



Kara Ware: [\(00:00\)](#)

This is Good Medicine *On The Go*.

Nathan Morris: [\(00:10\)](#)

So Kara, let's go back in time to the early 2000s. Let me give you a little sound effect. [inaudible 00:00:15] book has just been admitted by some Harvard dropout, and I think we know that went really well. Ben Affleck is the sexiest man alive. [inaudible 00:00:29], and the first cell phone to have a built-in camera is released in the United States.

Kara Ware: [\(00:36\)](#)

And life will never be the same again, that's for sure. It is also around this time that Margaret Moore, our guest today, was working as a C-level executive in the biotech industry. It was here that she noticed all the highly educated and incredibly smart people around her were not doing a really great job of taking care of their health. They knew what to do, of course, but they just were not doing it, which is, as we know, what sets people on the path of chronic disease. So, this was the puzzle that Margaret set out to solve, and you will hear how this was her bridge from the biotech world into health coaching, where she has dedicated the past 20 years to understanding the disconnect between knowing and doing. And along the way, she helped to develop a major missing piece in our healthcare system.

Kara Ware: [\(01:42\)](#)

Hello and welcome. I am Kara Ware, a National Board certified health coach and business advisor.

Nathan Morris: [\(01:50\)](#)

And I'm Nathan Morris, a medical doctor certified in functional medicine, and the sexiest man alive in my house.

Kara Ware: [\(01:56\)](#)

And this is Good Medicine *On The Go*.

Nathan Morris: [\(02:01\)](#)

So what did Margaret Moore figure out, Kara? What was she picking up on back in the early 2000s?

Kara Ware: [\(02:07\)](#)

Well, Margaret, also known as Coach Meg, what she noticed was that their healthcare workers, in the healthcare field, they were telling patients what to do and then labeling patients non-compliant if they weren't doing as told. And as we know, compliance with someone else's plan is not the path towards true transformation. So Coach Meg, she realized that patients needed help creating and sustaining positive change, and this was the missing intervention in healthcare that she identified.

Margaret Moore: [\(02:39\)](#)

I wanted to really bring a new skillset and professional to the healthcare world that was the expert in helping people improve their health and wellness, which means changing behavior and mindsets. So I



looked at this field as a new intervention that could make a really big difference in human health, alongside a lot of medicines and vaccines and devices.

Kara Ware: [\(03:07\)](#)

And what she was picking up on all the way back in 2002 was the need for a health coach's role as part of the healthcare team. Now today, how coaches have yet to be fully embraced by the medical providers and patients, to be honest. It's a growing profession, and despite the fact that over the past 20 years social scientists have validated our techniques for enacting sustainable change, and not only has the profession, the health coaching profession, become more and more mainstream with several certified programs offering from well-respected institutions like Duke and Stanford, even major medical centers are hiring health coaches like the Cleveland Clinic, Mass General and John's Hopkins Hospital.

Nathan Morris: [\(03:51\)](#)

I feel safe to say, clearly health coaches must be doing something right. I know that, from personal experience, and adding value alongside medical providers, medical devices, and other interventions.

Kara Ware: [\(04:03\)](#)

Thank you. Nathan, I have always been so grateful. You have been open to my skillset, and as we talked about earlier, how we have been working together. In the next few episodes, we're going to explain how a health coach and a medical provider can work symbiotically to everyone's benefit, everyone's financial and emotional benefit.

Nathan Morris: [\(04:21\)](#)

Yeah, that's right, Kara. It really is a win-win-win. It is a win for the provider, it is a win for the health coach, and most of all, it is a win for the patient. I have just seen that over and over and over again as I have incorporated your skillset into my practice. And working together for six years, this has just been driven home over and over again in my head. And I remember when you first came on as my health coach, you were immediately able to convert more leads for me, which I thought was just tremendous, but not only that, you onboarded new patients on the front end before I ever saw them. And then my treatment plans were so much easier to follow for them, because I had the tools or the ability to understand what they needed to do to be empowered to follow these plans.

