

# PEER COACHING FOR KIDNEY PATIENTS



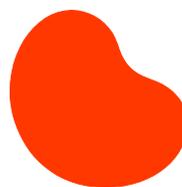
**MANUAL FOR FACILITY COACHING COORDINATOR**

## ACKNOWLEDGEMENT

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*Network 11 thanks the National Kidney Foundation of Michigan for use of its copyrighted Peer Mentor Program and Training materials in the development of our Peer Mentor Program.*

*In addition, Network 11 thanks its Consumer Committee.*



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## A COACHING PROGRAM VISION

During the Network 11 2013 Annual Conference, I was privileged to be a speaker and a panelist. In both of my sessions, I mentioned peer mentoring in units to help ESRD patients make the transition to a life on dialysis. Peer mentoring was not the focus of either talk; rather, it was just a reference for a point being made.

Nevertheless, in both sessions, Social workers, nurses, dialysis staff and even physicians had questions about peer mentoring. They asked how they could incorporate it into their units.

Network 11's Consumer Committee had already adopted this topic as a special project. Although not a lot of work had gone into it yet, we had a feeling that it was needed, and a hope that we could develop something that would be sustainable and flexible enough for all units to adopt. During the conference, the word grew louder and louder reaching battle-cry proportions. The units saw a need for this; patients saw a need for this.

The problem was developing a one-size-fits-all program. Units vary so much in size, demographics, and culture. All units seemed to be challenged by a lack of time and resources to develop a program to fit their individual needs. With that thought in mind, we attempted to develop a cafeteria-style program where units could choose the sections that they needed. Further, as their individual needs changed they could add or revise sections for the best fit.

*Maggie Carey*

*Network 11 Consumer Committee Chair*

*"It started out as a feeling  
which then grew into a hope  
which then turned into a quiet word  
And then that word grew  
louder and louder  
til it was a battle cry."*

*~Lyrics by Regina Spektor*

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## HOW TO DESIGN AND PLAN A COACHING PROGRAM

As with most new projects, success often depends on how well the foundation you lay the foundation. This is the first element in building your program because the design is the blueprint you will follow to carry out all the other aspects of the program. This is particularly true in a project that relies heavily on volunteers.

### Designing a Coaching Program: Five Steps

1. **Start with the need**
2. **Design the Parameters of the Program**
3. **Plan how the Program will be Managed**
4. **Implement the Program**
5. **Evaluate the Program**

You must clearly state expectations so that everyone involved in the program will know their individual roles. Implementing a coaching program is not an easy task, but if you take the necessary time to design and plan for the outcomes that you are hoping to achieve, implementation can be smooth and effective. Remember, though, that even the best-laid plans will require monitoring and adjustments as unforeseen issues arise. So plan to be flexible and do not be reluctant to consider new ideas along the way.

When you have completed the design and planning, you will have made the following decisions:

- The type of coaching program you will offer and the nature of the coaching sessions
- The pool of patients from which you will be recruiting coaches
- The programs goals and expected outcomes for coaches, mentees and the unit
- The purposes of your coaching program
- The programs stakeholders
- How to promote the program
- The best way to evaluate the progress and success of the program
- The protocol to ensure that the staff regularly contacts coaches and mentees to discuss how their relationships are going

## STEP ONE: START WITH THE NEED

Your decision to start a coaching program stems from your belief that a need exists. However, before you can get an idea of the support you will need to launch a program, you must verify that the need exists and what that need is.

1	Talk to your unit staff, medical director and corporate representative to determine if they think a coaching program might improve certain areas.
2	<p>Determine whether the issues are patient-based, staff-based, or based on the unit's culture.</p> <ul style="list-style-type: none"> <li>• Do you need a program to open up communication between staff and patients?</li> <li>• Do you need to work on the overall climate and culture of the unit?</li> <li>• Do you need a patient-to-patient program?</li> </ul>
3	<p>Confirm that people are ready and willing to invest in the program.</p> <ul style="list-style-type: none"> <li>• Are they willing to share their ideas?</li> <li>• Do they have time to develop and implement them?</li> </ul>
4	Determine whether your organization has the capacity, commitment, and capability to run a high-quality coaching program.

