

Out of Hours Poem

tightly. The health practitioner can help by asking the patient what they are doing now (their current reality) and then exploring a range of alternatives they could choose to do (their options). It is then up to the patient to decide what they will actually do and set timescales, and the role of the health practitioner is to support their plan of action:

1. Topic: clarification and exploration of the topic.
2. Goal: setting of specific goals; long/medium/short term.
3. Reality: understanding where the coachee is now in relation to their goals?
4. Options: exploring options for moving forward.
5. Will/way forward: identifying and agreeing specific action.

It will not always be appropriate to use a coaching approach, but we can think of the coaching process as a consultation in which the professional uses reflective skills to allow the patient to become aware of their situation, to reflect on possible ways forward, and allow a truly patient-centred, indeed patient-generated, action plan to emerge.

THE USE OF COACHING IN THE CONSULTATION

Consultations where this approach seems particularly relevant include those where some sort of behaviour change is required in the patient's life, in long-term conditions where patients benefit from being more in control, in complex and chaotic situations where the doctor can't get a full picture of the patient's life, or with those patients who seem emotionally stuck and unable to move on for themselves.

It is important to stress that the aim of this approach is not to deny the diagnostic ability or knowledge of clinicians, but rather to combine clinical skills with behaviour change skills. It aims to raise awareness and responsibility in the patient, achieved through a transformation in the clinician-patient relationship. We propose that the approach can offer a more effective way of eliciting patients' inner resources, and this can activate greater behaviour change than the traditional medical model of education and directive advice from health professionals.

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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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