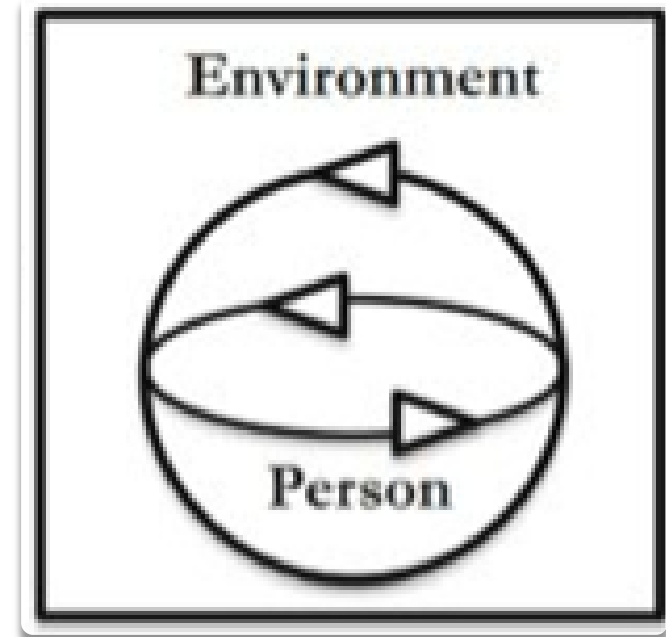




Conversations, Collaboration and Coaching

Best Management of Persistent Pain

- ▶ Whole person
- ▶ Understanding Pain
- ▶ General Health
- ▶ Activity
- ▶ Fun back in life
- ▶ Participating in their goals
- ▶ Lifestyle – diet, smoking, sleep.



Communication Challenges

Difficult patient journey

Different perspectives of clinician and patient

No observable pathology

Immeasurable nature of pain

Co-morbid symptoms

Influence of pain meds on cognition

Influence of pain and associated symptoms on cognition

Adherence Challenges

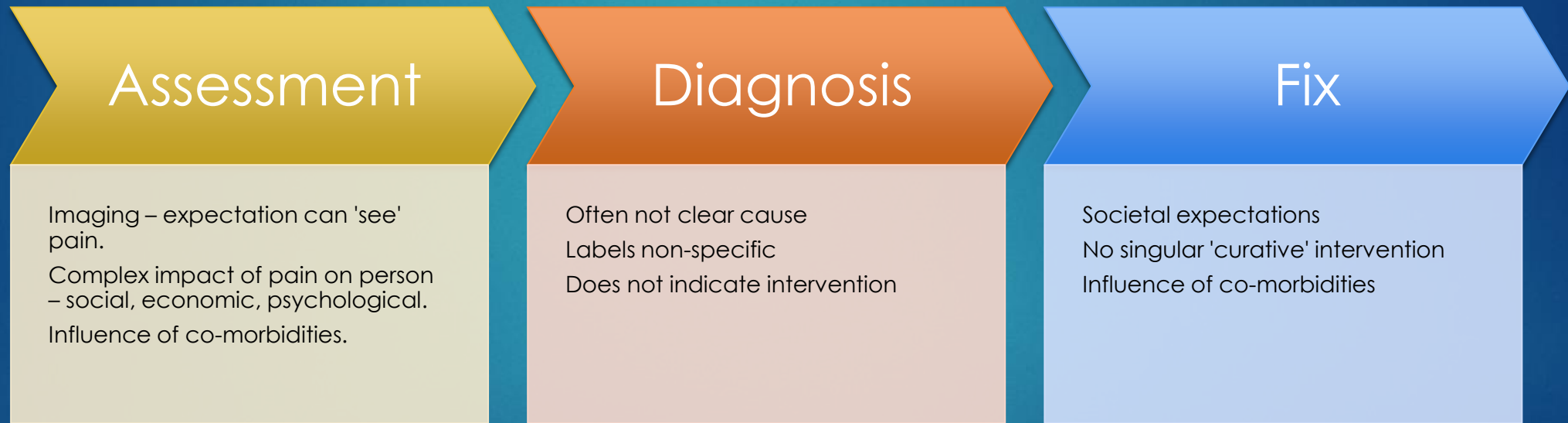


30% non adherent to medication (most underuse, 20% overuse)



10% follow lifestyle advice

Patients Expectations Challenges



Clinician Challenges



Low- med adherence to guidelines for management of pain.



