Coaching and Feedback: Enhancing Communication Teaching and Learning in Veterinary Practice Settings

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ABSTRACT

Communication is a critical clinical skill closely linked to clinical reasoning, medical problem solving, and significant outcomes of care such as accuracy, efficiency, supportiveness, adherence to treatment plans, and client and veterinarian satisfaction. More than 40 years of research on communication and communication education in human medicine and, more recently, in veterinary medicine provide a substantive rationale for formal communication teaching in veterinary education. As a result, veterinary schools are beginning to invest in communication training. However, if communication training is to result in development of veterinary communication skills to a professional level of competence, there must be follow-through with effective communication modeling and coaching in practice settings. The purpose of this article is to move the communication modeling and coaching done in the ''real world'' of clinical practice to the next level. The development of skills for communication coaching and feedback is demanding. We begin by comparing communication coaching with what is required for teaching other clinical skills in practice settings. Examining both, what it takes to teach others (whether DVM students or veterinarians in practice for several years) and what it takes to enhance one's own communication skills and capacities, we consider the why, what, and how of communication coaching. We describe the use of teaching instruments to structure this work and give particular attention to how to engage in feedback sessions, since these elements are so critical in communication teaching and learning. We consider the preconditions necessary to initiate and sustain communication skills training in practice, including the need for a safe and supportive environment within which to implement communication coaching and feedback. Finally we discuss the challenges and opportunities unique to coaching and to building and delivering communication skills training in practice settings.

Key words: communication skills, veterinary medicine, primary-care practice, coaching, feedback, Calgary-Cambridge Guide

INTRODUCTION

In recent years, veterinary educators have begun to acknowledge and formally address the importance of communication skills teaching and learning in veterinary medicine.[1–4] The AVMA Council on Education (COE) lists client communication as an essential outcome of the DVM program and states that graduating students must be able to demonstrate communication competency.[5] Forty years of research on communication in human medicine has shown that clinical communication impacts significant outcomes of care. Box 1[6] offers a compelling summary of that research. The research on communication is growing and has begun to describe veterinarian-client-patient communication, often focusing on companion-animal practice.[7–10] Recent research shows that communication skills and capacities impact veterinary outcomes. For example, Kanji et al.[11] found that adherence to dentistry and survey recommendations were positively associated with a collaborative relationship with the veterinary professional(s). Shaw[12] found that veterinarian satisfaction is associated with the communication style that builds relationships with clients.

Our experience in working with practicing veterinarians and members of the practice team over the past 20 years mirrors the research findings. We routinely ask veterinarians to name their primary reason for wanting to be more effective in their communication skills. On a regular basis, reasons cited are to increase staff and client satisfaction, improve client follow-through and adherence, and enhance ability to handle a range of difficult issues.

We have made the case elsewhere for veterinary communication programs to rely on communication research in both human and veterinary medicine as we move forward because the outcomes that communication are shown to influence are important in both contexts.[7] Accuracy, efficiency, supportiveness, and the additional outcomes listed in Box 1 are critical in human and veterinary medicine. In both professions, a basic unit of care is interaction between people, including veterinary-client and physician-patient interaction and communication with the patient's significant others and with members of the professional team. Given these similarities, it is not surprising that the communication skills and processes shown to be effective in human medicine are also applicable to veterinary medicine.

In response to these developments, veterinary schools are employing a variety of approaches to increase student understanding and awareness about communication. To date, a handful of veterinary schools have invested heavily in the design, delivery, and assessment of evidence-based approaches to enhance not only communication knowledge and awareness but also communication competence.

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Box 1: Outcomes that clinical communication impacts in health care

More effective consultations for doctor and patient

- Accuracy
- Efficiency
- Supportiveness
- Better relationships and/or partnership
- Better coordination of care

Improved clinical outcomes

- Better understanding and recall
- Better adherence and follow-through
- Improved symptom relief
- Better physiological outcomes
- Greater patient safety
- Enhanced patient and doctor satisfaction
- Greater time savings
- Reduced costs
- Reduced complaints and malpractice litigation

However, even the best of these programs will be rendered less than effective if there is no consistent and coherent follow-through in the "real world" of practice. The purpose of this article is to take communication teaching and learning in practice settings to the next level. We first discuss the importance of communication in veterinary practices settings. We then focus on what communication coaching is all about and how to put this kind of coaching into action in practice settings. To conclude, we offer suggestions for increasing the success of a communication skills teaching and learning program in practice settings and an overview of some essential organizational and operational structures and formats that must be in place to ensure the success of the program. This article provides a very comprehensive outline of how to teach and coach communication in practice and it is important to note that it does in fact take longer to say what needs to be done than to actually do it.

The approaches for enhancing communication teaching and learning in practice settings that we present here will have relevance for veterinary educators, including course or rotation directors and administrators, clinical teachers who are practicing clinicians, and veterinary practice owners who want to improve communication in their own practices. We use the term "learner" to mean anyone we are coaching, from students to senior members of the practice. The series of workshops that were the basis for this article were conducted for primary-care educators. However, the evidence-based approaches for teaching and learning communication that we present here are equally relevant to primary and specialist care, to small practices and large veterinary hospitals (including veterinary teaching hospitals), and across the spectrum of large and small-animal practice. We will focus here on enhancing the communication skills and capacities of veterinarians and on veterinary-client communication. These same skills and approaches can be adapted for use with receptionists, technicians, and others who are part of the veterinary practice team.

