CHAPTER 1

Good Practice

The Compassionate Guide

Good practice is an unsentimental commitment to doing good.
—Aiden Halligan

It was in the middle of a busy morning clinic, with a full waiting room outside, when she came in frankly reeking of alcohol, looking very unwell. I did a thorough physical examination, took blood, and asked her to come back a few days later for the results and a more thoughtful discussion. I never mentioned her drinking, apart from saying something like, "It's obviously pretty tough going for you at the moment." It simply felt unwise to raise the subject, especially given that my time had run seriously short. When she came back, I was expecting a difficult consultation because the blood result suggested a serious alcohol problem. I needn't have worried because she walked in and said, "Doctor I want to thank you. I stopped drinking. It was something you said last week." What had I said, I wondered? It emerged that I had apparently looked her straight in the eye as she left and said, "Don't be worried, I am going to see you through this over the next few weeks."
—Christropher C. Butler

Conversations about change occur naturally throughout health care, planned and not, and conveying hope and kindness that sit at the heart of good practice takes no time at all. If people trust you, it makes a difference. In that example above, the practitioner's closing remark provides a signpost to what's involved: the *person* and the *relationship* is the primary focus, which makes it easier to address the patient *and* the problem.

Why do practitioners go into health care? Most report that they were motivated to do good, and that caring for others was a driving force for them from a young age. We expect that vision drove you into

the field. Then, as you learned the craft of professional practice, it became necessary to build other skills into your portfolio, like detecting symptoms, making decisions about what intervention will help the most, and negotiating all sorts of things with patients. No question, in addition to practicing with compassion, you also need to be self-aware, nimble, knowledgeable, and socially skillful.

A common negotiating task arises when you want to provide guidance about why and how a patient might take action to improve their own health. How you conduct this conversation is important: You can't force a patient to change; only if *they* make a decision to change will they modify their behavior. This is what motivational interviewing (MI) is geared toward, and it also has other uses. For example, it can help you with:

- Assisting patients with challenges such as lifestyle change, vaccine uptake, and medication adherence.
- Helping them make up their own minds, free of pressure or coercion.
- Offering information and advice that patients appreciate, and act on.
- Forming strong relationships with them.
- Taking the heat out of conflict in the consultation.
- Listening well without losing control of time.
- Making plans for action that patients take ownership of.

The aim of this book is to build on your existing skills, to improve your self-awareness of how you develop trust and relationships that make a difference, and to improve outcomes for patients in the interest of their health and well-being.

Conversations about Change

Have a look at this exchange, which is most definitely not MI, but rather the kind of conversation that gave rise to it:

PRACTITIONER: Okay, so it's time to ask you to take a vaccination for COVID. It's really important that we give this to every patient these days.

PATIENT: Yes, I know you want this, but I don't think it's a good idea because it's all too much of a rush and because the politicians want us to. Why should we trust them?

PRACTITIONER: As a doctor, I can tell you that taking this vaccine will help others, too, to cut down the rate of infection in this very community.

PATIENT: I'm not sure I believe that anyway; I heard that those medicine companies are just doing this for their fat profits, and who knows how it might harm us in this community. It's happened before, so why can't it happen again?

PRACTITIONER: I can only tell you that many people are dying of this virus right now. Can you see that?

PATIENT: Yeah, sure, like they do every year with flu.

We are not suggesting you practice like this, but you might nevertheless recognize the pattern. Correcting and persuading people to change can be problematic, and this is probably why MI has such potential to be helpful in health care.

It is no secret that when you stop trying to oblige people to change, they seem more open to the idea, a lesson we authors learned through many conversations in a health care situation. We learned another lesson, too: how *efficient* it can be to listen to patients. Our experiences working with patients changed us as people and practitioners, and learning MI allowed us to build on what we did every day. Other everyday tasks became more satisfying all around.

When you stop trying to oblige people to change they become more open to changing.

Returning to the exchange above, how likely is it that this patient will move toward getting a vaccination? Not very, right? An effort that started from a genuine desire to help the patient ends up in a discouraging battle of wills. If the next three consultations follow a similar arc, the clinician may well start to feel downhearted, if not depleted. And, the patients may well leave the clinic frustrated and feeling they have not been heard or understood, certainly not uplifted about improving their health.

