Nurse coaching is the process of walking alongside and with the patient as he or she sets individual priorities and goals for improved holistic health—mind, body, and spirit. Nurse coaching is grounded in the principles and core values of professional nursing and aligns with the nursing process (Hess et al., 2013, p. xvi). It is a communication style that can be integrated into the daily practice of the nurse and has been shown to benefit patients in a variety of healthcare settings. For example, previous trials of nurse coaching have demonstrated improved cardiovascular outcomes for patients (Allen, et al., 2011). The use of coaching techniques empowers patients to identify individualized health goals, which is also an essential part of cardiac rehabilitation. In particular, the nurse coaching process may be key to shifting the process of cardiac rehabilitation forward for those recovering from an MI.

Clinical Example: Jane attends her first session of cardiac rehab, which is her first real exercising experience after her recent myocardial infarction (MI). She is scared to exercise for fear of having another MI and knows that this fear, while very real, is unreasonable. She is greeted by a friendly nurse who asks Jane about her goals and fears related to her heart disease and starting an exercise program in cardiac rehab. Jane has not shared these fears with anyone, but the dialogue with the cardiac rehab nurse allows her to recognize that this may be the safe environment she needs to voice her concerns and fears. It is a place for Jane to gather honest answers and to partner with her nurses to identify and meet her health goals.

Educating Nurses to Coach Cardiac Patients: A Pilot

A pilot offering introductory nurse coaching education was initiated with a small group of Cardiovascular Health Clinic (CVHC) nurses at a large Midwest medical center. The nurses in this CVHC program recognized that something was missing in their approach to patients, and they expressed a desire to enhance the standard way of educating patients. The patients seen in this CVHC program have established cardiac diagnoses and have had a cardiac procedure and/or surgery. The American Heart Association (AHA) developed 2020 Impact Goals (Lloyd-Jones, et al., 2010), which emphasize modifying health behaviors as a mainstay in both preventive cardiology and risk factor reduction following a heart event. Research studies have found nurse coaching to be beneficial in empowering patients to prevent and reduce their cardiac risk factors through behavior changes (Holmes-Rovner et al., 2008; Edelman et al., 2006; Linden, Butterworth, & Prochaska, 2010; Vale, Jelinek, & Best, 2005).

A Clinical Nurse Specialist (CNS), credentialed as a Health and Wellness Nurse Coach and Advanced Practice Holistic Nurse, recently joined the nursing leadership team of the CVHC outpatient clinic. Her role involves assisting staff with implementing evidence-based nursing practices to influence outcomes for patients and improve healthcare delivery. The CNS performed an assessment of the clinic by shadowing staff in their various roles. She observed that nurses in the clinic, when asking patients about their personal goals, would often predetermine or guide the goals instead of letting the patient direct the conversation. Additional shadowing revealed that the nurses each had a different understanding of what nurse coaching entailed and how the role could be integrated into their practice. The assessment identified an opportunity to enhance staff communication techniques, which was met by
a strong desire of staff and leadership to move forward with training in coaching skills.

With support of the Nurse Supervisor and Nurse Education Specialist (NES), a plan was established to provide training during the lunch hour for four non-consecutive days as to not interrupt patient care. The NES ensured that the nurses were able to receive continuing education credits for the training. The training team consisted of four Clinical Nurse Specialists, all certified Health and Wellness Nurse Coaches (HWNC). The training included 12 CVHC nurses completing this course.

The training team developed an introductory curriculum to nurse coaching based on the International Coaching Federation's core competencies (see box on p. 9) and the nurse coaching process. Nurse coaching can be confused with other more common nursing roles such as giving advice, educating, and mentoring (Vincent & Sanchez Birkhead, 2013). To help clarify the role of nurse coaching and illustrate how it integrates with other similar but different communication techniques, a Nurse Coaching Umbrella Concept Model was created (Figure 1). The model views nurse coaching as an umbrella to five major concepts: motivational interviewing, appreciative inquiry, coaching competencies, nursing process, and holistic nursing. Each of these five major concepts have shared constructs and individualized elements which are foundational in nurse coaching. Each common theme has individualized interventions that the nurse may use with nurse coaching (for example, elicit-provide-elicit, which is specific to the major concept of motivational interviewing). Likewise, the major concept of holistic nursing includes the following interventions: the whole person, self-care, holistic healing practices, mind, body, spirit, interconnectedness, therapeutic partner, social, cultural and environmental focuses.

