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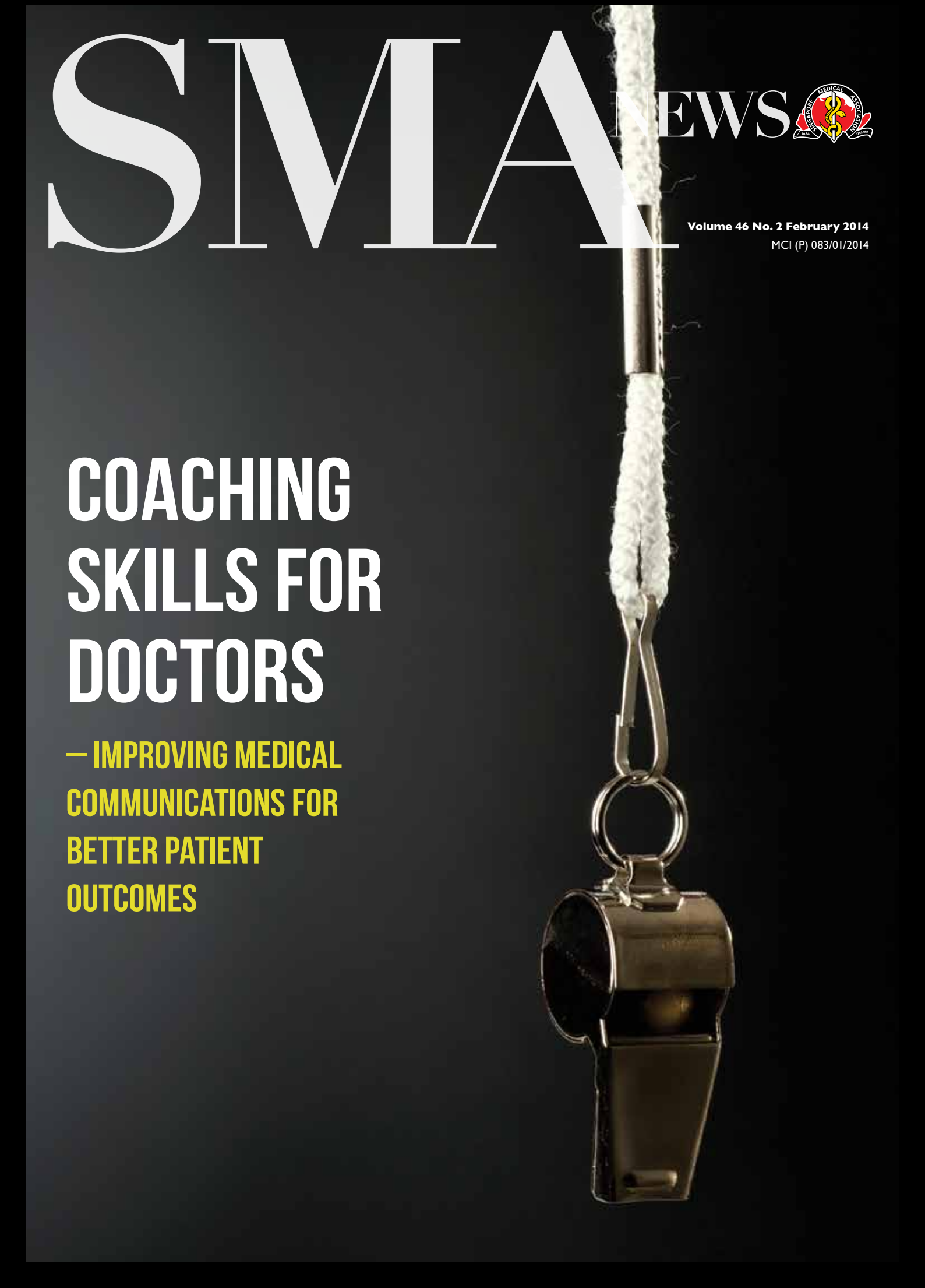

COACHING SKILLS FOR DOCTORS

– IMPROVING MEDICAL COMMUNICATIONS FOR BETTER PATIENT OUTCOMES

By Dr Tan Chi Chiu

MODERN MEDICAL care is a human interaction between patient and doctor within a context and in a social system. Earlier paternalistic, authoritative and authoritarian approaches have given way to a new partnership between patients and doctors. Patients now have the ability to articulate their own illness experiences and possess the knowledge and autonomy to come to decisions about their care that are consistent with their own beliefs, values, preferences and individual circumstances. It is these dimensions of modern medical consultations that mirror, and can be powerfully enhanced by coaching techniques.

Coaching and medical consultations

What is coaching? Columbia University's Coaching Framework[1] and the International Coach Federation[2] explain coaching as "partnering with clients in a thought-provoking and creative process that inspires them to maximise their personal and professional potential". The coaches' role is to "listen, observe and customise their approach to individual client needs".[1] They seek to elicit solutions and strategies from their clients, to provide support to enhance the skills, resources and creativity that the latter already have, and to determine the strategies that take their best interests into account.[1] Coaching is "driven by evidence, the inclusion of data from multiple perspectives, and is built on a solid foundation of mutual trust and respect".[1] One can therefore see many similarities between coaching and medical consultations.