Why Coach Communication in Veterinary Practice Settings?

As with all clinical skills, there are two essential contexts for teaching and learning clinical communication: The formal curriculum and the informal curriculum.[13] Both are significant and coaching is important in both. The formal communication curriculum comprises dedicated courses or modules within veterinary schools and continuing education courses. The informal communication curriculum in the "real world" of practice includes:

- "In-the-moment" teaching, i.e., specific follow-through focused on clinical communication and the integration of communication with other clinical skills that takes place in practice settings;
- Modeling of effective communication skills and talking about both the effective communication skills and the less than effective communication skills we model during rounds and other clinical settings just as we do with clinical reasoning, physical examination, and other procedural skills, and medical technical knowledge;
- The "hidden curriculum" of how we treat learners and how they see us treating others in our practices.

To maintain and advance their communication competence, senior DVM students and new graduates will require communication role models, ongoing observation, feedback, and coaching—in other words, intentional, skillful mentoring in practice settings. Indeed, as veterinary medicine continues to deal with the challenges of running a practice in the twenty-first century, veterinarians at all levels will need to develop and continue to advance their communication competence through these same processes.

The informal curriculum is influential in veterinary school clinical rotations and some electives, during interns' and residents' clinical experiences, and throughout one's career as a veterinarian. This informal curriculum provides essential follow-through in real life that reinforces and deepens previous learning and validates applicability of communication skills in the "real world" of practice. It provides opportunities to learn new communication skills and apply previously learned skills in both routine and increasingly complex situations. The coaching that happens in practice settings has the potential to reach performance issues that other types of training cannot. Consistent and excellent coaching in practice settings is critical if we are to move clinical communication skills to a professional level of competence.[a]

The teaching and learning of clinical communication skills requires the same level of attention and intentionality as the teaching and learning of any other clinical skill. Whether the informal curriculum works to best advan-

Box 2: What it takes to learn and coach communication skills

- Systematic definition and delineation of the skills to be learned
- Observation of learners performing the skills (live and on video)
- Well intentioned, detailed, descriptive feedback (guided reflection, preferably with video)
- Practice and rehearsal of skills
- Planned reiteration (a helical reiterative model)
- Interactive small group or one-on-one teaching format

tage in practice settings (or not) depends on the level of awareness and the modeling and coaching skills of those who take on the role of coach. Reading articles, attending lectures, and watching demonstrations (live or videotaped) during staff meetings or rounds can be useful ways to raise awareness and increase knowledge about communication, this article focuses particularly on the coaching and feedback skills necessary to enhance communication skills and competence in practice.

WHAT IS COMMUNICATION COACHING?

So let us turn to coaching. How do we define it and what do we need to do to develop the coaching skills needed for teaching clinical communication effectively in veterinary practice settings? To start, it is useful to understand what it takes to learn communication skills.

Knowledge about clinical communication is helpful but it does not translate directly into performance. The six elements that are essential to teach and learn clinical communication skills are delineated in Box 2.[13] These are the same elements that are needed to teach other clinical skills or to do athletic coaching. In each case coaches and learners are working not only to increase understanding but to change behavior, to enhance skills.

On the other hand, it is important to recognize that communication teaching and learning—communication coaching—is also different. The first difference is that people's perception of how they communicate, and whether they think they are good communicators or not, is personal. Communication is closely bound to our self-concept and self-esteem—we tend to think we communicate in certain ways because that is who we are inherently rather than because that is what we have learned to do. This difference influences the way we engage in feedback and makes it essential that communication coaching take place within a highly supportive relationship and environment.

The second difference is that, unlike other clinical skills, people don't start from scratch; they come to the setting with pre-existing communication skills and well-established habits that might or might not be effective in achieving practice related goals. For better or worse, people get attached to their communication style and tend to think of it as part of their personality. They expect others to adapt to their style rather than develop a broad and flexible repertoire of ways of relating and communicating that would allow them to respond appropriately to the individual needs of clients and co-workers and to respond differently even with the same individual as situations require.

Third, communication skills are more complex than simpler procedural skills and always involve a great many variables, including many that are not controllable, such as those that come from the potentially complex person with whom we are communicating. Fourth, there is no achievement ceiling—we never really arrive at the point where we can take our communication performance for granted. Facing new situations or contexts or even medical problems with which we are not familiar can set our communication skills back. This is similar to what happens after one has been skiing expertly on packed powder all morning and unexpectedly runs into ice or white-out conditions—suddenly it feels overwhelmingly challenging, as though our skiing skills have deserted us. Similarly, any hit to our confidence as veterinarians can set our effectiveness back. In any case, the evidence is clear that we can continue to revitalize and enhance our communication skills throughout our professional lives.

Finally, since formal, evidence-based communication training is so new in veterinary medicine this is one area where the coaches or instructors may have less training than those whom they are coaching. Keep in mind that a variety of individuals may coach clinical communication in practice settings, including practice owners, senior and junior veterinarians, veterinary technicians, residents, and interns. Add together (1) the ways in which communication teaching and learning are different and (2) the significant impact communication skills can have on outcomes, and it becomes evident why it is so important to take care with how we coach communication skills in veterinary medicine, who coaches, and what we teach.

