Author’s response to reviews

Title: Medical students as health coaches: Adding value for patients and students

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Author’s response to reviews:

Dear editor,

We thank the three reviewers for re-reviewing our paper. We are glad to have addressed the points raised by reviewers 2 and 3 and are grateful to reviewer 1 for their additional feedback which has further allowed us to strengthen our research report. Please see below our responses to each additional issue raised by reviewer 1.

Kind regards

Dr Arti Maini (corresponding author)

1. Throughout the manuscript you describe the health coaching training that the students received in various ways, as well as the education the student provides the patient. It will be very helpful if you will clearly describe whether students received 1) accredited health coaching training or 2) general training in health coaching principles. To my understanding student received general training in health coaching principles. please make sure to be very explicit throughout the manuscript. Following this lines it is important to be very explicit in the description about student counseling. Did they provide patients with health coaching sessions, or did they incorporate health coaching principles into their routine work?

We have modified line 6 of paragraph 2 of the Methods section to make explicit that the training was not formally accredited:

The practice of health coaching does not currently require a formal qualification or licence to practice and this training was not formally accredited.

We have modified lines 8-11 of paragraph 2 of the Methods section as follows:
The purpose of the training was to support students in developing core skills in health promotion and illness prevention (6) through using general health coaching principles to facilitate behaviour change and address lifestyle risk factors in patients.

In paragraph 4 of the Methods section we outline that the ways in which students were encouraged to use their health coaching skills during their primary care clinical placements (including focused health coaching sessions as well as incorporating health coaching principles into their routine work). We have modified this paragraph to make this clearer.

Students were encouraged to use their health coaching skills during their primary care clinical placements, where they had opportunities to consult with patients independently. Students determined when and how they would apply health coaching in their clinical care activities. These activities typically encompassed taking clinical histories during supervised student-run clinics from diverse patients across a wide range of age groups and healthcare needs presenting to primary care, along with more focussed health coaching conversations with patients with long term conditions and modifiable behavioural risk factors who were open to have more in-depth conversations to support health behaviour change.

2. Thank you for including more information on the training. I still think that a more detailed syllabus (maybe as an appendix) would be very helpful (it will also help to better understand the following comment).

We have modified paragraph 3 of the Methods section to include more information on the training and syllabus as follows:

Key skills covered in the training included active listening, reflecting and asking solution-orientated questions to stimulate new thinking, for example in relation to goal-setting, exploration of context and action planning. Training was comprised of: interactive facilitated classroom-based small group discussions and experiential paired and group exercises designed to facilitate exploration of health coaching principles and skills and their application in clinical practice; practicing applying health coaching principles and skills in patient interactions during their clinical placements; and facilitated small group reflective discussions of their experiences in applying these skills with patients. Some exercises involved students working in pairs as both coach and coachee, drawing on their own lifestyle issues as material for coaching practice ('real play').

3. It is very interesting that student self care wasn't a key theme in students perspectives. While you describe that students did report on changing in mindset, it is very interesting that students didn't report on nutritional or exercise changes. Maybe it wasn't discuss at all in the training?

In lines 2-4 of paragraph 3 of the Discussion section we highlight that ‘Our study did not directly set out to explore how students’ own lifestyle-related health behaviours were influenced by the health coaching training’.
We agree that given that students did report on changes in mindset (which was an unintended outcome as the aim of the training was to equip students with skills to apply health coaching approaches to patient interactions rather than to address their own health), it would be valuable to explore further the impact of such mindset change on their own behaviours in terms of nutritional or exercise changes for example.

We have therefore re-written paragraph 3 of the Discussion section as follows:

Another study found that taking on a role as health coach motivated medical students to address their own health behaviours(8). Our study did not directly set out to explore how students’ own lifestyle-related health behaviours were influenced by the health coaching training as the aim of the training was to equip students with skills to apply health coaching approaches to patient interactions rather than to address their own health. However, given that students did report on changes in mindset, it would be valuable for future research to explore the impact of such mindset change on students’ own health behaviours.

4. Through the Discussion section most of your arguments were supported by a number of manuscripts that were published in this area. Can you please elaborate? Did you find outcomes that other manuscripts didn't find, or vice versa? Do you think your curriculum has advantages in compare to other curricula that were published? Maybe disadvantages?

We have chosen not to make direct comparisons to the studies we have referenced as our study is the first that we know of that explores the experience of medical students trained in general health coaching principles and skills who then have opportunity to apply this in practice during routine healthcare consultations as well as more focussed health coaching conversations in primary care. However, we do discuss where our findings support those of other studies e.g. lines 1-2 in paragraph 2 of the Discussion section:

Our findings support previous claims that health coaching is a ‘value-added’ role for medical students(7).

We also discuss our new findings arising from our area of research in exploring student experiences when applying coaching skills to general patient consultations and relate this to the direction of travel in healthcare and implications for the medical undergraduate curriculum. e.g. lines 7-17 in paragraph 2 of the Discussion section:

They also felt more confident about approaching consultations more generally, including with patients presenting with multiple issues and with patients presenting with issues which were significantly influenced by psychological and/or social factors in their lives. Students felt better prepared to support shared decision-making processes including tailoring conversations to patients’ levels of health literacy. These areas align with the direction of travel in healthcare interactions and medical education with respect to the desire for greater patient empowerment and recognition of changing patient demographics, with increased prevalence of long term conditions and multimorbidity, and significance of the psychosocial context (1,6). Health coaching within the undergraduate medical curriculum may help to more effectively prepare future doctors with the skills necessary to meet the health needs of the population (6).