## STEP TWO: DESIGN THE PARAMETERS FOR THE PROGRAM

In designing the parameters for the program, you will make decisions in eight categories.

1. What population will the program serve
2. Identify the types of individuals you will recruit as coaches
3. What specific type of coaching you will offer
4. Define the nature of the coaching sessions
5. Where will coaches/mentees meet
6. Who are the program stakeholders
7. How will you evaluate the program's success
8. What care management protocols will be in place

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### 1. WHAT POPULATION WILL THE PROGRAM SERVE?

Based on the needs assessment in step one, you will be able to identify the populations most in need of a coaching program.

If the need you choose to address is related to the communication between staff and patients, you will need to identify those specific staff positions to engage in the program as well as any particular patient demographic you would like to recruit from.

If the need is identified as a unit climate and/or culture, you will be involving staff and patients as well as patient families when applicable.

If the need is patient based for individual adjustment issues, you will need to identify certain characteristics about the patients you want the program to serve.

- Who needs the program?
- Who is already being served by other programs or agencies?
- Who are the patients your program is capable of serving?

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## 2. IDENTIFY THE TYPES OF INDIVIDUALS YOU WILL RECRUIT AS COACHES

When selecting Coach Candidates, there is not a one-size-fits-all formula. However, here are some characteristics that are common to a successful coach.

Coaches are individuals who have made a positive adjustment to their own End Stage Renal Disease and are available and willing to support others who are currently trying to adjust. Coaches are an extension of their unit's health care team and work under the direction of the unit's Social Worker.

### Characteristics of an Effective Coach

- Open minded
- Positive
- Good listener
- Knowledgeable about dialysis
- Good communicator

### What Coaches Provide

Coaches are not “advice givers” or “problem solvers”. Coaches are not therapists or professional counselors. They are sensitive and careful listeners who have received special training to enable them to help other patients think through and solve the problems they may be experiencing. Coaches provide new dialysis patients or transplant recipients with the following:

- Knowledge of “how to” from personal experience
- Current information about kidney failure, transplantation and treatment
- Role modeling
- Access to professional staff
- A path to positive adjustment
- Tools to maximize quality of life for new dialysis patients and transplant recipients

## Finding Coaching Candidates

The most obvious place to find Coaching Candidates is right in your unit chairs. As patients, they have credibility with those who are struggling to adjust – sometimes even more than the unit staff and doctors. The first-hand experiences of patients are hard for others to replicate.

Don't limit yourself to in-center hemodialysis patients in your unit. Patients who have chosen other modalities can be very powerful coaches providing their own unique perspective and experience to dialysis patients who are exploring their own options. Patients who have received transplants often have an energy level that can be invaluable to coaching. They also can provide insight into the transplant referral protocols, and can supply a measure of hope to those who are waiting for their own transplants. These transplant patients often have a long-term relationship with the staff and patients from their units and are more than happy to step forward.

Sometimes just feeling a purpose again has helped a patient make that last hurdle toward acceptance and growth in their new life. This is a difficult observation to make but when it works, the rewards are double. A person who has had trouble adapting to life on dialysis can be invaluable in assisting others through a similar situation.



### 3. SPECIFIC TYPES OF COACHING

There are several different coaching types that you could consider offering in your program. Each has its own inherent strengths and lends itself to several forms of adaptation.