We have chosen to use the term "coach" in this article because veterinary educators are currently using this term. By coach we do not mean the hard-nosed, overly directive style of some athletic coaches. On the other hand, we are also moving away from the *laissez-faire*, "do not intervene unless asked" style that fails to offer structure, often lacks rigor, and does not challenge learners to move to their next level. The decision to coach communication in practice contexts is about getting out of the traditional boxes of either directive managerial or supervisory approaches, or of doing too little to address issues or move learners to excellence. While there may be times when these extremes at either end of the mentoring continuum are useful, neither is helpful as the primary approach in communication coaching.

What is more effective? Communication coaching is a way of thinking and interacting with people that communicates high expectations, respect, and caring. Effective communication coaches do all that they can to help people improve and succeed. This is not the same as just telling someone what to do. They give clear direction regarding what needs to be done but tend to ask guiding

(Socratic-type) questions to redirect or give the learner opportunity to think and to see if the learner can discover the answers for themselves. Effective coaches help learners understand what they need to know and do, what they need to repeat or try again differently, and what they need to change. The focus is on skills and the feedback is a dialogue (rather than a mini-lecture) that includes discussion about skills that are missing or need work as well as skills that are working well. Effective coaches think and communicate flexibly, adapting what they say and do to the needs of the specific learner. For example, they pay close attention to and check the assumptions they are making: Does the learner know what they don't know and what they need to do differently or does the learner lack an understanding of their limitations? Effective coaches intervene differently in each situation. In other words, effective coaching is like effective veterinary-client communication. Different individuals and different situations require different approaches; one size does not fit all.[14]

COMMUNICATION COACHING IN ACTION

In Box 2 we identified the essential elements that communication coaches need to build into their clinical settings to structure learning and move toward enhancing not only understanding and awareness but actual competence.

Systematic Delineation and Definition of Skills

The first essential element is to decide on what skills to teach. We have found it helpful for coaches to think in terms of three slightly overlapping sets or types of communication skills.[13]

- Content skills—what you say and understand the other person to be saying
- Process skills—how you communicate
  - How you structure interaction
  - How you relate to clients
  - How you use and interpret nonverbal skills or behaviors
- Perceptual skills—what you are thinking and feeling
  - Clinical reasoning, problem solving, and other thought processes
  - Attitudes, biases, assumptions, and intentions
  - Emotions and what you do with them
  - Capacities such as compassion, mindfulness, integrity, respect, etc.

These three types of communication skills are highly interdependent—a weakness in one is a weakness in all. Left to our own devices, we tend to give least conscious attention to our process skills in both education and practice despite the fact that they are so important. The primary emphasis of clinical communication coaching is therefore justifiably on communication process skills, but with significant secondary attention given to content and perceptual skills and to the influence each of the three types of skills has on the other.

Identifying the specific communication process skills that make a difference is an important next step in defining the skills to teach. While several skills models and frameworks are available,[14–19] one of the most comprehensive and applicable guides for teaching communication skills in veterinary medicine is the Calgary Cambridge Communication Process Guide and its companion Content Guide (collectively, C-C Guides).[6,13] The C-C Process Guide comprises 72 highly evidence- based communication process skills that are applicable to routine and complex cases, and to an array of issues in veterinary medicine (i.e., culture, finance, end of life, welfare, ethics). Originally developed in faculties of medicine at the University of Calgary (Canada) and, with later collaboration, Cambridge University (UK), the Guides are widely recognized and used worldwide in human medicine, and for the last dozen years in a variety of veterinary contexts.[b] Box 3 shows the organizational framework for the C-C Process Guide.[6,13]

The guides are the backbone of communication coaching, learning, feedback, and assessment. They are cross-culturally applicable and have been translated and used on five continents. In addition to delineating the communication skills that make a difference, the C-C Guides provide an accessible summary of research on clinical communication—the skills are validated.[6] The guides serve as a memory aid for keeping the skills in mind and organized. A framework for structuring systematic development of communication competence, the guides offer guidance with considerable latitude. The C-C Guides serve as the basis for comprehensive rather than hit-and-miss feedback. This does not mean that every skill will be discussed in every feedback session—the guides allow coaches and learners to pick and choose the skills to focus on in any given interaction. Providing a common foundation for communication teaching and learning at all levels, the C-C Guides are applicable to both DVM students and veterinarians who have 30 years' experience.

Observing Learners in Action

The second essential in Box 2 for coaching communication is observation of learners while they communicate with clients or other individuals and patients. No one would attempt to coach a professional tennis player based on that player's verbal or written accounts of their last game. Athletic coaches observe both practice sessions and games. Careful observation rather than self-reports from the learner are just as necessary when coaching communication in veterinary medicine, although it is admittedly often more difficult to find time to do it. One solution is to observe the learner in real time and intervene if necessary or useful, by modeling relevant communication skills followed by a debriefing meeting immediately following the client interaction. During the debriefing and depending on time available, feedback, discussion, and rehearsal of alternative approaches focus on a limited number of skills or selected parts of the interaction. For a detailed example of one strategy for intervening in real time with learners who are not doing well at giving bad news and not asking for help, see Back

Box 3: Expanded framework for the Calgary-Cambridge Guides: Communication Process Skills

Initiating the session

- Establishing initial rapport
- Identifying the reason(s) for the patient's attendance