Nathan Morris: [\(05:05\)](#)

And it just freed up so much time in head for me, and I don't feel like I had to be all things to all people, which was quite honestly exhausting, burning me out. And you were able to reduce my stress level and I think the stress level of the patient too. Well, I know. I do not think. I know the stress level of the patient was so different. They did not look like a deer in headlights when I was explaining the treatment plan. They had the tools in place to start putting that in place and putting things in a hierarchy of how we were going to approach that.

Kara Ware: [\(05:32\)](#)

Yeah, thank you, Nathan. And they were co-creating with you so that you guys, when they walked out



the door, they are like, "Yes, I can do this," because you had genuinely worked with them to create a plan that they felt was a match to their current ability so that they felt confidence, and confidence is so important to this whole equation of implementing lifestyle changes. So, in today's episode, we want to introduce you, our listeners, to the health coach's scope of practice and the science behind it. And to help us do that. We interviewed Margaret Moore. Margaret is the CEO of Wellcoaches Corporation, an internationally renowned health coach program that has trained over 13,000 health coaches in over 50 countries. She is the co-founder and a current board member of the National Board for Health and Wellness Coaching, and co-director of Harvard Medical School's Institute of Coaching at McLean Hospital in Belmont, Massachusetts.

Kara Ware: [\(06:32\)](#)

In today's interview with Coach Meg, we're going to closely examine the health coach's unique and different skillset and how this skillset is a compliment to the medical provider. And we will also talk about the validity and the science behind the behavior and mindset change techniques and interventions through research from the fields of neuroscience, adult development, behavioral, and positive psychology that back this coaching profession. So join us in hearing from Coach Meg, Margaret Moore, right after this.

Kara Ware: [\(07:10\)](#)

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Kara Ware: [\(07:55\)](#)

Coach Meg, you have been in the biotech field prior to growing this field of health coaching. So tell me about your role and how that contributed to moving you in the direction of being a pioneer in the coaching field?

Margaret Moore: [\(08:10\)](#)

It's a great question, and I think the first thing to say is that I am by nature an entrepreneur, and I like to be involved at the beginning of things. And so, I have a degree in biology and an MBA, and I entered the biotech industry in the early '80s when it was just getting started. And, in fact, I left my native home in Canada to move to the U.K., because there really was not much happening in biotech. And I happen now to be in the coaching space in the United States, which is probably the best place to be. So, I am an adventurous soul and what interested me about biotechnology is that it was a brand new of translating science into treatments and preventions of human disease. So I was inherently, in fact, I thought about becoming a medical doctor, and instead I became a business person in biotechnology.

Margaret Moore: [\(09:10\)](#)

So over the next 17 years in four countries, I was a project manager all the way to being a CEO or COO of



a biotechnology company. I mean, I did have a marketing role in the vaccines field for several years and a big success in Europe, but largely I was managing R and D people and then raising capital to fund biotechnology inventions. And so, I was a biologist working in a world where a lot of people did not understand the science, and I was including investors, so my goal was to be able to talk to the scientists and then present their work to lay people. And hanging out with PhD scientists all the time really did stretch my ability to understand science and translate it. And so I also wanted to ...

Margaret Moore: ([10:03](#))

...translated. I also wanted to do more than I could in biotech and the reason that I moved into the coaching space is because I could see that most of my colleagues in biotech, physicians, or research scientists, were not taking good care of their own health. And of course, that puts you on a path to chronic disease and it struck me that people were not doing such a good job. Even smart people were not doing such a good job at managing their own health and wellness. And so, I wanted to really bring a new skillset and professional to the healthcare world that was the expert in helping people improve their health and wellness, which means changing behavior and mindsets. I looked at this field as kind of like a new intervention that could make a really big difference in human health, alongside a lot of medicines and vaccines and devices.

