured a Core Surgical Training number in his third choice of Deanery rather than in the areas where he had family and friends. He had been disappointed with this outcome.

In some multisource feedback Dr ST received criticism of his apparent arrogant behaviour towards non-medical colleagues including nurses and physiotherapists.

Dr ST's father is a consultant Neurosurgeon and mother is a consultant in Obstetrics and Gynaecology and he describes an expectation for him to follow them into Medicine. With an older brother, with severe learning difficulties, he feels this expectation very heavily.

Dr ST has come to you for advice and support on his next steps in terms of making a more successful ST3 application and developing more positive working relationships. How would you support him?

Case study 2: Dr OA Specialty trainee year 3 (ST3)

Dr OA has struggled to pass exams during his General Practice training and now has one remaining attempt. He is worried as he feels he will be asked to leave the programme and he now feels very uncertain about his career options. He is coming to you to discuss these concerns and to find out what he can do to pass but also to explore the other options that would be available to him if he failed.

Background

Dr OA came to the UK as an overseas qualified doctor planning to pursue surgical training. He has been supported financially by his parents who are very proud of him. He completed the Professional and Linguistics Assessments Board (PLAB) stages 1 and 2 across three years – having to re-sit part 2 twice before passing. He also undertook the Practical Assessment of Clinical Examination Skills (PACES) twice before passing. He did not get a place on surgical training the first time he applied so he worked as a locum for a year and applied again – without success.

He applied for General Practice (GP) training and secured a placement – however he did not tell his family that he was not following surgical training. For one year he had persuaded them that as work was so demanding he couldn't get away. In his second year of GP training he went home for a few weeks and told them that he had made the decision to become a GP. He outlined to them how important this role was within the community as enabled him to see a wide range of patients which he enjoyed.

He is now in year 3 having taken his exams – failing the Clinical Skills Assessment (CSA) on the 4th and final attempt.

How would you support him?

Case study 3 DR NK Specialty Trainee year 7 (ST7)

Dr NK has been unsuccessful in applying for a number of Consultant Neonatal Paediatrician positions despite attending a number of consultant preparation courses, completing a PhD in Paediatric Neonatal health and acting up into a consultant role in her current trust.

Feedback has revealed that although she was seen as having excellent clinical and research skills. Multisource and interview feedback had raised concerns about her communication style in relation to leadership and working across the many healthcare disciplines as well as her ability to align her values to those of the trusts where she hoped to work.

Dr NK feels she has more than proved herself competent in earning a consultant post, both in terms of her clinical and academic training as well as the resources she has invested in preparing for consultant selection. She feels that her hard work is being disrespected and that there is the possibility of some discrimination in the selection process.

Her lack of success has also affected her energy, motivation and confidence to continue to apply for consultant positions and working for the NHS generally.

Dr NK has come to you for advice and support on next steps both within and external to the NHS.

Background

Dr NK came to the UK in 2012 after completing 2 years clinical practice in paediatric health elsewhere in Europe. She completed Practical Assessment of Clinical Examination Skills (PACES) then successfully applied for a Paediatric training number.

Her Annual Review of Competency Progression (ARCP) outcomes have always been good with no extensions.

How would you help Dr NK?

Case study 4 Dr ZH Speciality Trainee year 6 (ST6)

Dr ZH is ST6 in Psychiatry who has recently been given an outcome 3 following her Annual Review of Competency Progression (ARCP). She has found it difficult to accept this result as she is regarded as being clinically excellent.

Background

Dr ZH grew up and went to medical school in the UK. Growing up in a protected cultural background and, although bilingual, she only speaks English in the workplace.

Her outcome 3 had arisen from some hostile multisource feedback which highlighted difficulties with professional relationships and a complaint from a patient. Concerns about her apparent arrogance when communicating with other healthcare professionals and a lack of awareness of the importance of 'soft skills' figured highly within the report. Her relationship with her supervisor had broken down and others were reporting difficulties in working with her.

She attended the appeal panel with her Father, but her appeal was rejected. She has come to you for support as she doesn't know what to do next.

How would you support Dr ZH?

Appendix 6: Case study crib sheets

Crib sheet to be used with Case Study 1: Dr ST

What differential attainment issues could be present?

- Power differentials – the status of ‘doctor’ in other cultures compared to patients/colleagues within NHS environment
- Assumptions made about cultural expectations – possibly leading to unconscious bias?
- Gender differentials – self-awareness around the way he responds to patients/colleagues/carers of different genders and how that influences the way he prioritises workload
- Learning styles – how familiar is Dr ST with reflective learning as a learning process? Is this outlined in his portfolio development, Interview presentation and communication skills?

What career coaching structure(s) would be useful to adopt in discussion with this doctor?