Time constraints



We want to help/fix - but paternalism breeds dependency.



Little training in communication / coaching.



Non-adherence



NICE: adherence presumes an agreement between the prescriber and patient about the prescriber recommendations.



Dynamic Process – must take into account factors that will influence over time.



Non adherence is always understandable.



Non adherence should not be seen as patients problem. It represents a fundamental limitation in the failure of healthcare often because of a failure to fully agree the prescription in the first place or to identify and provide the support that patient needs later on – NICE.

Solutions



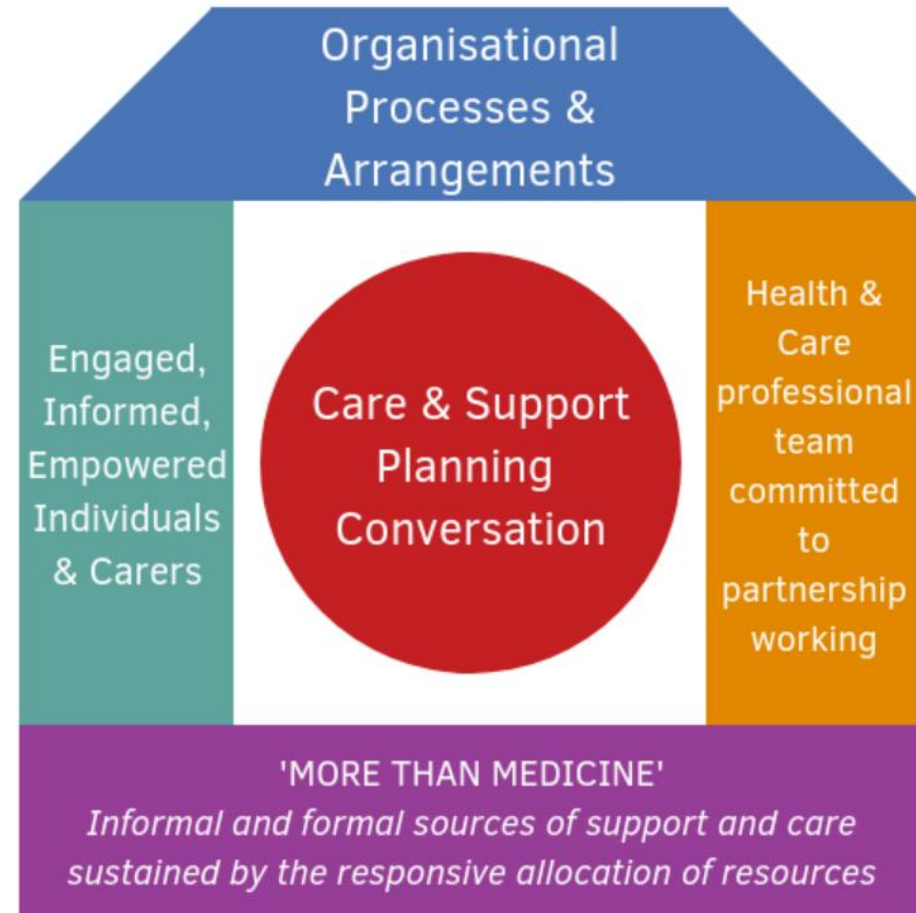
Collaboration



Communication



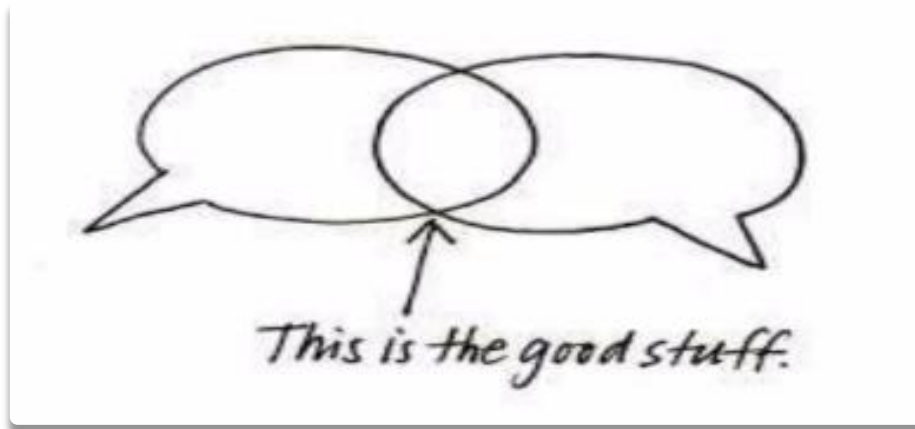
Coaching





Collaboration

Communication



- ▶ Communication is medicine.
- ▶ Stories are how we understand, communicate and create meaning.
- ▶ Stories are dynamic and change with time and context.
- ▶ Clinicians can create opportunities to rethink and redefine stories.

