Coaching as a Tool to Support Quality Improvement Teams

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URC

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INTRODUCTION

For many years, the industrial sector has used coaching successfully to provide technical training. In the context of improving the health system and assuring the quality of services offered, the term "coaching" a dual meaning: It describes the relationship between a team and its coach/trainer as well as the relationship between a participant and a trainer.

Coaches have opportunities to better understand the development of a quality improvement team (QIT) and to provide the support and counseling necessary for it to run smoothly and productively. Coaching also offers opportunities to gain an in-depth understanding of the development of the improvement team overseen by the coach. This is one of the lessons the University Research Co.-Center for Human Services (URC-CHS) project has learned since 1993, while implementing various quality improvement approaches in developing countries of Africa. Indeed, a review of all the team activities and an analysis of changes in quality of care indicators always show improvement during periods in which on-site coaching visits occurred. This can be explained by the fact that teams occasionally reach an impasse at some stage and are unable to move forward towards improvement. Other teams may be unsure of where they are headed or may not fully understand what is expected of them. A coach's visit to the site provides an opportunity to clarify the situation, gain new knowledge, calm their sprits, document their achievements, and re-energize the team.

After a year of experimentation in which the coaching approach was used to support quality improvement (QI), we conclude that coaching can benefit QI efforts by:

- Ensuring that the QIT members have a positive attitude towards quality improvement (QI)
- Working with the QITs to master the principles of QI
- Strengthening technical and analytical skills
- Strengthening capacities for planning, implementation, and follow-up for corrective action plans
- Developing personal and professional skills of individuals and teams
- Making positive changes in performance through: taking initiative, internalizing the institution's goals and values, continued learning, sustaining a high level of performance, creating and maintaining positive working relationships, and communicating respect.

The purpose of this document is to describe the role of the coach, the installation and supervision of coaches, and the process of sustaining the culture of quality. The document is based on URC's experience in Benin.

"With the coach's visits, the providers who are in the on-call system improved their services and systematically document the three AMTSL procedures in the indicated tool."

– Ms. Odette GUEDESSOU, Manager, Bohicon Maternity Center, Bohicon, BENIN

QUALITY IMPROVEMENT AND THE ROLE OF COACHING

What is quality improvement? As a coach, how can I improve quality?

Quality improvement encompasses all activities that enable improvement in service providers and the services they perform. The three fundamental activities of quality improvement (QI) are: to define quality; to measure quality; and to improve quality.

The quality improvement model. In Benin, it is the national and regional health officials who identify case management processes targeted for improvement. The national and international norms for managing these processes are then identified and form the basis for norms that are adopted at the national level. These national level norms are then communicated to health services providers by several methods, including training sessions.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Coaching represents a strategy for monitoring trained providers in their workplace, to ensure implementation of the norms and the knowledge they have acquired. Indeed, a team that has to work according to established norms, and must maintain and improve its performance in time and space, needs someone, like a tutor, who will be able to guide the team, help it to monitor its own progress, and assist it in overcoming obstacles.

Much improvement work is done within the teams, because quality service depends not only on individual providers but also includes care processes in which several professionals are involved. A quality improvement team (QIT) is needed to lead and to support the efforts toward improvement. The foundation for the work of quality improvement coaches is their relationship with the team and with each team member.

Coaching. Coaching consists of supporting the individuals and teams involved in improvement to implement their technical knowledge and know-how in order to improve compliance with the norms, so that problematic processes will run more smoothly and efficiently. It is a management style in which the coach seeks to develop the knowledge and skills of QIT members.

The purpose of coaching is to provide technical and moral support to the QITs in order to improve their performance.

The objectives of coaching are as follows:

- To help the team improve the quality of its work
- To assist the team leader in guiding the team, so it is able to carry out its mission in the most effective manner.

Remember…

Any time coaches have contact with QIT members, they should:

- **encourage, strengthen, and give/receive feedback**
- **clarify the goals, priorities, and performance norms in a positive manner**
- **listen to the ideas of the QITs**
- **include the ideas of the QITs in the planning and problem-solving processes**
- **congratulate and thank the QITs for their work**

Coaching offers the following benefits:

- Positive changes in performance through:
  - Taking initiative
  - Internalizingthe institution's goals and values
  - Continued learning
  - Maintaining a high level of performance

## *Coaching is not the same as supervision!*

  - Creating and maintaining positive working relationships
  - Fostering mutual respect
  - Placing an emphasis on problem solving and the changes necessary to improve work quality

THE COACH'S ROLES AND RESPONSIBILITIES
I am a coach…What do I do?