<p><b>Group Mentoring</b> (one coach working with up to four mentees)</p>	<p>This type of mentoring may be most effective if your goal is improve communication between staff and patients or if you are working to improve the climate and culture of your unit. This would allow your coach to talk to patients in small settings and relay their concerns and ideas to staff. It can also be effective if your goal is to work on specific patient outcomes where the patients have the same needs and are amenable to sharing in a small group setting.</p>
<p><b>Team Mentoring</b></p>	<p>This is similar to Group Mentoring but pairs of several coaches with a small group of patients with a Coach/Mentee ratio of not greater than 1:4. This allows coaches to work together in gauging and assessing patient need. It would require teams of coaches that have compatible styles – but the diversity of different perspectives can be a very effective tool.</p>
<p><b>Traditional Mentoring</b> (one coach to one patient)</p>	<p>This style of mentoring is the most common and can be the most effective for patient development. One coach is assigned to one patient. The coach spends a considerable amount of time developing a rapport and sense of trust with the patient. This allows for in-depth sharing of fears and concerns. This is not always possible in Group or Team settings. Traditional Mentoring will require more mentors than the other types of programs.</p>
<p><b>Telephone or e-mail Mentoring</b></p>	<p>This type of mentoring is the least restrictive in terms of time commitments and scheduling. It is often the easiest to implement. And often, patients will open up more with the relative perception of anonymity that comes from being on the other end of a phone line or keyboard. However, It does eliminate the observation of body language in gauging an issue.</p>

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#### 4. DEFINE THE NATURE OF THE COACHING SESSIONS

Now is the time to make definitive decisions about the nature of the coaching sessions. You will need to start by determining the specific goals that were identified in your Needs Assessment. At this time, you should also define in what setting you will provide support and continuing training for your coaches.

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##### EXAMPLE 1

If your identified need is unit specific – climate and culture – and you have identified either Group and/or Team Mentoring as the type of coaching you will implement, you may want to consider options such as:

- Open houses
- Social gatherings
- Fireside chats
- Small group sessions
- Brainstorming sessions

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##### EXAMPLE 2

If your identified need is Patient Development, you will be best served by Traditional, Team and/or Telephone or e-mail Mentoring. This will help determine the types of outcomes you want to achieve for the overall program and for all the participants: coaches, mentees, staff and unit.

While Traditional, Team and electronic mentoring are self-defined, they can be augmented with social gatherings and/or open houses from time to time. These gatherings can include coaches, mentees and staff, be specific for coaches to gather and share ideas and experiences, or include coaches and staff to help solidify the patient care team.

## Considerations for e-Mentoring

Because there is no face-to-face component to e-mentoring, many relationships do not evolve into the intense relationships characteristic of one-to-one mentoring. Consequently, set goals that seem achievable, such as making sure e-mentoring pairs connect on a regular basis to share ideas, talk about topics of importance to the mentees and seek guidance.

- **Protect participants' confidentiality and privacy.** You may choose to use tools such as *Mentors Online: The E-mentoring Tool Kit* to provide a safe, secure e-mentoring environment.
- **Establish a policy for how often coaches and mentees connect with each other via e-mail.** To build a strong bond, mentor pairs should e-mail each other once a week.
- **Offer structured questions that encourage mentees to open up and write more.** Because most e-coaches and e-mentees meet through e-mail, they may find it hard to open up, especially when writing is not a person's strong suit.
- **Recruit mentors who are technologically savvy and like to work with computers.** Such people will be more likely to go the distance.

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## 5. WHERE WILL COACHES/MENTEES MEET?

In planning for any type of coaching sessions, consider logistics.

- Think about which spaces that will accommodate Group and/or Team mentoring sessions that provide access for those who may have mobility issues and level of privacy.
- Distractions should be at a minimum.
- Social Gatherings and Open Houses will require more space to allow for mingling and any refreshments served.

One-on-one Traditional Mentoring can be conducted chair side, in an available meeting room or even off premises if both coach and mentee desire. Again, consideration must be given to privacy. It will not be easy for patients to be open about their concerns if neighboring chairs can overhear their conversation. In this instance, an initial meeting may be appropriate chair side with follow up meetings before or after dialysis either in a meeting room or on the telephone.

In some instances, the hospital may be the location of choice. This is particularly true with newly diagnosed ESRD patients of those with complications that have resulted in hospitalization. Make sure that all appropriate hospital rules and etiquettes are observed.

