Individualized Coaching Lays Groundwork for Improved Communications

It's about perception not intent, says coach

Dr. Dawn Martin

DOC TALK
By Stuart Foxman

The cases that Dr. Dawn Martin sees can be complex, but often stem from the same condition – the challenge of connecting.

That's the human condition. Interpersonal skills anchor any relationships. It's true within families, among friends, between colleagues, and certainly in doctor-patient encounters.

"One of the intrinsic roles of being a physician is being a good communicator and collaborator," says Dr. Martin.

She helps physicians hone those roles in her practice. Some of the physicians she coaches have self-referred, but many are through referrals from the CPSO, the Canadian Medical Protective Association and hospitals.

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The sessions focus on improving these essential skills, from patient-centred communication to boundaries to anger management. "Some people are naturally better at communicating and building relationships, but most of us have to work at it," she says.

Over her career, Dr. Martin has worn several hats. She started off studying nursing, became a social worker, and has a PhD in education. Her varied resumé includes teaching behavioural science to medical residents. At the Office of Postgraduate Medical Education at the University of Toronto, Dr. Martin is an education and curriculum consultant. That involves working on teaching tools, assisting program directors with educational initiatives, and conducting learner support.

In her private practice, she works with physicians one-on-one. The sessions incorporate guided reflection, role playing, video and tailored feedback. Dr. Martin also relies on resources like CPSO policies, and the CanMEDS and CanMEDS-FM frameworks. While every case differs, she typically spends 5-10 hours with each doctor over multiple sessions.

How do the physicians in Dr. Martin's sessions react to her coaching? "Often it is not the physician's choice to come see me, so it's important that I create a safe non-judgmental place to be seen, heard and understood. My goal is to help physicians ensure their good intentions are having the impact they intend."

As any physician knows, technical skills and knowledge require years of education, training and practice. Communications may seem more instinctive, yet calls for the same committed effort – and is also a critical clinical skill.

Think of how strong communications supports better diagnoses, patient trust and satisfaction, greater understanding, higher adherence, and improved outcomes. With colleagues too, communications and collaboration ultimately support enhanced care.

"You need to recognize," says Dr. Martin, "that this is part of your job as a physician."

Getting to the root

Like anything else that makes people better physicians, communications can be taught. Often, the first challenge in a session is shedding light on the real issues.

When someone has mandated or strongly urged you to get coaching, it's easy to deflect attention. Here's what some people tell Dr. Martin. Politics are at work. My colleague is the real problem. I get it right 99% of the time, so why focus on the 1%? The few people who complain will never be satisfied. How can I change when I don't even know what I did wrong?

Dr. Martin is sympathetic. For one, the problem is often perception, not intent. Yes, a patient or colleague may have raised concerns about a doctor being insensitive, rude, patronizing, disrespectful, unresponsive, indifferent or hard to understand. However, the doctor didn't aim to come across that way. As Dr. Martin says, she has never met a physician who calls himself or herself uncaring, or who sets out to communicate poorly.

Even if the problem is part of a pattern, it's difficult to be objective about your own strengths, weaknesses and biases. "I have to make it really safe for people to take a look at themselves," says Dr. Martin.

As part of her examination, she explores things like the doctor's training and outlook, and whether there are underlying factors. What stresses are going on in the doctor's life? How is the doctor wired? Is he or she overworked? Overwhelmed with health-system issues? These aren't excuses but a backdrop. So many factors can get in the way of proper communications.

Consider, for instance, the pressures on the only specialist in a geographic area. This doctor keeps taking on patients, the waiting room is full, and sometimes something has to give. To keep appointments moving

Self-awareness can lead to self-correction

With patients, many issues require medications, treatment or surgery; other times, becoming healthier is a matter of lifestyle changes.

Here, too, the remedy begins with developing awareness. "Some level of change is always possible and there is no one right way. It is about the physician better understanding their own interpersonal style, what's working, what's not, with whom and when," says Dr. Martin.

To help gain it, here are 10 things to consider

Awareness of Ourselves

1. Ask yourself what assumptions you are making about this person or situation. (Ask open-ended questions, clarify frequently during conversations).
2. Minimize room for misinterpretation of your good intentions. A good phrase is "it is not my intention to (e.g., appear judgmental, appear insensitive), it is my intention to (e.g., be helpful, offer resource suggestions).
3. Encourage feedback. If you know you tend to speak quickly, let others know that it is okay to ask you to slow down.

along, maybe the doctor doesn't give patients a chance to ask questions. Or take the time to explain as well as he did in the past. Maybe the doctor appears impatient, glancing at the clock while a patient is talking.

"You started off with good intentions, but you've become too busy to pause, and eventually people complain," says Dr. Martin.

That revelation can be shattering, she says. You've worked hard, you care, maybe you haven't taken time off in ages, and now people are critical of your very demeanour. How do some doctors feel knowing that? "They're heartbroken," Dr. Martin says.

Another example of where good intentions can go awry is with humour. Many doctors use humour to build rapport and alleviate tension, but what is considered funny is very subjective and dependent on variables such as culture and context. While some patients might regard a doctor's quip as harmless, others might interpret the joke as offensive or as minimizing their concerns. Rather than building rapport, the doctor has inadvertently broken trust.

Silence is not necessarily approval and understanding is not the same as agreement. Dr. Martin works to help people recognize their triggers and blind spots. Both can have huge effects on how people communicate and are perceived by others. Triggers might include certain situations, topics and circumstances (e.g., lack of sleep, successive days of on-call, personality types). Blind spots include things like your facial expressions, tone of voice and body language.

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It's not just what you say, but how you say it and how it's seen. For example, does your normal restful face appear angry? Does your tone (speaking quickly or loudly, for example) intimidate others? Does your posture (arms crossed, leaning away) make patients or colleagues less likely to share information or approach you?

Knowing your triggers and blind spots can help "bulletproof" you, suggests Dr. Martin. That awareness can remind you, she says, to "minimize the room for misinterpretation when your underlying intent is good."

Dr. Martin points out that Dr. Atul Gawande, a surgeon and journalist, wrote a *New Yorker* article about coaching for medical professionals, called "Personal Best." In the article, he pointed out that world-class athletes and concert-calibre musicians have coaches, so why not doctors? No matter how well-trained you are, it's hard to sustain high performance without taking a step back to evaluate how you're doing.

For the article, Dr. Gawande talked to renowned violinist Itzhak Perlman and the famous soprano Renée Fleming. Both commented that the great challenge in performing is listening to yourself. What musicians and singers perceive, they said, is often quite different from ▸▸

4. Recognize when you are hungry, sleep deprived, time pressured or got up on the wrong side of the bed. Slow down, filter your thoughts and watch your tone of voice.
5. Silence is not approval and we all have blindspots. Always invite comments so you have the opportunity to prevent misunderstanding
6. You can't read minds. Frequently check in with patients/colleagues to minimize assumption making.
7. Be genuinely curious. You never know everything there is to know about another's experience. Building a relationship begins with listening to understand.
8. Verbally and non-verbally acknowledge others. It's not enough to mentally note something.
9. Pay attention to changes in tone, body language, silence, repeated statements.
10. Watch for resistance, meaning disagreement with how you view the problem/solution (e.g., repeated questions/statements, silence). The more you assert your viewpoint, the more the other person feels they have to assert theirs.