The coach's roles

The coach plays three main roles: facilitator, trainer, and QI expert.
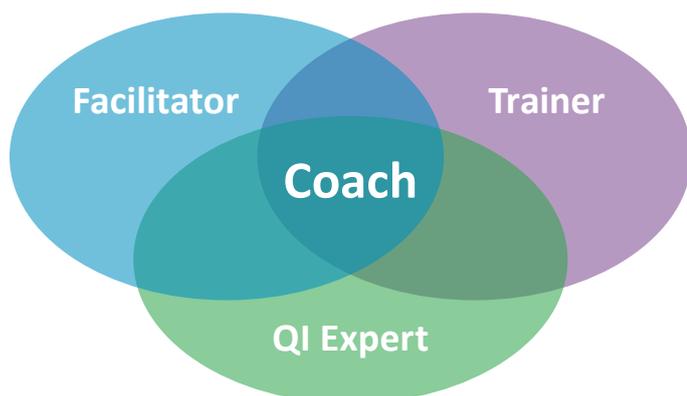
Facilitator

The coach actively observes the team's work and provides positive and constructive feedback on team members interaction and work.

The coach monitors the team through the various stages of development and intervenes appropriately to help the team move forward.

In a similar way, the coach works with each individual team member on the behavior changes necessary for the newly established work norms, so that no member becomes a stumbling block for the team.

Trainer

Coaches pass their knowledge along to team members so that each individual, and the team as a whole, can acquire technical as well as analytical skills.

To help individuals learn, the coach should first explain the task or activity to be learned and demonstrate it using examples. Once the successive stages of the new task or activity have been demonstrated and discussed, the coach observes the team (or the team member involved) carrying out the new activity and begins to interact with the team to guide it during the exercises, to monitor progress, and to assist the team in overcoming obstacles.

QI Expert

As a QI expert, the coach serves a guide for understanding the QI principles or tools (e.g., teamwork, or preparing and analyzing a process diagram); identifying and documenting changes; and understanding and mastering data monitoring (both collection and analysis).

Criteria for the selection of coaches

- Be a skilled employee, a midwife or nurse, or a physician
- Be trained in management techniques
- Have at least five years of job seniority
- Be a provider in an outlying health center, or in a zone or departmental hospital
- To make coaching sustainable, members of the Health Zone Management Team (HZMT) are considered coaches and should receive coach training; even if it is difficult for a member of this body to work intensively with a team, it is necessary that they have the skills to intervene, if needed, during their regular supervisory visits
- Be committed to take on the role of coach
- Be willing to make sacrifices
- Have skills in interpersonal communication techniques
- Belong to the health zone management, or at least be involved in some way with the department health management team

Remember…

All these criteria and skills are necessary to be certain that the coach understands how to improve teamwork effectiveness

The coach's responsibilities

In general, coaches take on the following responsibilities:

- Promoting and modeling the QI principles
- Watching/monitoring what the team adopts as its basic rules
- Helping the team to learn new behaviors consistent with the basic rules, according to their needs: for example, giving positive feedback and respecting the opinions of others
- Using sessions that take place before and after the meetings with the team leader to provide feedback and counseling
- Providing "just-in-time" technical training on the skills of the team, the problem-solving process, and the use of special QI tools based on needs
- Identifying behaviors and dynamics of problems and intervening accordingly

- Providing feedback to the team to facilitate its development
- Supporting the team leader
- Remaining objective and neutral
- Enabling the team and the team leader to make their own decisions

Shared responsibilities

The coach and the team leader should organize and coordinate their work together. They carry out the following activities jointly:

- Establishing a climate of cooperation and openness
- Promoting the problem-solving process or the selected QI activity
- Encouraging all team members to identify and solve problems through teamwork
- Concentrating the group's energy on the common tasks
- Encouraging all team members to share relevant information
- Raising issues that have not been discussed
- Assist in ensuring that the basic rules and operating procedures are observed
- Promoting decision making by consensus
- Never being part of secret agreements
- Never talking about the team or its members outside the team meetings

The coach isn't the only one who has responsibilities!

Responsibilities regarding the team's results

Coaches are accountable for their team's successes and failures, so they should only be in charge three or fewer sites at first. Coaches will adjust their coaching visits based on QIT performance; thus, a team in greater need of coaching will receive more coaching assistance and access.

The specific involvement of coaches and their interaction with team members will vary with the difficulty of the tasks to be carried out, the skills of the team leader, and the team's degree of development. It is important that the team perceive the coach as a catalyst, encouraging the team to develop the necessary skills to carry out its task.

The role of coaches is not to solve problems, but to help the leader and the team to become self-sufficient so that they are able to use the appropriate tools and procedures independently and solve problems themselves.

Remember...

Coaches take responsibility for:
- **their own role**
- **collaborating with the team**
- **achieving the team's results**

The coach's role evolves as the team develops and goes through different stages. For example, during the initial phases of team training, a coach may adopt a more authoritative style while team members learn to trust each other and work together. This type of authoritative behavior is somewhat standard and the coach (usually in agreement with the team leader) decides how to organize activities, determines which QI tools or techniques should be used, and decides when and where the tasks should be carried out instead of letting the team members manage on their own. Consequently, the role of the coach may focus mainly on ensuring the tasks are carried out.