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## 6. IDENTIFY PROGRAM STAKEHOLDERS

No design plan can be successful without identifying the key stakeholders involved. You will regularly communicate with these people. These are also the entities with whom you will need to garner ideas and approval. Having the stakeholders identified will aid you in developing appropriate evaluations of the success of the program. Some stakeholders whom you may consider are:

- Corporate Entities
- Unit Medical Director
- Staff
- Coaches
- Patients
- Families

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## 7. DECIDE HOW TO EVALUATE THE PROGRAM'S SUCCESS

Ongoing quality improvement is a hallmark of effective coaching programs. How well you serve your patients depends on how accurately you assess your program's success and identify areas that need improvement. You will need to develop:

- A plan to measure your program process accurately
- A process for measuring whether expected outcomes have occurred; and
- A process that reflects on evaluation findings and disseminates them to appropriate stakeholders

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## 8. ESTABLISH CARE MANAGEMENT PROTOCOLS

This step is necessary for ongoing support of your coaches and staff. For coaching relationships in your program to flourish and endure, you will need to be in touch with coaches and mentees on an ongoing basis. That way they can assess how well each relationship is progressing and offer guidance and advice along the way. Regular contact between you and the coach/mentee groups can help avoid conflict, get relationships back on track and help you accomplish your program goals.

These "check-ins" can be done in regularly scheduled meetings or over a casual cup of coffee. The intent of the meeting should be clear to all parties up front so that cares and concerns can be prepared and presented.

## STEP THREE: PLAN HOW THE PROGRAM WILL BE MANAGED

Now that you have designed your program, it is time to determine the specifics of its management. If you have completed all of the steps above, you have a strong blueprint from which to work with only a few decisions left to be made.

1. Select your Management Team
2. Establish Policies and Procedures

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### SELECT THE MANAGEMENT TEAM

The size of your management team will depend on the scope of the program. If you have developed a program that will focus on open houses and/or chats, then a program coordinator may be all that is needed. Larger programs may need more than one coordinator.

One option for a management team is a coordinator, a patient representative (one of the coaches) and a unit floor staff member. This would give you a strong cross section of perspectives and skill sets. While the size and intricacies of your program should be designed to meet your specific needs.

#### Management Team Responsibilities

- Develop procedures for recruiting and referring patients
- Oversee development of promotional and educational materials.
- Recruiting, screening, training and supervising Coaches
- Developing and maintain all records, policies and procedures
- Coordinating meetings, chats, open houses
- Checking in regularly with coaches and offering ongoing support
- Planning to recognize program participants
- Evaluating the program, including soliciting participant feedback
- Tracking program statistics

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## ESTABLISH POLICIES AND PROCEDURES

Final decisions need to be in place in the following categories.

1. Where and when will mentoring take place?
2. How are Coaches oriented and trained?
3. Who supervises coaching pairs, and how often that individual is in contact with each pair?
4. Whom the coach, or mentee, should contact when problems arise?
5. How should you resolve problems in relationships or bring relationships to closure?
6. How should you evaluate your success?



## STPE FOUR: IMPLEMENTATION

Your plan is completed and your Management Team is in place. Now it is time to implement the program. As is all aspects of this project, a good plan is essential.

Depending on the chosen structure of your program, implementation may include the some or all of the following steps.

1. Coach Recruitment
2. Mentee Recruitment
3. Orientation and Training
4. Matching
5. Ongoing Maintenance and Support
6. Recognition

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### COACH RECRUITMENT

Refer back to item 2 in your Program Parameters Design. Use this to decide if you are going to recruit coaches strictly from your in unit population or if you are going to reach out to transplant patients or patients utilizing other modalities. If you will be reaching outside of your unit for coaches, you will need to identify potential sources for recruitment. Be creative here.

It may be useful to develop handouts explaining the purpose and structure of the program. These can be tailored to your specific program design. Again, refer back to your Program Parameter Design, items 1 and 4. This will give interested recruits an idea of the needs you are hopeful of addressing and the format you will be using.

