

# Regional Advance Care Planning Coaching Guide

## A Living and Evolving Resource

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## Introduction

The purpose of this guide is to provide a framework for providing coaching and follow-up support to health care providers (HCPs) in both acute care and community settings, as well as with community organizations and members of the public. ACP coaching is a multi-level approach that aims to increase the skills and confidence of participants in engaging in ACP processes as well as creating greater uptake in the application of ACP principles. In particular, focusing on increasing ACP documentation and accessing of ACP Records across the health care continuum, improving the quality of ACP conversations, and increasing the number of ACP consultative encounters. This guide is a summary of helpful information and resources, and designed to enhance the practice of ACP team members in providing effective coaching support and follow-up. ACP team members are encouraged to complete additional reading<sup>i</sup> and education to learn and develop their own coaching skills to engage in effective coaching conversations.

## Why ACP Coaching?<sup>ii</sup>

Rather than simply relying on teaching and education, coaching acknowledges that HCPs and community members will have blind spots when it comes to seeking to improve systems and change behaviour. The significant advantage of coaching is that it provides an external check on your understanding of your reality, especially within complex systems such as health care. A coach can support HCPs and community members through offering external views in the hope of integrating each person's perception of the barriers and challenges to engaging in ACP. Coaches work with HCPs and community members to set self-identified ACP Engagement Goals and they respect the HCP and community member as the agent to achieving their goals. Coaches create autonomy and accountability, by asking good questions. They shift perspectives to reframe points of view, and in doing so, prime the HCP or community member to buy-in to the solutions or improvements to ACP engagement.

To be effective, individuals or groups must be prepared for coaching. Introducing and discussing the follow-up plan for future coaching support should occur at the end of education sessions or consultations. By engaging HCPs and community members in an autonomous choice, they are more likely to participate in the coaching process and take ownership of embedding ACP into their practice, activities, and systems. When people expect to engage in coaching as a regular practice rather than only when there is a problem, they are more likely to be receptive and successfully achieve their ACP Engagement Goal(s).

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*“Coaching is not about . . . an authority figure telling a team member what he or she needs to do differently. At its best, the coaching process is a shared responsibility and experience: the coach and team member work together to ensure the member learns and brings forward his or her very best”*

*- Bendaly & Bendaly, 2012*

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#### **Coaching can include the following:**

- Establishing ACP Engagement Goals
- Clarifying ACP processes and practices
- Providing feedback and advice
- Probing for a greater understanding of their level of knowledge and ability
- Asking questions that assist the person being coached in their own self-discovery
- Celebrating growth and success stories

#### **Effective coaching conversations require:**

- The objectives for the conversation are clear
- A specific process, practice, skill, or behaviour is discussed
- ACP Engagement Goals that highlight changes that need to be made or worked toward are set
- Key points are recapped by either the coach or the person they’re coaching

### **The Coaching Process<sup>iii</sup>**

#### *Establish a foundation of trust*

The coaching process begins by creating a positive environment and a foundation of trust in order to increase the receptiveness. This is achieved through attentive listening without distractions; showing empathy and acknowledging feelings; seeking clarification by asking questions that tap into the individual’s or group’s own critical thinking abilities, skills, experiences, and opinions; and then summarizing what you heard the individual or group say.

#### *Coaching conversations (formal and informal)*

Coaching is not a difficult skill to develop or to use. Coaching is about engaging in conversations and asking meaningful open-ended questions (i.e. starting questions with “what” or “how”). Whether the conversation is formal or informal, the goal is to support the development of the individual’s or group’s behaviour, skill, and attitude towards ACP processes and practices through knowledge sharing and feedback. The coach can help develop a clear picture of what ACP processes look like when HCPs and

community members fully engage in the ownership of these practices. Through these conversations, practice issues or barriers are identified and strategies are developed to create a plan for improvement.

### *Forward action and accountability*

It is especially valuable to provide ongoing encouragement, support, and establishing accountability for performance improvement; this particularly applies to HCPs who are championing ACP and who are willing to engage in greater support and coaching opportunities.

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*“Coaching is . . . helping another person reach higher effectiveness by creating a dialogue that leads to awareness and action.”*

*– Anne Loehner & Brian Emerson*

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## Coaching Guiding Principles and Core Skills <sup>iv</sup>

### The 5 Guiding Principles of Coaching

- Be Curious
- Be Supportive
- Be Accepting
- Be Focused
- Be Committed

### The 5 Core Coaching Skills

- Listening
- Encouraging
- Questioning
- Requesting
- Action Planning

## Coaching Best Practices: Supporting ACP Engagement Goals

### 1. Check-in regularly

- Develop a habit of having open conversations
- It builds trust and promotes open communication
- It provides opportunity to informally check-in on how they are progressing in achieving their self-identified ACP Engagement Goal(s)