- TGROW would be appropriate in conversations concerning portfolio and communication either in the clinical setting or at interviews – helping him to identify goals and consider strategies for achieving them
- SCAN may be appropriate to discuss career options and level of knowledge

What questions would be useful to assist the doctor in moving on/identifying a goal or outcome?

- Challenging/probing questions to help increase his cultural understanding. Such questions will encourage him to take ownership of his behaviour at its potential impact on others. Using slide past questions. Slide past questions can help him consider what he wishes to achieve and the impact that behavioural change might have on this. For example:
 - What would be the outcome of maintaining the status quo in terms of portfolio development/communication style?
 - What would be the outcome of that?

What potential pitfalls or traps could occur within the discussion?

- One needs to be mindful of using leading questions or delivering advice which can weaken the responsibility he needs for making change
- Questions which focus too heavily on the negative – e.g. the complaints and interview performance may result in a lesser focus on future positive outcomes

Is signposting appropriate? If so to who?

Signposting to other sources of support can be very helpful in this case – such as:

- accessing 1-2-1 communications role play to help him learn and rehearse a range of scenarios of communication in the workplace or at interview. These interventions and courses can be accessed at:
 - <https://www.lpmde.ac.uk/professional-development/sccls>
 - <https://www.lpmde.ac.uk/professional-development/courses-and-conferences>

Crib sheet to be used with Case Study 2: Dr OA

What differential attainment issues could be present?

- Power differentials – the status of ‘doctor’ in other cultures compared to patients/colleagues within NHS environment
- Assumptions made about cultural expectations – possibly leading to unconscious bias?
- Learning styles – how familiar was Dr OA with reflective learning?
- Assessment processes – how familiar would he be with the assessment processes and how might this have impacted on the way he prepared for exams and assessments?
- Fear of letting his family down as they had been supporting him financially.

What career coaching structure(s) would be useful to adopt in discussion with this doctor?

- TGROW would be appropriate in conversations concerning issues around preparation and performance in exams - helping him to identify goals and consider strategies for achieving them
- SCAN may be appropriate to support discussion of future career planning in the event that he is advised to consider another career.

What questions would be useful to assist the doctor in moving on/identifying a goal or outcome?

- Challenging/probing questions to help increase his understanding of the situation he is currently in.
- Using slide past questions can help him consider other options by exploring the opportunities his current situation might open up for him and may help to put a more positive focus on his situation. For example:
 - What opportunities does your current situation open up for you?

What potential pitfalls or traps could occur within the discussion?

- One needs to be mindful of using leading questions or delivering advice which can weaken the responsibility he needs to develop to move his career in a more positive direction
- Questions which focus too heavily on the negative – e.g. failure and letting his family down

Is signposting appropriate? If so to who?

- Yes – Dr. OA could potentially benefit from a referral to the Careers team within the PSU for some career coaching
<https://www.lpmde.ac.uk/professional-development/careers-unit>
- He may also benefit from a referral to Individual Support Team (IST) to see if there are other issues affecting his exam performance such as dyslexia
<https://www.lpmde.ac.uk/professional-development/individual-support-team>

Crib sheet to be used with Case Study 3: Dr NK

What differential attainment issues could be present?

- Assumptions made about cultural expectations – possibly leading to unconscious bias?
- Learning styles – how familiar was Dr NK with reflective learning? Is this evidenced in her portfolio development with regards to communication with patients and colleagues as well as post interview?
- Organisational challenges – how familiar is Dr NK with the selection processes and how these may differ from her experience in her home country for example the emphasis on values-based examples and evidence of achievement rather than simply listing achievements

What career coaching structure(s) would be useful to adopt in discussion with this doctor?

- TGROW would be appropriate in conversations concerning issues communication generally and how to present effectively at interview – helping her to set goals for preparation, practice and feedback as part of her preparation for future interviews.
- SCAN may be appropriate to support discussion how to work with networks to help her identify and prepare for future interviews.

What questions would be useful to assist the doctor in moving on/identifying a goal or outcome?

- Challenging/reflective and open questions to help increase her understanding of the selection process for consultant roles.
- Using slide past questions help focus on more positive outcomes for Dr NK. For example:
 - If you knew that taking on constructive feedback about your interview technique would raise your chances of success at interview what would you change?
 - What needs to happen?
 - What is your responsibility in this?

What potential pitfalls or traps could occur within the discussion?

- One needs to be mindful of using Why? or leading questions such as:
 - Why do you feel discriminated against?
 - You do realise that your willingness to take on constructive feedback about your interview technique is the reason that you are not doing well at interview?

Is signposting appropriate? If so to who?

