

## C7.2. Decision Coaches

*Qualifications:* Serving as Decision Coach will be a Community Health Worker who will have completed:

- the requisite **35-hour training course** and
- been **certified** by the Community Health Worker Network of New York.

Regardless of educational background, the Coach must be able to communicate with patients from vulnerable populations. In our experience, these qualities do not correlate with educational attainment, thus there will not be an educational minimum. The Coach will demonstrate empathetic and interpersonal skills as determined by his or her response to crafted scenarios.

*Training:* The Decision Coach will receive extensive training:

- beginning with a **2-day training** led by Drs. Fagerlin and Ravenell based on Belkora's decision coaching protocols.<sup>68</sup>
  - On Day 1, a model of neutral, non-directive interviewing designed to elicit and document patient questions and concerns will be presented.<sup>68</sup> The learning objectives include practice with: low-inference paraphrasing and summarizing; neutral, non-directive prompting to stimulate patients' elaboration on initial questions and concerns; a general prompt sheet to stimulate expanded patient questions; collaborative triage of patient issues into strategic, tactical, and logistical categories;<sup>69</sup> and classification of patient questions and concerns into predefined categories to be presented in a consistent format.<sup>70</sup>
  - Drs. Ravenell, Makarov, Shedlin, Warren, and Fagerlin **will observe the practice sessions** and provide feedback in real-time (e.g. stop the session and explain what did not go well and how the Coach could have better handled the situation).
    - A key component of training is our emphasis that the Coach's role is not to explain medical evidence or give medical advice. In fact, doing so could result in the Coach's removal from the project (if it recurs and does not stop after retraining). Rather, his or her responsibility is to help patients prepare for talking with their provider by determining what the patient does not understand and helping him formulate questions to bring to the appointment. The Coach will help patients determine what their values are in relation to the decision and their values and goals for screening. Lastly, the Coach will collect and record data using the coaching report instrument for the patient to reference during the appointment (Appendix C).

*Quality Control:* All coaching sessions will **be audio recorded** so that the investigator team, led by PI Dr. Ravenell and Co-I Dr. Fagerlin, can review them for quality and uniformity using the "Coaching Fidelity and Supervision Checklist", used previously by Dr. Fagerlin's group. We will evaluate the first 10 sessions the CHW conducts in the intervention and control groups and 20% of subsequent coaching sessions. The CHW's performance will be evaluated to ensure consistency and uniformity. If analysis of the audio recordings reveals significant variation or sub-par performance, the CHW will be retrained and tested before further interaction with patients. Dr. Ravenell will meet with the Coach monthly to discuss any emergent issues.

68. Belkora J, Edlow B, Aviv C, Sepucha K, Esserman L. Training community resource center and clinic personnel to prompt patients in listing questions for doctors: follow-up

interviews about barriers and facilitators to the implementation of consultation planning. *Implementation Science*. 2008;3(1):6.

69. Belkora J. SLCT. 2011 [www.slctprocess.org](http://www.slctprocess.org).

70. Belkora J. SCOPED. 2011. [www.scoped.org](http://www.scoped.org).

From Angie Grant – interview suggestions

As suggested by Reviewer 1, we have articulated the training and communication skills coaches need (Section D6b). We will emphasize good interpersonal communication skills and empathy, which are likely innate skills. To determine whether coaches have these skills, we will run interviewees through multiple scenarios to see how they would interact **with patients in a variety of situations**—particularly those requiring empathy and good interpersonal skills (this is our standard practice). Additionally, we will test their ability to use neutral, non-directive prompting in a familiar scenario. We will have them coach their job interviewer on how to decide between 3 vacation spots. We will first give them a short training on decision coaching. We will then ask them their favorite place to vacation (to set up a situation where neutrality may be difficult). Then we will have them coach their interviewer on choosing a vacation spot between that place and going to San Francisco or New York City (or Miami if either of those locations was the candidate's favorite place to vacation). We will tell them that their job is not to convince their interviewer to go to a particular place, but to help prepare the interviewer to make a decision that best reflects what they are looking for in a vacation. This would include having the interviewer think about what they need to know about each place before making a decision and to help the interviewer think about their vacation goals. By using a familiar scenario, we will test their ability to be neutral and non-directive and to see how they are likely to coach. Obviously, they won't have excellent coaching skills, but at minimum we will have a test that should be relatively predictive of their future success at coaching.

Training will be intensive and will focus on the critical point that the coach's role is not to provide medical advice or to educate the patients. Coaches will not have medical training and cannot come between patients and physicians. Therefore, the coaches will not be talking in detail with the patient about the harm to benefit ratio beyond suggesting it as a good question to ask their physician. Appendix B shows the types of questions coaches will ask and coaches will be trained to closely follow the script. Generally, coaches will receive 2 days of training. **Day 1 will consist of didactic learning and role playing exercises. Day 2 will involve coaching prostate cancer survivors from the University of Michigan Health System Patient and Family Centered Care program** (see D6b). We will ask these survivors to interact with the coach as if they were new patients. Senior study team members will observe these practice sessions and provide feedback in real time. Health coaches will do at least 6-10 of these coaching sessions before they will coach actual patients (more sessions will be required if the coach makes significant errors in their last few sessions). Please note, that the budget allows for the coaches at the other 3 VAs to come to Ann Arbor for training.