

APLS Course Coaching Guidelines

- **Pre-course preparation:**
 - Director and Coach to discuss role and practical aspects prior to course commencing. This may include clarifying the shared model of scenario teaching where one facilitator leads the scenario while the other leads the learning conversation
 - email to faculty notifying that coach will be on the course.
 - Please contact Jane Stanford jane.stanford@apls.org.au if you would like to see sample pre-course emails or would like other resource to support you in this role.
- **Introduction at 1st faculty meeting:**
 - role is for support and development.
 - Coaching philosophy is that change/improvement occurs with learner active participation in their own learning and deliberate practice. This includes; motivation to improve, behavioural descriptors of quality facilitation (end goals), self-assessment in response to observed behaviours and testing of strategies.
 - aim is for a culture of faculty supporting each other. The focus is for developing skills in teaching behaviours that focus on learner's needs within multidisciplinary and varied experienced groups.
 - if notes are taken they are as memory prompts for specific feedback to those involved & not part of course report.
 - faculty are invited to request feedback from their sessions. Ideally faculty nominate areas of their teaching that they would like to receive feedback. This helps with the coach watching for specific behaviours during a session and provides a guide for post session conversations to be on the area of concern relevant for the instructor
 - 2 main types of feedback support – 1-2 mins quick and targeted suggestions between groups and private learning conversations scheduled in breaks in teaching.
- **During the course:**
 - coach is responsive to needs of the faculty. This may include facilitating sessions or providing mini tutorials as requested
- John Gavranich's prescription –(provided at 1st faculty meeting to let all know what he is observing) for generic coaching/feedback if or when not asked for specific feedback
 1. create a safe environment
 2. remember the elements of ESDC, esp closing the session with a take home message
 3. learning conversation ensure the candidates do most of the talking
 4. time management
 5. enjoy yourself
- **After the course**
 - faculty will be given the opportunity to give feedback about having a course coach on APLS courses
 - Feedback to be provided in the course report
 - Coach and Director identify faculty who may be suitable as coaches on future courses. Please note on course report faculty with attributes/skills. See over for Coach Attributes/Skills

Attributes of Coaches

- Openness to learning
- Genuine curiosity/respect for peers who have a passion to support others develop
- Experience of APLS courses with an appreciation of variability in styles/approaches balanced with common behaviours/skills that support learner-centred teaching
- Emotional intelligence /build rapport- ability to recognise and manage own and others emotions. Recognise how emotions influence behaviour and adapt to a range of environments
- Demonstration of competence with learning conversations

Those identified for coaching roles will be offered to join GIC faculty, if not already a GIC instructor and attend the ESDC program

Additional Notes/Reflections:

Not necessarily a 'safe environment' for the coach as role is evolving.

Fellow instructor's own imposter syndrome can lead to avoidance.

- Compared to other roles (like attending as a Director/faculty member) the Coach often isn't clear on what is expected, how much they'll be accessed or if others will seek out their suggestions.
- Advice is to consider creating a *structure* for Coaching practice

Set up generic framework at first meeting – to share what you are looking for .

le: JG's simplified "5 step prescription" as listed above

Provide feedback regardless - using generic approach at the end of day faculty meetings – reporting back what you've seen

Trust in the 'Hawthorn' effect -APLS faculty are motivated & want to do well -the very presence of a coach and clarity about how APLS is focused on learner centred teaching has an impact

APLS Provider Course Coaching Feedback

(published in October newsletter 2019)

Feedback from faculty who have been on courses with a coach has been positive, with the major issue being limited time for coaches to actually provide feedback.

The major area of focus requested by faculty has been around learning conversation-style feedback.

Other areas include:

- Increasing interaction amongst members of the groups in discussions and workshops.
- Variability in skills teaching approaches continues to promote debate about the value of the four stage approach.

The following are some general tips that have been shared with faculty by course coaches.

Instructor Mindset on Day 1:

Be mindful of the cognitive load on candidates trying to understand faculty 'expectations' of them as well as becoming comfortable in front of their colour group. In reality, there is a sense that both peers and faculty are assessors, despite the supportive and friendly atmosphere. (Of course, faculty have their own cognitive load!)

Scenarios (especially for Cardiac scenarios on Day 1)

Set up **the expectation at the beginning that at the end of the scenario there will be a 'learning conversation' for the whole group** – to discuss what has been learnt from the given scenario in relation to application in the group's clinical context(s). They participate in 24 scenarios over the three days – the main outcome should be that ABCD will become a brainstem 'safe' approach. However, allowing the group to share their knowledge allows for supporting the diversity of learners.