Gathering information

- Exploration of the patient's problems
- Additional skills for understanding the patient's perspective

Providing structure to the consultation

- Making organization overt
- Attending to flow

Building the relationship

- Using appropriate nonverbal behavior
- Developing rapport
- Involving the patient

Explanation and planning

- Providing the correct amount and type of information
- Aiding accurate recall and understanding
- Achieving a shared understanding: incorporating the patient's perspective
- Planning: shared decision making
- Options in explanation and planning
  - if discussing opinion and significance of problems
  - if negotiating mutual plan of action
  - if discussing investigations and procedures

Closing the session

- Forward planning
- Ensuring appropriate point of closure

et al.[20] A second option is to video or at least audio record learners during their consultations. Professional ethics require informed, written consent from learners, clients, and anyone else who will be on such recordings before any recording is made. The video or audio recording can then be replayed and discussed with learner(s) and the coach present and at an arranged time when all parties are available. A third alternative is role play or simulation using practice-based, real case examples. This is also an excellent way to set the stage before going to real-time observations for what the learner can expect in terms of the coach's approach to providing communication training and what the feedback process will consist of. It gives the coach a chance to practice his or her coaching style away from the demands of actual patient care.

The feedback session will be much more useful and concrete if the coach and any other observers write field notes while they observe. Having a copy of the C-C Guides to refer to as you observe helps you keep the skills in mind. Jotting down specific bits of what learner and client are actually saying is particularly helpful—the dialogue notes enable you to explain your comments using concrete examples rather than generalizations as you coach. If multiple observers are present, assign note-taking and feedback responsibility for a specific section of the guides (i.e., initiation, gathering information, and so on) to each observer.

THE FEEDBACK PROCESS: AGENDA-LED OUTCOME-BASED ANALYSIS (ALOBA)

After observing learners in action, the third essential for teaching and learning communication skills is well-intentioned, detailed, descriptive feedback, the process by which coaches and others hold a mirror up to reflect back to the learner what they saw. Traditionally, the rules of feedback have been to start with something good, to point out the learner's faults, omissions, or inaccuracies, and then to point out how to do things differently. For the most part, attention to the importance of a supportive relationship for giving feedback has been overlooked. Coaching learners requires the use of well-intentioned feedback. Students, veterinarians, interns, and residents with whom we have worked have all talked about the negative impact overly critical or overly positive feedback has had on their ability and desire to learn. They talk about feeling belittled and beaten down and about the lack of concordance between what the coach wants them to work on and what they perceive they need or want to work on. This kind of tension tends to generate defensiveness rather than learning and forward movement. An alternative set of strategies for analyzing interactions and giving feedback is agenda-led outcome-based analysis (ALOBA),[13] an approach that is designed to maximize learning and safety.

ALOBA is a much used and well-recognized framework for organizing and leading feedback sessions in communication programs in human and veterinary education. This approach is based on the premise that feedback should not be a mini-lecture in which an expert or a peer essentially evaluates the learner's performance. With ALOBA, instead of giving feedback coaches engage learners in a more interactive, participatory exchange of opinions and ideas. As agenda-led suggests, the ALOBA approach insists that coaches start with the learner's agenda, what she or he wants to work on. The agendas of the coach and any other observers can be added in later. The coach's task at the outset is to help the learner identify areas for development as well as the intended outcome(s) for the interaction. Ideally, this agenda setting takes place before the clinical encounter and again at the beginning of the feedback session to see if any new agenda items have emerged for the learner.

The outcome-based analysis part of ALOBA relates to a second premise: communication skills are not inherently good or bad but rather more or less effective depending on the outcomes the participants of the interaction are

trying to accomplish in the encounter. In veterinary medicine, this potentially involves three different sets of outcomes, including those the veterinarian is working on at a given moment in the interaction, outcomes the client is trying to achieve at that same point, and the needs of the animal if relevant at that point in time. The coach's task in ALOBA is to move feedback from lecturing the learner about what she or he did that was good and what was not good, to discussing if what the interviewer was doing was getting the three sets of desired outcomes accomplished.

ALOBA transforms feedback from an evaluative lecture to a descriptive problem solving session. For example, the coach or the learner might tag a specific skill or skills set by saying: *I'd like to look at the use of questions at the beginning of the history.* Then (instead of just telling the learner how she or he was doing at that point) the coach engages the learner by asking a series of questions and allowing time for the learner to respond after each question: *What outcomes were you working on at that point in the interview? What was the client trying to accomplish at that same point?* If the animal had needs that were evident, the coach might add: *What did the animal need just then? Was what you were doing a good way to get to where you and the client wanted to go and to respond to what the patient needed?* If what transpired worked well, the coach might first acknowledge the learner's success and then help the learner to articulate exactly what she or he did and which skills were used to make the interaction effective.

As Barbour[21] suggests, all communication can be boiled down to two approaches: the shot-put approach and the Frisbee approach. Shot putting in the coaching context is akin to just preparing your feedback, heaving it out there to the learner, and moving on to something else. Frisbee communication within the coaching relationship is a conduit to self-discovery and self-awareness for the learner. ALOBA contributes to the development of a supportive relationship and increases chances of the feedback sticking and enhancing performance next time around. Frisbee communication is a back and forth interaction where there is mutual acknowledgment and endorsement of one another's viewpoint and where participants arrive at common ground by talking with one another, thereby building trust, which is the cornerstone of relationships.

HOW ALOBA WORKS IN PRACTICE SETTINGS

In practice settings, communication coaching can happen during clinic hours if just a little extra time is scheduled between patients or it can occur after hours in longer sessions, for example, during rounds or with the assistance of video or audio recordings. In either case, time must be made available to the coach to observe the learner and engage in feedback. The same communication skills and ALOBA process work in both contexts, but they are truncated to focus on only a few skills at a time if the feedback session is limited to only a few minutes on a busy clinic day. Scheduling time to engage with learners in both kinds of sessions is optimal.

The diagram in Box 4 maps out how to organize a feedback session using ALOBA.[13] Note how the diagram follows a similar pattern to the consultation. Just as in the C-C Guides to the consultation, building relationship and providing structure are represented as continuous threads occurring throughout the teaching session. These two tasks are in sharp distinction to the remaining tasks (i.e., initiating the session, gathering information, explanation and planning, and closing the session) that follow a more step-wise progression and are performed roughly in sequence as the session continues. Both building relationship and structuring the session are important coaching skills. They represent two key responsibilities of coaches in any small group or one-on-one teaching session, whether or not the subject matter is communication skills. The skills required to achieve these tasks are the same as those listed in the C-C Guides, but are here applied to the learner or group of learners. This sequence or structure for a session is not set in stone—the pattern is meant to be applied flexibly. Coaches will need to adapt the ALOBA map to suit the needs of individual learners, just as veterinarians have to adapt the skills on the C-C Guides to meet the needs and personalities of individual clients or patients. It is evident from looking at the diagram that coaching and feedback are not quick transmissions but rather processes that are helical in nature[c] It is most helpful if the coaching session begins away from the patient and client, then moves to the interaction with patient and client, and then moves away again for the feedback discussion.

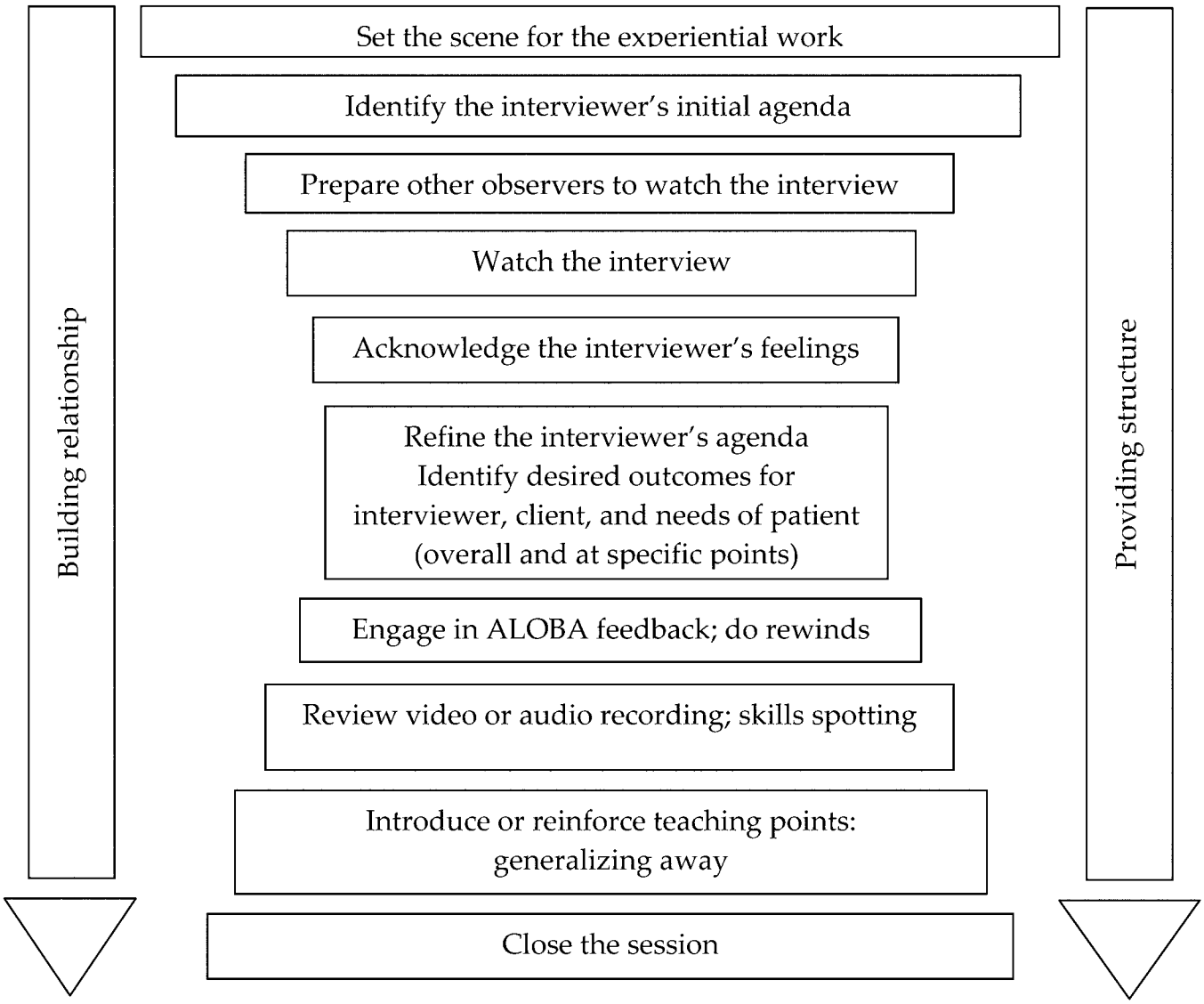
In general, we must begin by designing a learning environment that puts the learner's veterinary practice at the center of attention.[22] This includes getting to know the learner, client and patient issues, clarifying the learner's role in the upcoming interaction, and ensuring that the exam room and recording equipment are in place.