- Dr NK could potentially benefit from self-referral to the Careers support to help her reflect on her past experience and explore preparation strategies and interview techniques to optimise her chances of a successful outcome:
<https://www.lpmde.ac.uk/professional-development/careers-unit>
- She may also find self-referring to Coaching to explore ways to make best use of feedback and any limiting beliefs that may be hindering her progress
<https://www.lpmde.ac.uk/professional-development/coaching-service>
- Dr NK may also benefit from an individual consultation with a communication facilitator from our Specialist Clinical Communication and Linguistic Services team. This can provide the opportunity to rehearse interview and other communication strategies with role play actors and have immediate feedback and further practice. These can be accessed here:

<https://www.lpmde.ac.uk/professional-development/courses-and-conferences>

Crib sheet to be used with Case Study 4: Dr ZH

What differential attainment issues could be present?

- Assumptions made about cultural expectations – possibly leading to unconscious bias? How is her demonstration of patriarchy likely to be seen by others?
- Learning styles – how familiar was Dr ZH with reflective learning? How can support with this help her going forward?
- Understanding of different criteria for respect – to what extent does Dr ZH differentiate between achievement and ascription (i.e. for her how familiar is she with the values of a meritocracy as opposed to those of automatic respect arising from a title or position?)

What career coaching structure(s) would be useful to adopt in discussion with this doctor?

- TGROW would be appropriate in conversations concerning issues communication to help her understand the value of soft skills to help build trust and team cohesion and to improve relationships with supervisors, patients and other colleagues

What questions would be useful to assist the doctor in moving on/identifying a goal or outcome?

- Challenging/reflective and open questions to help her cultural awareness of her current working environment as well as to help her understand her responsibility in improving working relationships
- Using slide past questions help focus on more positive outcomes for Dr ZH. For example:
 - What would be the outcome of maintaining the status quo in terms of portfolio development/communication style?
 - What would be the outcome of that?
 - What could do to make changes to your current situation?

What potential pitfalls or traps could occur within the discussion?

- It is important to help her to understand her role in improving the situation and to take greater responsibility for her behaviour. This can be achieved by questioning styles suggested rather than telling her what she needs to do.

Is signposting appropriate? If so to who?

- Dr ZH may find self-referring to Coaching to explore ways to address behavioural changes
<https://www.lpmde.ac.uk/professional-development/coaching-service>
- Dr ZH may also benefit from an individual consultation with a communication facilitator from our Specialist Clinical Communication and Linguistic Services team. This can provide the opportunity to rehearse scenarios to improve her communication and use of soft skills in all contexts. These can be accessed here:
<https://www.lpmde.ac.uk/professional-development/courses-and-conferences>

Appendix 7: What is Coaching? Information for Participants

Why career coaching for trainee doctors?

The value of high-quality, formative (for the purposes of learning) coaching dialogue is a well-recognised and intrinsic component of effective clinical training. Coaching skills offer a practical, useful, respectful and powerful way of supporting junior colleagues with their learning, self-development and self-reflection. A systematic review (BMJ, 2010) (see section **Further Reading**) of the impact of workplace-based assessments showed that 'performance changes were more likely to occur when coaching was provided to help subjects identify their strengths and weaknesses'.

A coaching approach can be used across a wide range of contexts. For example, a coaching conversation can catalyse an individual to formulate a robust action plan for themselves in how they might achieve a set of outstanding competencies whilst balancing the 'day job' leading up to their ARCP. It can enable them to gain insight into how they might address difficulties they are having in a relationship with another colleague. A focused discussion, grounded in a coaching approach, can also provide a supportive and valuable opportunity for weighing up the pros and cons of an application for part-time working, for example, or even to explore whether they are making the right decision about their career pathway.

And then what happens? Developing a coaching culture

As supervisors embark on having more coaching-style conversations with trainee doctors in the context of differential attainment, they begin to create a coaching culture within their community of practice. According to Schein (2013) (see section **Further Reading**) when reflecting on communication in clinical settings:

In an increasingly complex, interdependent and culturally diverse world, we cannot hope to understand and work with people from different occupational, professional and national cultures if we do not know how to ask questions and build relationships that are based on mutual respect and the recognition that others know things that we may need to know in order to get a job done.

Where professionals work in this way a coaching culture is engendered. Communities of practice that show a strong commitment to creating a coaching culture are usually driven by a set of shared objectives. Coaching cultures are not created in a day – they can take time to become fully embedded. According to Hawkins (2012) (see section **Further Reading**):

A coaching culture exists in an organisation when a coaching approach is a key aspect of how the leaders, managers and staff engage and develop all their people and engage their stakeholders.

