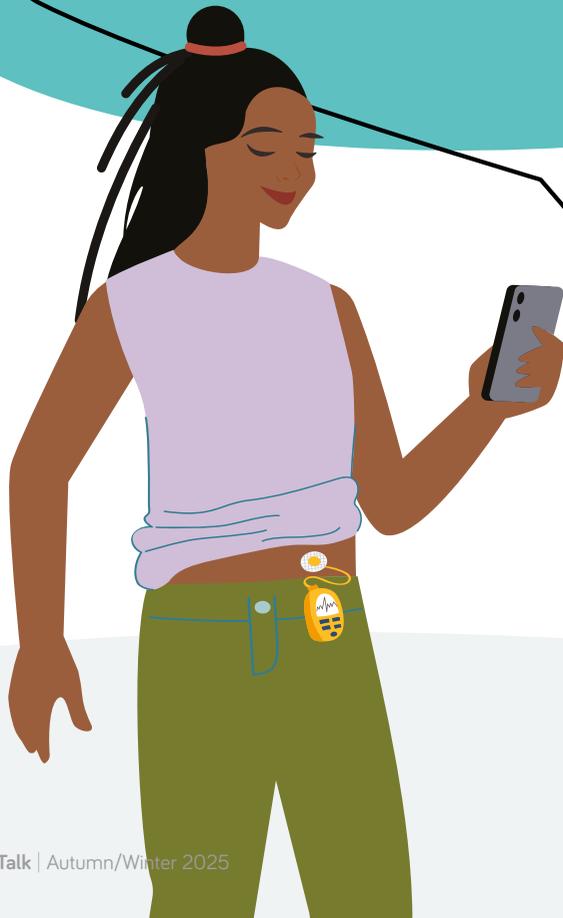




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Importance of health coaching to improve communication



When I graduated from university and started my first job I felt so proud and important, I was a Registered Dietitian, a fully-fledged health care professional. I left the nest and embarked on my new career feeling confident in my knowledge to support people, both on the ward and in outpatient clinics. I progressed through basic grade (now band 5) rotations but all the Continued Professional Development (CPD) offered was clinical i.e., supporting continued learning of medical conditions and dietary approaches – until I moved into a senior II post (now band 6) which specialised in obesity. Here I attended motivational interviewing and behaviour change courses – understanding the stages of change highlighted to me that not everyone was ready to change when they came to see me. At the time I didn't fully appreciate the complex reasons that might influence a person's readiness for change – surely reducing their cholesterol and losing weight was the most important thing to them? – because the Doctor (and now me) had told them so. Plus, we had completed an in-depth diet history and I had highlighted all the changes they could make and created a goal list, summarising what we had discussed and agreed on the next appointment. Offering solutions to required lifestyle and dietary change was my job, and that was why people came to see me – for my expertise and advice on what diet they needed to follow. I was quite happy with the way I worked, and I achieved success and got good feedback.



“It was a real opportunity to stop and reflect on my communicating style and appraise what worked and what didn't”



“With a passion for supporting behaviour change I jumped at the chance of attending a health coaching course”



A new opportunity

But then, ten years into my career I was offered the opportunity to attend a health coaching course. With a passion for supporting behaviour change I jumped at the chance and got my place – not really knowing what it was, nor what impact it would have on me, both personally and professionally. At this stage I was leading a paediatric diabetes dietetic service, running clinics and patient education groups and supporting the development of an insulin pump service. The course was a 2 day training programme with a couple of weeks in between to practice my new skills. I was immediately thrown into the world of feeling consciously incompetent. I was being asked to trial structuring my conversations in a different way, to veer away from my known biomedical model and utilise tools and techniques initially observed in coaching conversations between industry and sport. I had never considered myself as a coach, not really seeing the similarities between setting goals for diabetes control and setting fitness and performance goals. It was a real opportunity to stop and reflect on my communicating style and appraise what worked, and honestly consider what didn't. Finally, I was understanding the psychological principles of behaviour change and what supports developing a consistent healthy and productive relationship between clinician and patient.