The above exchange was driven by a desire to be helpful and took the form of an effort to solve the patient's problems *for* them, which is something patients expect and appreciate with many presenting medical complaints. And yet, ironically, providing (or prescribing) solutions is not a particularly helpful approach when what needs to change is someone's behavior. What's usually behind a prescriptive approach is something we refer to as the "righting reflex"—the almost unconscious inclination to fix things and set them right, a well-ingrained habit that can be traced back to that desire to do the best for people.

Good practice is surely more than repeating messages about how to get healthy. How can you get those messages to stick? Or, more precisely, how can you use your time with patients such that they get the most out of their visit? What we aspire to offer you in this book is a way of tweaking the conversations you have about change, where your best advice can be embraced and your timely interventions be actively joined by a patient who feels hopeful and empowered.

How can you use your time so patients get the most out of their visit?

What Do Patients Want?

Most patients who come to a clinic or other health care service want to be treated and respected as capable individuals. They also want to trust, to be heard—and understood—whether they are feeling anxious, confused, hopeful, or even pessimistic at the prospect of another consultation.

What can you do to meet those wishes, particularly when you know a patient might need to make an adjustment in diet, be more consistent taking medication, drink less alcohol, receive a vaccine, or be more active? What does good practice involve here? Many patients will appreciate your best advice if they feel you are trustworthy and care about them. However, they are also likely to vary in their motivation to change. Some will readily want to know the facts and to understand why they should change, some will waver and hesitate to commit, and others will want to rebuff your efforts or even run away as fast as they can.

One thing patients will probably all appreciate is freedom of choice, room to decide for themselves why and how they might change their lives. If they feel this freedom is being threatened, it is only human for them to react against your advice, as the patient in the exchange above seemed to do. What seemed straightforward to the practitioner felt like a challenge to the patient. They seemed to know quite a lot already about what will and will not be achievable in their life, and the conversation served at best to reinforce their assumptions.

How Can You Help?

How might that earlier conversation about getting a vaccine have gone differently? Your best work surely goes beyond spotting what needs to happen and then telling patients what to do. It calls for connecting with

them and showing you appreciate what it's like from their side. And, it involves using their own knowledge and wisdom about how they might make changes that can lead to better health and well-being. Helping people to change involves more than simply fixing things that are wrong with them. It involves recognizing their agency and then giving them tools to do the fixing themselves. But under the crush of caseloads, how do you keep this in mind, bring your best game so that your patients step up to be part of the treatment team? From your side, this will involve both compassion and skill.

The Style of a Guide

One way to get the most out of patient conversations about change is to consider a shift in style, from being a director to being a *guide*. This style forms the foundation of MI, where your role is to draw out from patients why and how they might change, where you start with the wisdom and abilities of the person in front of you, much like a travel or mountain guide might, ready to provide advice and information here and there as needed.

Consider this style in relation to two others: a directing style and a following style. Each has its own time and place (see the box below), and in any conversation the idea is to pick the style that best matches the present circumstances.

A Continuum of Communication Styles

Directing ⟷ Guiding ⟷ Following

You can sharpen your judgment about when to switch styles and sharpen your skills within each style. For example, if you want to get better at giving advice, you might focus on how a directing style can be used more skillfully. You can use the skills of MI to do this, seamlessly merging helpful advice giving with MI. If, however, your priority is to get better at listening, what will it mean to use a following style more skillfully, for example, if a patient walks in clearly tearful and in need of being heard?

Somewhere between directing and following is the guiding style mentioned above. Guiding is the focus of this book, or as one practitioner put it, "I like to stand with my two feet firmly in the guiding style and move to either side as needed." This style is recognizable in everyday

life, used by people like parents, teachers, and sports coaches when they want to encourage someone to learn, adapt, or make their own decisions about what to do. With MI being merely a refinement of this style, it's no wonder that practitioners hear about MI and remark, "I do a lot of this stuff quite naturally." Indeed, it is a style you may already know about, and the case for sharpening its use seems well justified.

Using a guiding style harnesses some powerful drivers of learning and change in those you treat. For example:

- You view them as people first, patients second.
- You place high value on connecting well.
- You work with their strengths, not only their problems or deficits.
- You champion choice and believe your patients are capable of making wise decisions about their lives.
- You *offer* advice rather than impose it.