Make contact, distribute material and be prepared to discuss your program in more detail to interested recruits. If you are distributing material outside of your unit, be sure that arrange for follow up at each location.

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### MENTEE RECRUITMENT

Develop criteria for mentee selection and distribute it to staff. Your staff is the first and finest source for recruitment. Refer back to Item 1 in your Program Parameters to identify any specifics of the population you are developing to program to serve. It may be helpful to share sections of the Coaches Manual if you will be using it to train your Coaches. This will help staff to determine the exact qualities you are looking for in your Coach Recruits.

Once you have developed a list of prospective mentees, compare it to the list of criteria to make your final selections. Document data your selected mentees. Choose data to document based on the outcomes you wish to accomplish. This data will be used later during the evaluation of your program's success.

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## ORIENTATION AND TRAINING

### Pre-orientation and Training

If you have not already done so, now is the time to identify your trainer/trainers and to conduct any staff training that you feel is necessary. For a truly effective program, staff should be fully aware of the identified needs that were identified and the outcomes that you wish to accomplish.



### Coach Orientation and Kick-off

This can be a fun occasion. You can have an informal meeting at the end of each shift or you can a full-blown open house to introduce the program. Your own unit culture will dictate the proper orientation process.

This orientation will be used to fully introduce the coach recruits to the principles and procedures of the program. Here you will explain how training will be conducted, how follow-up will be handled, what paperwork is involved and how evaluations will be handled. But it can be presented in a fun atmosphere and can be a wonderful way for coaches to meet each other and form their first bonds as a cohesive unit.

At this point, you will identify the Coach Recruits who will progress through the training process. You may have Coach Applications that you can distribute and have turned in either at that time or during the following week. These applications can be used after training is complete and the matching process has begun.

### Training

The Coach Manual is a comprehensive tool and contains much of the information necessary to prepare your coaches for success. It must be noted, though, that many people are not overly responsive to the written word as the only source of training. Going through the manual as a team with group discussion will do much to solidify the concepts and form a cohesive team spirit. This may be done over the course of a couple of training sessions since there is a lot of material to absorb. But regardless of the manner in which you choose to train your coaches, it is important that they have an opportunity to ask questions. Some topics covered in the training will be new concepts and may require some additional reinforcement. If possible, keep it light and entertaining. Remember, these are volunteers and may not respond favorably to a full blown classroom environment.

No matter how you have conducted your training, you will need to have some sort of graduation or recognition when training is complete. You may choose to hand out completion certificates or even name badges with “Coach” prominently displayed. On-line templates make either product easy and cost effective to produce.

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## **MATCHING**

Matching is an art, not a science. Match mentees and coaches based on the information you have gathered on each of them. You may look at similar demographics (age, gender, background) or similar interests (professions, families, hobbies). You may also choose to match based on similar medical histories, keeping within the strict policies of HIPPA of course.

However, sometimes the most unlikely matches have been the most successful. Again, there is no perfect formula. Even with the best intentions, some matches that you create will not work out. Do not consider these as failures. Just close out that relationship and try another approach.

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## **ONGOING MAINTENANCE AND SUPPORT**

**Feedback from Coaches and Mentees** – you will want to determine some mechanism for getting regular feedback from both the coaches and the mentees. But you will want to obtain this information separately. Much of this will already be in place through your Program Parameters and as a result of setting up your Management Team. This will tell you whether or not a relationship is working or if you need to re-think the match. This information can be gathered through simple conversations or through more formal follow-up questionnaires. The formality of your program will help make this determination.

**Additional Coach Training and Support Sessions** – Again, depending on how you structured your program, you will need to consider the need for additional coach training and/or support. Even if additional training is not deemed necessary, ongoing support is critical. Coaching can prove to be a drain on even the most resilient individual and having a safe place to “vent” can be vital. You may choose to have “Coach Evenings” where all coaches are invited to a more socially geared meeting. Or you may choose to schedule regular one-on-one meetings with your coaches to have in depth conversations about how they are doing. A combination of these two approaches can be a very effective system.