Clutterbuck and Megginson (2005) (see section **Further Reading**) define a coaching culture as one where:

Coaching is the predominant style of managing and working together...where a commitment to grow the organisation is embedded in a parallel commitment to grow the people in the organisation.

By setting a new course and pointing colleagues in this direction, supervisors communicate a profound commitment to finding more effective ways to:

- develop and retain valuable talent;
- enhance regular processes for improving engagement;
- demonstrate a clear commitment to furthering positive communication between colleagues, including educators and their trainees, and the wider health community.

What is coaching?

Tim Gallwey (1974) (see section **Further Reading**), in *The Inner Game of Tennis*, defines coaching as:

Unlocking a person's potential to maximize their own performance. It is helping them to learn rather than teaching them.

Whether coaching an individual to improve their tennis game or coaching trainee doctors about the progress and direction of their career in the NHS, the range of models encapsulating the skills, attitudes and underpinning approaches to holding an effective coaching-style conversation is legion. We have selected the GROW (and TGROW) model as the basis of this programme.

Sir John Whitmore's GROW model (Goal, Reality, Options, Will or Way forward) (Whitmore, 2017) see section **Further Reading**) succinctly captures the core principles of using a coaching approach in a one-to-one conversation. This model is based around the theory that using questions rather than instructions in focused conversations helps spring loose individuals' resourcefulness (Rogers, 2012) (see section **Further Reading**) and foster change more readily.

The GROW model provides a useful framework for creating heightened awareness, not only of what we want to change or adapt, but also how we might go about making that happen. It focuses not only the mind, but also the heart, on what matters most and leads to more appropriate, and person-centred decisions. Developed for coaching sessions, it also provides a practical framework for structuring a discussion or meeting, and has been adopted by many coaches working in health worldwide. Central to the GROW model is the acceptance of responsibility by individuals resulting in commitment, that in turn optimises performance. Whitmore emphasises the need to move away from a blame culture (What's the problem? Who can I blame?), where responsibility is constantly shifted onto someone else.

A practical adaptation of GROW useful in focused, time-bounded coaching-style conversations is the TGROW approach (T-Topic). Where the two central tasks of a coaching-style conversation are to get the job done effectively and to grow the individual concerned, these can be addressed simultaneously using the GROW model or TGROW approach. (Adapted from Whitmore, Sir John (2017) (see section **Further Reading**))

Coaching individuals with the parallel aim of achieving the intended outcome whilst growing them contrasts markedly with a problem-solving, mentoring or advice-giving approach. Using a person-led model like GROW or TGROW gently nudges the person to find their own way forward, their own solution to the problem they face, their own next step. There is a distinct lack of directing the other person on what they should or must do. It can also be applied as a 'laser coaching' method when the aim is to support a colleague in coming up with their own solution within a tight timeframe. With 'laser coaching' TGROW can be worked through in a matter of minutes – making it a particularly valuable tool in situations where previously a senior colleague would simply tell others what they needed them to do. (See section on 'Laser Coaching').

Self-generated solutions - the by-products of effective coaching conversations - result in better buy-in and increased motivation. Reliance on others decreases as individuals trust in their own ability to discover what it is they need to do in order to move forward with confidence. Whether talking with a junior colleague about their career, helping them to think through their different options, or being a sounding board for them as they formulate their ideas, goals and dreams, self-generated solutions have more motivation fueling them and higher degrees of 'stickiness'. Individuals are more likely to take action and the actions are more likely to lead them in their preferred direction.

Coaching & Differential Attainment

When considering the effect of coaching on differential attainment it is important to consider how the concepts of cultural safety and cultural competence can be accommodated when supervising trainees from diverse cultural backgrounds.

Williams, R (1999) (see section **Further Reading**) defined the concept of *cultural safety* as where ‘an individual feels spiritually, socially, emotionally, physically safe’ This in turn has informed cultural competence principles both organisationally and individually in being equitable and non-discriminatory in practice and behaviour. This is shown as a balanced person-centred approach in which cultural identity and cultural context are taken into account. The following reflective questions can raise awareness and inform an approach in supervision with trainees from diverse cultural backgrounds:

- Cultural safety - Is there equilibrium in the approaches used? What is your own cultural awareness in relation to unconscious bias/intra-cultural variation?
- What are the expectations and learning outcomes from the supervision? Are they shared and created equally? Are there any perceived power differentials in the discussion which should be addressed?
- What assumptions could you be making? Sometimes expectations/observations can remain left unsaid as we think others understand them. This is not always the case for trainees especially those from diverse cultural backgrounds. If in doubt of your understanding - gain clarification.
- Learning styles – didactic or self-learning? Does culture play a part in adhering to hierarchy/asking for clarification? Eg Does the trainee’s cultural background indicate a tendency toward didactic rather than self-learning? Ultimately what do trainees want and need to know?

