



# Training GP trainees in health coaching

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*Feasibility and impacts*

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2011

# Key messages

Health coaching is an approach for transforming the dynamic between professionals and the people they support, shifting the mindset so professionals are not seen as having all the 'answers' and empowering people to take responsibility for their health.

Actively engaging people can improve satisfaction, motivate people to act more healthily and help reduce unnecessary use of health services and medication. However, there are few opportunities for professionals in England to understand the health coaching mindset during their training.

In 2011 the Department of Health funded the London Deanery to test the feasibility of teaching GPs near the end of their training about health coaching. 14 GP trainees took part in a five day course spread over a three month period. Each tested the approach with at least four people from their practice. Eight (57%) completed all requirements for foundation level accreditation as a health coach. Three further GPs are hoping to complete accreditation and the final three have not continued with the programme.

The Department of Health allocated £50,000 to this pilot, which equates to about £6,250 per accredited GP trainee. Once planned resources are completed, the cost will reduce to £3,750 per accredited GP trainee.

GPs said they gained a great deal from the training. They reported a shift in **mindset** and attitude, **practical skills** to help empower people and more **confidence and tools** to support people with long term conditions.

People receiving coaching reportedly found the approach beneficial. There were some **dramatic changes** even over a short follow up period, including weight loss, smoking cessation and changes to medication and adherence.

It was difficult to implement health coaching sessions during routine consultations because coaching often took double or even triple the time normally allocated. However, this may also result in less use of health services in the longer term. Furthermore, it was feasible and worthwhile to use selected health coaching techniques within standard consultations. In other words, it is possible to use health coaching tools as part of normal consultations, though longer sessions are needed for more detailed health coaching.

The pilot programme has demonstrated that it is **feasible and worthwhile** to train GPs in health coaching. The London Deanery plans to roll out this approach using an online learning resource and an initiative to train 'trainers' to teach more professionals coaching skills.

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# Context

# What is health coaching?

Engaging people in their wellbeing and healthcare is an essential component of reducing ill health and spiralling health costs.<sup>1</sup> In the UK, health services are facing significant challenges. The population continues to grow in size and people are living longer, but not always in good health.<sup>2,3</sup> More than 17 million people may be living with one or more long term conditions in Britain and these people use about 80% of GP consultations and 60% of days in hospital.<sup>4</sup> The demand for health services outstrips what can be provided and staffing and financial resources are at a premium.

All of these factors have increased the focus on supporting people to be involved in decisions about their care and taking more responsibility for their wellbeing. The health White Paper *Equity and Excellence: Liberating the NHS* and the 2011 Health and Social Care Bill both emphasise strengthening people's voice.<sup>5,6</sup> There is a move away from a paternalistic healthcare model where clinicians 'do things to' and make decisions for people towards helping people take more control of their health and care.

Many strategies have been tested to help 'activate' people to be more involved in their care and change the mindset of professionals, with varying success.<sup>7</sup> Health coaching is one such strategy.

In 2011, the Department of Health funded the London Deanery to test whether health coaching could be taught to GPs nearing the end of their training. A pilot project was set up to assess the feasibility of teaching GP specialty trainees about health coaching in order to promote healthy behaviour among people with long term conditions.

This document summarises feedback about the training and short term impacts for GP trainees and the people they supported.

This section provides a brief overview of health coaching and the goals of the pilot programme. The next section describes the training programme in brief and the third section examines the impacts for GP trainees and the people they worked with. Finally, lessons learned and potential next steps are outlined.

Throughout this report the term 'GPs' is used to refer to GP trainees in acknowledgement of the fact that trainees completed their training during the year.

Health coaching helps people consider their goals and how to make changes to improve their health.<sup>8</sup> From the 1990s onwards this approach gained popularity in the US, particularly as a way of supporting people with alcohol and substance use issues. Over the past ten years it has also gained momentum in many other parts of the world for supporting people with long term conditions, lifestyle issues and behaviour change.<sup>9</sup>

There is no one universally accepted definition of health coaching and there are many different models or frameworks that can be thought of as health coaching or used within a health coaching approach. However, most conceptions of health coaching have some common characteristics, including:<sup>10,11</sup>

- empowering people to take **ownership** of their health
- focusing on people's goals rather than what professionals want to achieve
- developing a **collaborative** relationship with the person being coached
- assuming that people are resourceful and have **potential**
- helping people assess where they are and what they would like to **achieve**
- helping people **plan** how to achieve their goals in easy steps and do things they may have struggled to do in the past
- challenging habits and beliefs that **inhibit** people or are barriers to positive change

Coaching can be delivered in many formats including in person, by telephone and online.<sup>12,13</sup>

Many different professionals can provide health coaching including doctors, nurses, medical and nursing students, health educators, psychologists, physical therapists, pharmacists, health assistants, social workers and occupational therapists, amongst others.<sup>14,15</sup>

Health coaching differs from traditional approaches which tend to direct information 'at' people and ask people to do the things that health professionals instruct them to do. In the traditional model, professionals are seen as having all the knowledge and are tasked with imparting this to people and their families.

In contrast, health coaching strives to help people and professionals work in partnership. People themselves are seen as having important knowledge and as being experts in their own wellbeing.<sup>16</sup> Using questioning and supportive techniques, health coaches help people talk about what they want to achieve, what is troubling them, what they want to change, what support they have to help make changes and what difficulties need to be addressed or minimised.<sup>17</sup> The health coach's main role is not to teach, advise or counsel people but rather to support people to plan and reach their own goals.

Health coaching is often confused with methods such as motivational interviewing, counselling or consulting skills but it is not the same thing. Whilst motivational interviewing may be used as one technique within health coaching,<sup>18</sup> **coaching is a wider framework, mindset or approach rather than a specific technique.**<sup>19,20</sup>

A key distinguishing feature of coaching is how professionals interact with and view people as resourceful, empowered and activated partners in care. The professional does not take responsibility for advice and outcomes, only for managing the process.

Studies from around the world suggest that people want to be more involved in their care,<sup>21,22,23,24</sup> but often this does not happen in practice.<sup>25,26</sup> However, supporting people to be active participants in their care has important impacts on satisfaction, the extent to which people adhere to treatment, relationships between patients and professionals and long term health outcomes.

Health coaching is a strategy that supports involvement and activation, putting people at the centre of care and decisions.<sup>27</sup> People who participate in decisions and are actively involved are more likely to be satisfied with their care.<sup>28</sup> A number of studies suggest that empowering people in this way, through health coaching or other means, **improves patient satisfaction** with health services and with their involvement in care.

<sup>29,30,31,32,33,34,35</sup>

How people think and feel about their health impacts on their behaviours and outcomes.<sup>36,37,38,39,40,41</sup> Research suggests that improved self confidence about health behaviours may lead to **improved health outcomes.**<sup>42,43,44,45,46,47,48,49,50</sup>

Patient activation is increasingly important given financial challenges and the need to make best use of limited staffing and service capacity.<sup>51</sup> Some suggest that as well as improving activation and health outcomes,<sup>52</sup> coaching can also reduce healthcare spending.<sup>53</sup> By motivating people to keep themselves well and achieve their own goals, coaching may reduce the use of acute services. A number of studies have found that this approach has the potential to offer **value for money** and be cost saving.<sup>54</sup>

Current training for health professionals may recognise the importance of person centred care but does not necessarily equip professionals with practical ways to achieve this. Communication and consultation skills training may inadvertently retain the traditional approach of seeing the professional as the expert. Although interest in health coaching is expanding, most educational curricula contain limited content about such approaches. Yet, as the NHS transforms in a changing landscape, this may be an essential additional skill for all health professionals.

# Programme aims

The Department of Health funded the London Deanery to test the value of a short course in health coaching for GP trainees in the final year of their training. This is a first for GP trainees in England.

The pilot project aimed to assess the **feasibility of training GP trainees** in this approach and the **short term impacts** of such training on GP trainees and people with long term conditions that they support. This may in turn inform the plans of clinical commissioning groups.

Furthermore, the project also sought to develop a training resource about health coaching that could be more widely disseminated through primary care education networks.

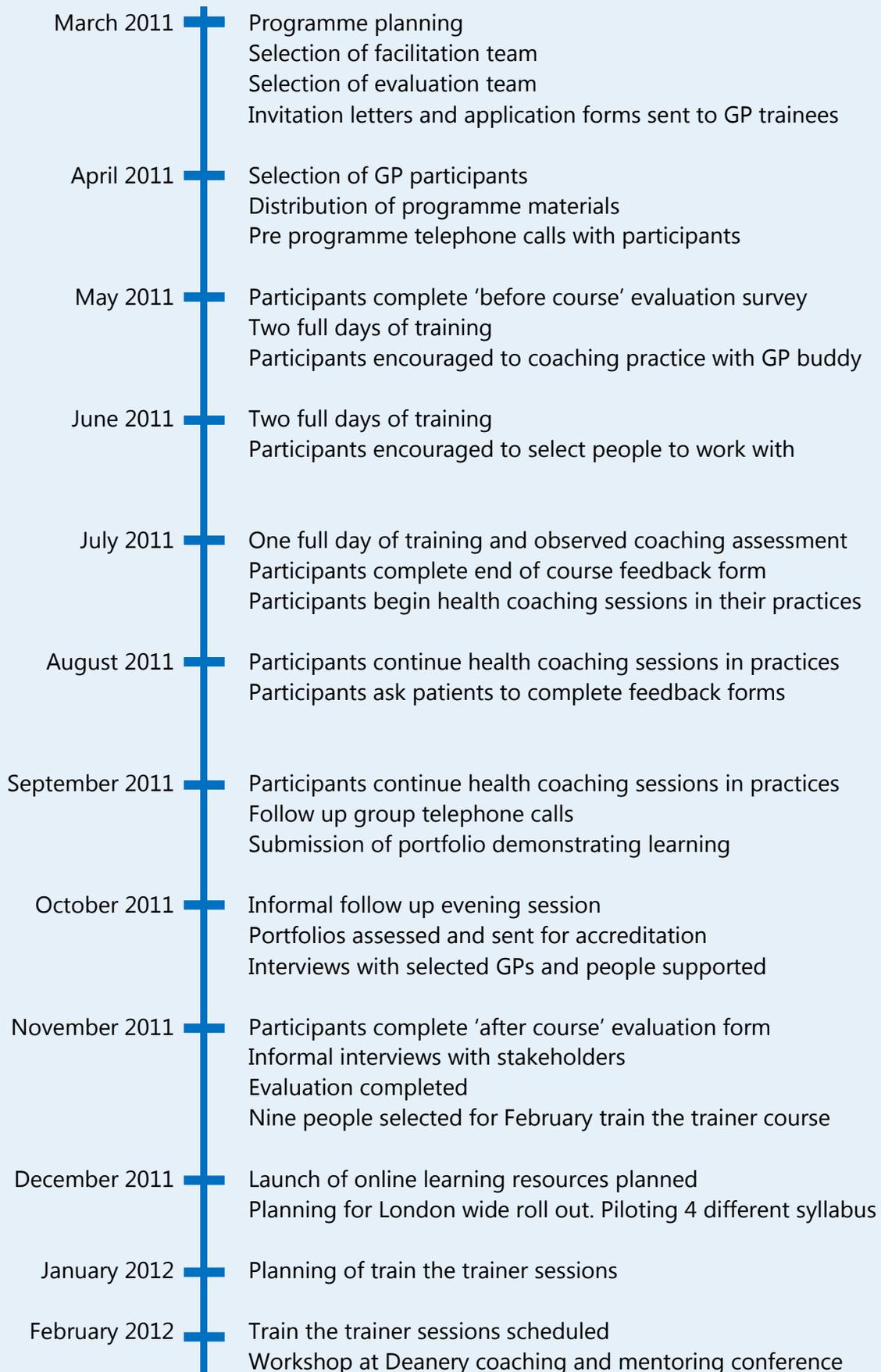
Box 1 lists the components of the programme that the London Deanery committed to deliver.

