BACKGROUND
Over 30 years ago Stott and Davis' described four types of activities in the general practice consultation, in which opportunistic health promotion has a key place (and is still the backbone of the QOF). Five years later, Pendleton's described a time-sequenced, task-based model of the consultation in which emphasised the importance of exploring patients’ ideas, concerns, and expectations. Neighbour, in 1987, saw the process of consultation as climbing a mountain, describing five stages in the ascent. He identified the need for safety-netting, ensuring that future risks to the patient and other diagnoses are considered, and housekeeping, where, after the consultation, the doctor deals with their own feelings. Middleton's process model is not time sequenced, but describes something of what Neighbour called connecting with the patient, and is also a helpful way to look at Pendleton’s ideas, concerns, and expectations in more depth. Middleton acknowledges that both patients and doctors have agendas and that by clarifying both, at least in the mind of the doctor, it is possible to gain a better understanding of the consultation.

Silverman et al. produced a list of 54 skills to deploy in the consultation, with a consultation framework to put them in. Along with the teaching model developed to train doctors, these skills have dominated the consultation models. First, it is truly patient centred. In coaching, patients decide what they want to talk about and what goals they want to set. This would not work for a patient with central crushing chest pain, but for the person with tension headache the patient can be decide on what they may do to improve their situation, as they see it. Second, coaching recognises that patients have a remarkable potential to help themselves. Even the most insightless maker of poor choices has the potential to make their life different, often with only minimal intervention from outside. The third key principle is that patients are responsible for their own lives and actions. If the patient chooses not to stop smoking it is not a failure of professional intervention, it is a choice made by the patient, however unhealthy we may think that is.

This means that the twin tasks of coaching for health are raising patients’ awareness of the issues they face, and allowing them the responsibility to make choices. The task of the professional is to help the patient see what they are doing, reflect on what could be, and allow them the space to work out how they could change. Two coaching skills will help to facilitate this.

ABC BEHAVIOURAL HEALTH COACHING
In the Antecedents, Behaviour, Consequences (ABC) skill, the health professional (coach) first uses reflective questions to help the patient build up a detailed picture of what is happening with them. For example, what happens before (antecedents) and after (consequences) a headache comes on; what thoughts, emotions, bodily feelings, and behaviours surround it, and in what situations or interpersonal contexts. This provides information and raises the patients’ awareness of their situation. It may then be obvious to the professional what is happening and we are tempted to tell the patient what the diagnosis and treatment. However, in coaching, having raised the patients’ awareness, the professional will simply say ‘So what do you think is going on then?’ It is up to the patient to make the connections and see possible ways forward. For example, it may not be a change in medication they need, but rather a way of stopping the children screaming all evening that will make the difference. The doctor could not have known that, and now the patient has made the connection rather than just being told, they will be motivated to explore changes they can make. The ABC skill then focuses on the goal a patient would like to set for addressing their health issue, and encourages the health practitioner to discuss resources and strengths to support the goal before supporting the patient to set a plan of action:

1. Antecedents: ask the patient to describe what occurs or exists immediately before the behaviour occurs.
2. Define the behaviour: in clear observable terms (frequency, intensity, and duration).
3. Consequences: ask the patient to describe what they are aware of both immediately after, and/or in relation to longer term effects of the behaviour.
4. Elicit meaning: ask the patient for their interpretation of the health issue based on the ABC above.
5. Elicit goals: ask the patient what they would like to do or achieve with their health issue.
6. Elicit resources: explore previous successes or strengths that the patient can draw on.
7. Way forward: negotiate actions based on the patient’s perception of the best way forward — keeping responsibility with the patient where possible.

TGROW
Another useful coaching skill is the TGROW or IGROW model, in which the patient identifies the topic of discussion and is supported to set specific goals they would like to achieve. They may decide for example to deal with their diabetes by exercising rather than controlling their diet more
Coaching presents a model of consulting that can be fresh and different from more traditional models of GP consulting that can be liberating for patients where other approaches have not been effective. It is as if we are holding the curtains while someone gets changed, and this metaphor does seem to capture its facilitative patient-centred approach.

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Further information on coaching and training events can be found at:  
http://mentoring.londondeanery.ac.uk/

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### Miss Polly Had a Dolly Who Was Sick, Sick, Sick...

Miss Polly had a dolly who was sick, sick, sick,  
So she called for the doctor to be quick, quick, quick,  
The doctor said, ‘I’m sorry Miss Polly but you see  
We’ve commissioned our home visits to a private company —  
They’ll be with you in a jiffy, they’ll help you in a tick,  
To access their service takes just one click  
On www.virtualcare.org  
They’ll turn your dolly’s room into a virtual ward.  
Spot diagnoses are their real forte  
(But only over Skype, else you’ll have to pay.)  
Miss Polly said, ‘But doctor, she seems very ill,  
I’ve tried to give her Calpol but she won’t keep still.  
The internet’s for shopping not for primary care,  
Now please come out and visit or complaints I’ll prepare.  ‘Complaints? Oh, Miss Polly, don’t go down that route,  
Here, have the number of our conciliatory group;  
It’s just been set up by the new LMC  
To help maintain relations ‘tween the likes of you and me.’  
Miss Polly hung up. And with dolly on her knee,  
She joined the endless queues at her local A + E.

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### References