**The transient nature of Coaches** – it bears pointing out that coaches are usually recruited from a patient population which means that they are somewhat fragile. As their health changes, so does their availability to fulfill their commitments to the mentoring program. You will, in fact, find that you are constantly recruiting coaches and conducting training. Having scheduled support meetings in place will help newer coaches gain insight from those who have been serving longer. And it is very possible that coaches who have served for a while may turn out to be excellent trainers themselves.

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## RECOGNITION

Congratulations! With all of its bumps and bruises, you have a successful Peer Mentoring Program. Take time to recognize this fact. At least annually, you need to celebrate the accomplishments of the program and the contributions of the coaches, mentees, and staff. This could be a day, a week, or a party. Be creative and be sure to involve your patient population in the planning and execution of your event. In addition, don't forget to invite the Stakeholders. They should be front and center in celebrating your program's success!

## STEP FIVE: EVALUATION

The process of evaluation is interwoven throughout the program as part of your support and supervision processes, including continual monitoring of the mentoring relationships and their progress toward established goals, as well as maintenance of detailed records that capture qualitative and quantitative data efficiently and accurately.

### Benefits of Evaluation

- Provide objective feedback to program staff and participants
- Identify achievements and milestones that warrant praise and increase motivation
- Pinpoint problems early enough to correct them
- Build credibility in the unit that your program is vital and deserves support
- Quantify experiences so that your program can help others

### How to Measure Success

The ultimate success of your program depends on how well you are able to assess its effectiveness, address any weaknesses and demonstrate that it is meeting goals and objectives. Therefore, as you create an evaluation process for your program, be sure to include components that allow you to do the following.

- Analyze your program on an ongoing basis
- Apply lessons learned
- Address the information needs of your staff and coaches
- Share evaluation results and lessons learned with program stakeholders
- Continually improve the quality of your program

### Evaluation Criteria

The following guidelines will help you identify the criteria and procedures you will use to measure your program's success. Be sure that you include them in your program's policies and procedures.

1. Decide how to define success for your program.
  - a. Is it the number of coaches you recruit?
  - b. Is it positive feedback from staff and/or patients?
  - c. Is it how long coaches serve?
2. List all the elements that make up a successful program according to your unit's standards.
3. Set clear, realistic goals for measurement. For example, decide how many mentors you want to recruit in a given period. For example, you might recruit eight mentors active by the end of six months.
4. Look at less tangible, but equally compelling feedback.

- a. Are the mentees doing better in achieving goals?
  - b. Has their attitude/behavior improved?
  - c. Are they more optimistic about their future?
  - d. Did their experience in a mentoring relationship meet their expectations?
5. Solicit feedback from coaches, staff, mentees and families.
- a. Ask each group to fill out formal surveys or conduct a series of focus groups. It is best to conduct separate focus groups: one for mentors, one for mentees and so on.
  - b. Use the feedback to help you decide whether the program is going well or needs adjustment.
    - i. An important consideration about conducting focus groups: participants need to trust that their views are taken seriously and may make a difference.
    - ii. To gain credibility and more candid and truthful contributions, assure the group that you'll use the insight gained.
    - iii. Also, assure them that you'll share any general findings with them, particularly findings that result in procedure or policy changes that will affect them.

## FINAL THOUGHTS

As peer mentoring continues to gain acceptance as an asset in the lives of ESRD Patients, so too must our study of and our learning about mentoring. We need detailed information about what works in various settings and types of programs. And finally, we must continue to help small programs help themselves with straightforward, easily adaptable tools and guidance.

While it is common sense that caring relationships are essential, we need to demonstrate and understand more fully the wide-ranging benefits and outcomes that mentoring – in all its variations – provides. Only in this way will our policy makers have the information they need to ensure adequate support for this most promising strategy for patient support and development.