### 2. Keep track of goals and timelines

- Check back in to ensure they are on track
- It provides another opportunity for a coaching conversation in case they are encountering any barriers to achieving their ACP Engagement Goal(s)
- Let them know that you have not forgotten them and they are held accountable for achieving their ACP Engagement Goal(s)

### 3. Provide feedback

- Develop the habit of seeking permission and providing positive and constructive feedback
- Look for opportunities to provide constructive feedback to support progress toward their ACP Engagement Goal(s)
- Assure them that you are committed to their development and growth

### 4. Clarify knowledge and skills

- Use sandbox/coaching follow-up sessions to assess and clarify ACP principles, tools, and skills
- Encourage open dialogue to discover challenges and barriers to ACP engagement without judgement
- Model and re-teach, using various adult learning approaches, to enhance confidence

## Coaching: HCPs

### *Coaching for Individual HCPs*

- Some self-identified ACP champions will reach out for ongoing coaching support and consultation. These champions are likely open to the coaching best practices listed above, providing an opportunity for relationship building and engagement unique to their learning and skill development needs.
- Follow-up emails post-education and quarterly newsletters can be used to celebrate their attendance, encourage achievement of ACP Engagement Goal(s), review available resources and supports, and lists upcoming virtual education sessions.

### *Coaching for HCP Groups (sites, disciplines, or programs/networks)*

- Establish key point persons to help lead the ongoing coaching and support needs of the group. Arrange regular check-ins such as staff meetings, rounds, lunch and learns, case reviews, huddles or working remotely on-site.
- Regular check-ins can be used to enhance awareness of ACP support, provide brief education of ACP processes, identify ACP champions, discuss accountability of using and accessing ACP documentation, collaboratively create strategic ACP implementation plans for the group, and encourage use of ACP consultative support.

## Coaching: Community Organizations

- Part of stakeholder engagement with community groups includes follow-up coaching after education workshops. The majority of community groups require ongoing support with resources, additional education, and consultations.
- Each group is unique and will have different needs and varying levels of involvement in ongoing ACP engagement. Ideally, one or two key contact persons will be identified for co-facilitation of education workshops and they can provide additional support for organization members.

## Coaching: Consultations

- The majority of email and phone call consultations that we receive are seeking general information and resources. Consultations are opportunities for coaching (see best practices above).
- Identify where the caller is from (Health Authority or Fraser Health community)
- Ask for contact information and identify if they are a member of the public or a HCP (role & site)
- Offer resources or refer as needed (for example - Home Health, GP/ NP, MAID, etc.)

## Coaching: Complex Cases and PSLS

- Complex cases and clinical near-miss events/errors present easy to identify coaching needs; these might include cases as identified in consultative encounters, challenges and errors identified in clinical rounds, and/or MOST and ACP-related PSLS entry.
- Harder to notice are unproductive behaviours that are also important coaching opportunities. Coaches help HCPs to identify and/or change unproductive ACP-related practices and behaviours.
- When you identify an initial consult discussion as a complex case, the following is recommended:
  - Review case briefly with team member and ACP Lead
  - Arrange a group consult call with ACP Lead and include key stakeholders (IRM, AGL, managers, directors, etc.) as needed

- Begin the consult call with introductions, have the initial caller give a summary of the case and take notes
- Keep in mind three key inquiry questions:
  - What is the health care decision that is requiring consent?
  - What are the patient's values, goals, and preferences?
  - What treatment or intervention is the health care team offering?
- Provide the HCP with a follow-up summary of the discussion, recommendations or next steps, including a debrief plan if needed.
- If a PSLS is identified:
  - Determine who will report the PSLS and who will be the 'handler'
  - Advise on process for reporting, determine the appropriate category to enter the PSLS, and discuss a follow-up plan with deadlines
- If the case is due to a SDM disagreement refer to: **[insert CPG link]**

## Coaching Resources and Tools

*Fraser Health ACP Engagement Questions (see Appendix A & B)*

*Fraser Health Coaching Out of the Box Course*

[http://fhpulse/education\\_and\\_professional\\_development/personal\\_pro\\_dev/Pages/Coaching%20Out%20of%20the%20Box.aspx](http://fhpulse/education_and_professional_development/personal_pro_dev/Pages/Coaching%20Out%20of%20the%20Box.aspx)

### *Coaching Books*

Aguilar, E. (2013) *The art of coaching: Effective strategies for school transformation*. Jossey-Bass, San Francisco, United States.

Aguilar, E. (2016) *The art of coaching teams: Building resilient communities that transform schools*. Jossey-Bass, San Francisco, United States.

Stanier, M. (2016) *The coaching habit: Say less, ask more & change the way you lead forever*. Box of Crayons Press, Toronto, Canada.

Stanier, M. (2020) *The advice trap: Be humble, stay curious & change the way you lead forever*. Box of Crayons Press, Toronto, Canada.