The next step is to identify the learner's goals in a way that helps them to think about and discover what they would like to work on or accomplish. As a coach we want to help the learner to be as specific as possible so that subsequent feedback can be sure to relate to specific skills on the guides. If coaches are unclear about what to watch for they risk providing weak or off the mark feedback that does little to help the learner to develop his or her communication skills. The following are some sample questions to get started with agenda setting:

- What would you like to work on during this interaction with the client and patient?
- What challenges or issues have your experienced in the past and what would you like to focus on today to help increase your confidence and capability in dealing with these issues?
- Is there anything in particular that you'd like me to focus my feedback on?

Even though we have framed this example of the coaching process as a one-to-one exercise, it is likely that the coaching process will take place in a busy setting with more than just the coach and interviewer participating. So we must also ensure that the rest of the team is aware of what is going to take place and that space and time are available for the learning process. After the interaction has taken place and you have had a chance to observe, in real time or from a recorded version, it is time to acknowledge the learner by asking:

Box 4: How agenda-led outcome-based analysis works in practice



From: Kurtz SM, Silverman JD, Draper J. Teaching and learning communication skills in medicine, 2nd ed. Oxford (UK) & San Francisco: Radcliffe Publishing; 2005.

- How are you doing?
- How are you feeling?
- How do you think that went?

Take time to revisit the learner's agenda and invite discussion about whether or not she or he would like to refine their goals based on unforeseen challenges or successes that emerged during the consultation. Determine if there are any different outcomes that they would like to explore and make a plan for going into the feedback session in terms of clarifying what changed as a result of the interaction. You might structure your conversation something like this:

- Let's go back to the goals that you set before the interaction and see if anything has changed. Were there some unexpected challenges that we can use as a basis for thinking about additional goals or some successes that we can build from as we refine your agenda going forward?
- What surprised you in this interaction?
- What did you do well given your intended outcomes for this session?
- What would you like to do differently?
- What makes this difficult for you?

Next, offer feedback and the opportunity to rehearse skills. Ensure that this session again starts with the learner, including which areas of the interaction to focus on and whether or not to watch the recorded version (if available) as a means to review sections that worked and those that did not. Remember to get the learner to rehearse new ideas. In this case the coach might assume

the role of the client so that the leaner can rewind or do over parts of the interview, for example, by trying a new way of formulating a question or relaying information.

If you are working from video or audio recordings rather than live interview, you will play parts of the tape and pause for discussion whenever the learner, the coach, or other participants spot something they wish to discuss. If working from a live interview, either engage in feedback immediately after the client interview and direct the learner to review the video later or encourage the learner to review the session on his or her own and then set up a follow-up session to go look at areas of the interaction that the learner wants help with. During this session the coach must add in his or her ideas and thoughts, reinforce the important teaching points that came from the session, relate teaching points to the literature, and make plans going forward including additional coaching sessions and discussion of how to integrate the major teaching and learning points into subsequent interactions.

Practice and Rehearsal of Skills

While learners benefit from observing experts as they interact with clients, seeing excellence demonstrated and recognizing it as such does not necessarily improve the observers' performance of clinical communication any more than the concept that seeing excellent tennis demonstrated improves the observer's game to an expert level of competence. Learners may benefit from observing expert veterinarians interacting with clients, patients, and others, but just observing is insufficient. As Back et al.[22(p.161)] indicated, the old nostrum of "see one, do one, teach one" does not work when it comes to the development of clinical communication competence. If changing behavior or enhancing skills is the objective, learners need to be given opportunity to practice complete interviews as well as individual skills. The key is guided practice and self-reflection with feedback. Clinical communication can and should be taught at the practice level with as much intention and rigor as other aspects of clinical competence. This article moves us toward that goal.

Planned Reiteration and Deepening of Skills

Learning, like good communication, is a helical rather than a linear process. Once and done is never enough. Achieving competence requires reiteration and deepening of skills in a variety of contexts if learning is to be effective—teaching and learning clinical communication requires coming back around the spiral of learning multiple times, hopefully reaching a higher level with each experience.

