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Time for NLP to be part of mainstream GP consultation teaching?

The consultation remains central to general practice. In 10 minutes or so we need to develop sufficient rapport to delve into another person's world, understand their viewpoint and define not only their problem but bring our expertise to bear in agreeing a management plan acceptable to both parties. This is a big ask, requiring considerable skill to do well. We rely on our natural ability to communicate and hope that medical students and junior doctors share a natural talent as well. Yet most of us are surrounded in our own lives by examples of poor communication, whether it is with patients, staff, juniors, friends, spouses, children, other relatives, or neighbours. Human communication is straightforward only when others think like us, and we often assume they do. In reality we think as differently inside our minds, as we look in appearance on the outside. All the factors that affect the way we look (age, sex, genetics, health, history, culture, beliefs and mood) affect the way we think. Neurolinguistic programming (NLP) was born from observing the structure of human thinking and communication in therapeutic situations, providing great insight into this process and how change can be most economically achieved.

NLP is about modelling excellence and finding the most important 20% of a technique or approach that makes 80% of the difference. The NLP founders were pragmatists who cared little for quantitative evidence, as they were modelling and discovering the structure of what was already working. In a climate of valuing evidence-based medicine only, NLP can be easily overlooked. In fact there is a great deal of evidence to support it, but not in the form of traditional trials. NLP is not bound by one type of psychological thinking but rather draws on anything that works, as such it contains many aspects of different therapeutic approaches including cognitive behavioural therapy. In business and sport NLP is highly regarded and has been embraced. However, NLP evangelists have made very bold and, at times, unreasonable claims, so understandably there has been resistance by a cautious medical

community. I have been a GP for 20 years and NLP has provided me with a valuable set of tools to enable change and the deepest understanding of communication I have ever learnt. I have been providing workshops for GP trainers on NLP for the past 3 years and the feedback from the workshops indicates not only the value of NLP in consultations, but also in training registrars more effectively.

NLP provides understanding of the words and metaphors that patients use, and teaches us to be effective with the words we use back. It provides simple and quick intervention tools for use in the consultation, and the ability to help patients even if they are reluctant to tell us the problem. It helps us develop great rapport with patients and encourages a solution-based approach allowing for a more holistic viewpoint. It challenges the assumption that change is a slow process and long-held beliefs will take a long time to alter. A light bulb moment, when suddenly perception is changed, happens in an instant and doesn't ever revert back to not having the light on. These experiences with patients are often the most rewarding and cost effective.

It is time to move well beyond our natural ability to communicate and learn and teach communication in a detailed structured way. 'Ideas, concerns, and expectations' (ICE) is a start, but I believe that NLP provides a more substantial structure that all doctors and healthcare workers would benefit from using. Time, I believe, for it to become mainstream teaching and not just for the 'alternative' GP in the practice.

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