Kara Ware: ([11:10](#))

Coach Meg, tell us about this new and different set of skills that you began conceptualizing that you could bring in as the missing intervention to the medical world that is a synergistic complement, alongside medicines, vaccines, devices and medical providers.

Margaret Moore: ([11:28](#))

Right. Well, back in 2000, the coaching world in the United States and North America was driven by practitioners, not by psychologists and scientists. And so, when I arrived in this space, I immediately realized that the field had not yet translated the science that existed then, which is quite a lot, but a lot more since then, because 1998 was the beginning of positive psychology. Self-determination theory, motivational interviewing was pretty well established back then, but it was just really getting rolling in that decade. And so, there were some theories, the transtheoretical model, social cognitive theory, counseling skills. And so, I set out to create a coaching protocol that was drawing on the main theories of our times. There really were not any research papers. There was barely a definition of health coaching at that point. I pulled together a team of people who had the same interests and one example is Gabe Highstein who was a PhD student of Jim Prochaska who developed the transtheoretical model. I visited the Prochaskas way back then. And then I brought in a few others that were experts in other areas and gradually we created a protocol and we tested it to make sure that we could deliver positive outcomes. I initially trained four coaches in that first year and then we poached groups at Blue Cross Minnesota, Rhode Island, and Fleet Bank, which became Bank of America. And with three months of coaching we were able to deliver measurable behavior change.

Kara Ware: ([13:11](#))

I talk a lot about James Prochaska and the transtheoretical model of change. And one of his concepts is a



theme that runs through this entire season. A task must be an equal match to a current ability. This is exactly why we have created the different entry points into a functional medicine practice that we are discussing this season. And it is not surprising that you have worked with him to create this profession of health and wellness coaching. Tell me, what did this beta testing period say to you?

Margaret Moore: ([13:39](#))

That said to me, "Okay, we've got something that works." And then we basically turned that into the book, and we did a pilot training of about 20 people. And at that point I developed a partnership with the American College of Sports Medicine, sort of to provide external validation that what we were doing was rigorous. That led to the Wellcoaches School opening in the fall of 2002. It took us a couple of years to build the model, to test it, to write the book, to pilot the coaching, to pilot the training, pilot the skills assessment and then we were ready to launch.

Kara Ware: ([14:17](#))

And in that protocol, I've heard you say that you're training agents of mindset change, of identity change and the role identity has on health and also illness. Tell us more about those skills. How are you teaching coaches to work with patients on this changing in mindset and in identity and what does that mean for their health journey?

Margaret Moore: ([14:43](#))

Right. If we were to distill it down to the absolute basics, the first step is to help someone cultivate their own motivation. And motivation is not a continuum of a little to a lot. It has multiple facets and all of those need attention. The smallest facets are that you just feel better in some way. You sleep better, you are less stressed, you have got more energy, all the way up to this is the purpose of my life or this is the role I want to play. I want to be a model of wellbeing. That is the fuel source for the change. And then the what gets changed is competence, our ability and all that goes into that, the thoughts, the emotions, the behaviors, the mindsets.

Margaret Moore: ([15:37](#))

And generally when people who need help, because they're struggling both with having adequate motivation, but in particular, having low levels of confidence and competence or as the psychologists call it, self-efficacy, that's what's missing. And that is what must be constructed. And that construction process is the process of neuroplasticity. Because if people had the mindset, the way of thinking about things, the emotional resources, there is a construct in positive psychology called psychological capital. It stands for the acronym is HERO, H-E-R-O, which stands for hope, optimism, resilience, and self-efficacy and that is all of the competence side.

Kara Ware: ([16:30](#))

I love the HERO. I love that HERO acronym, because that is where we're helping patients to divert their time and their resources in investing in hope and self-efficacy and resilience and optimism.

