

Coaching and adherence

危機

Risk

Opportunity



Poor adherence to treatment of chronic diseases is a world wide problem of striking magnitude – World Health organization 2003 (1)

Improving the adherence to medication may have a far greater impact on the health of the population than any improvement in specific medical treatments (2).



Adherence is “the extent to which a person’s behaviour in taking medication, following a diet and executing life style changes corresponds with agreed recommendations from a healthcare provider”.

Practical issues with compliance and adherence



- Patients fall short of self care goals ⁽³⁾
- Self management programmes cost effective ⁽⁴⁾
- Doctors/Nurses overloaded ⁽⁴⁾
- Healthcare systems not designed to improve adherence ^(1,5)
- Look at non traditional healthcare providers ⁽⁶⁾
- No superiority between health outcome strategies ⁽⁷⁾

Chronic illness



- Lifestyle change ongoing process – complex mix of stimuli, behaviour and response
- Understand person's life context values and goals all part of individual care
- Maintaining new health promoting behaviours = CHALLENGE



In Healthcare

- *“This preliminary evidence suggests that the (coaching) program is feasible, acceptable to a large majority of patients.....”*
- *“ This nurse-coaching intervention demonstrates promise as a means of improving self-management and psychosocial outcomes in women with type 2 diabetes..... ”*
- *“Peer coaching appears to have merit as a viable, low-cost intervention with the potential of helping individuals with diabetes who need to change their behavior”.*
- Difficulty in the real world in finding appropriate peer coaches (6,7,8, 9)
- Since coaching assumes building strengths rather than working on deficiencies opportunities exist on both patient and doctor sides.

What The Literature Tells Us About Coaching Effectiveness

- Level 1: Reactions √√√√√
- Level 2: Learning √√√√?
- Level 3: Behaviour √√√??
- Level 4: Results √√???
- Level 5: ROI √????