However, as team members' skills grow stronger and as the team becomes more autonomous, a coach's behavior changes, ultimately assuming the role of a facilitator. In other words, a coach's activities evolve toward a supporting role that allows them to assist and strengthen the team's efforts and decisions. As team members hone their skills, the need for (and tolerance of) an authoritative style will lessen. Because of these roles and duties, coaches are those who know the teams best – both in their operations and in their productivity. By meeting with the teams, by summarizing their work, and by traveling from site to site, coaches have tremendous opportunities to relay information between the collaborative management structure and the teams, as well as between teams. In practice, coaches also bring information and new ideas to the first sites that they visit. From there, they learn lessons that they pass along to the next sites, and eventually these ideas will spread. During the learning sessions, they should also help the team to prepare better presentations.

SKILLS REQUIRED FOR COACHES

What do I need to know?

QI coaches need skill sets in the fields of communication, facilitation, and training. To be effective, coaches should understand how people work together in a team and how to improve teamwork effectiveness. To properly assume their role as facilitators, coaches must have the following skills and aptitudes: **communication skills, facilitation skills, training skills, and QI skills**.

Communication skills

Coaches should be able to use effective communication techniques, such as:

- Active-listening technique of communication, which enables trainers to establish contact and trust with participants
- Paraphrasing
- Questions about clarification (open and neutral questions)
- Positive and constructive comments.

Coaches should be able to give effective feedback. In other words:

- Give the feedback in a timely manner
- Describe the specifics (describe the participants' specific behaviors and reactions, telling them what they should keep or what they should change)
- Be non-judgmental (describe the consequences of the behavior without judging the person)
- Tailor the feedback to the individual.

Facilitation skills

Effective coaches are able to observe the teamwork process and intervene appropriately to improve it.

Coaches need to know and be able to facilitate:

- The different stages of team development
- Meetings, so that they are productive
- Decision-making processes
- The process of conflict identification, management, and resolution
- Change
- Creativity among team members
- Communication with the organization by preparing written reports, oral presentations, and storyboards.

Training skills

Coaches lead training sessions for the teams and occasionally for individual team members. Just-in-time training, which entails presenting new information and skills while the team continues with its work, is the foundation of QI training.

To be an effective QI trainer, coaches should know:

- The principles of just-in-time training based on skills
- The management process
- How to create and maintain a positive climate for the team training
- How to use interactive training methods
- How to train adults
- How to make effective presentations

Quality improvement skills

In order to transfer and understanding of QI and specific QI skills,, coaches should be able to:

- Understand and explain the concepts of, and perspectives on, quality and the various ways to improve quality

- Assist the team in defining and clarifying a subject (or problem) to be addressed

- Construct, and analyze if necessary, diagrams for analyzing and solving the problems

- Help the team plan improvement activities

- Help the team determine how to collect data and information in order to find the cause of problems

- Help the team document the activities it carries out

- Help the team present and analyze data using frequency-time graphs or any other methods, if necessary

- Help the team to find and test changes

- Assist the team in monitoring the results to determine whether improvement took place

RELATIONSHIPS BETWEEN COACHES, HEALTH WORKERS, AND MANAGEMENT STRUCTURES

Who works with the coaches?

Coaches and team leaders

It is essential that coaches and team leaders have a good working relationship. To achieve this, team leaders and coaches should have a mutual understanding, either verbal or written, that covers the following points:

- Their roles and responsibilities
- Team objectives
- Rules of confidentiality
- Types of interventions that coaches will have to carry out
- How coaches will intervene, so they do not undermine the leaders or appear to be trying to circumvent them
- How coaches and leaders approach problems.

Coaches and members of the Quality Improvement Team

It is important that coaches be from the same professional family as the team members in order to manage them and counsel them effectively, since they experience the same problems and challenges.

Thus they maintain a horizontal relationship with the team, which facilitates interaction with the team and its members. Even though coaches should be on the same wavelength as team members, they should be skilled professionals.

Coaches' collaboration with local health system supervisors

Coaches are different from supervisors: Supervisors look specifically at the task the provider carries out, but coaches support the team in carrying out the tasks. Coaches should collaborate closely with the team supervisors, inquiring about the outcomes of supervisory visits to the sites for which they are responsible. Working with the team, coaches should plan specific steps to be taken to solve problems identified during the visits.

Remember...

In many countries, midwives and physicians are members of the national or departmental training teams and are also very good coaches

Case study: The role of coaches in Benin's health system

Benin's health pyramid consists of three levels: the central level; the middle level (the Regional or Departmental Health Directorate); and the peripheral health district level (called a "zone" in Benin). Generally, the district level is in charge of supervising providers at health facilities. In Benin, the Health Zone Management Team (HZMT) includes one zone midwife and one zone nurse who, theoretically, should be close to each of the health facilities. In reality, the number of health facilities per health zone and the HZMT's workload make this nearly impossible. In this environment, coaches are seen as a liaison with the HZMT, working alongside the providers to support and sustain them. Coaches should work in close cooperation with the HZMT, giving a full report of their activities, and inquire regularly about the outcomes of site supervisions and monitoring, in order to focus their work to improve the quality of care and services offered by the providers.

COACHING THE HEALTH TEAM

What will I be doing?

