

Coaching Framework 2016/2017

Coaching supports clinicians to have Serious Illness Conversations with their patients by reinforcing best practice and helping to identify and address clinician challenges and concerns. The coaching framework is outlined below. We developed an individualised coaching plan with each clinician.

October / November

- One to one telephone call
- Email discussion as required

December

- Opportunity to attend coaching workshop
- Email discussion as required

January

- Email discussion
- One to one telephone contact as required

February / March

- One to one telephone contact
- Email discussion as required

COACHING SUMMARY FORM

Clinician Name		Date of Coaching Contact	
Location of Clinician	CCC <input type="checkbox"/> Airedale <input type="checkbox"/> Southend <input type="checkbox"/>	Type of Coaching Contact	Email <input type="checkbox"/> Tel <input type="checkbox"/> F to F <input type="checkbox"/>
Name of Coaching Facilitator(s)	AR <input type="checkbox"/> AC <input type="checkbox"/>	Date of Training	
Number of conversations since last coaching call:		Total number of conversations:	

GENERAL FEEDBACK ON HOW THINGS HAVE BEEN GOING SINCE TRAINING OR LAST COACHING CONTACT

HOW HAVE THE CONVERSATIONS BEEN GOING FOR THE CLINICIAN?

HOW HAVE THE CONVERSATIONS BEEN GOING FOR THE PATIENTS?

HOW LONG HAVE THE CONVERSATIONS BEEN TAKING?

COMMENTS RE SCREENING AND SCHEDULING**COMMENTS RE DOCUMENTATION AND MONITORING****DISCUSSION OF CONCERNS/CHALLENGES****LESSONS LEARNED****ADDITIONAL AREAS DISCUSSED****OVERALL SUMMARY****SPECIFIC ACTION POINTS**

Description	Responsibility	Timeframe

FOLLOW UP PLANS FOR FURTHER COACHING**DATE**

TYPE OF CONTACT	F to F	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
	Email	<input type="checkbox"/>	Skype	<input type="checkbox"/>

OTHER DETAILS**COACH SIGNATURE****CLINICIAN SIGNATURE***Date**Date*