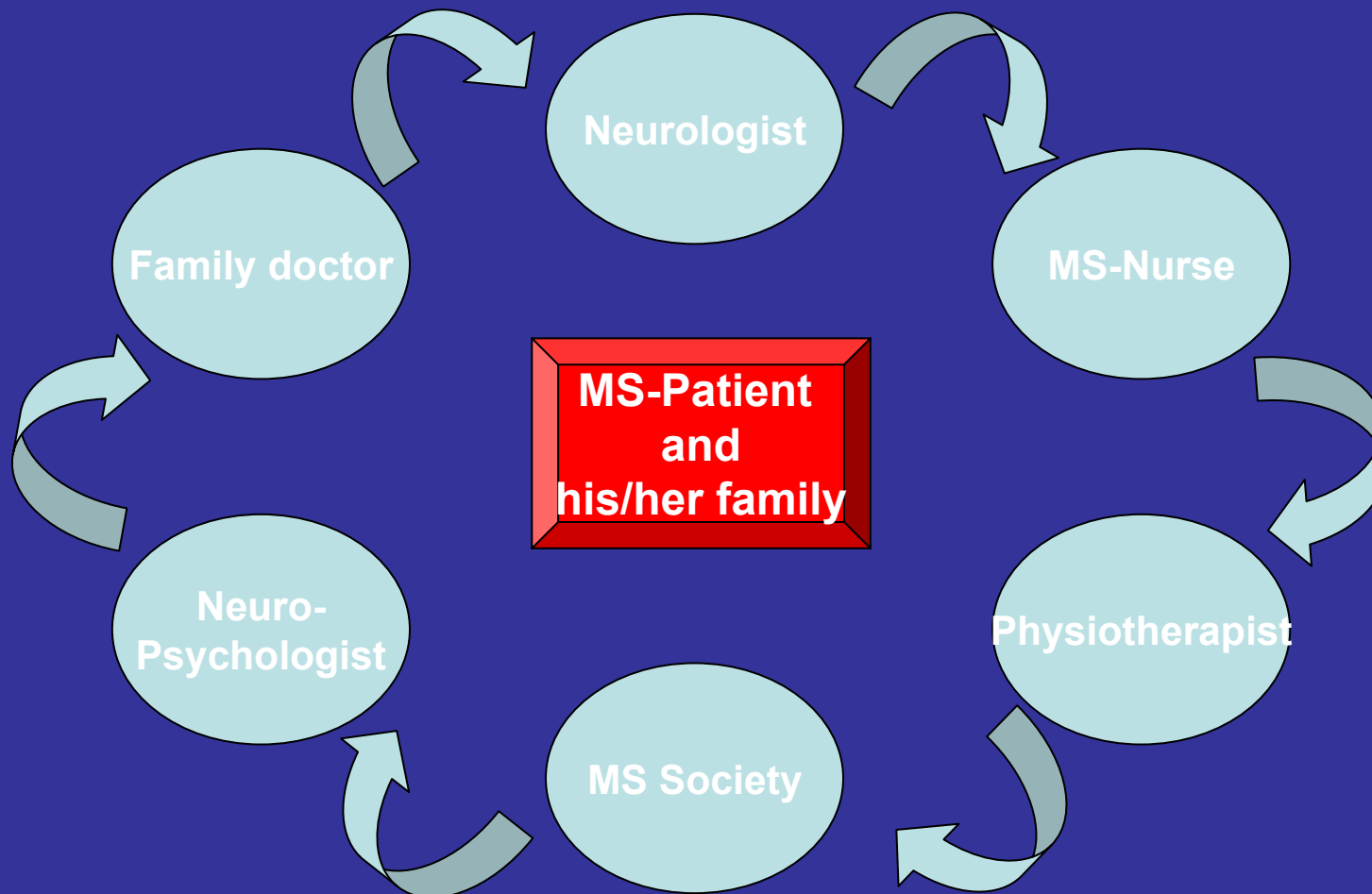
Definitions

Some definitions of coaching (in general)

AUTHOR	DEFINITION ELEMENTS
1 Tim Gallwey	art of creating an environment
2 Brenda Wilkins	helps client identify & achieve goals
3 John Whitmore	unlocking person's potential to maximise their own performance
4 Anthony Grant	solutions-focused, results-oriented systemic process

Multidisciplinary approach

Therapy adherence is a multidimensional issue which can be influenced by multiple health care providers



Expert Patient (1,4,5,11)



- Reliable and valid information on their condition
- A better understanding of their illness and treatments
- A more active role in coping with the disease
- Better communication with their healthcare providers and friends

Coaching expert patient



- Not everyone is expert!
- Strong peer group influence
 - “my friend said ...”
- Diseases are not predictable
 - Effect on coaching response?
- Individual response to illness eg. day of treatment effects person
 - Effect on coaching response?
- Liability / medical issues
 - “should I stop my treatment coach?”
- Ethical issues
 - Treatment issues / family
- ICF guidelines need updating
 - only based on one type of depression
 - Relevant stakeholder involvement

The Future?

”.....coach training programmes have been deficient in acknowledging and integrating evidence based principles of psychology and in harnessing necessary technology for a replicable and measurable enterprise. For the health/wellness field the result is an inadequate foundation upon which to build a broadly based and replicable coaching approach that reliably generates measurable outcomes and behaviour change” (10)

In Healthcare

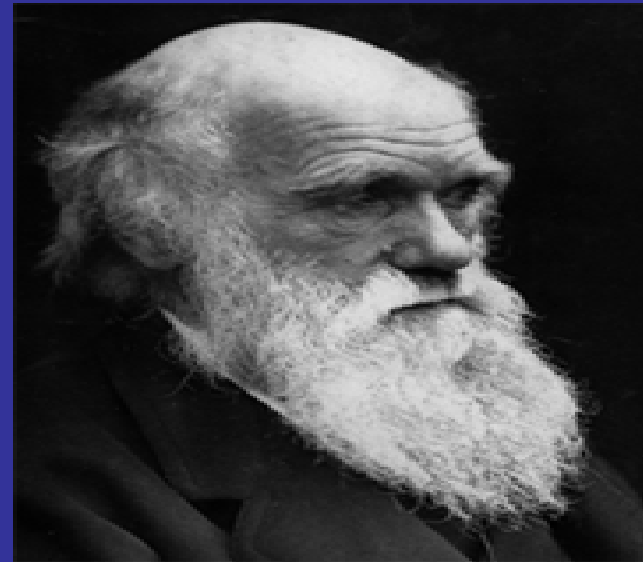
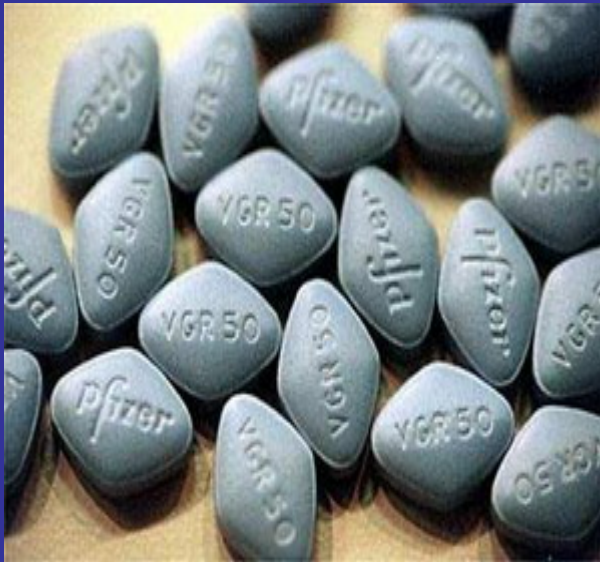
Following the scientist practitioner model: (10)

Think long and hard about sample selection

Do a pilot study to identify problems and solutions

Select the most appropriate way to measure the data

Acknowledge Serendipity



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