Coaches' activities regarding a team for which they are responsible fall into six essential areas:

- Technical management of the team members
- Monitoring the team's development
- Monitoring the behavior change process in individual team members
- Supporting the team in data collection and analysis Introducing changes capable of generating improvements
- Documentation of improvements and the process

Coaches and technical/ clinical supervision

Coaches should take an approach to training and learning that uses positive feedback and effective communication techniques, including demonstration of desired performance standards.

Demonstration is an **interactive learning technique** in which the facilitator explains and shows the stages and their sequence for carrying out a procedure or an activity. This approach often has health team coaches use an anatomical mannequin for demonstrations, in order to take all the time needed to discuss the essential points and repeat the difficult portions without jeopardizing a client's health or comfort.

In other words:

- Demonstrate the entire procedure from beginning to end, so that the provider has an overall image of the activity
- Divide the procedure into parts and allow the participants to work on the individual stages of the procedure
- Demonstrate the entire procedure again and allow the providers to practice the entire procedure from beginning to end.

To demonstrate a new procedure, coaches should organize sequences of activities and divide them up using the approach:

Teaching a Procedure

> *ENTIRE PROCEDURE*
>
> ⬇
>
> *INDIVIDUAL PARTS*
>
> ⬇
>
> *ENTIRE PROCEDURE*

During the demonstration, explain to the providers what is being done, especially the difficult steps. Ask questions of the providers in order to keep their attention during the demonstration, and encourage questions and suggestions from them. Be sure to take enough time for each step to be observed and understood. Use the equipment and the instruments correctly, checking that the participants see clearly how to use the materials.

In order to have a successful training session, coaches must:

- provide clear objectives
- know how to communicate with the participants
- be open to the learning process of the participants
- know how to evaluate performance
- focus on the practical skills
- try to reduce stress of the participants
- assist and monitor the providers
- consider themselves facilitators of learning

The training process

In order to improve participants' skills, both trainers and participants will need to adapt their behavior based on the overall performance level. Trainers will need to conduct themselves differently if the participants are just acquiring the skill versus mastering a skill they already knew.

Performance Levels			
Demonstration or practice session	**Acquire the skill**	**Acquire/master the skill**	**Master the skill perfectly**
Before	**The clinical trainer** gives an overview of the skill/activity, uses audiovisual materials and other teaching aids, reviews the learning form, and asks if there are any questions	**The clinical trainer** reviews the stages/tasks on the learning form and answers questions about the skill/activity **Both** (trainer and participant) discuss the role of the clinical trainer as monitor and evaluator	**The clinical trainer** discusses the previous practice sessions with the participants and reviews the checklist **Both** discuss the clinical trainer's role as an evaluator
During	**The clinical trainer** demonstrates each stage of the skill/activity and uses audiovisual and other teaching aids **The participant** observes using the learning form **Both** There is interaction between the trainer and participant	**The participant** carries out the procedure while the monitor observes using the learning form, asks questions (if needed), and the monitor gives positive feedback and offers suggestions **The clinical trainer** uses the checklist to observe and assess participant performance with anatomical mannequins	**The participant** carries out the procedure **The clinical trainer** observes and assesses participant's performance using the checklist
After	**Both** discuss the skill/activity and review the learning form **The clinical trainer** answers any questions **The participant** is ready to practice	**The participants** share their thoughts about the positive aspects of the practice session and offer suggestions for self-improvement **The clinical trainer** gives positive feedback and offers suggestions for improvement and determines whether the participant is competent to advance from the anatomical mannequins to clients **Both** review the stages on the learning form and assign goals for further practice if necessary	**The participants** share their thoughts about the positive aspects of the clinical session and offer suggestions for self-improvement **The clinical trainer** gives positive feedback and offers suggestions for improvement, and determines whether the participant is qualified or needs further practice **Both** review the stages on the checklist

Coaches and team development

How can I create a well-functioning Quality Improvement Team?

In Quality Improvement, a QIT is a group of people who work toward common goals. The objective of these teams is to solve an identified problem, and team members must develop a feeling of trust and honesty in order to fully accomplish their objective.

Developing a team involves five principal stages:

1. Team formation
2. The storm
3. Norm acceptance
4. Performance
5. End

A team may develop normally from the first to the fifth stage, just at it can fall backward or skip stages. Knowledge of these functional stages is useful for coaches, as they must make a rapid assessment and find solutions before the team falls apart. The following table shows the behavior of team members at each stage, and corrective actions to be taken.