Health coaching

Health coaching is: 'Helping people gain and use their knowledge, skills and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals.'¹

In simple terms, health coaching is a specific approach used by health and care professionals to raise awareness about their own health, and take more control of their health and wellbeing, which is particularly effective in supporting positive behaviour change. Using a health coaching approach encourages the clinician to consider the wider determinants of health, not just concentrate on the long-term condition. This is especially relevant when working with young people with diabetes – whether it be type 1 or type 2 diabetes; using a holistic approach encourages young people to be aware of their current situation and helps them create ways to support their health with increased responsibility.

Health coaching includes not only the framework for different conversations, but it encourages self-reflection by practitioners. It's not asking us to put ourselves in our patients' shoes but reflecting on what makes us set certain goals, or achieve/not achieve goals, what gets in the way from an internal or external point of view in our daily work, and how this may be similar to the interferences our patients may have.

Developing relationships and self-reflection

So, what should we consider when reviewing our professional relationship and communication style with our young people in clinic? The first thing has to be trust and rapport. How can we expect a young person to disclose information about their life if they do not feel they can trust us? Relationships can have high trust and low rapport – such as dropping your child off at school to a teacher you don't know; or low trust but high rapport – such as having a great amusing conversation with someone but not trusting them to look after your pet when you are on holiday. Then there are relationships with high trust and high rapport – these are the game changer conversations which have high potential to make good behaviour change. But what exactly is rapport? It does not just mean being friendly, it means being honest, empathic and open, being transparent with your intentions and framing conversations within the boundaries of time or content. When asked the definition of rapport the English dictionary states "relationship, connection" – but good rapport takes time and genuine listening and interest.



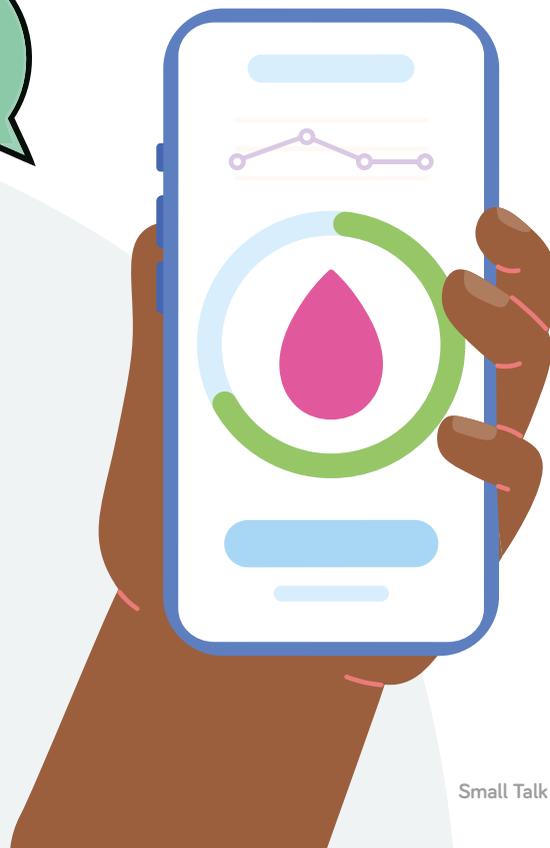
Spending time on goal setting

What else is important in a good conversation that promotes positive change? ...Goal setting...When providing clinical supervision to colleagues and encouraging a coaching approach, it is now always high on my list to discuss the who, what, where, when and why of goal setting. Considering working with patients, who's goal it is that we are working towards? I know I have targets to meet, and my service has targets. My goal is to help the young person achieve the lowest possible HbA1c that will reduce the likelihood of them developing co-morbidities associated with their diabetes, and I also need to ensure that the young person has had their 8 care processes completed and address any unusual/abnormal results. But what are the young person's goals? What influences their desire to set goals, what is their experience of goals, who influences and supports them in working towards and meeting their goals? What has been their experience of setting goals with other clinicians and health care professionals. Having an open honest conversation about their short-term and long-term goals during their appointment is essential. It enables us as clinicians to align our goals and work together rather than in different directions.