7 Cs of conversations inviting change

Conversation:

Interventions in own right.
Opportunities to rethink
and redefine realities.

Curiosity: tolerance of
different views, non-
judgemental, interested to
explore. Sit 'with' patient.

Context: narrative is
influenced by beliefs and
environment. Stories will
change dependent on
recipient.

Complexity: story we hear
is a 'snapshot'.

Challenge: we do not just
listen, we participate and
have a role in re-framing
and inviting consideration
of alternative
perspectives.

Caution: know
boundaries, don't pursue
irrelevant/own interests,
adhere to patients wants
and direction.

Care:
respectful, affectionate
and attentive.

Tips



Time to tell story



Short questions – include their language



Be attentive – notice the important words we can sometimes ignore:

'my back pain is driving me to despair'



What, why, which, who, how, would... (not do, if, are – as give yes/no).



Open questions



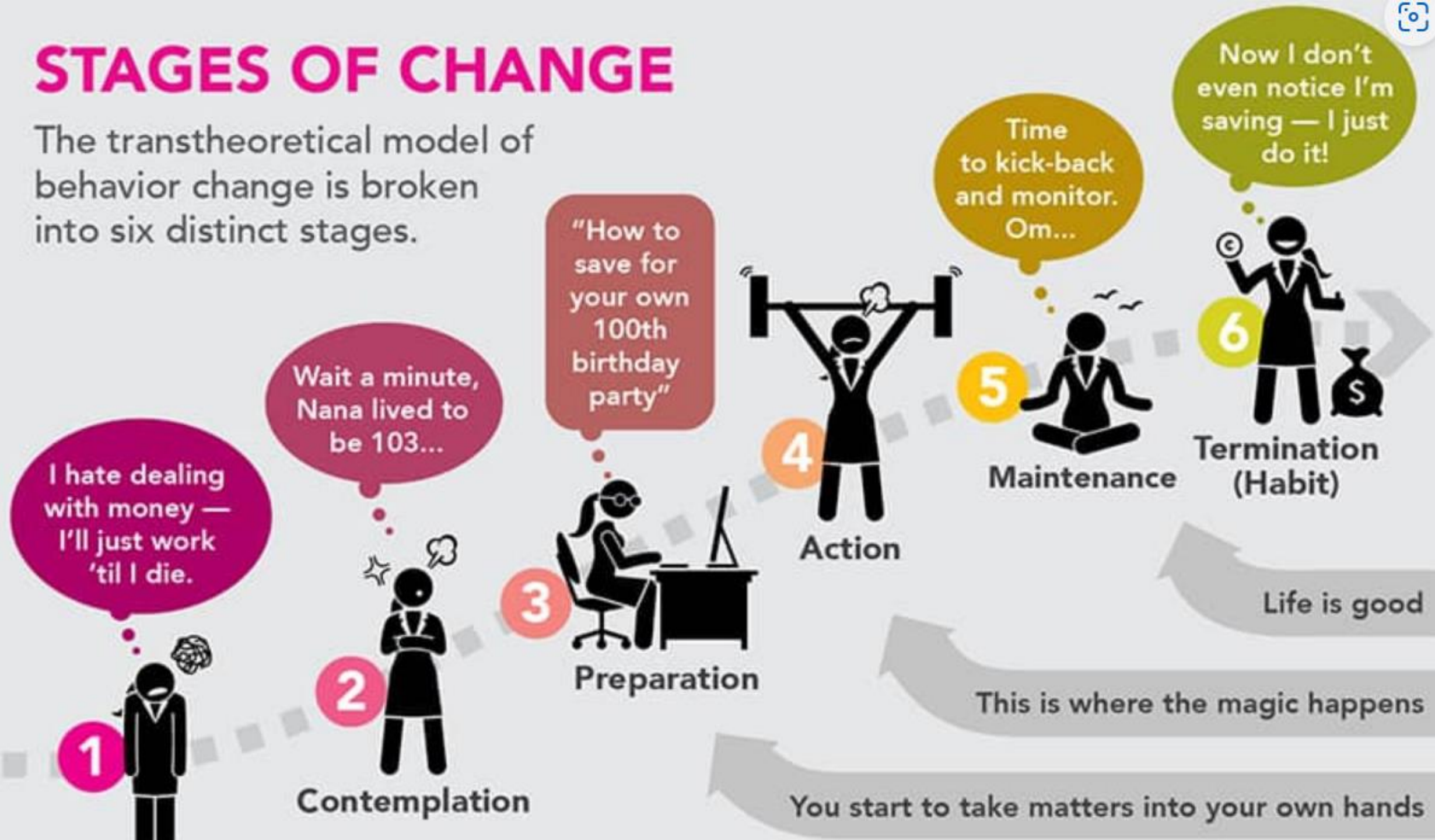
Avoid directing eg 'do you feel...'