The programme timeframe ran from March 2011, when the selection process began, through to December 2011 when an online resource was launched (see Figure 1). A train the trainer programme and two day course syllabus is planned for 2012 to roll out learning.

## *Box 1: Original programme aims*

- **Train 12 GP** specialty trainees in health coaching
- Identify four patients with long term conditions for each GP specialty trainee to **test health coaching** with
- Create **educational materials** about health coaching
- Provide **further training** for health professionals in the form of workshops and podcasts
- Evaluate the **short term impact** of health coaching
- **Disseminate** the evaluation and learning across the Deanery educational network and to London clinical commissioning groups

Figure 1: Programme timeline



# Evaluation approach

The project was evaluated by an independent organisation, The Evidence Centre.

As there was only a three month follow up period after training, it was important to be realistic about what could be achieved. Box 2 lists the outcomes measured.

The focus was on whether it was possible to deliver training about health coaching over a three month period and the potential impacts for GPs and the people they coached in the first three months of using this approach.

In ongoing evaluations it would be useful to compare the use of health services, costs and clinical outcomes before and after health coaching but it would not be realistic to expect a change in these outcomes within the short pilot period.

## *Box 2: Outcomes measured*

### *Outcomes for GPs*

- Change in the extent to which GPs feel they have **tools** to empower patients
- Extent to which GPs feel **confident** and engaged in their work

### *Outcomes for processes*

- Feasibility and **usability** of coaching approach within short consultations
- Impact of using health coaching on **consultation length** and frequency

### *Outcomes for people coached*

- Change in people's **attitudes** towards keeping themselves healthy (self efficacy)
- Completing at least one **health goal** that the person set during coaching (ie reported change in at least one health behaviour)

The methods used to assess these outcomes were:

#### *Outcomes for GPs*

- **survey with GPs** before and after the training programme
- **observation** of training sessions and coaching practice
- **telephone and group follow up** with GPs

#### *Outcomes for processes*

- review of **portfolios**
- **compilation** of survey and interview data
- informal interviews with other **stakeholders** such as facilitators and London Deanery personnel

#### *Outcomes for people coached*

- **survey of people** before and after receiving health coaching assessing self efficacy, self reported health and use of health services. A simple validated scale from seminal US research about health coaching was used to allow comparisons with other datasets if desired in future.
- **telephone follow up** with a small number of people who took part in coaching to gain insight into what worked best

*Table 1: Methods to assess outcomes*

<b>Outcomes</b>	<b>Methods</b>
<i>Outcomes for GPs</i>	
Extent to which GPs feel they have tools to empower patients	Surveys Observation Interviews Group discussions Portfolios
Extent to which GPs feel confident and engaged in their work	Surveys Observation Interviews Group discussions Portfolios
<i>Outcomes for processes</i>	
Feasibility of coaching approach within consultations	Portfolios Surveys Interviews Group discussions Stakeholders
Impact of using health coaching on consultation length and frequency	Portfolios Surveys Interviews
<i>Outcomes for people coached</i>	
Change in people's attitudes towards keeping themselves healthy	Surveys Interviews Portfolios
Completing at least one health goal during coaching (ie reported change in at least one health behaviour)	Surveys Interviews Portfolios

A narrative synthesis was undertaken and statistical data were analysed using SPSS software. Illustrative quotes from GPs, patients and stakeholders are inserted throughout the report.



# Training

# Training overview

This section provides a brief overview of the training programme and feedback about the training. The evaluation focused on impacts of the training for GPs and the people they worked with rather than an assessment of the training per se. However brief information about the processes and content is provided to demonstrate the scope of the programme.

The London Deanery worked with an independent organisation, The Performance Coach, to facilitate the training. This team has run programmes for the NHS elsewhere which have been positively evaluated.<sup>55</sup>

The Performance Coach team were involved throughout the planning and follow up stages and undertook much of the administrative work as well as facilitating the course. Having the facilitation team involved throughout meant that their expertise could be drawn on regarding selecting participants and providing ongoing support and this strengthened the programme considerably.

## *Selection*

The London Deanery carefully selected GP trainees to take part in the programme. Invitations were sent to those in their final two years of training and there was a high level of interest. More than 70 people expressed and interest in taking part. 14 GPs working in training practices spread across London were selected.

The selection process was designed to include those who may have greatest affinity with a health coaching mentality and who were able to attend all four days. GPs who demonstrated a desire to empower people and use innovative approaches were prioritised. It was hoped that this would ensure a good return on investment because these participants may be more likely to use health coaching routinely and be willing to train and support other professionals with this approach.

*“While many individuals would gain value from attending a coaching skills programme, the effective application of coaching skills often requires an appropriate mindset, attitude and approach that cannot always be easily determined purely from a viewpoint of function, seniority, or experience.” (Stakeholder)*

The main things that the Deanery looked for when recruiting GP trainees were:

- ability to participate in all the training sessions
- interest in learning about coaching
- interest in learning about psychology and motivation
- interest in joint decision making with people
- interest in promoting self care strategies
- enthusiasm for being part of a pilot programme and willingness to take part in evaluation activities
- willingness to share the skills learned with peers
- ability to complete sessions with people at their practice

18 people were able to attend all five sessions and were invited to attend. 14 accepted. Whilst there are benefits from this selective approach, this also means that **the pilot was not testing the feasibility of this approach among GP specialist trainees in general**. Rather, the pilot programme tested the value of this style of training for a highly selected group of GPs who were available and interested in using health coaching in routine practice.

### *Introductory information*

Once GPs were selected to take part, they received a one to one introductory telephone call. Participants also received introductory written materials.

The pre-programme calls gave GPs an opportunity to talk with a facilitator and ensured that participants were clear about the logistics and requirements of the course and had an opportunity to consider their commitment to taking part. This helped prepare GPs for the programme and clarified any concerns.

## *Training course*

The course involved five days of training spread over a three month period. A two day session took place in May 2011, followed by a two day session in June and a one day session in July.

The key things that participants said they wanted to learn at the beginning of the programme included what coaching is, how coaching differs from mentoring and counselling, practical coaching skills and how to apply coaching principles within a standard 10 minute consultation. All of these topics were covered during the programme.

Broadly, the course covered:

- the foundations of coaching approaches
- how coaching can be used within healthcare
- behavioural coaching models such as T-GROW for use in short consultations
- principles of health behaviour change
- potential cognitive, emotional and behavioural barriers to change
- motivational interviewing and solution focused coaching
- strengths based approaches
- setting effective goals to encourage self care
- coaching competencies
- ways to enhance coaching and communication skills and minimise distractions

Box 3 lists the competencies covered.

The course included discussions about how coaching can be used effectively within a normal GP practice environment and how to integrate coaching into GPs' existing style. The programme examined not only the coaching mentality and techniques for coaching, but also in what circumstances coaching may be more or less effective.

The training was delivered in an applied, relatively fast paced style, with a number of practical exercises.

Integral to the training was extensive time for practising new skills and applying various coaching models. **GPs coached one another about real issues in their own lives.** The benefits of this were two-fold. Firstly, it allowed time to apply new ideas and to gain confidence in the techniques through repeated practice. Secondly, and perhaps equally importantly, it gave GPs an experience of being coached themselves about their own life. This helped participants to see the potential benefits of coaching firsthand.

Furthermore, each GP was paired with another course participant as a buddy. The aim was to ensure ongoing support from a colleague sharing their coaching experiences and to provide an opportunity to practice between workshop sessions. GPs were asked to undertake coaching practice at least twice with their buddy between workshops. This could take place in person or by telephone.

### *Box 3: Coaching competencies covered<sup>56</sup>*

**Self awareness** - developing consciousness of the coach's impact on the coaching relationship, including the ability to be 'present' and recognise what is occurring for both parties; recognising strengths and development areas.

**Beliefs and attitudes** - believing in the innate potential of the coachee; working with empathy across environments and with diverse people; and leaving responsibility and choice with the coachee.

**Self management** - managing personal opinions and attitudes and recognising how these can affect behaviours and emotions; suspending judgement about what an individual is saying.

**Contracting** - ensuring a mutually agreed understanding of the coaching process and methodology including confidentiality, record keeping, and boundaries; maintaining appropriate records of the coaching sessions and adhering to professional standards.

**Managing the process and the relationship** - overseeing the coaching process; building rapport and empathy and maintaining a flexible approach; facilitating effective use of the coachee's resources and building an awareness within the coachee of their own capability; clarifying next steps at the end of sessions.

**Goal setting and planning** - helping develop clear goals; enabling the coachee to create effective plans for change for which they hold themselves responsible.

**Evaluating** - reflecting on the effectiveness of the process and adapting as needed; seeking feedback and reviewing the coaching sessions; evaluating the process and the outcomes for the individual, the organisation and the wider system.

**Questioning** - knowing how to form questions which raise awareness and responsibility; asking questions which are informed by the coachee's words.

**Listening** - the ability to listen accurately, attentively and empathetically; following the interest of the coachee; being comfortable with silence.

**Feedback and challenge** - offering supportive challenge to the coachee.

**Use of language** - appreciating the influence of language within coaching and its impact on mindsets, attitudes and on the coach's questions; using metaphor.

**The Wider System** - examining the influence of, and the impact on, other stakeholders and the wider system including how coaching can benefit the system.

## *Practising skills*

After completing the programme, GPs were asked to select four people with long term conditions with whom to practise their health coaching skills. The aim was to have 12 health coaching encounters, such as selecting four people and running three sessions with each of them. However some GPs found that three sessions were not needed or appropriate and so they sometimes did one or two sessions per person. This meant that some GPs offered health coaching to a greater number of people, but had fewer sessions with each.

GPs tailored health coaching sessions to fit in with their training practice. Some GPs asked likely candidates at routine appointments whether they would be willing to come back for a health coaching session. Others sent invitation letters to those who they felt might be suitable. Although the aim was to test the approach with people with long term conditions, GPs could choose anyone who they felt was suitable and these people could decide what they wanted to talk about. This was not always a topic related to long term conditions.

It was suggested that GPs could allocate about 20 minutes to the first health coaching session and 10 minutes to the next two sessions. However, GPs adapted this as needed. Some spent up to an hour in initial discussions. Most kept sessions to around 20 to 30 minutes each.

GPs tended to book these sessions during their lunch breaks or at the end of their scheduled clinics so that they would have enough time and so that the longer sessions did not delay other people from being seen.

GPs generally began using the health coaching approach in July and tended to see people at two weekly or monthly intervals. A three to four month period was allowed for GPs to practice their skills prior to submitting a portfolio to demonstrate their learning.

In addition to formal health coaching sessions, the GPs also applied the skills in their routine consultations. For instance, using particular prompting questions or asking people what they thought some solutions to their issues might be.

### *Follow up support*

To maintain momentum after the formal training, participants were invited to take part in follow up group teleconference sessions. These aimed to give GPs an opportunity to reflect on their learning, hear how others were applying health coaching and gain clarification about submitting material for accreditation. Just over half of participants chose to take part in these calls.

At the end of the programme, once accreditation portfolios had been submitted, an evening session was run to share experiences and discuss lessons learnt. This was not well attended. A further follow up session was booked but not run due to poor indicated attendance. It was easier for GPs to schedule full days for a training programme, but not so easy to book time to attend ad hoc follow on sessions.

### *Accreditation*

GPs completed the 'Health Coaching Skills Development Programme' delivered by The Performance Coach which holds an EQA Foundation Level conferred by the European Mentoring and Coaching Council (EMCC). To be accredited at foundation level, GPs had to be observed running a coaching session and submit a portfolio demonstrating their learning.

The formal observation took place during the final course session and involved being observed by a facilitator whilst coaching another course participant for 10 minutes.

The portfolio included:

- three forms completed by the GPs prior to attending each of the monthly workshops (some of two days duration) reflecting on what they wanted to learn
- three forms completed by the GPs after attending each of the monthly workshops outlining key points learned and next steps
- self reflection forms for 12 coaching sessions run by the GPs (such as three sessions for each of four patients)
- four feedback forms from people who had been coached
- a learning log reflecting on the health coaching competencies and how these were developed

# Feedback about training

Assessing the course content and facilitation is outside the scope of the evaluation, but it is important to emphasise that the quality of facilitation and learning materials was high. Many participants commented that this was potentially the best course they had ever attended.

*"I think this the most valuable thing I have done in my whole career to date. The trainers were in the main part responsible for this and I can't express my gratitude strongly enough. The whole course was efficiently organised and pitched perfectly for our roles as general practitioners. I only hope that the programme will be rolled out to all vocational training schemes in the future."* (GP)

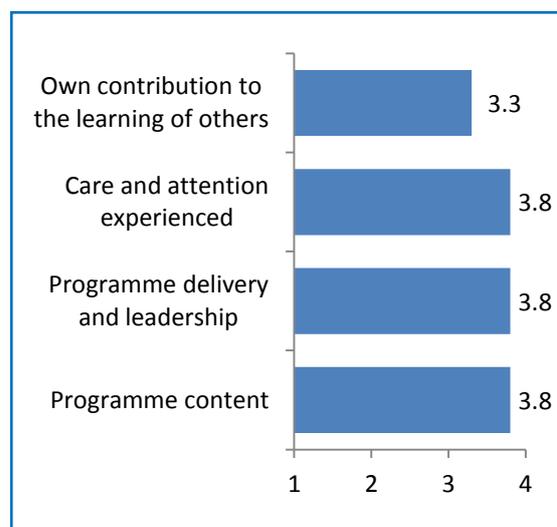
The impact of the training on GPs' beliefs and behaviours is described in the next section. This section briefly outlines comments about the training approach. Feedback is drawn from informal conversations with GPs, follow up interviews and a feedback form distributed by the facilitators at the end of the course.

## Content

The key message is that **the methods and facilitation during the workshops worked well** to help GPs understand the concept of health coaching and learn about different models and approaches.

Participants rated the content, delivery and support received extremely highly (see Figure 2).

Figure 2: Views about course content



Note: the numbers above are average ratings on a scale from 1-4 where 1 = poor, 2 = satisfactory, 3 = good and 4 = excellent. About two thirds of participants completed a feedback form.

The content felt to be most valuable included:

- the **variety** of different coaching models and frameworks presented
- **practical tools** such as matrices and diagrams for use during coaching sessions
- the range of **communication styles**, from directive to open

Simple overviews of the differences between various approaches were valued.

*“There are a lot of people who confuse health coaching and motivational interviewing. Motivational interviewing needs to be held in a framework of having ongoing conversations to support behaviour change. Health coaching provides a theoretical framework for change and emphasises training clinicians. It is a mechanism by which to have conversations and structures for activation. It is more meaty than just one thing.”* (Stakeholder)

GPs also said they valued the mix of theory and practice.

*“It was good to cover theories and the practise to embed it. We now have a toolbox that we can use in all our conversations.”* (GP)

Using a rating scale to describe the extent to which the course encouraged participants to practice their new skills, the average score was 4 out of 4 (where 4 was the highest score). Similarly, the average score was 4 out of 4 regarding the extent to which the course encouraged participants to apply their learning in clinical settings.

*“It is one of the few courses that I’ve been on that I really enjoyed during the course and actually came away with new skills. That was down to all the practise. We needed this to feel equipped to work with real patients. Being able to work with many different people in the room made a difference to get you comfortable to applying it with real people.”* (GP)

GPs were asked for suggestions about what could be done to make the programme even better. Some said they may have benefited from more detail about certain content such as how to contract with people about the coaching process. It was also suggested that examples of different coaching approaches could have been demonstrated by the facilitators and more time could have been allocated to using and integrating the variety of health coaching models in routine practice.

*"It was always a 'new territory' doing coaching in a GP setting... I think anecdotes from other health professionals ... [and] a demo between [the facilitators] with a clinical scenario eg weight loss right at the start would be a good 'here is what we're aiming for'."*  
(GP)

Another suggestion was having videos, mock sessions or other resources to demonstrate processes.

*"Could do mock sessions that have lots of problems in as a demonstration. So people can see what to do when challenges arise."* (GP)

*"It would be good to video a mock coaching session – so people can see how they are doing and also to be used as a learning tool for others."* (GP)

A number of suggestions related to demonstrating how coaching could be integrated into a healthcare context and helping GPs be prepared for the course.

*"Make it clearer that trainees know to bring lots of personal issues to discuss during the course. Doing this helps me see how useful as it has been helpful to me. This should be discussed during pre programme call so people know to bring lots of genuine problems to discuss."*  
(GP)

Having more resources to take away was suggested.

*"It would be worth having a top tips sheet – the five things you should not forget about coaching."* (GP)

More feedback from those who were experienced coaches was proposed.

*"It would be interesting to have reflections from people who have done coaching before / top tips during the course."* (GP)

Some suggested it may be helpful to cover how to run second and third coaching sessions with the same person. When working with people at their practice, GPs sometimes thought that the first coaching session covered most of the content and were at a loss about what to do in subsequent sessions with the same person.

*"Might be good to spend more time on what to do the second and third coaching sessions. Could do follow on sessions within the practice sessions so you have to work with the same person on the same issue." (GP)*

*"When people came in the second time I was recapping on what we had done so wanted more training about how to handle this." (GP)*

There was also a desire for follow on support, though when follow up sessions were offered after the course these were not well attended.

*"It is amazing that such a lot of material was covered in four sessions. But more time is needed. It would be nice to do regular coaching over six months or a year eg once monthly for a year when people can practice and learn more." (GP)*

## *Facilitation*

There were good group dynamics during the course. The facilitation team noted that the group were engaged, intelligent and good to work with.

This was probably due to a careful selection process for participants coupled with expert facilitation.

*"The programme was completely excellent. It was really engaging and interesting. The facilitators were great." (GP)*

Two facilitators conjointly taught the course. Participants felt that the team were excellent teachers and worked well together.

GPs enjoyed the variety of facilitation techniques and activities used, including visual diagrams outlining the structure of each workshop, practical group exercises, brief didactic talks and one to one coaching practice. The course did not use Powerpoint slides, and instead referred to a handbook which allowed participants to keep notes throughout the sessions.

GPs were very positive about the facilitation style, the format of the content and the use of extensive practise sessions.

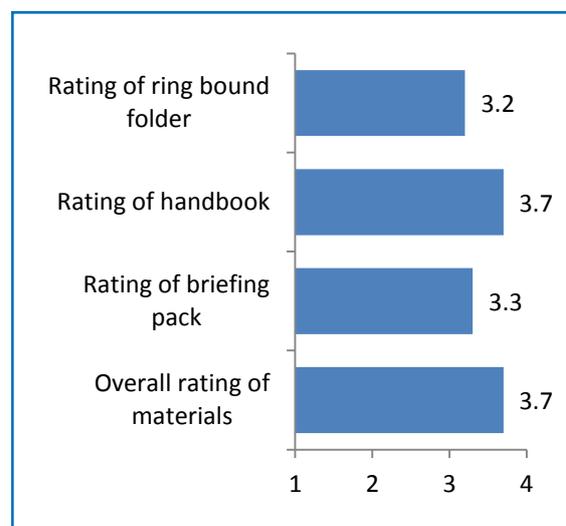
*“The worst thing you could have done was a lecture format. The training needs interactive techniques; lots of games, interaction and practice. The practising amongst ourselves was really quite helpful. Having to do homework to practice with a partner in our own time was useful. It was a bit of an effort but we learnt a lot more from doing that out of hours practice.” (GP)*

*“I think it was absolutely brilliant and one of the best courses I have been on. I felt really comfortable and able to make mistakes and grow. I liked it being spaced out so you had time to absorb it. I liked the booklet and the simple way that complex concepts were expressed throughout the teaching.” (GP)*

## Materials

GPs also valued the course materials which comprised an introductory briefing pack, a handbook containing ‘Powerpoint’ type content and a folder outlining accreditation requirements (see Figure 3).

Figure 3: Views about course materials



Note: the numbers above are average ratings on a scale from 1-4 where 1 = poor, 2 = satisfactory, 3 = good and 4 = excellent. About two thirds of participants completed a feedback form.

GPs said they used the handbook as a reference during and after the course. The booklet was small – around A5 size, which differentiated it from other handouts or booklets. Participants frequently commented that this made it portable and easy to use. It was colourful, contained only key points rather than a lot of text, and used visual aids. The main suggestion for improving materials was to insert more blank pages within the handbook so that participants could write notes alongside the appropriate material.



# Impacts

# Impact for GPs

The programme had impacts at a number of levels. This section describes impacts for GPs, for the people they coached and for wider systems and structures.

Information about impacts for GPs is drawn from observation and informal conversations during training, follow up telephone calls, surveys completed before, during and after the programme and accreditation portfolios.

## *Knowledge and confidence*

GPs said that the programme helped increase their knowledge about coaching and their confidence in using this approach in clinical practice.

*"I offer more challenge to patients and their behaviours I ask more powerful questions. I feel more empowered to do both of the above and that raises my game, my enjoyment and my experience of being a GP." (GP)*

On a scale from 1-4 where 1 = weak and 4 = strong, at the end of the course participants said they would have rated their confidence in health coaching as 1.7 out of 4 prior to the programme, but that their confidence had risen to an average rating of 3.3 out of 4 at the end of the programme. Whilst retrospective ratings such as this are problematic, they do indicate that **GPs felt that their knowledge and confidence had increased** as a result of the training.

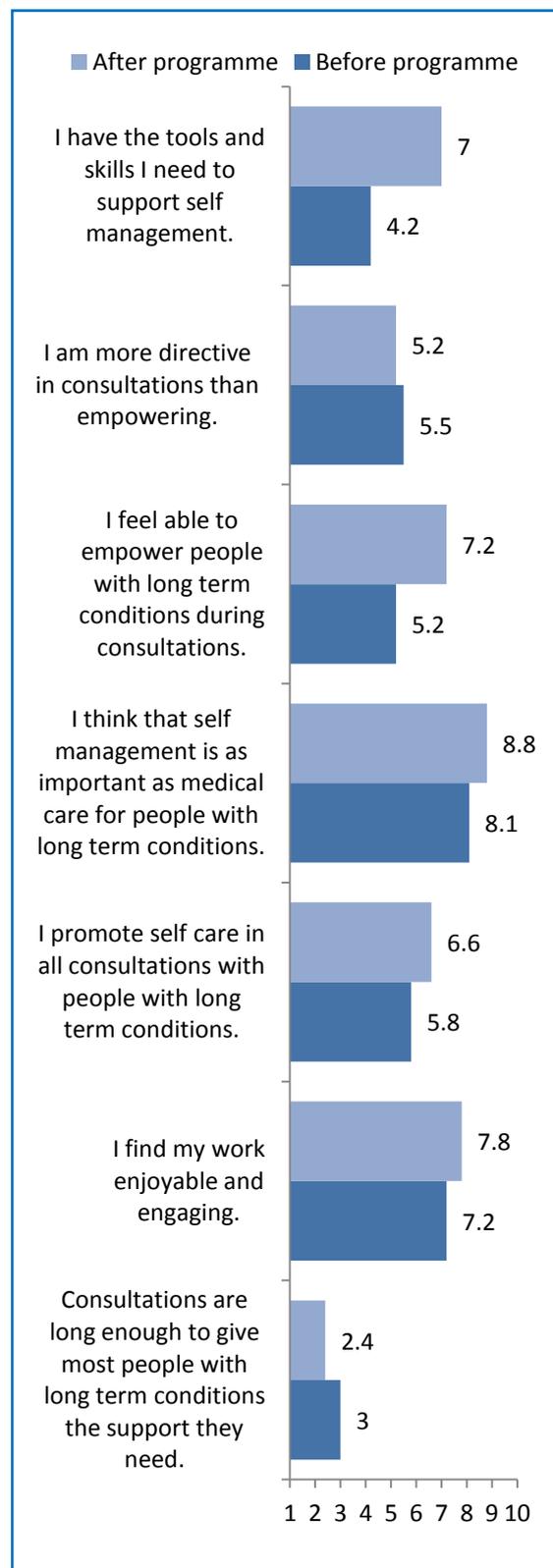
GPs completed feedback forms before beginning the programme and some months after training ended. Although the numbers of GPs taking part are too small to draw definitive conclusions, the trends were positive.

On average, GPs were more likely to say they found their work engaging and enjoyable following training and were more likely to feel they promoted self care more frequently and more effectively. There was a major change in the extent to which GPs felt they had the tools and skills needed to support self management and to empower people. There was no change in whether GPs felt that consultations offered enough time to support people with long term conditions, and this remained a source of concern for GPs (see Figure 4).

GPs were eager to continue applying their newfound knowledge and skills.

*“After finishing all my sessions I can’t wait to find more coachees. I really feel this has been a valuable new skill that has wide uses.” (GP)*

Figure 4: GP confidence before and after



Note: The numbers above are averages on a 10 point scale where 1 = strongly disagree and 10 = strongly agree. 13 GPs completed a feedback form prior to taking part in the programme and 8 GPs completed a feedback form after training.

## Interactions

Feedback from participants suggests that the programme has been 'life changing' for some of the GPs. Some GPs said they altered how they work with patients, how they engage with others in their practice and how they interact with family members and friends. They have also learnt a great deal about themselves.

*"It has reinvigorated my skills and my enthusiasm for medicine and talking to people." (GP)*

*"I am more aware of being present, personal interferences, seeing potential in patients, having better boundaries in terms of responsibilities and having a better attitude towards difficult and 'heart-sink' patients." (GP)*

Key to this is a change in how GPs interact with people.

*"The training helped GPs change the way they react to the people they are supporting. They can see themselves as facilitating change, not forcing change." (Stakeholder)*

*"I have learnt to look at the coachee in a different way to the way in which I have traditionally perceived patients." (GP)*

The training focused not just on teaching practical skills, but also on showing GPs a different framework or mindset for interacting with people.

*"Practitioners had no idea beforehand about being non directive and how to encourage self care and personalisation. They had not had a lot of training about that practically. The course showed them how to look at each person as an individual and how to look at personalised care." (Stakeholder)*

*"The course linked into GPs' motivations for doing medicine in the first place. It activated our sense of empathy for people." (GP)*

Box 4 provides an example of how altering interactions ultimately changed the outcome for both the GP and the person they were supporting.

This approach helped GPs get to know the people they were supporting better, which not only made them more effective clinicians, but also enhanced their own personal and professional motivation.

*"I feel this has been hugely useful. It is about giving something of myself. I get to know somebody beyond a ten minute consultation." (GP)*

#### *Box 4: Example of changes due to health coaching approach*

*“Mr H is a delightful 86 year old gentleman who sees me dutifully every month for his blood pressure monitoring. Without fail he is smartly turned out in a suit and cravat, his greying hair neatly parted, polite and on time. Every consultation has followed the same pattern; his readings are a bit high; I give health education on the benefits of lowering his blood pressure; he responds about the side effects he has experienced with the various hypertensives we’ve tried; we hope that this new one we’ll try will not cause any unwanted side effects, and he leaves with a prescription.*

*On this occasion through the consultation goes differently, as does the outcome. Mr H returns informing me that he had stopped Amlodipine after a week because he ‘just didn’t feel right’ on it. This is a pattern for him. This time I decide to try a different line of questioning using some health coaching technique and ask him to rate on a scale of 1-10 how important controlling his blood pressure is to him. After a pause he replied ‘well zero doctor, but I know it is important to you and I like coming so ...’ By using a different approach, Mr H’s own opinion is finally revealed.*

*We discuss the risks of not taking antihypertensives; a potential stroke sooner in life or a heart attack. Despite this, Mr H says that he is 86, has had a great life, and would rather not take them due to the side effects. I believe he has capacity to make this decision and we agree to stop them. I feel QOF points slipping away but reflect that the savings in the pharmacy budget will likely make up for this when looking at the bigger picture. We arrange a review in a month to see how things are going. He leaves without a prescription and I have a better understanding of his opinion.” (GP)*

A real learning point for many of the GPs was that they do not always have to have all the 'answers.'

*"The key standout learning for me about the approach has been learning to let go in every sense. There are specific techniques I've picked up and have been useful but the whole concept of not needing to come up with the answers, letting go of my own insecurities and helping others take responsibility has been hard, but good. Initially I was concerned about 'am I doing the process correctly, is the patient getting something out of it.' But letting this go and knowing that I don't have to provide the perfect solution and come up with all the answers has been the key learning." (GP)*

*"I have got so ingrained that I have all the answers for patients and they expect me to have all the answers. Coaching has taught me that patients have good ideas and that if ideas come from them they are more likely to do it. This has been a real change. Taking an extra couple of minutes to see what they come up with makes a difference." (GP)*

GPs noted that the training challenged the very core of their consultation style and helped them develop into better professionals.

*"It is difficult not to give advice and to treat the coachee as the expert. This is quite different to what I have been trained to do." (GP)*

GPs also suggested that the skills they learnt could be integrated into their existing toolkit, though amongst some there were questions about how to do this most effectively.

*"Being a coach and a doctor is not mutually exclusive although I will need to clarify in my mind how to shift between these roles and where the boundaries are blurred or even don't actually exist." (GP)*

It is likely that with experience, these tools will become integral to GPs' consultation style, to be used where appropriate rather than in a rigid format.

*"It was pointed out to me that anyone can be given a set of coaching questions and it would be helpful. Although I think this is partly true, I believe the skill and expertise of coaching also comes from knowing which question or technique to use and when for the session to be most effective." (GP)*

Some GPs said that health coaching helped them feel more motivated and invigorated to help people because they could see real changes. This approach reinforced why people became doctors and ultimately helped them feel more satisfied with the care they were able to provide and their role as health professionals.

*"Health coaching has given me the opportunity to feel that I've made a real difference in a consultation which in turn gives me work satisfaction." (GP)*

### *Empowering people*

The training encouraged GPs to see people as having unlimited potential and believing in their ability to make changes. This had a significant impact on the way that GPs interacted with people.

*"The exercise of looking at another person as one travelling on a unique journey led to an eye opening change in my attitude. Believing in the patient's own ability to generate solutions led to a change in my approach to patients in clinic." (GP)*

*"I found it very powerful to have beliefs in [coachee] which were not limited as I could see he went from feeling that he might be judged to being able to think completely freely and make his own decisions." (GP)*

In fact, GPs often commented that viewing people differently was one of the main benefits of the training.

*"A realisation light bulb moment I've had is that patients have the power within themselves to find answers. It's not all about meds, patient leaflets and my comments!"*

GPs emphasised that learning to empower people was good for both their professionalism and the engagement of the people they were supporting. This suggests a real shift in mindset, whereby GPs helped people become partners in their own care.

*"There has been a lot of learning about how I should not have my own agenda and try to put it on to someone else and force them to do things. It is about them taking responsibility and us managing things together." (GP)*

*"People come up with their own solutions. I might be thinking about providing people with counselling or medication and they come up with their own solutions like going for walks or playing golf. That is so positive and powerful." (GP)*

### *Listening and questioning*

Another important component of interactions between GPs and the people they support involves asking questions and listening. GPs said that the training had had a marked effect on how they did this, both within health coaching sessions and in their day to day practice.

*"I really appreciate the power that good questions have to produce light bulb moments but still leave responsibility with the coachees." (GP)*

*"Listening skills have improved throughout ALL consultations, to the benefit of patients and own enjoyment." (GP)*

GPs highlighted that coaching helped them prompt and ask questions that really get to the heart of issues.

*"Simple fundamental questions are used which don't usually get asked. This activates a patient to become engaged with taking responsibility or being more aware." (GP)*

*"Feel like I'm asking better questions and feel like I'm letting patients take more control. There has definitely been a shift in my whole consultation style." (GP)*

## *Application*

Importantly, GPs used the skills they had learnt within their usual practice as well as during specific health coaching sessions.

*"My whole approach to patients has changed and affects at least 50% of all of my consultations. Being able to give patients responsibility in their own healthcare and not being as directive as I used to be has been the main change and one I feel has benefitted patient care." (GP)*

This suggests that training had added value because it was useful not only for running targeted health coaching sessions, but as a way of improving how confident and engaged GPs felt during routine consultations.

*"I am using coaching in normal consultations. People are responding well to the different approach." (GP)*

*"I'm allowing questions to come from the conversation led by the coachee. It feels much more natural and is permeating into general consultations now." (GP)*

GPs said they could see how a health coaching approach could be applied in many different contexts, including annual reviews for people with long term conditions.

*"I can see real benefits from using this model for instance during annual reviews for diabetes and just after diagnosis to know where to focus education and support." (GP)*

## *Interactions with colleagues*

The training also has the potential to have a broader impact on how GPs interact with other team members. GPs can apply the ideas when working with other staff and as part of ongoing supervision.

*"I was helping to train people last week and I found having done the coaching really helpful. Before I would have just given them the answer, but now I found out what motivated them and helped them come up with what they wanted to do. I think the skills have permeated all aspects of my life now." (GP)*

Some GPs also suggested that they had tested the model in their own personal lives to good effect.

*"It has been very helpful for me personally. I have run half hour sessions with my friends." (GP)*

*"It's amazing how applicable the ideas, concepts and techniques we learnt are to work and personal life. This has honestly been the most eye-opening and behaviour changing 'people' course I have been on. As well as in consultations, I have applied the techniques to friends and family with problems outside of health and found it to be very effective." (GP)*

# Impact for people coached

A number of studies and reviews have examined the benefits of health coaching for those receiving support.<sup>57,58,59</sup> Research suggests that coaching is well received,<sup>60,61</sup> can help increase people's confidence and motivation to change,<sup>62,63,64,65,66</sup> support behaviour change<sup>67,68</sup> and improve clinical symptoms and physical and mental wellbeing.<sup>69,70,71,72</sup> Coaching appears to be particularly effective when used as part of a wider improvement programme.<sup>73,74,75,76</sup>

The London Deanery's pilot programme did not aim to examine impacts for people taking part in any depth and the timeframe did not allow for even short term follow up. However, feedback from both GPs and people being coached suggests that this approach was beneficial. Similar to published research, there were improvements at an individual level regarding confidence and behaviour change.

This section examines impacts for the people coached in terms of satisfaction, self efficacy and behaviour change. Information was drawn from interviews and feedback forms from people receiving coaching, interviews and feedback forms from GPs, short case studies and portfolios.

## *Satisfaction*

It is important that people feel comfortable when discussing health issues as this can impact on the extent to which they feel motivated to make changes.

Feedback forms completed after people took part in coaching sessions and follow up interviews with ten patients suggest that people were very satisfied with the process of health coaching and the longer length of time it afforded to discuss issues of concern to them.

People enjoyed how GPs helped them take responsibility for their feelings, goals and behaviours and how the coaching approach ensured actively listening and a focus on things they prioritised.

The questions GPs asked as prompts for discussing deeper issues were an important part of people's satisfaction.

*"It's been helpful to think about what's been bothering me...The questions were really clear."*  
(Patient)

*"Appropriate questions were asked but I was allowed to take the lead and some of my statements were used as an external mirror... A very positive approach asking questions that would expand on what's right and what works instead of 'how can I fix what is wrong.'"*  
(Patient)

GPs also reflected on the value of using a different questioning style and could see that this made a difference for the people they were supporting.

*"Received positive feedback from a patient who previously had other forms of input. Interesting to note the patient found challenging questions most useful as opposed to just being listened to."* (GP)

Also important was the fact that people felt that GPs weren't judging them or telling them what they 'should' do.

*"It made me think about why I do the things I do and about how smoking is affecting my life... I have a plan. I liked (doctor's) style. I felt I could say what I really thought."* (Patient)

*"I didn't feel judged and felt listened too. It is nice someone else believing in me. Makes me think I can do it."* (Patient)

*"I had tried and failed to lose weight in the past and I truly appreciated the fact that [doctor] did not seem to judge me as lacking self control, but rather appeared to understand."*  
(Patient)

People often commented about the rapport that had built up between themselves and their doctor. It might be expected that GPs chose people who they already had good rapport with but this was not always the case. Even people who were new to the practice or who had not had much contact with the GP commented on how the health coaching approach helped to build a level of trust and rapport promptly.

*"I found the sessions really helpful and useful style and impact was really good. A very gentle but focused approach... The good connection made really helped me to feel I could confide and be honest – very non judgemental attitude."*  
(Patient)

People said that the health coaching style left them feeling motivated and engaged.

*"It really makes me think for once and some of the answers become very obvious if the right question is asked. A real eye opener... I was left with a positive attitude and felt motivated to carry out my action plan."* (Patient)

Some said they particularly valued the extra time available during coaching sessions.

*"[The doctor] appeared really interested in my problems. It was nice to get time to talk about me for so long."* (Patient)

However others felt that even more time could have been allowed to make best use of the coaching techniques.

*"The time allowed for the session was very short so gave neither party sufficient time to lay the foundation properly for the next session and what I should come back with to follow up in second session. This had little to do with the coach's style, which seemed good; more to do with the time available."* (Patient)

GPs' mirrored these concerns.

*"I found 20 minutes quite short as the patient was enthusiastic about goal setting and needed more time discussing the reality."* (GP)

This emphasises the important balance that GPs were undertaking; providing sufficient time to discuss issues in a different way whilst still keeping within the confines of a relatively short time period that could be accommodated within routine practice.

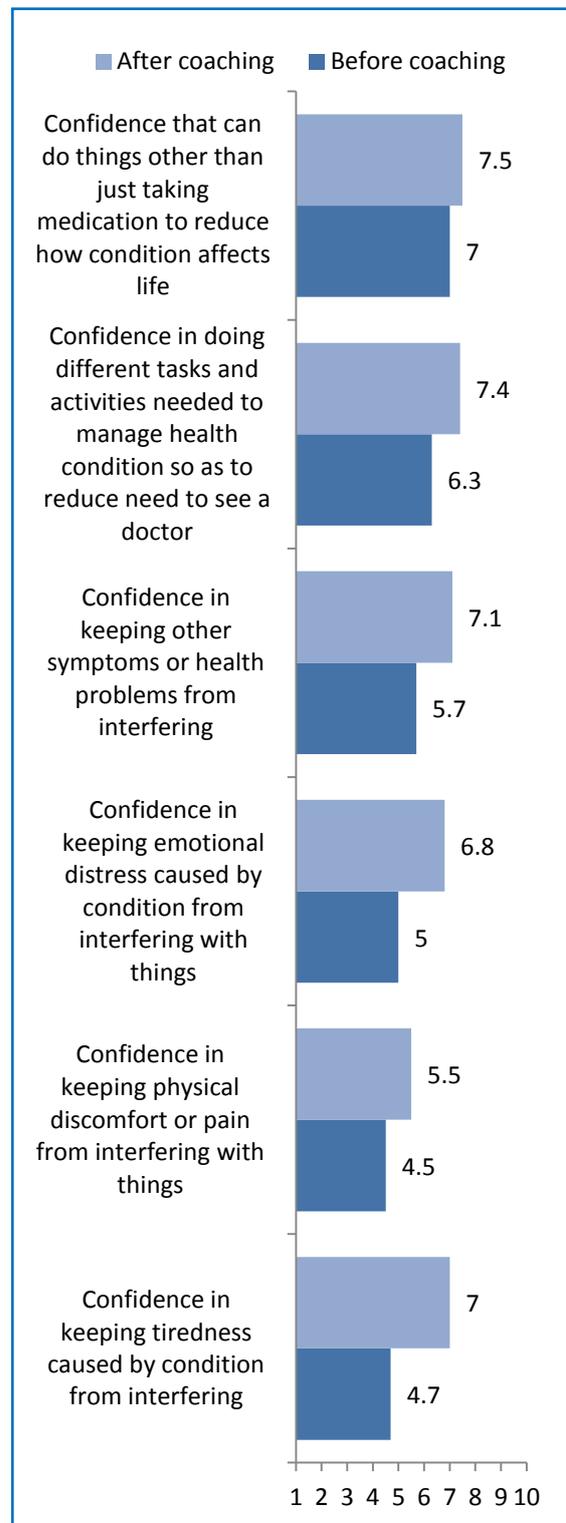
## Self efficacy

Self efficacy relates to the extent to which people feel confident in their ability to manage their health and draw on their resources to keep themselves well.

People taking part in coaching were asked to complete feedback forms before and after taking part in their first and last session. Although the numbers are too small to draw firm conclusions, the **trends are positive**. On average, people were more likely to say they felt confident about controlling any fatigue, physical discomfort and emotional distress associated with their condition after taking part in coaching. They were also more likely to be aware of things they could do to help manage their condition and felt more confident about self care (see Figure 5).

On average, before coaching people thought that their health was 'good' but after taking part in coaching on average they said that their health was 'very good.' It is unlikely that there were dramatic changes in physical wellbeing over a short period, but this may indicate that people felt more confident in their ability to manage their health and more positive about their overall wellbeing.

Figure 5: Changes in patient confidence



Note: The questions above are taken from scales validated by Stanford University. The numbers above are averages on a 10 point scale where 1 = not at all confident and 10 = totally confident. 24 people completed feedback forms prior to coaching and 13 after coaching.

People said that following health coaching they felt more motivated to make changes in their lives.

*"[Coaching has helped me] identify that there are many negative aspects to not changing including my self esteem and confidence but that there are many positive aspects to change including more energy and a better relationship with my wife." (Patient)*

They said that health coaching sessions had given them new ways of conceptualising their issues and had helped them put things into perspective, which they thought would impact on their motivation to change.

*"I have new ways of thinking about problems and understanding them which suggests an improved chance of changing them and my health behaviours." (Patient)*

*"I am feeling more positive and in control. I can identify triggers to behaviour and feel less worried." (Patient)*

Examining the pros and cons of different options was a key part of this.

*"I liked the way [doctor] helped me think about how giving up (smoking) would be good for my life. I appreciated being made to imagine what it would be like not to smoke... At the beginning it was difficult to come up with a plan to give up smoking but by the end I realised that by making my own plan, the ball was in my court so I had to make it happen." (Patient)*

*"At first I wasn't sure how coaching would help me lose weight, but taking the time to explore the pros and cons of changing what I'm doing really helped to put things in perspective. I really felt more ready to make a change... After I left the first session I wasn't fully convinced but over the next week or two at home I noticed what I was eating much more and what I need to change. I enjoyed this overall and now feel much more confident and motivated to succeed." (Patient)*

Looking at the impact of their behaviour on other people also helped to motivate change.

*"I have increased self awareness and know the impact of the problem on others." (Patient)*

Having a structured action plan helped people feel more confident about what they wanted to achieve and their ability to follow through with this.

*"[The doctor] listened to my problems and goals and helped me to map out an effective action plan. It's paying off already." (Patient)*

*"Patients were happy because there was a focus on a goal and what they wanted to achieve. Distilling and managing what the goal might be was helpful." (GP)*

### *Behaviour change*

Some GPs reported seeing changes in patient behaviour following one or two health coaching sessions. GPs made a link between people's self efficacy, emotional wellbeing and the extent to which they were likely to act and eat more healthily.

*"I have had such positive comments with people saying they have a new lease of life because they have had an opportunity to tell their story. This shows that health is underpinned by mental and psychological wellbeing and giving people a chance to talk helps with this." (GP)*

*"There have been some tangible successes like people changing their eating habits or starting to walk or swim. People have been so favourable in terms of feeling listened to and saying they want me to be their doctor all the time." (GP)*

Some of the reported changes were dramatic such as stopping smoking, eating healthily or increasing exercise.

*"[Coachee] is doing well – has lost 2.5kg every time he has a session; total 7kg in less than a month. Use of questions to tap strengths seemed to motivate him."* (GP)

*"It has worked best for smoking cessation, reducing alcohol and weight loss."* (GP)

*"One of my successes is a smoker who came back and had given up for ten days."* (GP)

Box 5 contains some examples of changes in motivation and behaviour.

**It is uncertain whether these changes will be sustained** when health coaching sessions are not ongoing, but this demonstrates that the coaching approach has the power to motivate people to take responsibility for making changes to their lives, at least in the short term. It would be worthwhile to undertake a longer term assessment of changes in behaviour and clinical outcomes because evidence about this is sparse in the UK.

Potential impacts on service use are discussed in the next section.

### *Box 5: Examples of patient behaviour change*

Mr X suffered with gastritis due to excess alcohol consumption. He was keen to try health coaching and set goals to reduce his alcohol intake by spending less time in the pub (by going to the gym) and limiting alcohol to the evenings only (by changing Guinness in the day time for glasses of tea and milk). Over only a few weeks he reported his gastritis, fitness and sleep improved and his family relations also improved (his family had been telling him to reduce his alcohol intake for some time). He still drank over the recommended limit but had no signs of dependence and stated he did not want to cut down any further as he had already cut down significantly and was feeling better.

Ms Y suffered with irritable bowel syndrome after years of laxative abuse and stress. Her gut function preoccupied her daily existence and had started to have an impact on her relationships. She agreed to receive some coaching and was able to value the impact of her stress levels, alternative ways of coping and the beneficial effects of relaxation on her bowels and relationships. She felt empowered and optimistic about the future.

Mr N is a 62 year old Indian with a 30 year history of relatively well controlled type 2 diabetes. However he has increasing abdominal weight gain. His doctor discussed the cardiovascular and cancer risks associated with this but Mr N had no desire to lose weight. After coaching, Mr N's dietary habits changed. He explored his reasons for not exercising. The GP kept an open mind and instead of telling him what they thought he should do, let him come up with possible plans. There were a few ups and downs along the way, but Mr N eventually implemented his own ideas into his routine.

Ms Z is in chronic pain with multiple diagnoses and is seeing multiple consultants. She is classed as a very 'complicated' patient and is taking large amounts of MST and oramorph. Coaching helped Ms Z see that pain is affected by both the physical and the emotional and one's state of mind. Her GP was able to ask her simple questions about what was going on with her pain. Ms Z was then able to explore anger towards God. She felt that her faith had let her down and she no longer identified with it. However on reflection she could see that this was also causing her a great deal of pain so her intention at the end of the coaching session was to talk with her husband about potentially reigniting a relationship with the church. She felt that this would be an important next step in her journey.

# Other impacts

The focus of the short training programme was on impacts for GPs and the people they supported. However some other impacts were also evident. This section describes trends in health service use and the potential impact of health coaching on addressing the wider policy agenda. Information from this section is drawn from interviews with GPs and stakeholders, feedback forms, observation and portfolios.

## *Implementing the policy agenda*

A broader impact of the training may be providing a framework within which the policy objectives of personalisation and self care can be implemented in practice.

*“This programme really does support the ideas of personalisation and self care. It enables a mechanism by which some of these things can be achieved. It is a bit of a cultural shift. The ideas and concepts of health coaching contributes to the shift that needs to happen and putting the clinician in the position where they are not just giving advice.” (Stakeholder)*

*“Health coaching is one of a number of different approaches that can help lead the shift in mindset and inform those approaches. It is more sophisticated than the expert patient programme in that it teaches clinicians skills and helps activate change rather than solely providing support.” (Stakeholder)*

Health coaching is one tool which may be useful in putting some of these policy or theoretical concepts into practice and may give GPs confidence in the face of ongoing NHS changes.

*"My ability to stand empowered, even in the face of governmental and NHS organisational changes, has been greatly enhanced through the work of coaching. It's just good and effective communication, unattached to policy, finances and limitations - it's free and most of all it builds on what is most important in life to me, relationships." (GP)*

The London Deanery suggested that **targeting new doctors was strategic** because doctors have increasing responsibility for commissioning and innovation. Furthermore, doctors may have an ability to lead others within their organisations.

Doctors were targeted for this training because it is hoped that by engaging doctors, this will create greater awareness and buy in from doctors throughout their careers, which will in turn encourage others.

*"If you get those at the top of the organisation interested then they will support others to do it and ensure the resources and infrastructure is available. Trainees will be in these leadership positions in future."*  
(Stakeholder)

## *Impact on service use*

It may be unrealistic to expect that a small pilot of this nature would have a significant impact on health service use but the trends are encouraging. GPs gave numerous examples of how health coaching sessions may have helped reduce the use of healthcare resources.

Some of these were general observations about better disease control or less need for follow up visits.

*"This patient had previously presented to the GP with symptoms associated with alcohol excess. Hopefully through assessing this we have benefitted the wider system by reducing future complications." (GP)*

*"Engaging with patient and coaching them to take responsibility can help reduce unnecessary onwards referrals or prevent / slow disease progression." (GP)*

Other GPs were able to point to specific **instances where health coaching saved funds** by avoiding a referral to other services.

*"The patient is a temporary patient but has recently been experiencing low mood. Initially wanted a referral but by the time an appointment would come through, he would only have a few weeks before moving away again. Our session hopefully provided an opportunity to explore and contain issues until he could return to his own GP. Our session would avoid a referral which would not allow the service or the patient sufficient time." (GP)*

*"This patient was originally intending to see other health professionals after our sessions were over. He did not think that three sessions would be enough. However, he now feels this is no longer necessary." (GP)*

The people coached who submitted feedback forms were asked about their use of health services in the period before and during coaching. Although the sample was small, there were no increases in use of hospital or GP services and some reduction in the use of routine GP consultations was indicated.

### *Programme costs*

The Department of Health allocated £50,000 to test the feasibility of teaching GP trainees about health coaching. Of this the London Deanery chose to allocate around £20,000 to training and facilitation, around £10,000 to administration, venue hire, refreshments, sundry expenses and evaluation and about £20,000 to developing educational resources to roll out the concept of health coaching. As yet these resources have not come to fruition, but an online learning module is being prepared, a two day course syllabus is planned and a 'train the trainers' session is scheduled for 2012 to develop a small faculty of educators who can deliver health coaching training to clinicians.

14 GPs were trained and 8 met the requirements for accreditation. Taking the full project budget, this means **it cost £6250 to train each accredited GP** (or £3572 if those who did not complete the programme in full are taken into account).

However, when funds are allocated to any planned educational resources that may come to fruition the cost per accredited GP would be £3,750 (or £2143 including GPs who received training but did not complete the programme in its entirety). This includes all administration costs that were part of the pilot, but may not be needed if implemented in standard education.

### *Lasting legacy*

Stakeholders suggest that the pilot programme has impacted on wider audiences. **The programme has helped to validate the concept of health coaching and gain buy in** more widely for this idea. It has helped to illustrate that the Department of Health is interested in this approach and this may encourage NHS organisations to consider health coaching more seriously. The programme has also raised awareness about what coaching is and how it can be useful among some educationalists and senior team members.

In many ways the programme has left a lasting legacy. Eight GPs are formally accredited by the EMCC at foundation level in health coaching and a further six GPs have undergone the training and applied the approaches in day to day practice. It is hoped that these GPs will act as champions for the concept of health coaching and be involved in future activities to roll out this approach.

Funds from the programme are being used to provide other resources, including:

- an **online module** to be launched in December 2011, drawing on the learning from this programme and other resources. The e-learning tool will include resources for anyone wishing to learn more about health coaching. People will also be able to register and undertake learning activities, receiving a certificate of completion. In this way, the programme has helped to increase the London Deanery's online resources about health coaching.
- a four day **train the trainers** course to be run in February 2012. Nine people, including a pharmacist and doctors who have all undergone coaching training and have some facilitation skills, will learn how to train others in coaching approaches.

An educational podcast was planned using the funding from this programme but the London Deanery has now decided to concentrate resources as outlined above instead.



Next steps

# Key lessons

## *Feasibility of training*

The programme found that it is **feasible and useful** to train GPs in health coaching.

An important issue is the **timing of training** during a GPs career. In this instance GPs nearing the end of the final year of specialist training were targeted. This meant that GPs had a good background in consultation skills and clinical knowledge and were familiar with using their skills in practice. However the timing meant that GPs were preoccupied with other things related to the end of their training and may not have had as much time available as would otherwise be the case.

*"We have learned that this time of transition between trainee and GP has been difficult for them, a learning point perhaps. The trainee year is full and the transition is stressful."*  
(Stakeholder)

*"It would have been nice if we had more time to digest the content and it started earlier in the year. There were so many things where we just skimmed the surface."* (GP)

Furthermore, many of the GPs shifted to a new practice at the time when they were supposed to be undertaking practical sessions. This meant they had not built up rapport with people, that new practices may not have been as supportive and that it was more difficult to select people to take part with some degree of continuity. It is partly for this reason that some GPs found it difficult to complete the accreditation portfolio.

*"Do the training a bit earlier in the year so we have enough clinical time before leaving."* (GP)

*"It should be run earlier in the year because this time it came when people were finishing their jobs and had other commitments."* (GP)

The timing of the programme means that it may be unlikely that these GPs can act as champions for coaching at this stage in their career. The London Deanery was hoping that the programme may develop champions for coaching and that these GPs would be keen and able to promote messages to other trainees. Whilst the GPs were positive about the value of coaching, the stage of their careers, other competing family and professional demands and a lack of experience in training others may **limit their capacity to act as champions** in the immediate future.

A select group of GPs was trained and the training was relatively resource intensive in terms of both funding and time. However, the London Deanery is testing ways to roll the concept out further using the GPs as champions, via online learning resources and via a train the trainers programme.

GPs were supportive of rolling the concept of health coaching out more broadly and integrating this into routine training for health professionals.

*"I'm very pro the idea of rolling this out. It is important to try to integrate this at postgraduate level for trainees. That way the ideas get embedded. As a fully qualified GP you don't have the time to have this training. It should be put in the postgraduate curriculum, but if not it could be an optional Deanery course that most trainees do. A lot of the ideas are similar, like patient empowerment and responsibility and collaboration so it could very easily be assimilated. It does not need the official label of coaching. The skills could be included without naming it coaching." (GP)*

Interestingly, GPs emphasised that the concepts could be rolled out widely without labelling them as 'coaching.'

*"Could be included from third or fourth year medical students onwards as a standard part of communication skills. Planting seeds about challenging patients, raising awareness etc would be good. It doesn't have to be labelled as coaching." (GP)*

Some suggested that coaching skills **should be taught to all new GPs** at an introductory level, with more detail being available for those interested.

*“All GP trainees get a half day release for teaching. They should get an introduction. Then those who are interested could go to apply. More places should be available but it is not for everyone.” (GP)*

GPs suggested that integrating training about health coaching earlier into their careers would help **embed the skills as part of their professional mindset**.

*“Getting it into our training early will help us use the skills more intuitively.” (GP)*

*“The tools help you by giving you a structure not to jump in and not give advice and answers. That is why it is so useful and why it should be taught early on.” (GP)*

Although roll out may necessitate training larger numbers of people at once, advice from GPs was to **keep courses as small as possible** to allow enough time for interaction and practise as these were seen as key success factors.

*“Give everyone a flavour of what it is about then allow people to self select. Keep group sizes small. That makes it easier and better so not to dilute the benefit.” (GP)*

*“It was good to have a small cohort this time around. Having a bigger group would be harder.” (GP)*

## *Content and style of training*

The programme generated a number of lessons about the style of training used.

Foremost is that within training sessions it is essential to allow participants **time to practise** as this was noted as a key success factor in embedding new skills and shifting the mindset of GPs.

*“It really worked for me because I saw it work ON me. There has to be the space and time for practice and people have to be open to practising and being open.” (GP)*

*“Giving people the opportunity to be coached is useful. Seeing the impact it can have on you makes a difference.” (GP)*

Secondly, some comments can be made about the **duration of training**. This training programme ran for five full days (spread into three segments), but after two day long sessions real changes in GPs attitudes and behaviours were noticeable. Two days would probably be the minimum duration of a course aiming to engender change (rather than merely inform people about the concepts and raise awareness). Courses of shorter duration are unlikely to have any long term impacts on behaviour – but this remains to be tested.

GPs felt strongly that the longer duration of training was beneficial.

*“An afternoon or one day session is not enough. The way it is taught is important. This course was taught fantastically. Taking part in a half day session wasn’t very good and gave coaching a bad name.” (GP)*

*“Training does need to be four or five days long. Shorter courses would not be good because it is a concept that you need to get, and you only do that by having enough practice.” (GP)*

Thirdly, it is important to emphasise the need for **expert facilitation**.

*“It is really important that the standard of training is maintained. It should not be done in an amateurish way.” (GP)*

Group dynamics were important during the training. Having 14 people worked well. It allowed a big enough group to bounce ideas around but was small enough not to be daunting or stifle participation. The delegates were all young and relatively confident and outgoing, so were open to participating in the variety of activities required. It may have taken more time to engage another demographic with this style of learning. The training style was well matched to the participants.

Some participants had attended coaching or mentoring training offered by the Deanery or others in the past, including four day coaching training. There are questions about the value of encouraging people who already had some experience to participate, given that there was wide demand from others to take part. All those who had previously undertaken some coaching training said that this programme was more valuable because the concepts were presented clearly, because the learning style was active and engaging and because there was extensive time for practice. Participants felt they had learnt more and enhanced their skills more effectively compared with other training completed previously.

The quality of the training is important because any benefits gained may be linked to the style and quality of the programme. In other words, other courses about health coaching may not be associated with such positive outcomes for professionals and the people with whom they work.

Several components of the programme are worthy of note in this regard. The facilitation team were experienced and knowledgeable about both coaching and about healthcare. They were good educators and facilitators as well as experts in the substantive content. Having an appreciation of the healthcare environment was beneficial. The facilitators were able to create an informal and relaxed learning environment where participants felt safe to share, learn, make 'mistakes' and challenge themselves.

The **ongoing support** offered, including follow up telephone calls and a follow up evening session, helped to maintain momentum after the formal teaching sessions had concluded.

## *Embedding coaching into practices*

GPs believed that health coaching was applicable to day to day practice but were concerned about fitting the process into a ten minute consultation. Most GPs booked double appointments initially to allow themselves more time to test the approach.

*“The biggest challenge for me has been the time issue. It is incredibly difficult to keep to ten minutes even in follow up sessions. I’d say a minimum of 20 minutes is needed and that was my main problem.” (GP)*

GPs worked on their days off, ran extra sessions or offered late sessions in order to fit in health coaching sessions with their usual commitments. A lot used tools as part of their usual consultations rather than as special sessions.

*“I prefer using the tools as part of regular consultations rather than having separate sessions. It changes the culture of practice. It allows me to pass responsibility back to patients. It is good for them and for me. I just wish I had more time to do it.” (GP)*

*“Most coaching was opportunistic rather than people coming in for a set of three sessions.” (GP)*

Some stakeholders may be concerned about the capacity of newly qualified doctors to use coaching skills in ‘real life’ general practice. Time pressures may not facilitate the use of these skills and GPs may revert to behaviours that are not enabling. During the short follow up period of this programme, GPs reported that this was not the case and that they had succeeded in embedding new skills into their routine consultations. GPs acknowledged that it was difficult to take time out for full formal coaching sessions but felt that the skills they had learned were applicable in normal consultations. In fact, almost all said that they were using new techniques as part of their regular consultations. Longer follow up would be required to see whether this remained over time.

GPs did acknowledge constraints about offering formal coaching sessions, however.

*“Once the programme was over it was difficult to maintain the momentum in usual clinical practice to offer structured health coaching sessions. But the approach has found its way into the general interactions in terms of some of the phrases I use now and letting go and giving patients more options regarding what they want to do. But I haven’t been offering coaching sessions as such.” (GP)*

*"It is almost impossible to do coaching in the way I'm practicing. There is no time within consultations to do this. I can't fit it in within a ten minute slot. I have been able to use one off questions or a series of questions from coaching, particularly around mindset to get people to think outside the box." (GP)*

Some GPs drew a distinction between the feasibility of using a coaching approach within routine consultations versus entire coaching sessions.

*"A health coaching approach does not necessarily require more time, in fact, by asking questions in the style of health coaching it may save time by addressing issues more quickly or determining which issues the patient is not ready to address. Using the approach / techniques is different to having a coaching session- which I do not think is feasible in the time constraints of a routine consultation." (GP)*

*"It is possible to introduce small ideas or approaches but it isn't possible to 'coach' effectively within 10 minutes including having time to discuss any other problems the patient may have, print off prescriptions if required and then write in the notes. A separate (longer if possible - but unlikely given pressures on appointment access at most GP surgeries) appointment is required for the patient to have the full benefit of the coaching approach." (GP)*

GPs also suggested that it was important to leave enough time between each coaching session. In this programme GPs may have run coaching sessions more frequently for each person than would otherwise be the case due to collating materials for an accreditation portfolio, trying to fit within a project timeframe and attempting to gain feedback before moving on from their training practices. Some GPs suggested that in future they would leave about one month between each coaching session to allow time for participants to put their plans into action.

*"I feel in the future when I coach clients I will do it for longer periods, not necessarily more sessions, but more time in between sessions." (GP)*

### Selecting GP trainees

The GPs chosen to take part in the programme were selected in a precise manner based on their ability to take part and were provided with feedback and preparation prior to the course.

*“The selection process was good because everyone felt ready and that created a team feel to the course.” (GP)*

The most motivated and aligned GP trainees may have put themselves forward. This means that the impact of such training on a broader audience is unclear. Health coaching training needs to be tested with established GPs, not just GP trainees.

The clinicians selected were young and enthusiastic. The evaluation can only observe the benefits of in depth training targeting this select group, rather than assuming that any benefits would be equally likely in a broader cohort. For instance, GPs who had been practicing for many years may have a different outlook and some clinicians may not support approaches that are less directional in nature. Exploring the value of training with these groups would help to ascertain the value of specific training techniques more broadly.

### Selecting people to coach

The people that GPs chose to test a coaching approach with were also highly selected. This is appropriate given that **coaching is not worthwhile for every person or every condition**. People were generally very positive about the impacts of a coaching approach on their satisfaction and motivation to change, but this needs to be interpreted in the context of selecting people for whom coaching was appropriate. It cannot be assumed that every person would gain as much satisfaction and motivation from this approach.

Although the programme encouraged GPs to test health coaching with people with long term conditions, this was not always possible.

*“I had difficulty recruiting patients with long term conditions as they all said they have enough awareness and feel they are managing well enough. Perhaps a newly diagnosed patient would be more engaged.” (GP)*

Broad criteria were used to select people to take part so it is not possible to draw conclusions about whether coaching is more effective in supporting people with particular conditions or with certain characteristics or demographics.

However GPs were candid about a key learning point: that health coaching does not necessarily work for everyone. They drew conclusions about the most viable candidates. Firstly, it was suggested that **coaching works well for those who want to make changes.**

*"A key reason coaching sometimes didn't work with patients were people not being ready to change. They knew the consequences of their behaviour but had no motivation to change. The doctor's role is not necessarily to raise motivation, but to know when people are ready to move forward." (GP)*

*"Having someone who is motivated make a change makes a big difference. Man lost 2.5kgs each time he came back. It took 30 minutes the first time and 15-20 minutes the next." (GP)*

Secondly, coaching may work best in general practice among those who are more articulate.

*"The overall response from patients have been very good. It works well with people who are more educated and who can communicate well." (GP)*

Some GPs suggested that coaching worked best for certain issues such as weight loss and smoking cessation. There were mixed views about the value of coaching for those with depression or psychological issues.

*"Have had mixed reactions from patients. Some react well others are more like a wall, especially those with psychological issues." (GP)*

*"The highlight that struck me was that it was easier to present this to patients who were less ideal – not those with chronic diseases who had already accepted their condition. It works best for those with low mood, anxiety and alcohol issues. This makes it harder in terms of the issues but feedback from patients was pretty positive." (GP)*

Having some degree of rapport with people was important, especially as in this instance coaching required people to commit to taking part in several sessions.

*"I went for patients that I had a good rapport with anyway so I could rely on them to come back and take part. I looked at their motivation and whether they really wanted to make a change."* (GP)

*"It is about identifying the right people to make sure that the time you're investing is worthwhile. It can be useful for all patients in terms of helping people take responsibility, but for more formal coaching, people have to be more engaged."* (GP)

GPs suggested it was important to be clear with people about the coaching style and encourage people not to expect the GP to always be the 'expert.'

*"I've had a mixed experience. Some patients have been really positive and some have been a bit sceptical. Some were expecting me to provide them with lots of answers and so they didn't get what they want. It can't be applied to every single patient every single time."* (GP)

*"The success of coaching depends on the beliefs of the person, how they have reacted to other interventions. Some of the patients who always want answers from the doctor are difficult to engage. It is a different culture for them."* (GP)

Some said there was a delicate balance between being a coach and taking on a clinical role, and it worked best if people recognised the difference.

*"Sometimes there was a conflict in roles as a coach versus a doctor. Sometimes patients wanted a doctor's opinion and were seeking medication. This conflicted with the coaching approach."* (GP)

It is also important to be able to challenge people so coaching may be difficult among those with lower self esteem or who take challenges as a personal affront.

*"Some patients didn't like to be challenged or I was not comfortable saying I would challenge them."* (GP)

This underlines the fact that **coaching requires re-education of both health professionals and the people they work with** to ensure consistent expectations.

*"In general it has been really positive. It depends on the patients though. You have to use the right techniques for the right patients. Not all want to make goals." (GP)*

### *Administrative issues*

A final lesson learned involves leadership issues. The London Deanery implemented this programme as a standalone pilot project. Internal and external stakeholders suggested that from an administrative and managerial perspective, it may have been helpful to have more clarity about who was leading the project and the responsibilities of different team members. There were a variety of different team members, all committed to helping the programme work, but it was sometimes unclear who had leadership responsibility internally and this carried over into the level to which directions and administrative support was seamless. This may also have impacted on the production of educational resources and clear allocation of funds.

# Next steps

Coaching is not a 'quick and easy' skill that can be learnt from books or websites.

*"It's about a change in attitude and mindset."* (Stakeholder)

It takes time and practice. It is more of a mindset and a change in approach than a specific set of skills or techniques. Using different techniques is an important component of coaching, but the techniques alone are not enough. It is the different attitude, mindset and way of thinking about people and relationships that is at the core of coaching.

The London Deanery has a number of plans in place to make best use of the lessons learned from this pilot.

## *Embedding learning*

Stakeholders and participants felt strongly that the coaching approach had value and should be offered routinely.

*"Something needs to be built in regarding sustainability and putting this into practice in the long term. GPs need to be trained in this routinely."* (GP)

GPs felt strongly that training in health coaching should be taught as part of the standard undergraduate curricula and should be offered to all GPs as part of continuing professional development.

The Deanery will consider how best to embed training in health coaching skills within the formal medical curriculum. In time it is hoped that this approach will be rolled out more widely into the **training of other health professionals** too.

This programme suggests that it is important to select participants at the right stage of their development. GP registrars about to complete their final year of training have a lot on in both their personal and professional lives. This was a busy time for participants and meant that they had a variety of other commitments.

Training people earlier in health coaching might be more useful, such as the first year of postgraduate training (foundation year 1). The Deanery is considering offering some key skills training during foundation training in future, amongst other roll out initiatives. Many of these roll out initiatives are being planned by the coaching and mentoring division, which focuses on postgraduate faculty development, whereas this project was run by the GP school.

It was suggested that the Deanery might consider day or half day long masterclasses or workshops, but it is likely that these would focus on the 'tools' and techniques associated with coaching rather than supporting clinicians to develop a different mindset. Such changes are not likely to happen in a short space of time and without practice, so **short workshops may not be the most effective and cost effective way** of rolling out this approach in the longer term. Short courses can raise awareness about the concept of coaching, but may not support clinicians to apply it in practice or to sustain any changes in attitude and behaviour.

Feedback from this programme suggests that in order to foster change in attitudes and skills, a **two day course with telephone follow up may be the absolute minimum needed**. Appropriate time to practise and see the benefits of coaching first hand is essential.

The Deanery is developing an online learning module. Whilst this may be useful for drawing together resources about key concepts and acting as a refresher, alone it is unlikely to embed the cultural and attitudinal change needed to ensure coaching is successful. Coaching is not a 'quick fix.' It takes time and enthusiasm to learn and apply, and ongoing support and practise is required.

### *Champions*

It is hoped that the GPs who took part in the programme will share their skills more widely and become a resource to help roll out this concept.

The Deanery supports the notion of ongoing learning and is offering mentoring, opportunities for more training and networking events for these GPs. The Deanery plans to invite the GP participants to future learning events and to engage them in follow on activities. As yet these activities have not been planned.

## Ongoing tests of change

Table 2 outlines the extent to which the programme met its original objectives and Table 3 summarises core outcomes.

Table 2: Achievement of objectives

Objectives	Status
<b>Train</b> 12 GP specialty trainees in health coaching	14 GPs were trained and 8 were accredited
Identify four patients with long term conditions for each GP specialty trainee to <b>test</b> health coaching with	8 GPs had a total of 12 patient contacts. Some identified four patients, some worked with more than four.
Create <b>educational materials</b> about health coaching	An online module is due to be launched in December 2012.
Provide <b>further training</b> for health professionals in the form of workshops and podcasts	No further training has taken place. A train the trainers programme is planned for February 2012.
Evaluate the <b>short term impact</b> of health coaching	The immediate impacts of the training have been documented.
<b>Disseminate</b> the evaluation and learning across the Deanery educational network and to London pathfinder clinical commissioning consortia	The Deanery plans to disseminate learning through internal networks and at conferences and learning events.

Table 3: Key outcomes

Outcomes	Achievements
<i>Outcomes for GPs</i>	
Extent to which GPs feel they have tools to empower patients	Increase in confidence and knowledge of coaching techniques
Extent to which GPs feel confident and engaged in their work	Increase in engagement and confidence among some GPs
<i>Outcomes for processes</i>	
Feasibility of coaching approach within consultations and impact of using health coaching on consultation length and frequency	Coaching techniques can be used in regular consultations but full consultation sessions take longer and require additional sessions
<i>Outcomes for people coached</i>	
Change in people's attitudes towards keeping themselves healthy	There was a trend towards increased confidence in self care and more positive attitudes
Completing at least one health goal during coaching	Everyone who completed a feedback form reported change in at least one health behaviour

Thus, the pilot suggests that:

- It is **feasible** to teach health coaching to new GPs.
- GPs trained in health coaching report shifts in their consultation style and greater **confidence** supporting people with long term conditions.
- If carefully selected, people taking part in coaching can feel more **motivated and confident** and this can result in positive behaviour change.
- It is possible to use coaching techniques during routine consultations without increasing duration or frequency. However, if full coaching sessions are run, this necessitates extra sessions and spending more time per session.

The programme found that relatively brief training in health coaching can have effects on how GPs work with people and this may have lasting impacts on their consultation style and on people's motivations to change their behaviour.

However, with such a small number of GPs and patients involved and no comparison group, the evaluation cannot tell us whether these trends are statistically significant and sustainable in the longer term. It is also unclear to what extent the benefits for patients are due to the longer duration of appointments versus the coaching techniques. The trends are very positive though and there is much scope for future work to examine the benefits for those taking part in coaching more robustly, including any changes in clinical outcomes and healthcare resource use.

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