Once I've established good rapport and had time to listen to the young person's goals, it's then time to move onto the motivational interviewing part. This is the part that is most different to my previous ways of working. Previously I would have offered lots of ideas on what I thought would be good dietary changes and activities – some of which may have landed well and others not so well. But my style now is to give some simple challenges, for example, what is the one thing that you would find easiest to change right now? What could be possible now? What are the different ways in which the young person could achieve their goal / make a change? By asking these questions it assumes that the young person has the potential to solve, or at least identify, some ways to change. Previously I would jump in – but allowing the space and time for the young person to really think...and then think a bit deeper about their goals helps them create solutions themselves, which is increasing their intrinsic motivation to change. This is a much more powerful way of supporting sustainable behaviour change – it's that “ah ha”/light bulb moment.



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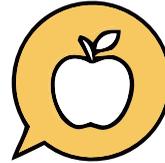
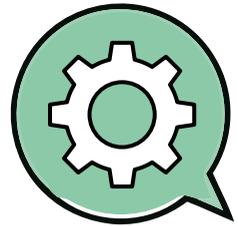


Considering the patient perspective

As part of writing this I thought I would not only reflect on my own thoughts about my journey to developing and enhancing my communication style, but also ask a young person their thoughts. This young person has two auto immune conditions – type 1 diabetes and coeliac disease. Navigating dietary change for type 1 diabetes is a challenge in itself – learning about carbohydrate counting, glycaemic index, glycaemic load and insulin dosing via injection and using an insulin pump. Having their blood glucose data visible to me as their clinician feels like “big brother” where I can identify straight away good/poor compliance; when boluses were missed, inaccurate carbohydrate counting, forgotten basal doses etc., no other condition requires this level of tracking and questioning. Plus, every three months they have an HbA1c test – checking how they have managed, the frowns when it increases and the “its better but still not quite there” comments. On top of this for this patient is the diagnosis of coeliac disease – further dietary manipulation and yet another blood test to monitor compliance. Having multiple self-managed lifelong conditions is challenging enough, without additional challenges from health care professionals who continuously ask to *try a little harder*.



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So I asked the young person a few questions

How important is it to you to have a good relationship with your diabetes team, when it comes to managing your diabetes? “A good relationship with my diabetes team is really important to me. Managing a long-term condition like type 1 diabetes can be challenging at times, and having a supportive team makes a big difference. It helps me feel more comfortable asking questions, being honest about what I’m finding difficult and staying engaged in my care.”

How would you describe Anna’s communication style? “Anna’s communication style is calm, clear and genuinely caring. She takes the time to listen and respond in a way that feels personal and supportive. She explains things in a way that makes sense, without being overwhelming, and always makes me feel heard.”

Does Anna’s communication style/technique differ from other health professionals you have been supported by? If it does, how does it differ? “Yes, it definitely does. With previous clinicians, I often felt like I wasn’t really being heard, there didn’t seem to be much care or understanding. It felt quite detached. But with Anna, it’s completely different. She’s consistent, kind and always there when I need help. It’s clear she genuinely cares and wants to support in any way she can.”

How does Anna support you (if you feel she does) with managing your diabetes and coeliac disease? “Anna supports me by looking at both conditions together and helping me manage how they affect each other. She understands the realities of living with them day to day, and gives advice that’s practical and achievable. She’s someone I know I can reach out to if I’m struggling and always responds with care and guidance.”

What would you say is a barrier to forming a rapport with your health care team? “Not feeling listened to is the biggest barrier. If a health professional seems rushed, uninterested, or overly focused on numbers rather than how I’m actually doing, it’s really hard to build trust or feel comfortable being open with them.”

How would you like your diabetes/ health care professional team to speak with you/support you? “I’d like them to be open, kind and collaborative, to speak with empathy and take time to understand what’s going on beneath the surface. Managing a condition like this isn’t just about ticking boxes, it’s about real life.”

As a clinical lead I am often encouraged to focus on the data, activity and outcomes – but how often do we get feedback on our communication style and technique? The words we choose, our tone of voice and our body language are so impactful on the outcome of the conversation, and the likelihood of a young person’s continued engagement. So, if there is only one thing you take away from reading this article, it would be to rethink how you word your questions or how you offer support to your patients – then that’s a win for me. 🙌



Reference

1. Personalised Care Group NHS England. Reference: 08193. 2019 [Online] Available at: NHS England report template www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf