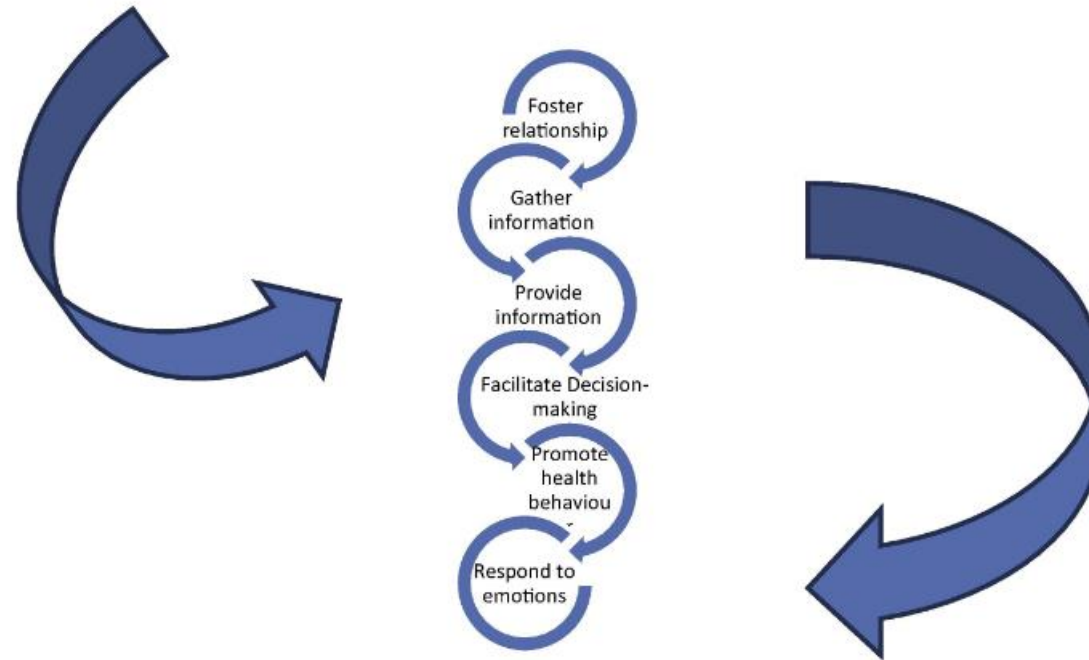
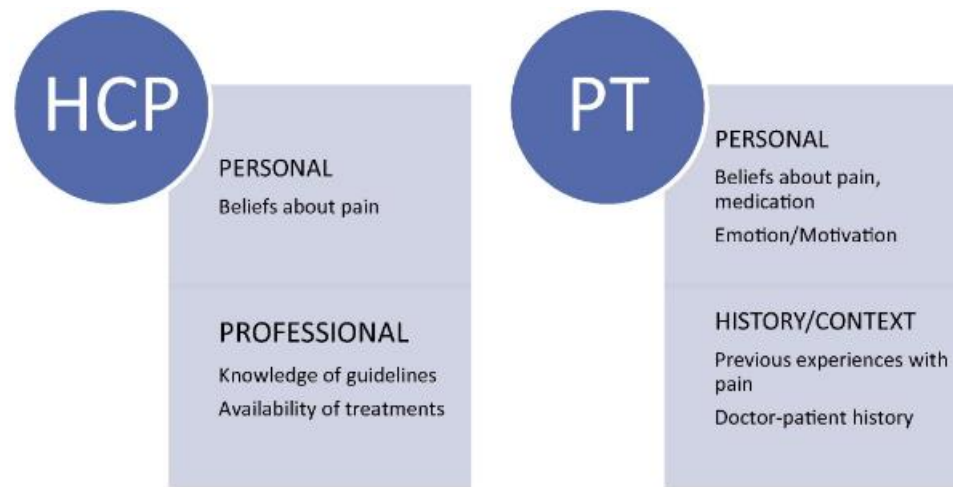