Stages	Meaning/Content	Member Reactions (Clinical signs)		Useful Activities (Treatment)
1. Team formation	■ Identify the members ■ Assign roles ■ Prepare the working norms ■ Clarify the work subject	■ Enthusiasm ■ Anticipation ■ Optimism ■ Concern ■ Politeness ■ Efforts to identify tasks ■ Complaints		■ Presentation/inclusion activities ■ Mission clarification ■ Establish basic rules ■ Provide all training necessary on QI concepts or tools
2. The storm	Conflicts of all types	■ Resistance ■ Changing attitudes ■ Disputes ■ Defensive behaviors ■ Competition ■ Doubts about the objective ■ Unrealistic goals		■ Conflict management techniques ■ Clarification/teaching QI concepts
3. Norm acceptance	■ Everyone accepts the working norms ■ Conflicts are settled	■ Acceptance of membership status ■ Relief ■ Commitment to overcome differences ■ Feedback ■ "Happy" interactions		■ Continue to foster shared responsibility ■ Refocus the agenda ■ Provide initiation to QI tools
4. Performance	Team productivity	■ Satisfaction ■ Trust ■ Anticipation of problems ■ Prevention ■ Risk taking ■ Commitment to continue		Initiation to QI tools and concepts, as needed
5. End	End of the improvement process for the subject addressed	If the team succeeds: ■ Joy, pride ■ Feeling of loss ■ Appreciation ■ Avoids a definitive end	If the team fails: ■ Frustration, anger ■ Rejection, blame ■ Dissension	■ Discuss the next steps ■ Evaluate ■ Present the results

Remember to use communication and facilitation skills at each stage of team development!

Coaches and the introduction of changes for quality improvement

Change is not easy

One area in which teams frequently encounter problems, and where coaches play a fundamental role, is the decision-making process. Reviewing the minutes of many team meetings, it is difficult to find a clear expression of the various decisions made by the team and the process they used to make those decisions. Yet decisions are the expected results of the meetings and will allow the introduction of effective changes for quality improvement. Thus, as in any activity, decision making also involves a process and guidelines.

The stages of the decision-making process are orientation, discussion, and decision making.

Orientation: This first stage consists of stating the problem, clarifying it, and seeking everyone's acceptance and participation. In this phase, one must also plan the process for reaching the decision and establish rules for making choices in case of disputes. The person most familiar with the subject and the desired result should guide the orientation.

Discussion: This stage entails holding candid discussions to collect information needed to understand the subject, to identify the different choice options and any alternatives , and to evaluate these options in order to make wise choices.

Decision making: Once alternatives are identified, there are several methods by which a team can reach an agreement. These should already have been clarified in the orientation phase. Among these methods are consensus, the opinion of an expert for technical subjects, voting (ranking, multiple voting, and majority voting), or a decision-making matrix. In each case, it is necessary to prioritize efficacy, but consensus as well.

As previously mentioned, it is not always easy to reach a decision. Some attitudes which are often observed in teams can prevent decision-making. For example:

- Delaying or postponing the different stages of the process
- Making hasty decisions and exaggerating their advantages
- Shirking one's responsibilities and passing them along to others
- Ignoring the options and quickly taking the easiest solution
- Accepting just any solution
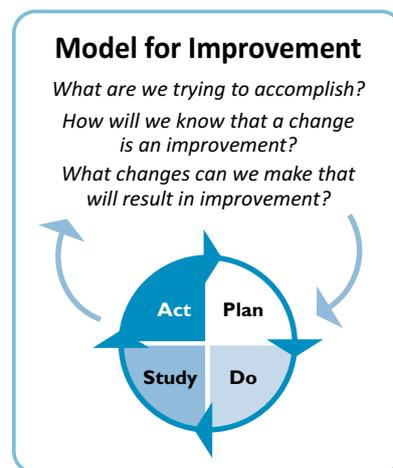- Concentrating on minor issues which do not affect the larger decision

Implementation: After adopting one or more options, the team must agree to observe the decision, implement it as planned, and evaluate it at the end of the implementation period.

Coaches' attitudes regarding a team's decision-making process

Coaches should understand the decision-making process and harmful behaviors that can prevent successful decision making. Thus, in observing a team, coaches need to be able to make an appropriate assessment and take the necessary steps to support the process. Coaches should:

- Encourage critical thinking, because no one is perfect
- Encourage independent thinking, so that the leader's ideas do not take precedence over other contributions
- Encourage sensitivity to different schools of thought
- Assess the team's productivity
- Assign one member the role of "devil's advocate" (supporting an idea – even a wrong one – in order to stimulate discussion) in case of a standstill or lack of ideas.

Decisions to be made generally involve changes the team has identified to solve specific problems with staff performance, the availability or allocation of inputs, or the organization of service.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act | Plan
Study | Do

Coaches should support the team during the cycle of planning, introduction, evaluation, and popularization of the change in order to improve its performance.

Coaches should help the team to assess the implemented change in order to determine whether the change resulted in improvement.

The Decision Making Process

Orientation → Discussion → Decision making → Implemen-tation
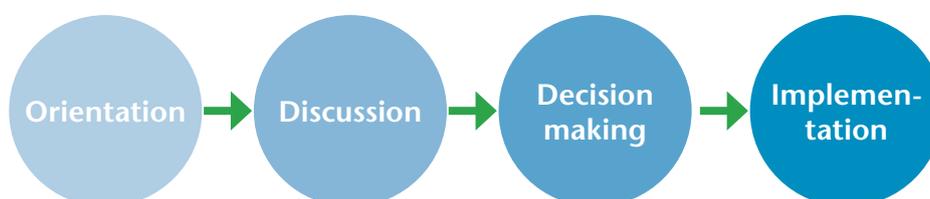
Documentation of improvement efforts

What should I document? And how should I document it?