Using the adapted TGROW approach

T	=	TOPIC
G	=	GOAL
R	=	REALITY
O	=	OPTIONS
W	=	WILL OR WAY FORWARD

TOPIC – At the beginning of your one-to-one session or a coaching-style conversation with a colleague, a useful starting point is to find out what kinds of issues are most important to them or concern them at the moment. The aim of this part of the session is to establish what might be highest priority for them to discuss with you.

To establish the TOPIC for your coaching-style conversation, simply ask:

- *What would you like to talk about with me today?*
- *What would you like to think through in this session?*
- *How would you like to use your time with me today?*
- *What would be a good topic for our conversation today?*

You will want to develop your own way of setting the tone for the conversation, one which is authentic to you and your preferred interpersonal style (e.g. informal, direct, pensive, solution-focused).

GOAL – What is the GOAL your colleague would like to aim for during the session? Without a clear GOAL, it becomes difficult to navigate a way through the ideas, thoughts, insights and options that emerge.

Suggested questions to help clarify the GOAL for the career coaching session / conversation include:

- *What is most important for us to focus on today?*
- *What would you like to go away with from this meeting / discussion?*
- *What would be the most useful outcome from our conversation today?*
- *What is the most important thing you would like to get from today's meeting?*

Some examples of a session GOAL could be:

"I'd like a bit more clarity on my career direction and next steps."

"I hope to go away with one thing I could do to move me closer to making a decision about my career."

REALITY – This will often be the most important and 'meatiest' part of a TGROW conversation. Here the mentee can explore with you what is currently happening in the context of their work or practice. You may find that up to seventy percent of the discussion is spent on exploring their REALITY, i.e. what has been going on, what they have been doing and how these behaviours / thoughts have worked or not worked for them.

To get the REALITY part of the session started, ask questions such as:

- *Tell me what is happening right now in relation to....?*
- *You say that you're finding it impossible to make a decision about the direction of your career, how do you generally make decisions?*
- *Why don't you start by telling me a little bit more about what's going on that's making it difficult to... (use mentee's own words for the issue)?*

With robust questioning in the REALITY stage, the OPTIONS that seem obvious and viable will gradually reveal themselves.

OPTIONS – To facilitate the process of uncovering what OPTIONS might be considered, pay close attention to any ideas that may have emerged as you explored their REALITY. If you do need to probe a bit more, ask questions like:

- *What needs to change?*
- *If you could only do three things to change things right now, what would you do?*
- *What needs to happen in order to make this work better?*
- *What options are open to you right now?*
- *If I had a magic wand, what kinds of things would you like to see happen?*
- *What do you think you can do to improve this situation?*
- *What solutions are you considering?*
- *And of all the options that you have already mentioned, or any which come to mind, which ones appeal most / are most viable?*

WILL or WAY FORWARD – This is where the ‘coach’ focuses the other person on coming up with a plan of action which they will begin implementing and have the WILL to commit to following through on their next steps. Once they have distilled the various OPTIONS, their WAY FORWARD will begin to come into focus.

Clarifying the WAY FORWARD comes from asking questions along the lines of:

- *What will you commit to doing in order to make that change?*
- *How will you make that happen?*
- *What is the next step?*
- *What does your action plan look like/sound like?*
- *Is there anything else you would wish to consider?*
- *Can you do that?*
- *Will you do that?*
- *What support, if any, do you need to ensure that gets done?*

Core coaching skills - the skills, attitudes and approaches underpinning a coaching conversation

Empathic, effective listening

Effective clinicians and leaders, like good coaches, are excellent listeners. They inspire openness and trust. Although listening is the ultimate sign of respect and one of the most effective ways of strengthening relationships and reputation, it is often undervalued and overlooked. Most of us think we know how to listen – after all we feel like we’ve been doing it our whole life. But how many people do you know who really make you feel that they are genuinely interested in what you have to say?

Specifically, empathic listening is a skill that incorporates the following behaviours:

Being attentive and curious

- *Making eye contact*
- *Being fully present and giving the other person full attention*
- *Acknowledging thoughts and views*
- *Listening even when the colleague has stopped talking – they may still be thinking*
- *Giving a colleague space to develop their thoughts*
- *Ignoring distractions*
- *Tuning into what the body language is saying (one’s own and the other person’s)*
- *In meetings, not talking over someone else*

Making your listening visible

- Nodding occasionally – three consecutive nods signals that you want someone to continue talking
- Smiling at appropriate times
- Keeping an open posture

Clarifying and feeding back

- Asking questions to clarify certain points. “What do you mean when you say...?” “Is this what you mean?”
- Reflecting back and summarising what’s been heard and inviting the other person to clarify if the summation is accurate

Deferring judgment

- Letting the other person finish their sentences and make their point
- Not interrupting with counter arguments
- Avoiding assumptions and judgments by checking understanding

Responding appropriately

- Being candid, open, and honest
- Asserting opinions respectfully
- Treating the other person as he or she would want to be treated.