Check in 'have we covered what you expected', "how are we doing so far"

STAGES OF CHANGE

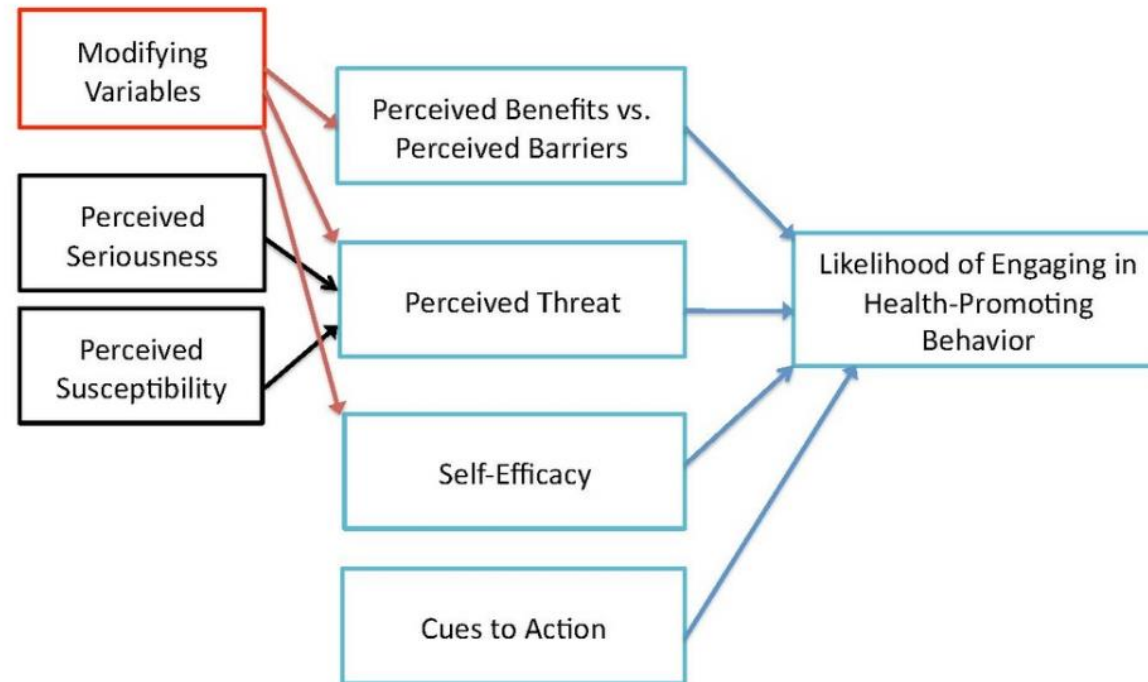
The transtheoretical model of behavior change is broken into six distinct stages.

