

Tutorial 4: Health Education in Clinical Setting

Objectives

- To understand the concepts of Health Education with communication and good counseling skills
- To learn why are good communication skills are important for an effective Counselling?
- To learn the theories and stages of counseling
- To understand the possible barriers?
- To Discuss practical examples of counselling

Was done by



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Health education

- Patient Health Education Value is the results of clear communication.

Increased Compliance

Effective communication and patient education increases patient motivation to comply.

Patient Outcomes

Patients more likely to respond well to their treatment plan which results in fewer complications.

Counseling

Definition

- It is an opportunity to talk to a person in non-judgmental¹ and supportive way.
 - To better understand his/her current problems.
 - To identifies strategies to help problem solve.

Aims

01

To help people accept and come to terms with their difficulties and **identify ways** of coping more effectively and resourcefully.

02

The counselor listens and asks questions until both counselor and patient understand **the way the patient sees things**.

03

The counselor enables the patient **to clarify thoughts and feelings** for better understanding of the problem.

Stages

A

Pre-contemplation Stage

Patient is **not ready** to change behavior.

Example : currently not exercising. Do not intend to begin exercising on the next 6 months

Physicians tend to do most of the mistakes here. A father-son relationship should not be the approach with a patient

B

Contemplation Stage

Patient is **thinking** about changing behavior

Example: Currently not exercising. Intend to begin exercising in the next 6 months

This is where the physician can give the most knowledge and help the patient

C

Preparation Stage

Patient **intends** to change behavior in the next six months and is **taking steps toward becoming more active**

Example: Currently not exercising. Intend to begin exercising in the next 30 days.

D

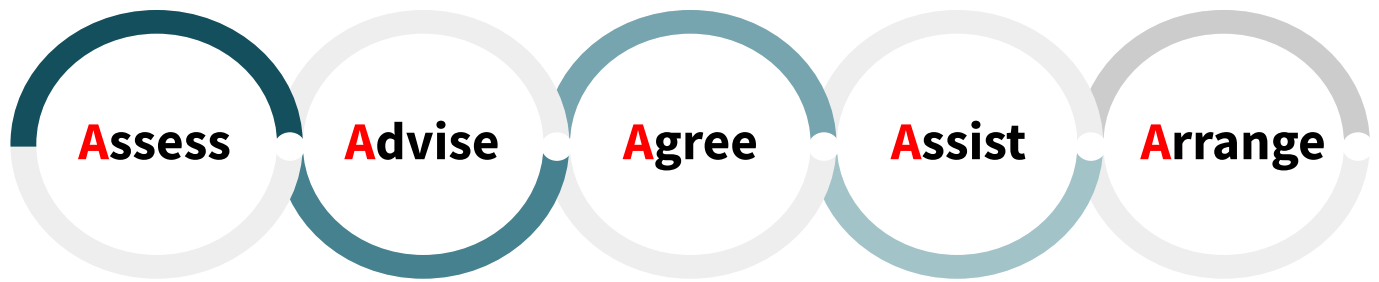
Action/maintenance Stage

Patient has **met the recommended goals** for more than one month [**action**] or more than six months [**maintenance**].

Example: exercising for 6 months. (Less than 6 months → action. More than 6 months → maintenance)

¹: Important for the patient's compliance. We should give them a way to fix the problem rather than telling them that it's a "problem" because they already know that. When the physician starts stigmatizing the situation instead of adding knowledge it will backfire and the patient won't cooperate

Five A's of Counseling



1

Assess

- Ask about or assess lifestyle behaviors (physical activity, tobacco, alcohol, nutrition, healthy thinking and sleep) on a routine basis.
- **Patient-centered assessment:**
 - Considers **patient's goals** and values and satisfaction with his or her progress.
- **Doctor-centered assessment:**
 - Doctor puts his goals and assessment over the patient (must avoid)

2

Advise

- Give specific information about the benefits and goals of a healthy lifestyle and specific behaviors.
- **Patient-centered advice:**
 - Includes information about benefits of a healthy lifestyle and how behaviors affect various outcomes.
 - Tailored to **patient's goals**, values and environment.

3

Agree

- Through a process of shared decision-making, collaboratively set realistic, personalized goals with the patient.
- **Patient-centered goals:**
 - Based on the patient's level of interest and confidence in his or her ability to effect change.
 - Incorporated into a **patient-centered action plan**.
 - The use of the **SMART** acronym (next page).

SMART

Specific

Have you explicitly stated what you intend to do?

Measurable

Could you definitively say you had achieved your goal?

Attainable

Do you feel confident that you can achieve the goal you set?

Relevant

Would making this change bring you closer to your overall goal?

Timely

Have you stated the time frame in which this goal will be completed?