Preconditions Necessary to Develop and Maintain Communication Teaching and Learning in Veterinary Practice Settings

In addition to mastering appropriate coaching methods and developing conceptual maps about what it takes to teach and learn clinical communication, it is necessary to attend to a set of preconditions that are essential for the success of any communication skills program. Attending to these preconditions is important regardless of whether we are talking about veterinary education or veterinary practice. Success begins with the creation or maintenance of a supportive workplace that strives for the same level of partnership that we are trying to achieve within the veterinarian-client relationship. Relationships between people across all levels of the organization make a crucial difference to communication and communication teaching and learning in human and veterinary medicine. First introduced in 1994 in human medicine, relationship centered care (RCC) is a way of thinking how to develop veterinary practice and education at a higher level of supportiveness and overall success.[23] In all of the contexts that we work to enhance communication competence, relationship means reciprocal influence, that is, partnership. The underlying principles of RCC have been adapted to apply to any relationship-centered process, and coaching does require the development and ongoing maintenance of a relationship.[24] These adapted principles of RCC include:

- being personally present and inviting others to do likewise;
- speaking the truth and listening to understand;
- valuing difference and diversity as a resource; and
- letting go of control through attention to, and trust in, the process of interaction with the other individuals who are involved.

Relationship-centered administration or leadership calls for the same level of partnership, respect, and commitment to well-being and health as we are aiming for in our work with students, clients, and patients in the primary-care role.[25] A relationally coordinated environment calls for the coordination of relationships and effort that reflect shared goals and knowledge plus mutual respect.[26] We propose that RCC, with its emphasis on the importance of relationships and the creation of a relationally coordinated work environment, is a highly appropriate framework for formulating, maintaining, and developing a platform for communication teaching and learning across contexts in veterinary medicine. The communication skills and capacities inherent to the relationship-centered process must be part of what and how we coach.

Dedicated or explicit communication teaching and learning are, of course, not yet widespread in veterinary education let alone veterinary practice settings. We cannot force people into being supportive or wanting to partner with others, never mind expect them to want to learn communication skills. So it is useful to reconsider our hiring practices. Do we hire people who are relationally competent or just technically safe? A large body of literature in human medicine shows that the relational capacities of teams, including the ability and desire to work on a team, affect every aspect of organizational performance.[27,28] Implementation of the communication paradigm that we have been talking about requires that we hire people with clinical skills, knowledge, and the ability and desire to work well in a team. Consider interviewing people who communicate respect for other people and are flexible, motivated, accountable, professional, and can illustrate effective communication in their own work and their work with others. Incoming employees must be informed about what the organization's or practice's values are, made aware of the processes that will unfold to support clinical communication skills, and be prepared to participate in the process.

Another considerable contributor to the success of communication teaching and learning is the creation of space within the practice setting, keeping in mind that practices and teaching hospitals are simply not standardized or controlled environments in the way that veterinary medical education communication facilities are. We need to think and talk about communication venues like staff meetings or rounds. How might they serve as starting points or places to raise people's awareness about communication? Another feature of success is a commitment to continuing education or advanced training that supports junior and senior people to coach communication to a higher level of competence, dedicated resources (cameras, audio recorders, one-way mirrors), and scheduling so that there is time between appointments to provide feedback with opportunities to re-rehearse in subsequent contexts or interactions. We know that when clinicians try to enhance existing skills or develop new ones, the change in their routines often means that they will temporarily take slightly longer to complete their interactions with clients. To return to the skiing analogy, a run that took someone 45 minutes to get down when they were learning to ski, now takes about 3 minutes. The mountain and the conditions did not change, their mastery of the skills did. Without dedicated time and resources to teach and learn communication, it simply will not happen. Challenges and preconditions abound, the relationship between communication and important outcomes is too compelling to be left unattended.

Suggestions for Effective Coaching in Veterinary Practice Settings

A prevailing theme across coaches and contexts is the fact that communication teaching is often a difficult and challenging form of teaching and learning for the coach and the learner for many of the reasons that we have listed above (e.g., communication skills are closely bound to self-esteem). Another factor that makes this type of teaching or coaching challenging is the fact that veterinary coaches have, for the most part, had little to no formal communication training, and so their learning curve is steep. They have to develop their awareness about their own communication skills and areas for development plus skills and processes that are required to coach another person. This is no small feat! The following list of tips is intended to raise awareness about what to focus on during coaching and coach training. This list is derived from (1) the authors' experiences working with coaches and learners in veterinary education and practice as well as human medical education and practice; (2) veterinarians who are coaching everyone from students to each other; and (c) residents and interns who are coaching students and each other within teaching hospitals and other clinical settings. These sources have provided us with a plethora of feedback regarding the aspects of coaching that are particularly challenging and must be attended to in order to move the clinical communication agenda forward. From many sources, this list validates and concisely summarizes much of what we have said throughout the article:

- Pay attention to how you get started, including preparing the teaching and learning environment for buy-in and success
- Balance the agenda of the learner with the expectations of the coach, especially when these are out of line; identify teaching opportunities that the learner perceives to be valuable
- Deal with defensiveness (e.g., learners that are not used to being observed), rather than shy away from it
- Familiarize yourself with the evidence-based communication skills and relevant literature to back up coaching
- Shift from perceiving feedback as a lecture to perceiving feedback as a dialogue
- Encourage and facilitate self-discovery (Socratic-type questioning), and the use of teaching exercises, rather than just telling learners what to do
- Give feedback in a timely manner
- Think in terms of outcomes to decide what is effective—what the veterinarian is working on, what the client is trying to accomplish, what the patient needs
- Ensure that coaching is balanced between what works well and what works less well
- Ensure that coaching works toward the integration of medical technical skills and awareness and communication process skills and awareness
- Create opportunities for practice and deepening of skills following the feedback process
- Facilitate learning at just the right moment so as to enhance the impact and utility of the coaching process
- Structure the coaching process
- Find adequate time to observe, be observed, and coach (i.e., talk about what is observed) in busy clinical settings
- Be prepared to manage a wide range of teaching agendas
- Discuss sensitive issues that the learner may or may not be aware of
- Obtain feedback from the client with a simple survey or face-to-face conversation
- Balance inconsistent or unintentional modeling with deliberate and intentional coaching and modeling
- Maximize the coaching process to include as many learners as possible (senior and junior professionals or staff being available to observe and participate in the feedback process)
- Get really specific about skills in terms of naming and noticing them
- Deal with lack of buy-in through role modeling, education, and patience
- Seek opportunities for ongoing coach training and feedback about your coaching