Masterful use of questions

The mind works best in the presence of a question, especially when our goal is to promote good, independent thinking.

Kline, N. (2009) More Time to Think (see section **Further Reading**)

Asking the ‘right’ question in an appropriate way and at the right time is both an art and a skill that develops with practice.

Questions help the colleague to:

- Relax and reflect
- Expand and widen the focus of attention
- Make a decision
- Raise awareness
- Deepen understanding of thoughts, feelings, behaviours, beliefs and values
- Surface assumptions
- Clarify understanding
- Make connections between different facets of awareness.

Methods of incorporating powerful questions into a session include:

- **Using focused and concise questions** – the shorter the question, the more powerful the impact on the other person’s thinking.
- **Reflecting back** – provides your colleague with an authentic ‘mirror’ for their thoughts, allowing them to check the accuracy of what they’ve said and take a fresh look at what it means to them.
- **Open-ended questions** – help widen the conversation and generate options to explore.
- **Reflective questions** - are generally preferable to leading questions as they often ignite a sense of curiosity and wonder, inviting the individual to explore their own thoughts, beliefs and values.

- **Pre-supposition and ‘slide-past’ questions** - allow your colleague to shift their perspective and slide past anything that could be blocking them from taking action or moving forwards.
- **Sustaining the silence** – allows the individual (‘the thinker’) real thinking space. It is possibly the ultimate form of respect for ‘the thinker’ as it allows sufficient space for thoughts and insights to emerge and take form as powerful questions.

A core coaching skill is knowing the questions to ask to help move the conversation along to resolution or agreement on a course of action. Here are a few to experiment with.

Expanding questions

How could we approach this?

What do you think the problem is?

Tell me how you see the situation.

How do you feel about it?

And is there anything else about that?

If you could change one thing, what would it be?

Imagine a point in the future where the issue is resolved / where you’ve decided. How did you get there?

Encouraging questions to keep the conversation going

Can you tell me a little more about what you actually did?

And then what happened?

Please go on.

How do you mean?

In what way?

Probing questions

How did you reach that decision?

What caused that, do you think?

Have you experienced anything like this before? (If so, what did you do?)

And is there a relationship between... (their issue) and (some other element of the narrative)?

Clean questions

Clean questions are a specific set of questions (Lawley, J., Tompkins, P., 2000) (see section **Further Reading**) containing the minimum of assumptions and none of the questioner’s ideas, thoughts or suggestions. The questions direct attention to the individual’s own words and deepen and develop thinking.

Examples of clean questions include:

What would you like to have happen?

Is there anything else about (word mentee has used)?

What kind of ‘experience’ (or mentee’s word)?

What needs to happen for... (goal mentee has mentioned e.g. for you to be ready to commit to a career path)?

And can you (do that)?

And will you (do that)?

And what difference would that make?

How do you know?