“ I want to eat healthier. ”

General goal

SMART goal

“ Starting tomorrow, I will eat a piece of fruit at breakfast and lunch four out of seven days per week. ”

4

Assist¹

- Offer and/or refer to evidence-based interventions and resources, including self-management support.
- **Patient-centered assistance:**
 - Evidence-based.
 - Includes information about **benefits and harms** of specific interventions.
 - Identifies **personal barriers**.
 - Includes tailored strategies and **problem-solving techniques**.
 - Incorporates **social and environmental** supports.

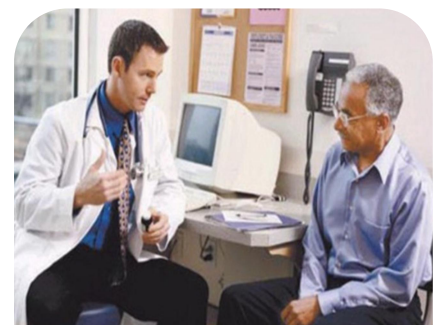
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Arrange²

- Specify a plan for follow-up (e.g., visits, phone calls, e-mail, other).
- **Patient-centered follow-up:**
 - Evidence-based.
 - Tailored to **patient preferences** and schedule.

Real clinic setting

- Are there any flaws in this doctor-patient set-up (picture)?
 - No barrier between the physician and patient → good indicator
 - Eye contact → good indicator
 - Worried patient → bad indicator
 - Authority → bad indicator



1: When assisting a patient you should start **gradually**. For example don't ask an obese person who has a sedentary lifestyle to start walking for 1hr instead start with 10mins the gradually increase till you reach 1hr.

A supportive family and environment also affects the patient's compliance. This is something that can't be carried out independently
2: The patient is strong about his habits so the change should come from him along with the help of a physician. Should NOT be in a form of orders from physician to patient. The physician and patient should reach an agreement first then the physician should give his advice

Professional Behavior



Building Rapport.



Showing empathy.



Good posture.



Appropriate body language.

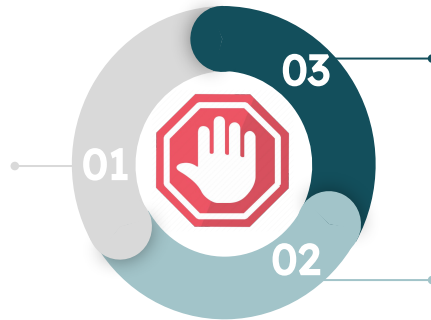


Avoids interruptions.

Blocking Behavior of Doctors

“Deal with the patient as a human not a robot”

Offering advice and reassurance before the main problems have been identified.



Attending to physical aspects only.

Explaining away distress as normal.

What is a failed Counseling?

- No rapport.
- Using medical jargon¹.
- Not exploring the patient's agenda.
- Not eliciting the actual problem.
- No summarization.
- Fatalistic attitude (It's God's will).
- Not exploring in socio-cultural & economic context.

“ Good communication & counseling is good for doctors, patients and health service ”

Common barrier in counseling

- If a joint understanding of the problem & management plan, which the patient should understand and feels comfortable **is not made**:
 - The patient is not likely to follow the advice and all our efforts in assessment and diagnosis are wasted (*Silverman et al. 1998*).



1	Shortage of time.	4	Lack of awareness.
2	Language barrier - low literacy.	5	Not ready to take responsibility for own illness.
3	Firm misconceptions & myths.	6	Socio-cultural, economic barriers.

1: Using medical terms with the patient. Very common among medical students. Try to avoid this!

Case 1

A 20-years old college student visits your Community Health Center for concerns over his increasing weight. On examination, you find his BMI is greater than 30.

How will you approach this student, within context of the 5 A's approach to counseling? Physical Activity 5A's

1st A - **ASSESS:**

- Assess current physical activity (type, frequency, intensity, and duration).
- Contraindications to physical activity.
- The patient's readiness for change.
- Patient-oriented benefits.
- Social support.
- Willingness to help others.
- Self-efficacy (the patient's self-confidence that he or she can change behavior)

2nd A - **ADVISE:**

- Provide a structured tailored counseling message
- The National recommendation for physical activity is at least 30 mins of accumulated moderate-intensity physical activity. Example: walking fast 3-4 miles per hour or equivalent for five or more days a week
- Deliver a structured counseling message based on the patient's stage of change

3rd A - **AGREE:**

Preimplantation stage:

Ask the patient if you can talk about physical activity in the future

Approach:

Offer nonjudgmental advice. Express intention to revisit the topic in the future.

Recommendation:

Tell your patient “as your physician **it’s my responsibility to recommend** that you get at least 30 mins of moderate-intensity physical activity such as walking fast on at least five days a week I hope you don’t mind if I ask you about physical activity in the future.