Documentation is something tangible (writing, photographs, et al.) that shows the team's accomplishments. If no documentation is available for activities that were carried out individuals may not remember them; newcomers may not be able to catch on to different processes; and health facilities wanting to learn from the prior experiences of others may not find answers to their questions. Thus, documentation is important not only for the team, but also for the health center and the other health entities throughout the country. It is essential for a QIT to agree on the components of the QI process to be documented and the type of documentation, the content, and the storage place.

Components or items to be documented:

- Minutes of meetings
- Tables monitoring the indicators
- Forms and checklists
- Changes implemented by the team (explaining the process)
- Action plans
- Letters and Terms of Reference (TOR) of the monitoring visits from the central level
- Monitoring reports from the central or regional level
- Presentations made at the learning sessions and the reports

Form and content of the presentation

Producing documentation is a good thing, but it must be kept in a safe place where it can be easily accessed by you and other colleagues who may use it. During the monitoring visits, it is not uncommon to hear the team leaders blame each other, saying: "I wrote everything down, but I can't find it, and someone probably took my documents," or even: "Let's wait for the leader because we don't know where he filed the documents." This situation, embarrassing in front of visitors as well as program evaluators, does not reflect well on the team. Thus, a consensus must be reached on a specific location to store the documentation, for example, the team leader's office, the meeting room, or any other location that everyone considers appropriate. The essential thing is to ensure that the documents are available and accessible.

If the site has the means or opportunities to have a camera, certain situations are better described in photos than in writing.

The coach's role here is to help the team collect the information on the QI activities, organize them, and file them in accessible formats. Thus, each contact with the team is an opportunity to discuss documentation and to help the team document its actions using the relevant tools.

Processing and use of data collected by the teams

Where can we find the data to document our success?

One of the basic principles of quality improvement is the use of data in the decision making process. Reliable data requires a system for collection and analysis based on appropriate indicators. An indicator is defined as "a measurable defined variable used to monitor changes that occur in the quality or adequacy of important clinical and management activities."

Coaches need to know how useful data collection is, the various indicators that are monitored in the program, and the collection tools developed for that purpose.

In theory, data for all indicators is collected monthly or quarterly by each site and transcribed into a table that clearly shows the indicators and the months represented. These data should then be forwarded to the various coordinating entities (the Ministry of Health (MOH) and URC). However, before forwarding, the team should analyze and plot the data on a frequency-time graph. This graph should include not only current data, but also the data for four to five months before the interventions begin in the context of the collaborative. Thus, the team will be able to use the same graph to plot changes in the indicator: a line showing the mean or the median values of the data before intervention, and another line showing the mean or median values of the indicator during intervention. This will facilitate interpretation of the curves. The interpretation will be made by comparing the starting level (before intervention) and current levels, the expected objectives and the levels achieved, and the general appearance of the curve. Statistically, an improvement is significant only if at least six (6) consecutive ascending or descending points (depending on the expected direction of the improvement) are observed above or below the median line.

Percentage of deliveries with hemorrhage
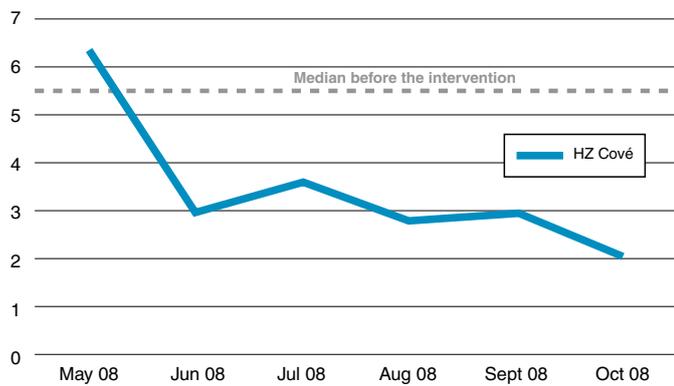
The analysis of these curves should be done frequently in order to better understand the changing situation in terms of its results. These are the "Studying" and "Acting" stages in the improvement model. For each situation observed, the team should identify the causes by collecting as much information as possible with contributions from everyone. The final stage will be a decision on whether to continue the actions that produced the observed results, to change certain components or the modus operandi, or to suspend the intervention and find another approach.

Coaches and managing behavior change of individual team members

Coaches should understand the process of behavior change for individual members of the team with which they work.

