



Huddle Up Coaching

Review the following do's and don'ts of "coach qualities" and assess how they can relate to your work with dialysis patients.

What Type of Coach Are You?

When addressing a challenging situation, it is important to take a step back and evaluate the situation. The underlying reasons or "root cause" for the undesired behavior(s) need to be identified and evaluated with a patient-centered focus. This includes considering how staff beliefs and reactions may be affecting a patient's behavior. Visualizing yourself as a coach can be helpful when thinking of being patient-centered. "A coach is a collaborative partner who works with the learner to help them achieve goals, solve problems, learn and develop."¹

Do you remember your "best" and "worst" experience with a coach? What did they do and say to make you want to follow them? Did they build you up? Did they focus on all that you were doing wrong or did they focus on the positive and help you to identify what you could do differently to improve? How patients feel they are treated by staff can impact their response, just like someone responding to a coach. It can be a positive or negative experience.

DO

Focus on the positive.

Notice and give praise to patients when they come in on time, stay their full treatment, or keep their fluid gains down. "Good" coaches help identify when something worked well and how you can replicate it for success.

Be respectful.

Good coaches earn their respect on a daily basis, based on how they conduct themselves and interact with patients and coworkers.

Be patient-centered.

Make it your mission to provide individualized care. Teach and help them adjust to and live better with dialysis as part of their life.

Be discreet.

Address any concerns with the patient in a discreet and private manner.

Treat all patients fairly.

Always maintain appropriate professional boundaries.

Encourage patients to share their concerns.

All complaints are opportunities to improve.

DO NOT

Focus on the negative.

"Bad" coaches tear down self-esteem rather than building it up. They use fear, humiliation and demeaning, disrespectful behaviors as "teaching" tools.

Be disrespectful.

Do not talk down to patients. Do not ignore them or dismiss their concerns or needs.

Publicly shame.

It can be humiliating to have your "failures" pointed out in public.

Play favorites.

Don't operate with two different sets of rules for patients you prefer to work with and those you may struggle with.

Discourage patients from sharing concerns.

Focus only on meeting ESRD QIP outcomes and corporate goals

Do not tell a patient they're affecting the clinic's numbers.

For more information, contact:
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1. J Caplain (2003) Coaching for the future how smart companies use coaching and mentoring. London CIPD

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