Margaret Moore: ([16:42](#))

Right. And that psychological capital is being built step by step, which is not just helpful in getting healthier. It spills over into other parts of your life. If you are more confident around living a healthy lifestyle, that makes you feel good. And at your best even. That spills over to your work performance, to your relationships. And so, it is a global improvement in psychological capital that is happening. But the way that gets built is through the generative aspect of the coaching conversation. We call this the generative moment at Wellcoaches. The generative moment is the moment when someone realizes they are stuck, I cannot do this. I do not know how to do this. I have never done this. This is not going to work. All those things and that is really in their way. And our confidence directly impacts whether we move forward or not. If you think you can do it, you do. If you don't, you don't.

Margaret Moore: ([17:48](#))

You don't have to have a 10 out of 10 in confidence, but you ideally need at least a seven out of 10 or even a six and a half. People get stuck and they are stuck in their mindset. If we talk about thinking outside the box, this is sort of thinking inside the box. What gets generated is the new neural network that starts with learning something new about yourself. Self-awareness or a new skill or the possibility of a new skill and then the next level of learning is a shift in your perspective or belief or assumption. I have an assumption that I cannot fit exercise into my life, or I cannot eat breakfast or healthy breakfast, or I cannot watch TV without a bowl of popcorn or chips. These are things that this is just who I am, and this is what I do, and this is what I believe is true. And so those things are the next things that shift. But what happens, what coaches called the quantum shift takes like a year. You look back after a year and say, "Wow, I am a different person. My identity has changed."

Kara Ware: ([19:06](#))

These assumptions, I can't make time to exercise, I can't eat a healthy breakfast or I can't watch TV without a bowl of chips, these assumptions, these repetitive thoughts, they've turned into a belief set, which has turned in to an identity. And so how can we ask patients to change what they are eating? Change their habits without first addressing their thoughts, beliefs, perceptions about their current habits and how that has become part of their identity? And then likewise, how do we have different thoughts to create a better version of ourselves?

Margaret Moore: ([19:40](#))

When I started coaching, I was not a health nut. I did not really enjoy exercise. I did not like to cook. Those were not who I am. I am just not the kind of person that does that. That's why I don't think I can get very far in terms of getting healthy and that changes so that people say, "Well, I'm the sort of person now who..."

Margaret Moore: ([20:03](#))

You know, people say, "Well, I'm the sort of person now who puts exercise first in my calendar because I love the energy. I love being fit and I see myself as a fit person." What has happened over that time, through these conversations that provoke these shifts in learning skill and perspective ultimately lead to these larger shifts. In health behaviors the literature has shown forever that people can change behavior. They do it all the time. They take medicines. They get fit for a while. They lose weight for a



while and there is this nice upward trajectory of improvement. Then six months later, you are back down to baseline. That is the common phenomenon when people change health behavior. They get the fire in their belly. They make change and then they don't sustain it.

Margaret Moore: ([20:53](#))

What takes the sustaining piece? What needs to happen is that you have got to shift your mindset, your beliefs, your perspectives, and then ultimately your identity. Sustainable change is when you have changed your mindset along with the behavior. If you just change the behavior, then you do not have the approach, the mental approach, emotional approach. You do not actually have the identity that is going to sustain it. You are still the old person with the new habits. That does not last. I mean, that is what happens in reality TV shows when people lose a lot of weight. They change their behavior. The power through it, but their mindset did not get changed. Not that it cannot get changed, but sometimes it does not. They just push themselves through. When they went back to their old way, that behavior change wasn't grounded in anything that's sustainable.

Margaret Moore: ([21:47](#))

What makes change sustainable is these gradual shifts in mindset, in beliefs, perspectives, assumptions, along with the learning. That is what is not happening anywhere else on the healthcare team. No one else is devoted to helping people make sustainable change, not even over a few weeks or months, over years, which is why positioning the coach in the clinical setting where people have relationships that go on for years is ideal because it means that they do not need coaching twice a month forever, but they need it for a while. Then they settle into a routine. Then something happens and they want to get back into it. They want to make the next set of upgrades. It is a multi-year approach, really, that leads to, not just one round of sustainable change, but multiple routes of sustainable change. That is how you really get onto the path of wellbeing. You are continually working it. It's a lifelong journey.