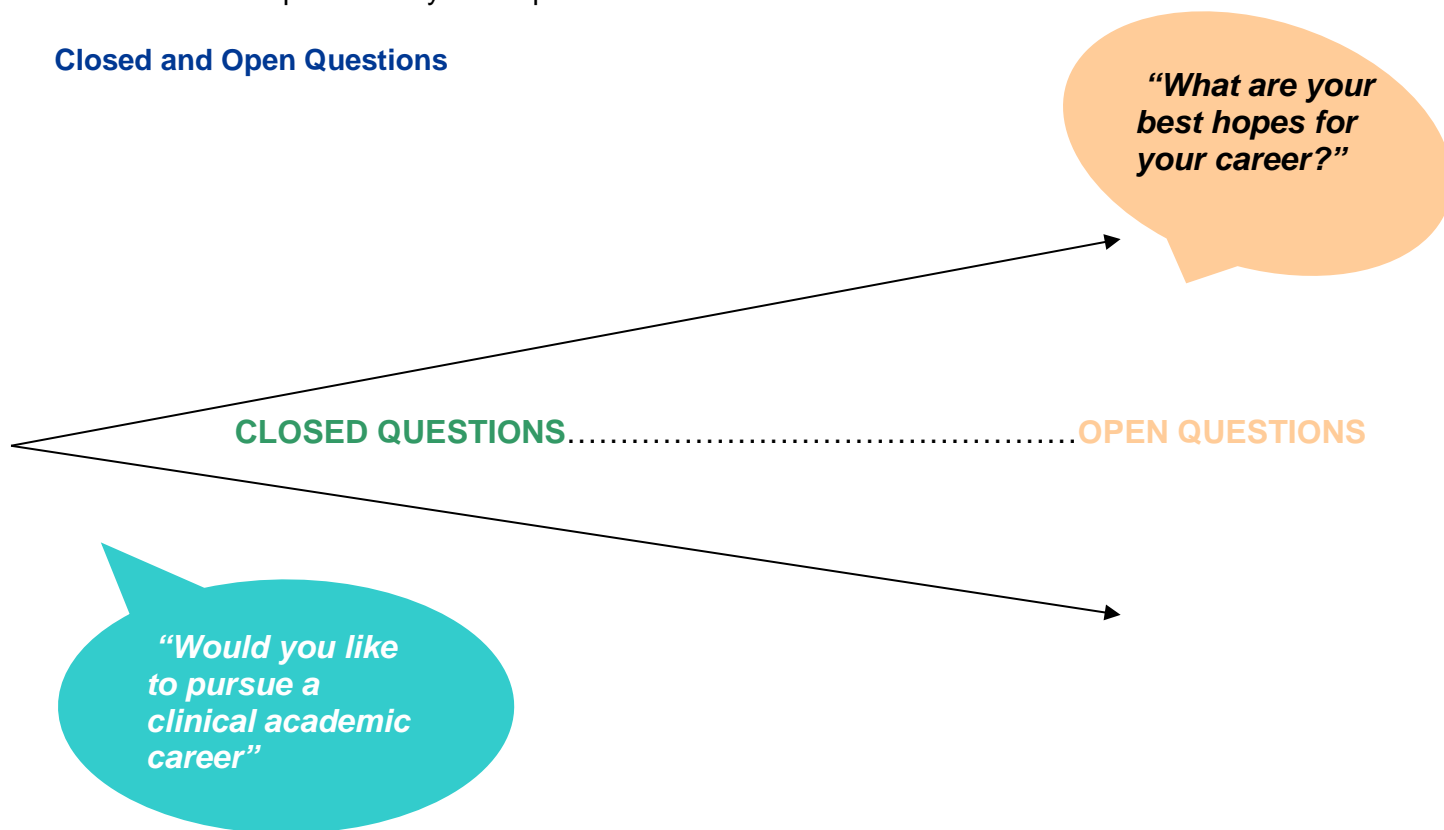
What are you drawn to?

And when (mentee’s word) happens, then what happens?

Questioning styles

The type of question you ask will direct the other person's attention in a particular way and, to some extent, determine the responses they offer up.

Closed and Open Questions



All questions fall somewhere along the continuum of closed and open questions. At the closed end are questions designed to obtain specific responses by offering the other person limited choice. At the opposite end are the more open questions that offer endless ways of responding. With closed questions, the response may be a factual piece of information or a 'yes', 'no' or 'maybe' answer. Open questions will open up the individual's thinking, allowing them to explore their thoughts and seek the most appropriate answer, generated from their own reflection and thinking.

Leading: *"You do realise that your perfectionistic tendency is the reason you're not managing to make a decision about your career, don't you?"*

Reflective: *"You say that you're finding it hard to make a career decision – what's happening?"*

Leading and reflective questions

Leading questions do exactly that: they lead the other person towards the 'right' answer by implying what you think their answer should be. It is obvious that the person asking the question is expecting a certain answer. This may make the individual feel obliged to respond to give the answer the questioner is looking for to avoid a debate or having to justify their answer. Although a leading question can lead someone to agree with an idea, it is important to be aware of the negative effect it can have. The individual may feel

they were manipulated into making a commitment they didn't want to make. This could lead to feelings of distrust, loss of respect and undermine rapport.

Asking a reflective question, on the other hand, will have a totally different effect. The question is structured in such a way that there is no indication of a right or wrong answer or an expected response. This helps open up the conversation and gives a better picture of what the other person is thinking.

Presupposition and 'slide-past' questions

The block or limiting assumption:

"Being the newcomer to the team makes it difficult to introduce new ideas."

Presupposition (Slide-Past) Question:

"How does being the newcomer to the team make it easy to introduce new ideas?"

A presupposition question allows you to 'slide past' anything that could be blocking someone from seeing something from a different perspective. It also frees the individual to bypass their own blocks, e.g. negative beliefs and limiting assumptions that stand in the way of decision making or taking steps towards their desired goal.

Using 'slide-past' questions works subconsciously to bypass mental blocks, giving the person permission to move on (to commit to action). The subconscious mind does not judge instructions that it receives from the conscious mind. It simply obeys its commander; storing away any information which may be at odds with the individual's self-perceptions or beliefs. The instruction manages to 'slide past' the subconscious – and as such, the "blocks"- and the individual is invited to open up to new possibilities and new ways of thinking.