### *Online Resources*

Atul Gawande (2017) Ted Talk: Want to get great at something? Get a coach.  
[https://www.ted.com/talks/atul\\_gawande\\_want\\_to\\_get\\_great\\_at\\_something\\_get\\_a\\_coach?language=en](https://www.ted.com/talks/atul_gawande_want_to_get_great_at_something_get_a_coach?language=en)

Atul Gawande (2012) Harvard Graduate School of Education: The difference between coaching and teaching. <https://www.youtube.com/watch?v=VabtGPVvihA>

Baker, N. (2019) Consulting and Coaching Blog.  
[http://www.neilbakerconsulting.com/uploads/2/6/2/4/26245708/questions\\_tool\\_for\\_coaching.pdf](http://www.neilbakerconsulting.com/uploads/2/6/2/4/26245708/questions_tool_for_coaching.pdf)

## Appendix A

### Questions to Support Advance Care Planning Engagement

*Rapport is not needed to have ACP conversations. ACP conversations build rapport.*

Use the **SPEAK** Core Element Tool to support health care providers to engage in ACP processes. Focusing on one or more parts of the **SPEAK** tool is recommended. Setting goals and following-up for accountability is encouraged.

#### Substitute Decision Maker

- Has your client thought about who would make health care decisions for them if they were unable to?
- If it doesn't fit within the BC TSDM legal hierarchy, is a Representation Agreement needed?
- Have you documented on the ACP Record and/or completed the Identification of SDM Form?

#### Preferences

- How much information does your client like to know about their health? And how do they like to receive that information?
- How does your client like to make health care decisions? (For example: Independently. Shared with family and friends. Family and friends decide for them.)
- Have you documented on the ACP Record?

#### Expressed Wishes

- What are 3 things that are on your client's 'joy list'? Or, what matters most to your client? Or, what does a good day look like for your client?
- What personal, cultural, or spiritual beliefs does your client have, if any, that would impact their health care decisions?
- Have you documented on the ACP Record?

#### Advance Directive

- Does your client have an Advance Directive (a specific BC legal document)?
- If yes, does your client's MOST align with the advance directives as well as what is clinically beneficial?
- Have you documented on the ACP Record?

#### Knowledge

- How much does your client know about their current health (including what may be ahead)?
- What medical treatments has your client considered they may or may not want?
- Have you documented on the ACP Record?

*"The point of beginning ACP conversations...is not to force premature decisions about possible therapies but rather for patients to identify a [substitute decision maker] and articulate their values that others can later apply to in-the-moment decisions."*

*Brian Block, Alexander Smith & Rebecca Sudore, 2020*

**For more information of if you have questions contact the FH Advance Care Planning Team at:**

**1-877-825-5034 or [FHadvancecareplanning@fraserhealth.ca](mailto:FHadvancecareplanning@fraserhealth.ca)**

## Appendix B

### Advance Care Planning Engagement Questions for Leaders & Educators

- What Advance Care Planning (ACP) conversations have you had (personally or professionally)?
- What has worked for you as you've engaged in these ACP conversations?
- What barriers/challenges have you encountered to engage in ACP conversations?
- What has been your experience documenting on the ACP Record?
- What benefits have you seen of having and recording these ACP conversations?
  
- Have you and your team members used the Identification of Substitute Decision Maker(s) Form OR the Serious Illness Conversation Guide?
  - What challenges or successes have you encountered, if any?
- Have you and your team members documented on the ACP Record?
  - What challenges or successes have you encountered, if any?
- Have you and your team members searched for previous ACP Records on EMR?
  - What challenges or successes have you encountered, if any?
- How can we better help you and your team to engage in advance care planning, serious illness & goals of care conversations?
  
- Why is ACP, serious illness & goals of care conversations throughout the health journey important for clients and people who matter to them?
  - Why is it important to you and your work?
  - Why is it important to the health care system?
- What available tools/resources and supports are there for ACP?
- What are some practical action items you and your team and/or clinic could try to support each other?
  - How can we be accountable for these action items/implementation plans? (For example: One-on-one follow-up conversations. Rounds discussions. Team competitions.)

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<sup>i</sup> Stanier, M. (2016) *The coaching habit: Say less, ask more & change the way you lead forever*. Box of Crayons Press, Toronto, Canada.

<sup>ii</sup> Gawande, A. (2018) *The Knowledge Project Podcast: The path to perpetual progress*. Retrieved from: <https://fs.blog/atul-gawande/>

<sup>iii</sup> Bendaly, L. & Bendaly, N. (2012) *Improving healthcare team performance*. Wiley & Sons, Canada.

<sup>iv</sup> The International Coaching Group Inc. (2013) *5/5/5 Coaching Skills Training Program: Learner's Guide*. Coaching Out of the Box, Sechelt, Canada.

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