Kara Ware: ([22:54](#))

That's how we assist medical providers to come alongside patients and help through their change process so that this journey of wellness is sustainable because they are experiencing those accumulation of ah-ha moments. Like you say, that does equal transformation, transformation of their mindset, transformation of their identity because when you think of patients who come to a practice, specifically a functional medicine practice, I have been that person who was their very first point of contact, that very first call. I hear them and they are exhausted, and they are wiped out. They're very ill.

Kara Ware: ([23:31](#))

A lot of times that identity has become who they are, is attached to that illness. Although they want to get better, oftentimes they do not feel like they can, which is that self-efficacy that you keep mentioning. A coach does come alongside and help break it down into these incremental steps and build on success because it is skill development. Over time, we have this transformation. Tell us what does that mean for a medical provider when a coach is working alongside of them, and this identity is transforming, and how that creates a patient who stays with them for the long journey, and that allows the medical piece to be successful because it all takes time?



Margaret Moore: ([24:17](#))

Exactly. The functional medicine expert, physician, or other provider can do the assessment, the deep understanding of the individual's history, medical history, lifestyle history, and how that is led to a set of physiological parameters that are not ideal. From the provider standpoint, you see the numbers and you know this is not a good situation. From the patient's standpoint, they just feel yucky. When you are not healthy, you just do not feel good. Your energy is not good. You've gotten there over time, so you've kind of even forgotten what it feels like to have a lot of energy, to have just the get up and go.

Margaret Moore: ([25:05](#))

The provider has all this great education, and knowledge, and can provide a prescription of things for the patient to do and that's needed. That is a starting point, but the implementing of that prescription is much more complex because it may turn out that what is medically most important is not what the patient's most ready to change. It may be that it must be reorganized a bit to help them decide, "Okay, which changes do I have sufficient motivation and confidence to even start?" That then gets into the quote unquote messiness of people's lives and all that goes into one's lifestyle, which you can't do both as one provider.

Margaret Moore: ([25:57](#))

You really can't unpack the person's history, and patterns, and turn that into a vision, and small steps at the same time as you're prescribing, and explaining, and educating. They are highly complementary because the provider provides the map or at least the touch points to improve things. Then the coach can really help somebody turn that into something they can implement slowly but surely. When you have the provider then cheering them on, and supporting them, and meeting them in between, you have got a team. Now the patient really feels supported.

Kara Ware: ([26:40](#))

Yes. That is how we create therapeutic partnerships. We are working with the partner as an equal partner. They are working in their own lives and our lives are messy. Change is not easy. A lot of times when we approach change, we feel challenged. When we have lack of positive emotions, that challenge is hard to work through. That's what a coach is doing is helping that patient work through to find more confidence in their skill, and shifting their mindset in creating a new identity so they are that partner with the provider.

Kara Ware: ([27:13](#))

Positive emotions is one way, right, when we're approaching a challenge. I want to discuss more of the coach's skillset because then there is also working with the patient on their engagement, and their relationships, and their meaning, and their achievements, and building on all of that so we have resources that we can rely on. A lot of times, practitioners are going to all these continuing education courses, and they are building their toolbox. Coaches are helping the patients to build their toolbox.

Margaret Moore: ([27:39](#))

Yes. Let me just expand a little bit about the opportunity to use positive psychology and self-determination theory, both our bodies of work with a thousand plus randomized control studies. We now know, in fact, there is a brand-new study, which I know you are going to share. As coaches, we had seen this phenomenon a long time ago, but now the data is compelling. The idea is that positive resources and emotions that come from relationships, and meaning, and purpose, and using your strengths in your work or home life, feeling your self-esteem. You feel like you are adding value to the world. You are satisfied with how you have used your talents in producing the good life. All of those things directly impact physiology.