Nominalisations

"I feel depressed about my working environment"

"Depressed - that's an interesting word?..What is depressing exactly?"

A nominalization is a noun, adjective or verb which has been turned into an abstract concept e.g. a politician will talk about *modernizing* the NHS or in the civil service. Similarly,

a trainee may talk about being *paralysed* by *indecision*. No behavior is specified, and each listener will create their own meaning lulled into a false sense of shared understanding.

If you think you maybe hearing a nominalization – ask yourself could you buy it, carry it away as a physical entity or see it in actual behavior - if not then it is a nominalization and you should always ask the trainee to clarify instead of assuming meaning.

Laser Coaching using the TGROW approach

The TGROW approach can be applied as a Laser Coaching method when the aim is to support an individual in coming up with their own solutions - even when time is tight. Key questions that underpin a Laser Coaching conversation using the TGROW approach are:

T = *What's most important to focus on?* (Find out the Topic of the conversation)

G = *What are you trying to achieve?* (Establish their Goal)

R = *What have you done about it so far?* (Explore the Reality – spend most of your time on this step)

O = *What possibilities are you considering?* (Find out what the Options are.)

W = *What's your next best step?* (Explore the Way Forward.)

How much energy do you have for achieving this? (What's the will to carry this out?)

How and when will you achieve this? (What's the likelihood that this will be achieved?).

And do you need anything from me? (What support if any might be useful?)

Laser Coaching – the 'quick and dirty' way

In laser coaching, as with other coaching conversations, you ask the questions and your mentee does the thinking. Laser coaching can be very effective if you are asked for advice and time is not on your side. Or when you simply want to encourage your colleague to do some of their own thinking with very little input or time commitment from you.

Guiding the conversation along the lines of the TGROW template helps to progress towards a quick solution. This can often be achieved in a matter of minutes. The four laser coaching questions extracted from the TGROW approach are:

What's the problem?

Where are you at with that?

What do you need from me, specifically?

What's your next step? / What are you going to do next?

There is no right order for asking these four questions. You might, for instance, ask the third question first or second. You might move back to ask an earlier question a second time.

Response Coaching – working ‘live’ in the moment

Other coaching approaches such as Julie Starr’s response coaching approach (Brilliant Coaching. (2008) pp158-165) (see section **Further Reading**) similarly focus on working ‘live’ in the moment within a limited timeframe to achieve a rapid shift in understanding with immediately changed responses on the part of the individual.

Seek to understand

- *So what are the facts about this?*
- *What seems important in this situation?*
- *What else do we need to consider?*

Focus on the potential of the other person

- *So what options do we have?*
- *All right, what are you proposing?*
- *What do you want to do now?*

Encourage action

- *That sounds a good plan, what’s the next step then?*
- *Is there any support from me you need with this?*
- *Great – it’ll be good to hear how you get on.*

Response coaching uses focused questions to clarify the facts of the situation, affirm the individual’s resourcefulness and ensure appropriate action is promptly taken.

Whichever approach you choose to take it is useful to have an understanding of standard core competencies for safe and effective coaching. You can reference those for the International Coaching Federation at the following link: <https://coachfederation.org/core-competencies>

Appendix 8: Resources and further reading

Career Planning for Healthcare Professionals - a series of career planning modules using the SCAN model to provide structure to career decision making. Modules include:

- Career Planning for Foundation Doctors
- Career Planning for Core Medical Doctors
- Career Planning for Core Surgical Doctors
- Career Planning for Core Psychiatry Doctors

These can be access on the E-learning for Healthcare portal at: <https://portal.e-lfh.org.uk> under the heading LASE - Career Planning for Healthcare Professionals.

Supporting Career Conversations for Educators – case studies, reflections and advice to support supervisors new to their role to help them feel confident about having career conversations with trainees for whom they are responsible.

This resource can be access on the E-learning for Healthcare portal at <https://portal.e-lfh.org.uk> within the Educator Training Resources (ETR) session *06 -Guiding Personal and Professional Development*

Careers information can be accessed on the doctors pages of the healthcareers website at: <https://www.healthcareers.nhs.uk/explore-roles/doctors>

Useful Links

ICF Core Coaching Competencies:

<http://coachfederation.org/credential/landing.cfm?ItemNumber=2206>

ICF Code of Ethics:

<http://coachfederation.org/about/ethics.aspx?ItemNumber=854>

The Conscious Competency Model: Noel Burch, formerly employed by Gordon Training International

<http://www.gordontraining.com/free-workplace-articles/learning-a-new-skill-is-easier-said-than-done/#>

Further Reading

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