Contemplation stage:

Discuss the next steps

Approach:

Increase the “**pros**” of changing

Recommendation:

- **Emphasize** benefits that the patient cares about
- **Associate** the benefits with increased physical activity
- **Suggest** that the patient helps someone they care about get physical active for their health (increases self-motivation)

Preparation stage:

Help the patient make a plan and set a start date

Approach:

Decrease the “**cons**” of changing

Recommendation:

- Help the patient overcome the barriers
- Make a plan for the patient to start changing their behavior
- Suggest that the patient helps someone they care about get physical active for their health

Action/Maintenance stage:

Congratulate the patient; ask of the patient is ready to start another behavior

Approach:

Congratulate and reinforce the patient’s behavior change

Recommendation:

- Tell the patient

“Congratulations you are doing one of the most important things you can for your health”

- Suggest that the patient helps someone they care about get physical active for their health

Case 1 Cont


A 20-years old college student visits your Community Health Center for concerns over his increasing weight. On examination, you find his BMI is greater than 30.
How will you approach this student, within context of the 5 A's approach to counseling?
Physical Activity 5A's

4th A - ASSIST:

- Provide the patient with a **written prescription**
- Printed **support** materials
- **Self monitoring** tools (pedometer, calendar), **or internet based** resources (see accompanying patient handout)

5th A - ARRANGE:

- **Schedule a follow up visit**
- Provide telephone or email reminders (have a staff member call or email the patient on the start date of the behavior change) and internet based counseling
- **Refer the patient for additional assistance:**
 - 1- physical activity counseling from dietitian
 - 2- physical therapy of the patient is deconditioned
 - 3- community-based programs

Decisional Balance		
Pros = Advantages of changing	Pros & Cons	Cons = Disadvantages of changing
Exercising + more energy + sleep better + more productive at work		Exercising - takes time - could get injured - \$ equipment/membership
Adapting + home/property protected + reduce community burden save money (in the future)		Adapting - takes time - \$ to adapt - may not be worth it

Case 2

A 42 years old salesman by profession working in a factory. He smokes 20 cigarettes a day and has a poor diet, he is not found of eating any fruits or vegetables. One of his cousins was recently diagnosed with lung cancer and he is worried that he will suffer from the same fate. He tried quitting smoking before less than a month, but didn't succeed.

How will you counsel regarding smoking cessation?

Smoking Cessation 5A's

1st A - ASK:

Ask **open ended questions** so the patient will have an opportunity to elaborate. The scripts will help you initiate will help you initiate the conversation.

- Have you ever smoked?
- How often do you smoke?
- When is the last time you smoked?
- How many cigarettes did you smoke yesterday/last week/last month?

2nd A - ADVISE:

Advise your patient to quit smoking. Use clear, strong, and personalized language to get your point across

- "Quitting is the single most important thing you can do to protect your health as well as your family"
- **"The effects of your secondhand smoke are harmful to your family. I suggest you to quit not only for them but for yourself"**
- "Smokers who quit save money"

Case 2 Cont

A 42 years old salesman by profession working in a factory. He smokes 20 cigarettes a day and has a poor diet, he is not found of eating any fruits or vegetables. One of his cousins was recently diagnosed with lung cancer and he is worried that he will suffer from the same fate. He tried quitting smoking before less than a month, but didn't succeed.

How will you counsel regarding smoking cessation?

Smoking Cessation 5A's

3rd A - **ASSESS:**

- Willingness to quit and barriers to quitting should be assessed
- If they have tried to quit in the past, get more information
 - 1- Have you tried quitting smoking?**
 - 2- Are you willing to quit smoking now?**
 - 3- What keeps you from quitting?**
 - 4- How soon after getting up in the morning do you smoke?**
- If he is willing to quit, **offer praise and provide resources and assistance**

How to Assess - examples

If unwilling to quit, help motivate the patient by using the "5 R's":

- **Relevance** (identify reasons to stop smoking e.g - Pregnancy family risk of disease)
- **Risks**
- **Rewards** (improve health, financial savings)
- **Roadblocks** (stress, withdrawal symptoms, previous failed attempts, weight gain etc)
- **Repetition** (repeat all five R in each clinical contacts with unmotivated smokers)
"So you've tried to quit. What do you think triggered you to start smoking again?"

4th A - **ASSIST:**

Assist your patient with a quit plan

- **Are you worried about anything in particular when it comes to quitting?**
- **Withdrawal: (irritability, anxiety, restlessness) NRT can help**
- **Do you worry about craving or weight gain**
- **Depression**

Provide resources: support groups / education materials

5th A - **ARRANGE:**

- Schedule a follow-up visits/phone calls to review patient progress towards quitting

MANAGEMENT

- Discuss different Pharmacological and non- pharmacological issues.
- His ideas regarding Medications.
- Offering choices of NRT (patches/gums), Bupropion etc.
- Any cost issues to buy this treatment .
- Agree on Quit Date
- Respect his treatment choice.
- Involvement of Smoking Cessation Clinics (with patient agreement)
- Follow up in 2 weeks after Quit date