Scott & Jaffe's model of response to change may be used to understand how to manage the change process. The model recognizes four stages of behavior change: denial, resistance, exploration, and spontaneity.
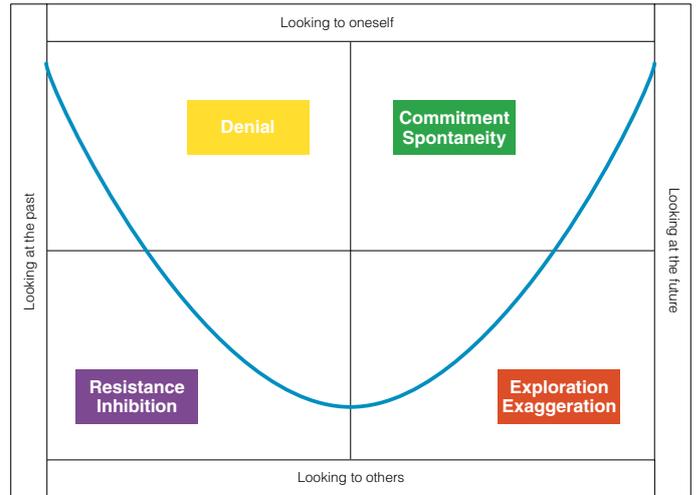
The primary focus of a coach's energy should be determined by the stage at which employees find themselves.

Denial: Provide as much information as possible – norms, guidelines, and policy – in such a way that it is difficult to remain in denial.

Resistance: Create opportunities to congratulate employees; don't continue to explain why change is important (you will strengthen their resistance); show empathy and understanding for the errors the employee is in the process of making.

Exploration: Encourage efforts undertaken alone and as a team; in the team, look for someone who can help the employee experiencing difficulties; give feedback on how to undertake the new behavior.

Commitment: It is no longer necessary to manage the change process. Leave this up to the team or the employee.

Remember...

Coaches should be aware that there is an emotional side to all changes, whether the changes are in personal behavior or in the workplace, and that employees may express these emotions in unexpected ways. Coaches should use their communication and facilitation skills to manage these situations.

PERFORMING THE COACHING VISITS

How to put it all together

Coaching visits require preparation and focus. The following section provides information on the preparation, content and follow-up for a coaching visit. Supporting forms are provided in the annexes.

Preparing for a coaching visit

- Agree on the visit date and time with the site to be visited. Take into account the times of the day when the teams and coaches are more productive, and therefore not too tired.

- Analyze available data and documents to identify the team's strengths, weaknesses, and needs for technical assistance.

- Work out the objectives for the visit, clearly listing the issues to be addressed (to be explained, discussed, given out, and collected) based on each site's situation and work methodology (*Form 1*).

- Prepare the documents and materials required for the visit (forms, prior reports, mission orders, anatomical mannequin, etc.) before the day of the visit.

Conducting a coaching visit

- Arrive at the site at least 30 minutes before the time arranged with the site.

- Introduce yourself to the site managers and explain the purpose of the mission *(Form 2)*.

- Present the items on the visit agenda and ask if there is anything else which needs to be discussed. Lead the discussions using the appropriate methodology for each point: listen to the site, ask questions, verify, clarify, etc. *(Form 2)*.

- Visit the premises (noting cleanliness, organization of space, functionality and use of the materials/ equipment).

- Check the inventory of specific drugs and consumables in the collaborative and how they are kept.

- Physically check the achievements the site claims to have accomplished (documents, rooms, etc.).

- Validate/collect the monitoring data using the monitoring plan as well as appropriate supporting materials.

- Take stock of changes that have been introduced and check their documentation. Provide support if necessary.

- Take stock of the implementation of the site action plan and analyze problems the team encountered.

- With the team, prepare the wrap-up for the visit (strengths, points to be improved, actions to be carried out and by whom, and the outlook), and transcribe them in the supervision log and/or the site binder *(Form 2)*.

- Make notes in a notepad or notebook.

- If necessary, provide just-in-time training (management or other session).

- Analyze the team's operation and productivity (its strengths, weaknesses, and needs for assistance) *(Form 2)*.

- If the team is at a standstill, attempt to understand why and help them by a demonstration (begin the exercise with the team); you should not have to come back and have them report that they have done nothing.

- Give feedback to the team, and to the managers if they are not part of the team, and thank them for their time and participation.

- Present and discuss the visits to the authority (HZMT, HZ Director or Chief Physician). Give a brief overview of the site's strengths and weaknesses and also specify the recommendations for them.

Follow-up to a coaching visit

- Hold a follow-up meeting after the visit with the coaches who took part in the visit (if there was more than one) to further strengthen the ideas *(Form 3)*.

- Draft a visit report using the format that was selected.

- Update the site data, including changes and indicator results, in the databases of computers and filing cabinets (Form 3).

- Make a report to the other staff members.

ANNEXES: HELPFUL FORMS

Form 1: Preparing for the coaching visit
(to be completed before departure)

Region: _____

Health Zone: _____

Health Center: _____

Date: _____   Coach: _____

I. Prepare the Terms of Reference.

A. Note everything that will require special attention during this visit and discuss it with your colleagues.

B. List the problems identified during the previous visit.

II. Prepare the Terms of Reference for the visit, taking into account the information collected above.

C. Describe the purpose of the site visit:

D. Describe the objectives of the site visit:

E. Describe the working methodology used during the site visit:

F. Describe the results expected from the site visit:

G. List the documentation prepared for the site visit (forms, reports, etc.):

H. Describe the program and schedule for the visit:

III. Activities that are part of the terms of reference.

I. Describe the steps taken to inform the sites in due time:

J. Describe the steps taken for logistics:

K. Review the comments to the team and prepare the appropriate responses:

Form 2: Conducting the coaching visit
(to be completed on arrival at the site)

IV. Begin by holding a meeting with the site/team managers and then with the team members, at which the coach explains the purpose of this follow-up visit and the specific tasks (see TOR).