The training sessions included instruction on the background and competencies of nurse coaching, and also practice time with a dyad partner. At the end of each training session, nurses were given homework to practice their techniques with each other and their patients. Ongoing follow-up to the training occurs on a monthly basis, where case scenarios are continued on page 8.
reviewed, new tips are offered, and additional updates related to nurse coaching and certification processes are provided. The course participants also have continued access to the training team as professional contacts and mentors if further questions arise.

Feedback regarding the training course was solicited from the training cohort via a pre and post evaluation survey. The evaluation was designed to assess how the training impacted:

- the nurses’ knowledge of nurse coaching,
- their perception of the importance of nurse coaching within the work environment, and
- their confidence in using nurse coaching with patients in future practice.

Overall, the responses were overwhelmingly positive. In noting change in the pre and post evaluations, knowledge level of nurse coaching was elevated and importance remained high. Confidence ratings declined following the course but were not evaluated further (Figure 2). Several nurses have successfully incorporated nurse coaching skills into their daily practice and are pursuing further education and potential certification in nurse coaching.

After the training, the small group of CVHC nurses comprising the training cohort report that they are now taking a new approach to the process of goal identification for their cardiac rehabilitation patients. The process has become less

Table 1. Participant Feedback and Key Learnings

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Key Learnings</th>
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<tbody>
<tr>
<td>It is important to let the patient set their own goals even if I don't feel that those goals are the goals the patient should have.</td>
<td>The mock training sessions really helped, working one-on-one.</td>
</tr>
<tr>
<td>Let the patient be the guide - LISTEN! Ask open-ended questions; validate patient's response to questions.</td>
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</tr>
<tr>
<td>If we let the patient direct the conversation, they can set goals that are reasonable and workable for them. They may be less overwhelmed.</td>
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</tr>
<tr>
<td>Excellent strategies to approach working with patients. While strategies are available, it takes thought and perseverance and practice to really be successful. Using these strategies really makes a difference in impacting patient care, and patients' success.</td>
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</tr>
<tr>
<td>It will take lots of practice, but I feel like I have a strong base.</td>
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<tr>
<td>The patient guides care and comes up with a personal plan. The nurse is present to elicit thoughts &amp; actions to clarify information, and also to act as a supportive person.</td>
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</tr>
<tr>
<td>How to allow/encourage “patient” driven goals instead of ours.</td>
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</tr>
<tr>
<td>So pertinent to patient care - motivating, goals setting, etc. 1. Listen to patient - understand what they are really saying 2. Asking powerful questions to get to the root problem 3. Direct communication and get patients to share.</td>
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</tr>
<tr>
<td>Don't give the patient your goals, help them come up with their own goal of what is most important to them.</td>
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</tr>
</tbody>
</table>
prescriptive and more focused on listening to and supporting patients as they identify and set personal goals (Table 1). The nurses continue to embrace the AHA 2020 Impact Goals by working with their patients to attain smoking cessation, improved body mass index, regular physical activity, and a heart healthy diet. In addition to the CVHC’s standard of care for patients, course participants now have a new set of coaching skills to assist patients in developing personal goals. This small pilot has expanded interest in nurse coaching in other specialty areas within the medical center. It has also started a shift in the cardiac rehabilitation approach.

REFERENCES:

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ICF Core Competencies

The four main core competencies are:

A. Setting the Foundation
1. Meeting Ethical Guidelines and Professional Standards
2. Establishing the Coaching Agreement

B. Co-creating the Relationship
3. Establishing Trust and Intimacy with the Client
4. Coaching Presence

C. Communicating Effectively
5. Active Listening
6. Powerful Questioning
7. Direct Communication

D. Facilitating Learning and Results
8. Creating Awareness
9. Designing Actions
10. Planning and Goal Setting
11. Managing Progress and Accountability

(Original Coaching Federation, n.d.)