Changing the Doctor-Patient Relationship Through the Use of Coaching Psychology: Improving Communication, Experience and Outcomes for Both Patients and Physicians

Presented by Adam B. Smith, D.O.
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LEARNING OBJECTIVES

Define coaching psychology and its role in clinical medicine.

Demonstrate the relationship of physician wellness to patient satisfaction.

Explore tools and insights to improve patient engagement.

Identify shifts and approaches to consistently enhance connection to self and work.

Disclosure:
I have no actual or potential conflict of interest in relation to this presentation.

Why Change?
Paradigm shifts move us from one way of seeing the world to another.

And are the sources of our attitudes and behaviors, and ultimately our relationships with others.

Two thirds of healthcare costs are driven by daily choices.

There are obvious barriers to patient connection in the current system.


The advent of EMRs, ICD-10 and other changes increase stress, burnout and adversely impact the physician-patient encounter.


WE NEED A NEW APPROACH
A NEW PARADIGM

Coaching psychology is the science of relationships designed to optimize health and well-being.

Trans-theoretical Model, Positive Psychology, Cognitive Behavioral Therapy, Non-Violent Communication, Appreciative Inquiry and Motivational Interviewing

COACHING PSYCHOLOGY
Coaching is a strengths-based, growth-fostering approach to taking care of another person.

This is a WIN-WIN approach.

Coaching psychology helps bring attention and awareness to what we do, how we do it, and how we feel doing it.

Coaching requires NEW PATTERNS of thinking, doing and relating.

NEW HABITS OF PERSONAL EFFECTIVENESS

Effectiveness ≠ Efficiency
RELATIONAL SKILLS

Mindful Listening
Open-ended Inquiry
Perceptive Reflections

Core Coaching Skills

BEING SKILLS

Mindfulness
Empathy and Warmth
Authenticity

JAMA and Annals of Family Medicine have confirmed that training in this area increases attentiveness to patient concerns.


UNDERSTANDING

Relating and being aware and sensitive to what the patient is experiencing.

ACCEPTANCE

Showing that you value the person even if you don’t agree with his or her actions.

CONGRUENCE

Being authentic and letting the patient experience who you really are instead of putting on a façade.

~ Carl Rogers, founder of the humanistic approach to psychology

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Lyddy, Christopher; Good, Darren J.; Gambi, Theresa M.; Bano, Joyce E.; Brown, Kirk W.; Duffy, Michelle K.; Boer, Ruth A.; Brewer, Judson A.; and Lazar, Sara W., "Contemplating Mindfulness at Work: An Integrative Review" (2015).

School of Business Faculty Publications.
VALUES

People are whole, creative and resourceful.
Remember what’s important to the patient.

Attitudinal symmetry in many studies predicts patient satisfaction and adherence.


RAPPORT

Paying full attention
Look for strengths and areas for celebration
Slowing down the pace


SELF-CARE

Taking better care of ourselves allows us to take better care of our patients.


WITHOUT SELF CARE THERE IS NO HEALTH CARE

Being kind to ourselves benefits others.
The heart must pump blood to itself first.

Attention to personal wellness can have a positive influence on our work as physicians.

Improved connection to self and self-awareness supports improved communication with patients.


Better communication between physicians and patients leads to higher rates of adherence, fewer resources wasted, reduced bounce-back admissions to the hospital and increased patient and physician satisfaction.

Rosen, D. Undermining the doctor-patient relationship. PSMAG. June 2017
1) **Collaborate** to identify a topic to work on.
   What are your wellness goals for the future? What is most important to you right now?

2) Ask for **permission** to explore and work on the topic.

3) Encourage them to describe what they want now in relation to the topic. Support them in visualizing their desired outcome. What does peak wellness look like to you?

4) Explore **motivation** for stated change.
   What are the benefits of making changes now? What would your life be like?

5) Explore the **strengths or values** they can leverage to move forward.
   How can the lessons from your successes in life carry over to your current situation?

6) Explore the **environments and support structures** needed for success.
   What strategies may be effective to help you realize your vision? What challenges do you anticipate?

7) Collaborate to design a first step.

8) **Reflect** and summarize what you have heard them say about their vision.

9) Assess level of **commitment** to improve their confidence.

On a scale of 1-10, how ready, confident and committed are you to take a step toward your vision?

10) Ask them to restate and commit to the goal.

11) Express **confidence** in their ability to move forward.

12) Schedule the next visit.

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**MEASURING HEALTH CONFIDENCE**

<table>
<thead>
<tr>
<th>EXERCISE</th>
<th>DIET</th>
<th>GLUCOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOWER THIRD</td>
<td>38%</td>
<td>77%</td>
</tr>
<tr>
<td>UPPER THIRD</td>
<td>75%</td>
<td>89%</td>
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Engaged patients are more likely to adhere to medical and lifestyle recommendations, as well as express their goals, concerns, and desires in a more actionable way when approached through the lens of coaching psychology.


So how can we more fully INTEGRATE the principles of coaching psychology into our practice?

In traditional health and wellness coaching, we explore how patients can better engage THEMSELVES around THEIR behavior.

At the heart of coaching psychology is an invitation to do things differently.

When we integrate the coaching model into our clinical practice, we also explore how we can better engage OURSELVES around OUR behavior.

AN EXAMPLE

A patient presents with cold symptoms without having tried anything for their symptoms. Instead of thinking, “Who comes the doctor before trying anything?”

We might consider a response such as, “So you’re looking for some guidance on how to best manage your cold symptoms?”