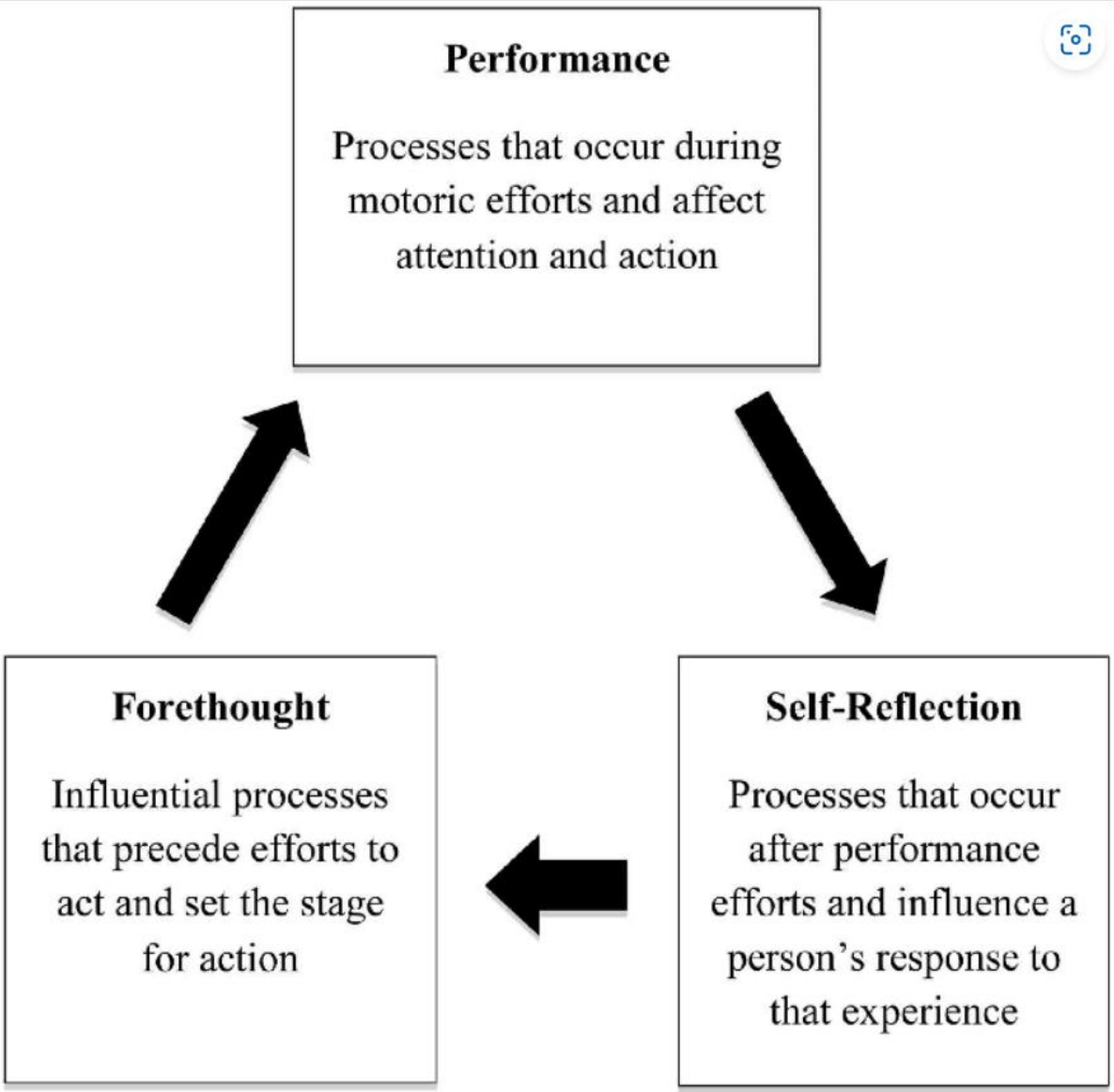




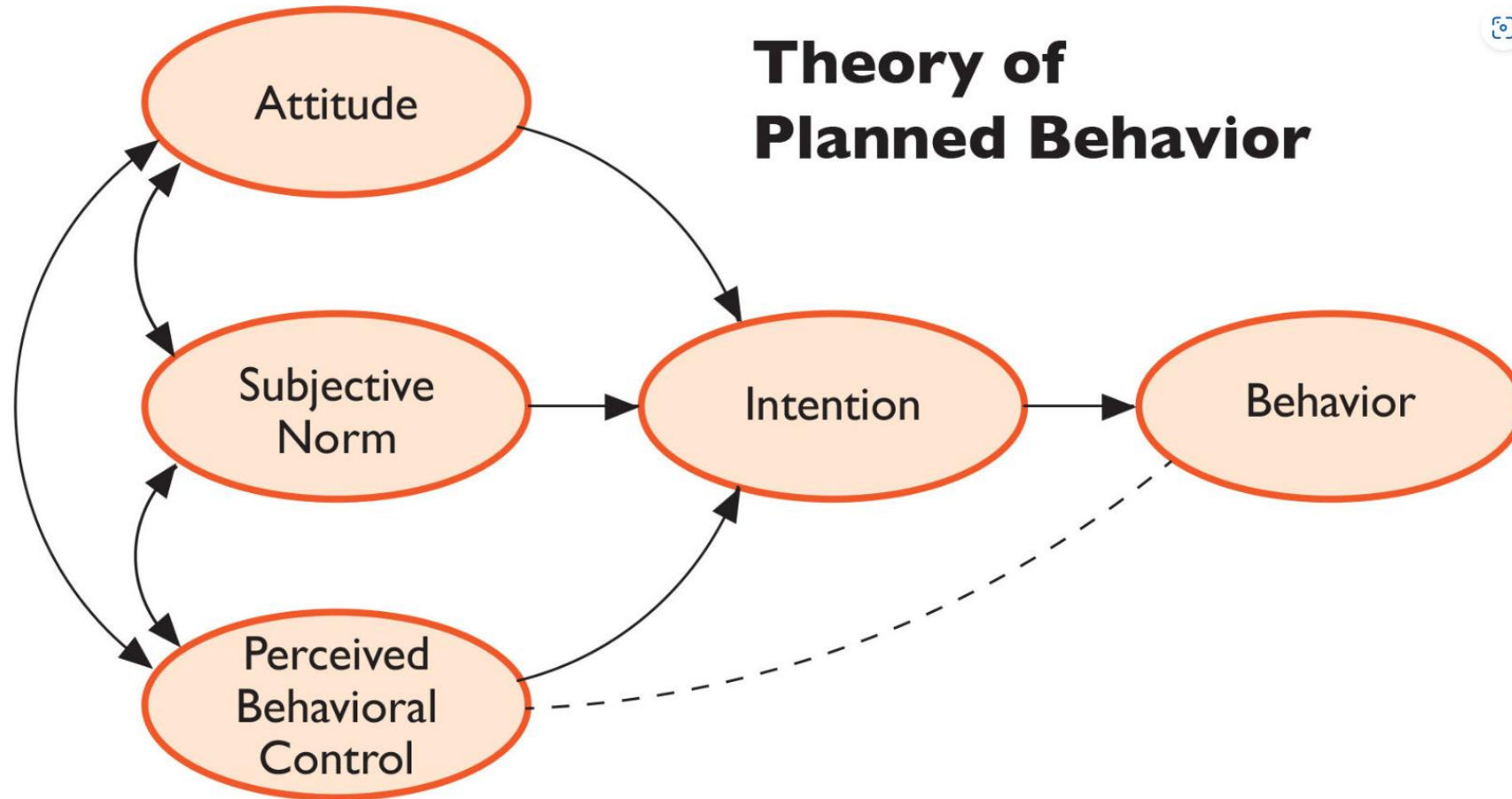
PROXIMAL:	Increased satisfaction	Better Informed	Better doctor-patient communication
INTERMEDIATE:	Increased intention towards health behavior		Adherence with recommendations
DISTAL:	Improved patient outcomes		

The Health Belief Model





Theory of Planned Behavior



Collaboration and communication

- ▶ Vital to explore:
 - ▶ Self-efficacy
 - ▶ Beliefs
 - ▶ Barriers and facilitators
 - ▶ Stage of change
- ▶ Ensure:
 - ▶ Appropriate language
 - ▶ Patient wants to explore

Coaching

- ▶ Helping patients gain knowledge, skills, tools and confidence to become active participants in their care so they can reach self-identified goals.