Margaret Moore: ([28:40](#))

Positive emotions from all those different sources, and we each have our own kind of personal formula for thriving. Just like a flower needs soil, water, sunshine, and fertilizer, humans, each of us have our own unique kind of recipe or formula for thriving. That positive psychological state improves vagal tone directly and it upgrades the immune system functions. Basically, probably many of the listeners who are trained in functional medicine know that there are three gene pathways in the immune system, which are impaired by the negative emotions. Cytokine production goes up with negative emotions. Antiviral gene expression goes down, and IgG production antibody goes down. Negative emotions directly impair the immune system with all the downstream effects that that brings. Positive emotions are, of course, reversing that, keeping the immune system gene expression healthy. That means if we were just to help people create more positive resources in their lives, which is actually fun because you get to talk about what people like to do, what they enjoy and what gives them pleasure, and satisfaction, that all by itself will improve health.

Margaret Moore: ([30:03](#))

Action. That all by itself will improve health, physiological health, but what also happens, and this is correlation, not causative, because that is impossible to show. Through a Gallup study with a couple of million people they showed that in addition to the direct physiological hit you get, the positive hit, people who have more positive emotions are more engaged in healthy behaviors. They exercise more, they eat better, they do more meditation, all that.

Margaret Moore: ([30:34](#))

So, what that means is that, if again if we simply focus on improving positive resources and helping people see their strengths, use their strengths in new ways, live a better life, they're also going to engage more in health behaviors without even talking about them, without even setting them as a goal. So, that means that we do not just have to talk about eating better, and exercising more, and sleeping better, we get to talk about the good things in people's lives and amplifying those because of that double whammy. The researchers have concluded that the impact of happiness on health is more than the other way around. So, obviously being unhealthy can make you unhappy, and being healthy can increase your happiness, but being healthy doesn't necessarily mean you're happy.

Margaret Moore: ([31:25](#))

That just shows you that the mental game, and helping people ... I mean, there is two ways to get at



that. One is to intentionally identify, and amplify, and harvest, the positive emotions and the good in people's lives. The other part of it is learning skills to navigate the negative emotions. There we have a plethora of new skills that have all arrived in the 20 [crosstalk 00:31:49] field. So, we can work on it both ways. We can help people manage the negative emotions productively and turn them into growth, and opportunity, because obstacles are invitations to grow, and tough emotions are like signposts, "Come and look at me. I'm an opportunity to actually learn something new, to get some new insights." So, if you put those two things together, the augmenting of the positive, being the ... I talk about having a lamp, like a headlamp, on as a coach and looking for the good in people's lives and helping them amplify that, and then helping them manage the negative. Those are rich conversations that all ultimately indirectly help people to develop new behaviors, and engage more in living a good life.

Kara Ware: [\(32:40\)](#)

Well, you know what we focus on grows and that headlamp, as you said, we're helping to shine the light on all that's going well. That sometimes it is hard to pick out when so many things are challenging. So, by placing attention, and talking, and looking for how we can rely on those strengths to create more of what we want in our lives is powerful work that you saw almost 20 years ago as a missing piece in healthcare. So, you set out to create this curriculum, and now you are a part of the National Board credentialing of Health and Wellness Coaches to nationally credential coaches in this unique and different skillset, as a complement to the medical providers. It was a missing piece, a missing intervention that you saw. So, thank you for over 20 years of work. As you said prior, there was not a whole lot of data, and now there are so much published to really substantiate the value, and the worth, of adding this specialty, this profession, within a functional medicine practice.

Kara Ware: [\(33:40\)](#)

Coach Meg deep gratitude for what you're doing for our profession and what this means for our medical providers, and their patients, and the practice, the success of healthcare overall. That is what we are hoping to do is come alongside both practitioner and patient and help this be a really successful relationship. So, thank you so much for joining us. It was a great honor.

Margaret Moore: [\(34:02\)](#)

Thank you, Kara. It's been a delight to be with you.