Now the visit can be oriented around education and service, helping us to avoid the pitfall of negativity.
OUR EXPERIENCE GETS PAID FORWARD TO THE PATIENT.

Make the opportunity to reframe the encounter so that it has meaning and PURPOSE for you.

THE SURFACE LEVEL OF THE WORK HAS TO DO WITH PATIENT SATISFACTION. THE HEART OF THE WORK HAS TO DO WITH PHYSICIAN SATISFACTION.

DOCTOR = 100%

The coaching approach moves us toward a new way of being with people that brings out the best in everyone through the quality of the connection itself.

Incorporating Coaching Psychology into the Clinical Routine:
Re-scripting the Dialogue

“You’re more likely to act yourself into feeling than feel yourself into action.” – Jerome Bruner, PhD

Establish Rapport
Build Trust through Active Listening
Invite and Ask Permission
Validate Concerns
Educate <-> Accommodate
Frame and Inform
Express Gratitude in Some Way

ESTABLISH RAPPORT and FRAME AGENDA

Knock and take stock • Lose the tech and connect

Greet the patient by name. Introduce yourself. Welcome the patient.

“Hello, Mr. Jones. I’m Dr. Smith. Welcome. I understand you’re here for a sore throat and see that the team collected a strep swab. Can you tell me a little bit more about that?”
BUILD TRUST THROUGH ACTIVE LISTENING

Listen to their story. All of it. Read the need.

Paraphrase what they’ve told you. This is to ensure you understand, and so they can hear it back.

“So the sore throat began two nights ago, followed by some cough and congestion. Is that right? Okay, what else?”

“Is there anything that you’ve tried so far that’s been helpful or not so helpful?”

Bob Baker, MD: The Performance of Medicine: Techniques From the Stage to Optimize the Patient Experience and Restore the Joy of Practicing Medicine; Appendix: The Clinical Script by Dr. Adam Smith; 177-180; (2018)

INVITE AND ASK PERMISSION

Invite them through the process. Ask permission as you go. Narrate the exam and complete the ROS. Looking in the ears, you might inquire about headache, for example.

VALIDATE CONCERNS

Remember always to honor the patient’s experience. How they feel is real regardless of the findings.

“Your throat looks okay, understanding it doesn’t feel okay.”

Bob Baker, MD: The Performance of Medicine: Techniques From the Stage to Optimize the Patient Experience and Restore the Joy of Practicing Medicine; Appendix: The Clinical Script by Dr. Adam Smith; 177-180; (2018)

EDUCATE <-> ACCOMMODATE

Share your impression and suggestions for care. Explain your rationale and how things work.

“Based on your symptoms and exam, I suspect that... and suggest...”

Make a plan. Invite participation and feedback.

“Does that sound like a reasonable plan?”

“Do you have any questions about the plan before I go?”

Bob Baker, MD: The Performance of Medicine: Techniques From the Stage to Optimize the Patient Experience and Restore the Joy of Practicing Medicine; Appendix: The Clinical Script by Dr. Adam Smith; 177-180; (2018)

FRAME AND INFORM

Frame next steps.

“Next, the nurse is going to come back and check you out from the room, and in the meantime I’ll send your prescriptions, etc., and we’ll have you on your way shortly.”

Express gratitude in some way.

“I’m glad you came in.”

Bob Baker, MD: The Performance of Medicine: Techniques From the Stage to Optimize the Patient Experience and Restore the Joy of Practicing Medicine; Appendix: The Clinical Script by Dr. Adam Smith; 177-180; (2018)
PATIENT TESTIMONIAL

“The doctor was amazing. I’ve had knee pain for eight years and this was the first appointment I’ve had where the doctor was honest that he wasn’t sure what was wrong with me and stopped me from shutting down and feeling angry like usually do when I have to discuss my knee pain with doctors. He gave me some suggestions that made a lot of sense and I plan on changing my diet based on his ideas. He made me feel understood and listened to, and I am very appreciative and more hopeful that I can improve than I have been in a long time.”

By incorporating aspects of coaching psychology into clinical practice, we are able to improve our personal and interpersonal effectiveness, and engage ourselves and our patients in new and meaningful ways. More efficiently. More effectively. More enjoyably.

Questions / Comments

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REVIEW QUESTIONS
1. Coaching psychology is defined as the science of relationships designed to optimize health and well-being.
   a) True
   b) False

2. What elements of patient education help support patient satisfaction and adherence?
   a) Confidence and understanding
   b) Knowledge and power
   c) Death and taxes
   d) Depersonalization and despondence
3. Helping physicians shift their perspective toward a more patient-centered, collaborative approach can benefit both patients and physicians, and improve relationships with staff and leadership as well.

   a) True
   b) False

4. The coaching approach moves us toward a new way of being with people by all of the following except:

   a) Shifting away from expert-fixer toward partner-facilitator
   b) Becoming a resource and model for change
   c) Developing new patterns of thinking, doing and relating
   d) Diminishing the role of circumstance and perspective
5. Our experience as physicians gets paid __________ to the patient.
   a) Backward
   b) Sideways
   c) Forward
   d) Bi-monthly

6. The clinical script discussed in today’s presentation incorporates which of the following coaching principles:
   a) Rapport
   b) Active listening
   c) Invitation and Permission
   d) Validation
   e) All of the above
7. Attention to personal wellness has been shown to positively influence our work as physicians and improve connection to self, all of which supports

   a) Improved communication with patients
   b) Improved outcomes for patients
   c) Improved experience for patients and physicians
   d) All of the above