If you find yourself nodding in agreement with these principles, then guiding may serve you well as a consulting style. The inspiration for many practitioners lies in breaking away from being the "deficit detective," who is on the hunt for things that are wrong with the patient. Having that mindset is useful when diagnosing, but dysfunctional when empowering someone. Instead, while you might need to assess, diagnose, and suggest solutions to problems, with the guiding style your vision is a broader one, where you place high value on engagement, empowerment, and making the best of the patient's strengths.

CONSIDER: A Change of Heart

People come to my clinic with little hope of improving their health, weighed down by social stress, poverty, and all kinds of problems. I used to feel that I had to always tell them what was right and what to do, like I was a good health policeman. My mental health suffered because I could see also that they found it hard to listen, let alone act on my suggestions. The idea of me being their guide rather than the "health instructor" was a big shift for me. I have my bits of advice, but I now start somewhere different, by engaging with them, and then we are able to work together. That's when I try to be the compassionate guide, offering advice but always trusting what they think also.

—Nozipho Majola, *Lifeline Durban Gender-Based Violence Programme, South Africa*

Making Every Conversation Count

Everyone has their own attitude toward patient care, ways of handling consultations, decision trees, and favorite questions, and no doubt you refine these as the years go by. Sometimes these aids work well, other times less so. Roadblocks to progress in a clinical conversation can appear regularly, like when you feel unable to get through to a patient, hesitant about raising a difficult subject, or baffled by what you believe is an obstacle created by the patient themself. How might you make even small adjustments to your routines to keep such roadblocks to a minimum?

We designed the scenarios that follow here to highlight familiar challenges and to consider some routes to good practice. You will notice places we point to in later chapters where you can dig a little deeper into topics of interest to you.

The Scenario: Engaging and offering information.

The Challenge: A patient is offered a vaccination and says it will do him more harm than good. A tiring battle of wills could flare up if you raise the subject abruptly and then hammer away at the patient, trying to convince him that your view is the best one. The clues lie in your language and the patient's defensive reaction:

> Clinician: *I need to tell you* that failure to have this vaccination could result in . . .
>
> Patient: Yes, but I don't believe this because . . .

Good Practice: How do you connect well and efficiently, and offer advice that allows the patient to make a well-informed choice? If you engage well, using core skills like open questions and listening statements, however briefly (see Chapter 7), it will be much easier to raise the need for the vaccine, using language that is nonthreatening: "May I ask your permission to raise the subject of this vaccination for . . . ?" Then you can offer, not impose, information and advice (see Chapters 11 and 17). Few patients are 100% against a vaccination. A sizable number are in favor, and many are wavering, hesitant, or what we call ambivalent. A few minutes spent offering information and championing their choice will reap rewards.

The Scenario: Finding the focus for lifestyle change.

The Challenge: With long-term chronic conditions, in any setting, how people conduct their lives will affect their condition. Add poverty and

mental health issues to the mix, where life can feel like a matter of "just getting by," and the conversation about change is potentially complex. Many will have "heard it all before"—about the need to change lifestyle behaviors—and they could be sensitive to feeling blamed for their medical condition. Assuming you engage with the person, how do you then make a decision about whether to focus on one change target (e.g., diet) and not another (e.g., exercise)? How does the patient see your role here, and how much guidance do they want?

Good Practice: Can this be a shared decision? How does this negotiation unfold? To begin with, people will appreciate you asking about their lives with an open mind. Then you will want to make a decision *with* them about which direction to go in, what kind of change is going to be most useful to focus on first, and why. Coming to these decisions requires transparency on your part and tuning into what makes sense to them in such a way that they feel involved and empowered to make changes, and are open to your ideas, too. Additionally, you don't want to be overly directive; neither do you want to stand back passively, not giving the patient any indication of what you think. This focusing process involves a skillful negotiation, and sometimes you will need to put your own views to one side in favor of following those of the patient (see Chapter 8).

The Scenario: Evoking motivation for change.

The Challenge: Nearly every day you find yourself recognizing there's a single, specific change that is in a patient's best interests to make—for example, using a hearing aid, stopping smoking, taking a new medication, or losing weight. You raise the subject with good intention, then you get a "Yes, but . . ." reply, a blank look, or a quiet nodding of the head. Have you jumped too far ahead of the patient's readiness? Have you fallen into that persuasion trap, where the harder you press your point, the more you get pushback?