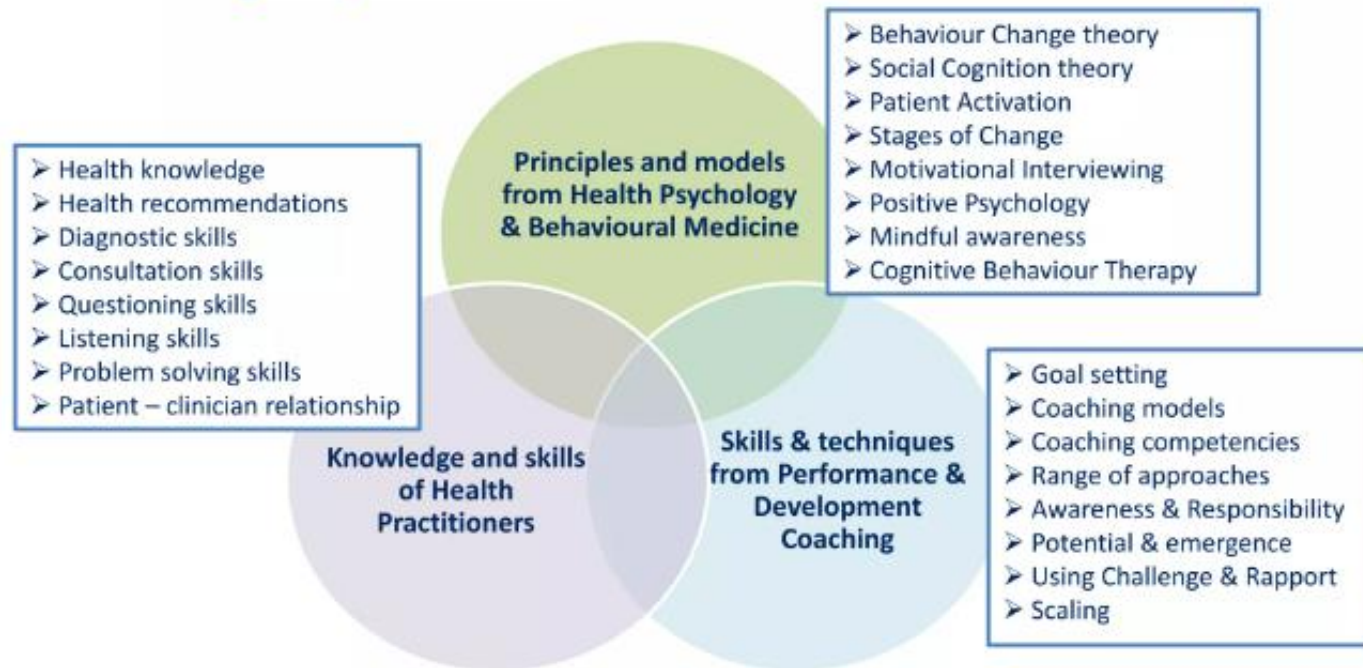
The majority of care is self care and support



THE FIVE ROLES OF A HEALTH COACH

Self-management support	Bridge between clinician and patient	Navigation of the health care system	Emotional support	Continuity
<ul style="list-style-type: none">• Providing information• Teaching disease-specific skills• Promoting behavior change• Imparting problem-solving skills• Assisting with the emotional impact of chronic illness• Encouraging follow up• Encouraging participation	<ul style="list-style-type: none">• Serving as the patient's liaison• Ensuring that patient understands and agrees with care plan• Providing cultural and language-concordance	<ul style="list-style-type: none">• Connecting the patient with resources• Facilitating support• Empowering the patient• Ensuring the patient's voice is heard	<ul style="list-style-type: none">• Showing interest• Inquiring about emotional issues• Showing compassion• Teaching coping skills	<ul style="list-style-type: none">• Providing familiarity• Following up• Establishing trust• Being available

Skills taken from psychology and coaching expand the tool box



McDowell, 2014

Our Vision

Clinician training encourages

- A shift from fixer to enabler
- New skills in behaviour change
- Grows ability to listen and build rapport

Raise patients' awareness and responsibility for health

- Taps into patients internal motivation to change
- Patients achieve their own self-identified goals

Support patients change their relationship to the condition

- To thrive in the presence of disease and better manage their own health and care.

Health coaching is a method of patient education that guides and prompts a patient to be an active participant in their care and behavior change





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