V. Organize a working session with the quality improvement team for the site (discuss and analyze the available documents).

N.B.: Very often, coaching visits do not coincide with the regular team meetings

a. If you are scheduled to attend a regular team meeting, you should apply the principles in such circumstances by helping the leader and members achieve the objectives they have set for themselves (if not, go to lowercase "b" on the next page).

Report what you have observed and your role in achieving the team's objectives:

■ Decision on an agenda

■ Follow-up on the agenda

■ Management of the meeting

■ Quality of the deliberations

■ Analyze the results of the teamwork

■ Note members' participation

- ◼ Respect for time

- ◼ Decisions made

- ◼ Sharing of roles and responsibilities

- ◼ Setting the date for the next meeting

- ◼ Other comments:

b. At the end of this regular team meeting, or if your visit is a special one, you should follow up on the points below and report your findings:

Number of meetings held compared to the number scheduled

_____ held/scheduled ⟶ _____ / _____   _____ %

Number of meetings held for which minutes are available

_____ held with minutes available/minutes kept ⟶ _____ / _____   _____ %

Assessments of the meetings that were held:

- Consistency:

- Members' participation:

- Relevance of items discussed in the meetings:

- Quality of the decisions made:

- Preparation and follow-up of an action plan:

- Use of checklists and support materials:

- Composition of the team:

Discuss the changes implemented since the last visit:

■ Changes tested (what? when? how?):

■ Was each change tested according to the Plan-Do-Study-Act (PDSA) cycle?

■ Test results:

■ Difficulties encountered in implementing the changes:

■ Changes ultimately adopted:

VI. Describe how you went about analyzing/validating the calculation of the indicators using the record card for the mothers and supervision forms to update the follow-up indicators.

VII. What are the numerical assessments of the results compared to the last visit? Compared to the general trends in the work?

VIII. Does the team grasp the significance of these results?

IX. Describe the various workstations visited and the findings.

Analyze the results of the coaching and decision making

Section 1

Do the team members know that their performance is unsatisfactory? If not, give feedback.

Do the members know what they need to do? If not, tell them what needs to be done.

Do they know how to do it? If not, train them to do so.

Do they know why it needs to be done? If not, tell them what needs to be done.

Section 2

Are there any obstacles beyond their control? If so, eliminate the obstacles.

Do they think that your suggestions will not work? If so, convince them that the suggestions will work.

Do they think that their ideas are the best? If so, convince them to open their minds and consider other ideas.

Do they think that other things are more important? If so, clarify the priorities.

Section 3

Are there any positive sanctions if they perform? If not, give positive reinforcement.

Are there any negative sanctions if they perform? If so, eliminate these sanctions or balance them.

Do they think that there will be positive sanctions in the future if they perform? If so, make them understand that there may not be.

Are there any negative sanctions if they do not perform? If so, change the sanctioning method.

Are they working poorly without negative sanctions? If so, find a type of sanction that will motivate them.

Section 4

Are there personal problems that are interfering? If so, contain the problems.

Can they do the work if they want to? If so, discuss with them how to change their behavior. If not, postpone, simply or leave it alone.

Form 3: Summary of the visit and action plan
(to be completed after the visit)

X. Hold a discussion with the team members to collect their impressions of the activities carried out to date, and the successes and the difficulties they encountered (mention the principal ones here)

Difficulties due organization and functioning of the team	
Difficulties due to the members themselves	
Difficulties due to the environment in which the team operates	
Difficulties due to understanding QI and problem-solving concepts	
Physical and logistical difficulties	

XI. Organize a feedback session with the members of the team, expanded as needed to the staff of the health facility, highlighting strengths and weaknesses in the performance of the team's work (describe them here):

Strengths	Areas needing improvement

XII. Identify The Main Problems, Discuss Them With The Team Members And, Working Together, Plan Activities To Correct These Problems.

In the Action Plan, specify in particular:
Actions that will be carried out by the team members or facility staff
Actions that you will carry out yourselves as a member of a management team
Actions that should be carried out by others – the Benin Integrated Family Health Program (PROSAF), for example
Occasional training to be provided (describe the training topics in the Action Plan below.)

XIII. Identify what needs to be addressed at the next visit (list the main issues here)

XIV. Describe the motivational activities carried out for the quality improvement team (indicate if there was just-in-time training and the subject of that training)

XV. Other comments

XVI. Describe the report and presentation to the management bodies

Date: _____   Next coaching visit: _____

Signatures:

Team leader: _____   Coach(s): _____