Good Practice: If you have only a couple of minutes, how can you make the best use of time to help the patient resolve their doubt or uncertainty? Here's where shifting to a guiding style might be useful, with a few open questions that give the patient a moment to say why and how they might change, and some time for you to offer advice, should they want it. The skills involved in drawing out the wisdom of the patient are described in Part II, and this kind of conversation is what MI was designed for (see Chapter 9). Only the patient can change their behavior!

The Scenario: Planning for change.

The Challenge: Consider a consultation with a smoker, who knows all the facts, wants to quit, but feels weighed down by stress and everyday life and simply doesn't believe they can go without cigarettes. Lack of confidence is a common obstacle to behavior change. What might seem clear enough to you feels more difficult for the patient. If you tell them what to do, the suggestion often fails to change behavior.

Good Practice: How ready is the patient to do something? Is it *just* a lack of confidence, is the timing not right, or are they not truly convinced about the benefits of change in the first place? Rather than assuming you have to work out all of this, you can just ask them. A skilled guide will empathize with how the patient is feeling, and also conversationally come alongside as they search for a solution together, without you applying pressure. A few moments spent pausing to reflect *together* on the patient's ambivalence, and to consider what has helped others, can reap rewards. Planning well is best driven by skillful conversation, with a keen eye on the strengths of the patient (see Chapter 10).

A set of common communication challenges run through scenarios like those above: connecting well (engaging), agreeing what change to make (focusing), building motivation (evoking), and making change plans that are realistic and promote the confidence to succeed (planning). These tasks mirror the framework for MI presented in the next chapter and the key chapters in Part III.

Looking After Yourself

Practitioner well-being is one of the most important drivers of good practice, and this can be undermined by feeling that you have to solve every problem that comes your way. This is a commonly reported experience among health care practitioners, and it contributes to compassion fatigue, burnout, and suboptimal care, particularly in low-resource settings with high patient turnover. A shift to using a guiding style and MI can have a noticeable positive effect on practitioner well-being. You step away from viewing a patient list as a set of tasks to be carried out *on* people, where you find yourself going through the same routines and repeating the same messages time and again. Every patient is a unique person, and your role is to support, inform, and encourage them to find their best route to better health.

CONSIDER: What Gets You Up in the Morning?

I went into health care because I wanted to help people because I care about them. At some point I got burned out and it was harder for me to connect with my patients. Learning about MI gave me the tools to connect with them in a way that was effective, time-efficient, that got me the outcomes—and it brought joy back into my work.

—Damara Gutnick, MD

MI draws its inspiration from the attitude of a committed and caring guide. The responsibility for change is viewed as a shared one; the consultation is free of pressure and disagreement because in the end it is the patient's choice whether to change or not. Seen in this light, good practice in health care involves not just looking after patients but looking after yourself, too.

Good practice means not just looking after patients but looking after yourself.

When the Conversation Begins

This chapter has focused on a broad perspective on good practice, which serves as the foundation for MI. We now turn to what MI is, why it helps, and what it looks like. One of the most common challenges is patient ambivalence about change, when you hear mixed messages like "I know I am overweight . . . but what else can I do?" or "I'll see what I can do. I hardly get time to sleep these days." What could you say that will be helpful? If persuading them won't help, what will? We submit, this is where MI comes into its own. Our experience has been that the MI approach can be used in many corners of health care, including in quite tough circumstances.

Conclusion

MI is a style and set of skills for tackling diverse challenges. It is not the right tool for every patient and every problem, but nevertheless it is capable of being integrated into everyday practice. For example, you can use MI to improve the way you offer information and advice. It essentially involves anchoring you in a guiding style to get the best out of your patients, helping them to say what they want and need. MI can help in brief exchanges or in longer sequences of conversation; as a stand-alone intervention or merged with other tasks; and used by practitioners of all kinds, both newcomers and seasoned professionals.

This book will take you through what MI is (Part I) and the core skills you use to navigate consultations efficiently and effectively (Part II). We then provide practical examples of how you can use and refine the way you connect with patients, establish a focus for change, draw out their best motives for changing, and make plans for change that stick (Part III). Finally, we turn to everyday challenges, such as offering advice, working remotely or in groups, brief conversations, and how to integrate MI with assessment (Part IV).

In essence, this book is a call to highlight and refine the skills you already have; to bear in mind the attitudes of compassion, curiosity, and respect that underlie MI; and to then adapt MI to your needs.

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