One last tip is important: be aware of underlying forces that might be at work in the event that your efforts to develop and deliver a communication skills program in practice are met with defensiveness, whether due to uncertainty or outright resistance. It has come to our attention that not everyone is as enamored with teaching and learning communication in veterinary medicine as we are. We can understand this even though we disagree. Students and/or staff may have misperceptions or assumptions that can get in the way of buy-in or uptake of any effort that is put into developing communication teaching and learning strategies in practice settings. The first of these assumptions is the commonly held belief that communication is optional with no scientific backing. This assumption has certainly decreased as more communication research is being done in veterinary medicine and awareness of communication research in human medicine rises. That said, the fact that research findings are available does not mean that people have time to or choose to read the studies. Working within a practice is hectic; clinicians go from appointment to appointment with little time to read or even reflect. The reality is that communication is a core clinical skill and there are 40 years of research in medicine and 10 years in veterinary medicine that confirm the relationship between communication and outcomes of care. The second commonly held assumption is that communication is a personality trait. You have probably heard someone say, "It's not possible to teach a skill like empathy, either you have it or you don't." The truth is that communication is a series of learned skills rather than a personality trait, and anyone who wants to learn can. The third assumption is that experience alone is an effective teacher of communication skills when in fact experience may simply reinforce certain habits, with minimal to no ability to discern between good and bad habits. It is important to get a handle on how people think about communication in veterinary medicine as this will determine their investment in taking up or even supporting communication skills training and coaching.

As we noted earlier, teaching and learning communication skills requires a systematic definition and delineation of skills; observation of the learners that is direct (i.e., inside the exam room with the learner or outside using one way mirrors and audio capability) or indirect by recording veterinary-client-patient interactions; well-intentioned, detailed, and descriptive feedback; opportunities to re-rehearse skills in helical fashion; and working in a small group or one-to-one learning environment. A similar process is also required when we are training new coaches or helping seasoned coaches to increase their competence in the practice setting.[d] Find out about the assumptions that people bring to communication skills teaching and learning and offer the evidence that is presented in this article and elsewhere to help replace those assumptions with more accurate perceptions and to get better buy-in.

CONCLUSION

Based on the increased attention that communication skills teaching and learning is receiving in veterinary education and the evidence regarding clinical communication, it is imperative that graduates receive work-based coaching and continuing education opportunities to maintain and expand their communication competence throughout their career. Among the most important messages detailed in this article, we offer the following points to help sharpen our focus for the implementation of a practice-based communication skills teaching and learning opportunities:

- Communication skills teaching and learning can be done in veterinary practice settings through the adaptation and application of what is being done in communication skills training programs in veterinary schools and human medicine.
- Excellent coaching in practice settings is critical if we are to move clinical communication skills to a professional level of competence.
- Evidence-based frameworks for communicating, coaching, and the feedback process can and should be used to achieve essential outcomes in veterinary practice.
- Veterinary medical education communication programs will be rendered less effective if practice level training is inadequate, inconsistent, or nonexistent.
- The evidence-based approaches noted in this article are highly applicable to all facets of veterinary medical practice.
- Skills and approaches can be adapted for use with all members of the practice team.
- Preconditions are necessary for success including a supportive work environment (with attention to the principles of relationship centered administration), hiring practices that strive for relational competence, time to coach and be coached, ways to record interactions for the purpose of feedback and rehearsal, and training for the coaches.

Getting excited about and committing to this work is like switching on a light. Suddenly we can see ourselves doing things differently and reaping the rewards, including improved outcomes of care and a more relationally competent team of professionals and staff. Each of us will approach this work a little differently based on our contexts. While there are evidence-based guidelines that must be taken into consideration when designing and implementing coaching and feedback in practice settings, each of us will adapt these strategies according to our setting. If you catch yourself asking, "am I a bad coach or is my team just hopeless?", revisit this work and the references laid out within. Good coaching takes time to learn and it is well worth the investment.

NOTES

a See Wouda, JC and van de Wiel, HBM (The communication competency of medical students, residents, and consultants. *Patient Education and Counseling.* 2012; p. 86, 57–62) for a thought provoking study showing that neither physicians in training nor experienced physicians reached an expert level of communication competence in a simulation on breaking bad news to patients.

b To view the complete Calgary Cambridge Process and Content Guide for Veterinary Medicine, see www.vetmed.wsu.edu/ClinicalCommunication/.

c For a detailed description of the principles of ALOBA and how to structure a coaching session, see chapters 5 and 6 in "Teaching and Learning Communication Skills in Medicine" (Kurtz et al., 2005).

d Contact the authors for additional information regarding coach training programs.

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