As each scenario in the course has a different clinical situation, the learning conversation allows for discussion/thinking about differential diagnosis and ongoing management options.

APLS scenarios ask the candidate to take 'sole' responsibility (which is different to many workplace scenarios) – candidates are trying to work out what you as the instructor ('assessor') is expecting of them.....aside from remembering the defibrillation 'drill', there is a cognitive load working out the expectations of how 'APLS run scenarios' and feeling safe amongst the peers in their colour group.

Tips:

Modify context of scenario for candidate – 'remind me where you work' – assists in creating a more realistic setting and nomination of roles for 1-2 'capable but without initiative' assistants.

- After you have given the candidate the scenario, **ask them to present the situation to their assistants** (and effectively the rest of the group), and direct the support they want from their assistants. Candidates often allocate an 'airway' and 'circulation' role. This can minimise time at the whiteboard as one of the assistants can support with checking the calculations, using the Monash Medication book.

Consider **concluding the scenario with a handover to a team member** who has come to help (this can be another member of their group) – this way you and the group already know what the candidate has been thinking about the case and what they want done next.

Consider having your co-facilitator lead the learning conversation – this reduces the cognitive load of the facilitator running the scenario – but doesn't stop them contributing if the candidate or group hasn't raised an issue that is important for the key learning objectives of the case.

Some suggested 'conversation starters' – anticipating that the candidate is 'activated' and may need to release thoughts as part of the *reaction* phase following leading a scenario.

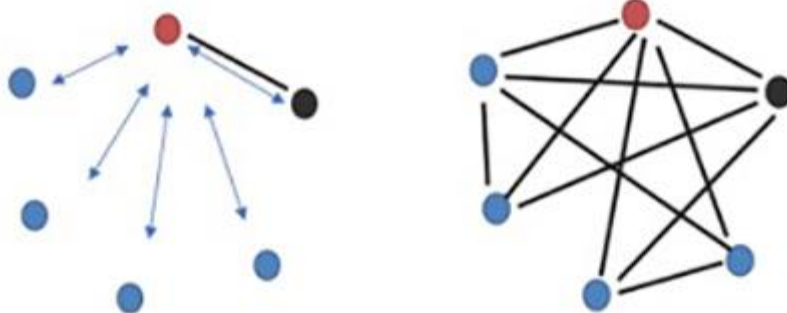
From my perspective you managed that case safely by using a systematic approach. How was it for you?
– *don't forget to PAUSE.....*

OK, so what would you like to talk about related to managing cases like that? – *again try to PAUSE.....*

Allow time for politeness and space for thinking

The verbal preparation before the scenario begins sets the scene to ask the candidate to reflect on their management of a real case similar to the scenario.

When it comes to raising points relevant to the key learning objectives or what happened in the scenario – try to avoid a dialogue between the facilitator and one candidate.



Note if positioning affects interaction within the group and how facilitation can encourage the pattern on the right. Sometimes it is not easy to pose a question and then sit back and let the group continue with the discussion.

Try to avoid the use of ‘guess what I’m thinking’ questions – appreciating that this is easier said than done!

The conversation can be led by stating an observation/fact and being *genuinely curious* about what the candidate/s may be thinking or how it may be relevant for their practice.

E.g. **this case could have had several underlying causes. Can we discuss differential diagnoses and the implications for management?**

Safety is a key concern when using the defibrillator. Can we explore what strategies are used by all of you to keep the team safe?

Given the recent modifications to recommended fluid volumes, can we discuss what criteria are used to assess when more volume may be necessary?

When the saturations started dropping, you said “.....”. What were you thinking at that time? And then to the group.....What were others considering?

Candidates will often respond directly to the facilitator asking the question – at this point, divert your eye contact / use body language to invite the group to confirm the comments made and contribute themselves.

Take care with strongly affirming ‘yes’ – you can set up a ‘quiz’ type dialogue, where the lead facilitator is the one with all the correct answers. If you can avoid commenting, you are displaying that you anticipate the knowledge is available within the group. This also gives you opportunity to draw on the clinical experience of some and can lead to the group asking questions that are relevant to their practice.

Finish by **summarising the key points for clinical application**, based not only on the case, but the questions and discussion that followed.

A good and practical resource is a publication by ALSG lead educators Mike Davis and Kate Denning:

Listening through the learning conversation: a thought provoking intervention
<https://www.mededpublish.org/manuscripts/1922>