Nathan Morris: [\(34:11\)](#)

Science has been validating the effectiveness of behavior change and mindset, mind/body stress.

Kara Ware: [\(34:17\)](#)

Yeah, and I love the quote that Coach Meg said in her interview, Sustainable change is when you've changed your mindset along with a behavior."

Nathan Morris: [\(34:29\)](#)

That's awesome.

Kara Ware: [\(34:29\)](#)

Yeah, and that's when we have true transformation. So, the health coach it really does have a different skill set, and role, in the practice. While the clinician, you the medical provider, Nathan, you are interpreting labs, and personalizing nutrition, and lifestyle, and supplements, and doing only what you can do. As your health coach I come alongside your patients to connect the change that is going to inevitably come with implementing a treatment plan with the patient's motivators, and their vision of where they are and where they want to go, and the strengths that they are going to rely upon, and the sources of inspiration they are going to draw upon. All of which is guiding patients to have those gradual shifts of perception, those aha moments where they're able to access those better feeling thoughts that eventually accumulate into big change.

Kara Ware: [\(35:17\)](#)

When patients feel good about what they have chosen to change, or to implement, then they will have a better chance to keep the change as part of their ever changing identity and be able to convert the initial burst of enthusiasm into endurance for the long journey so that when stress spikes, or a traumatic event occurs, then the changes the patient has put in place may actually be able to withstand this dip in the road, and the changes have become sustainable, which is one of those words we really want to take away from the season, making functional medicine more approachable, and affordable, and sustainable. So, we hope it's become clear this symbiotic partnership between medical provider and health coach and what that means for the provider, the patient, and the practice.

Nathan Morris: [\(36:07\)](#)

When we ask too much of the patient, or don't help them enact the lifestyle changes we're recommending, then the changes don't stick. It just never does. Until I really had that health coach in my practice, I did not see the success I knew I was able to get. That was only through the health coach and helping with that. It really was a lot less frustrating for me as a practitioner, but most of all it was so much less frustrating for the patient because they were able to enact these things, and feel confident that they could.

Kara Ware: [\(36:34\)](#)

Confidence, that's something that as health coaches we ask and inquire. On a scale of 1-10, confidence really, how confident are you feeling of being your provider's best partner? How comfortable are you communicating, "Hey, this seems too much."? It's these easy things that we can help patients feel confident to genuinely work with you, so when they walk out the door they're excited, they're like, "Yes, this is a match to my current ability."

Kara Ware: [\(36:59\)](#)

So, for the sake of time, and to create a more engaging episode, we didn't go into too much detail on the research behind the techniques that health coaches use to enact change. If you are interested, we have included some Seminole papers, books, and articles in the show notes of this episode. You can find a list of these resources along with the show notes, a glossary of terms that Coach Megan introduced in today's episode, a link to Well Coaches to learn more about a physician's resilience course designed for



the busy provider so you can experience the value of coaching as you build your dreams. Plus CEU courses for those National Board Certified Health Coaches who may be listening.

Kara Ware: ([37:41](#))

If you're hearing this and feel compelled to pursue a career in health coaching, I highly recommend Well Coaches certification program. Plus, you will be connected to Margaret Moore's books, and videos, and research at karawarecoaching.com/podcast. That is K-A-R- A-W-A-R-Ecoaching.com/podcast. So, next week we will examine two different models that are opposite in many ways yet have both successfully integrated a health coach in clinical practice. We hope this will inspire you to see the many ways a health coach can be utilized effectively in a practice setting. So, we hope you enjoyed this episode. If you did, please remember subscribe, and tell a friend, and thank you to our sponsors, Pure Encapsulations, Douglas Laboratories, Genestra Brands, and Living Matrix, and to our writing team, Kelsey Stafstrom and Paul Larkin.

Nathan Morris: ([38:40](#))

Looking forward to next week, Kara. Sounds great.