# Health education in clinical settings (councelling) Tutorial

## Objectives:

* To understand the concepts of communication and counselling.
* To learn why are communication& counseling skills important?
* To learn the theories and stages of counseling.
* What are the possible barriers?

## Example:

**A 20 years old college student visits the health center for concerns over her increasing weight. You see that her BMI is greater than 30.**

**How will you approach this student, within context of the 5A approach to counselling?**

## Further reading:

## <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394>

**Table 1. Physical Activity Counseling in Primary Care: 5As Framework by Decision Biases**[**a**](https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394#caac21394-note-0002_71)

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| 5A COMPONENT[b](https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394#caac21394-note-0003_72) | PRESENT TIME BIAS[c](https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394#caac21394-note-0004_73) | STATUS QUO BIAS[c](https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394#caac21394-note-0004_74) |
| Assess |  |  |
| Assess physical activity levels at baseline and at each visit. | • Ask the patient about self‐control problems; briefly explain this phenomenon, and emphasize how common it is; emphasize that strategies will be provided to help achieve activity goals. | • Be aware that patients’ perceptions of the status quo regarding physical activity could impact their reported activity. |
| Advise |  |  |
| Advise on increasing physical activity levels; relate patient's laboratory results/symptoms to physical inactivity. | • Increase patients’ awareness of the link between physical activity levels and improved health; relating laboratory results to health behavior increases the saliency of the benefits of activity. | • Use positive and simple language to deliver the public health message of physical activity; frame activity as fun. |
|  |  | • Mention success stories of individuals similar to your patient. |
| Agree |  |  |
| Agree on a physical activity plan that is tailored to the patient's interests and preferences; jointly set goals and milestones. | • Discuss the challenges often encountered when executing future plans. | • Reinforce that physical activity is the social norm; identify specific elements of the plan that are commonly undertaken by others. |
| Provide detailed counseling on the frequency, intensity, and type of activity. | • Agree with patients that the future health benefits of physical activity are real and valuable. |  |
| Assist |  |  |
| Provide pertinent strategies to overcome impediments to meeting physical activity goals. | • Encourage the use of precommitment contracts (eg, predepositing money), and binding “contracts” with family/friends or personal trainer to engage in physical activity regularly.[d](https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394#caac21394-note-0005_75) | • Inquire about your patient's daily routine and help them identify common opportunities for increased activity as the default option, such as worksite wellness programs, stair usage, the use of sit‐stand workstations, and joining a physical activity program (eg, “Walk with a Doc”). |
|  | • Suggest using temptation bundling: combine “want” behaviors (eg, TV viewing on IPad) with “should” behaviors (eg, walking on treadmill). | • Encourage lifestyle changes for the whole family; this will change the social norms and set the default as an active lifestyle. |
|  | • Suggest the use of pedometers or other monitoring device (eg, Fitbit) and set to a specific goal (eg, 10,000 steps a d); this provides tangible feedback that may buffer the immediate gratification of “want” behaviors. | • Set activity monitors to meet a goal, such as setting prompts on the Fitbit for standing up and moving about every 30 min during a day at the office. This will facilitate changing the status quo from sedentary to more active. |
|  | • Actively enroll patients in an activity of their choice (eg, walking club); this will reduce the “costs,” eg, costs for the patient associated with registration. |  |
| Arrange |  |  |
| Arrange follow‐up visits and reminders. | • Arrange follow‐up meetings pertaining to meeting physical activity goals before patients leave the clinic; this will precommit patients to come back. | • Establish that physical activity should be the status quo, and maintain this “theme” throughout all follow‐up visits. |
|  | • Draw salient connections between patients’ behavioral changes and health outcomes (eg, weight maintenance) during the follow‐up meetings. | • Arrange to have reminders sent to patients to engage in activities with others that are physically active to reinforce that physical activity is the status quo. |

* *a* The 5As (assess, advise, agree, assist, arrange) is a framework used to provide physical activity counseling.
* *b* Based on Estabrooks PA, Glasgow RE, Dzewaltowski DA. Physical activity promotion through primary care. *JAMA*. 2003;289:2913‐2916.[21](https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21394#caac21394-bib-0021)
* *c* Individuals deviating from their time‐consistent plan are regarded as having *present time bias*, with self‐control problems arising from temptations that result in immediate, gratifying behavior. *Status quo bias* is a decision error in which individuals tend to take the” path of least resistance”; that is, they are often unable to make decisions that deviate from what is the default option.
* *d* Precommitment contracts (or devices) consist of self‐imposed, present day costs or restrictions that are aimed at increasing one's welfare in the future.