In making diagnoses through questioning, and in guiding patients through tests and treatments, doctors need to maintain an open mindset to reduce errors from the use of heuristics. Groopman explores the crucial relationship between doctors and their patients, and analyses the thought processes behind doctors' decisions.[3] Wrong judgements born of prejudices and uncertainty, failure to question cogently, listen carefully or observe keenly account for failure to elicit the necessary patient history to make correct diagnoses (misdiagnoses occur in up to 15% of cases).[3] How doctors ask questions and how they respond to patients' emotions are both crucial to developing trust and engagement in doctor-patient relationships.

There is literature evidence of congruence between medical consultations and coaching. Cegala posits that communication skills training for doctors should not merely encourage the use of open-ended questions, but also to know when to use them strategically.[4] This includes training doctors to recognise attempts by patients who seek information indirectly and respond to their needs as appropriate. Information exchange and relational communications should be interwoven during consultations, just as it is in coaching.

It is also not a new idea for patients to have the ability to become experts on their own health and illness issues, and draw on their experiences and knowledge to conceptualise their desired future state and strategise how to achieve it. Holmstrom et al further the idea by examining the concepts of "patient-centredness" and "patient-empowerment", which provide for patient autonomy and involvement in decision making.[5] The caregiver understands the "patient-as-person"; there is shared responsibility between healthcare providers and patients, and there is also a therapeutic alliance between the two groups in which common goals of therapy are developed.

Therefore, O'Connor et al assert that an essential component of high quality clinical care is informed and engaged patients, and coaching develops patients' skills in preparing for consultations, deliberating about options, and implementing changes.[6] Coaching is found to be particularly relevant in preference-sensitive decisions (such as treatments for prostate and breast cancer, back pain, benign prostatic hyperplasia, benign uterine bleeding, and osteoarthritis), where the challenge lies in choosing the option that matches the patients' informed values.

The aforementioned studies emphasise the primacy of response to patients' values and emotions through a structured approach, and it is a basic skill that can be learned. Treatment options in particular must be presented with openness to patients' input about what is important to them. The delivery of prognosis and even impending death requires a combination of medical knowledge, sensitivity in presenting the situation and actual coaching of patients on how to prepare for and face death.

Training doctors in coaching techniques

Doctors can be trained in coaching techniques to engage patients in eliciting medical histories and help them make management decisions. However, in medical consultations, doctors flip between eliciting relevant information and being the source of information themselves. Thach and Heinselman describe "content coaching" as providing clients with knowledge and skills in specific content areas as part of the traditional coaching process.[7] Content coaches, unlike those in the pure traditional role, are experts in specific disciplines. It is therefore evident that doctors are equivalent to content coaches.

There is growing evidence that "consultation coaching", in which doctors are taught communication techniques modelled on coaching techniques, is an effective method for training medical students and doctors to improve their communication skills. Many medical teaching systems have constructed consultation coaching programmes for their students.

Based on consultation workshops that the University of Otago offers, Wilson explains that patients' diseases are different from the illnesses they experience.[8] These sensations are accompanied by a variety of feelings ranging from inconvenience to terror. Such feelings are modified by personal and cultural make-up, and they colour the way patients present their symptoms, interact with doctors and make decisions about their healthcare management. During

these workshops, actors are utilised to train students in the process of working through the disease agendas, in which doctors must explore and validate patients' experiences of illness, and eventually settle on a negotiated plan, given the patients' ideas, beliefs and expectations. In the process, doctors' listening and reflecting skills are crucial in achieving rapport and establishing empathy. Trainees are taught to ask: what the patients are really *feeling* about the illness, their *ideas* about causation, how *functioning* is affected, what they *expect* from the consultation, what their questions about the *future* are, and what the illness *means* to them. The process enables patients to reach deeper self-understanding.

Howells et al focus on methodologies that enhance medical communications training through evidence-based approaches.[9] The goals of communication in healthcare are: increase diagnostic accuracy, increase efficiency, increase supportiveness, enhance patient satisfaction and health outcomes, and promote collaboration and partnership. There are consultation "frameworks" that can be used for teaching and learning. Such frameworks often include a combination of evidence-based behaviours or skills (for example, displays eye contact and uses predominantly open questions), and tasks or outcomes (for example, achieves a shared management plan). The essential elements of medical consultations, on which specific behaviours and coaching skills can be attached, are: building the patient-doctor relationship, opening the discussion, gathering information, understanding patients' perspective, sharing information, reaching agreement on problems and plans, and ensuring closure.

Goodlin et al draw from the knowledge of participatory decision making and communication to elicit core principles that again parallel coaching techniques: using language patients understand; assessing patients' goals and preferences for information and decision making; following an "ask-tell-ask" structure for medical consultations, giving information requested, probing for understanding and further questions; responding empathically to patients' emotions and reactions and taking into account their values, beliefs and fears.[10] Treatment options in particular need to be presented with openness for patients' input about what they consider important.

Using the Columbia Coaching Framework as an example,[11] medical students and doctors can be taught core principles, a set of key competencies and tools, and an evidence-based matrix of coaching processes that are easily translatable to become key elements of medical consultations.[12]

Conclusion

The challenge is for doctors to firstly *learn*, and then *employ* coaching techniques during consultations, both of which require structured education and training. There is a need for medical schools and professional bodies to first accept, and then embrace such training concepts. Professional coaches and medical educators can co-create training programmes suitable for medical students and doctors. For such training programmes to translate into actual practice, the way healthcare services are organised may need to be changed, but greater patient engagement with correspondingly improved outcomes is the dividend that makes it all worthwhile. SMA

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