Tutorial 4,5 : Health Education in Community setting and Clinical Setting

Color index:

- Main text
- Males slides
- Females slides
- Doctor notes
- Important
- Extra

Tutorial 4 : Health Education in Community setting

Doctor's Scenarios

Topic 1 : physical inactivity

Senario:You have been requested to deliver a health education session in a primary care setting for patients suffering from physical inactivity.

Objectives:-

Objective	Answer
1-Provide a statement of the problem related to physical inactivity in Saudi Arabia	Lack of physical activity is a serious health problem.60 to 70% of Saudi population adopt sedentary lifestyle that led to high prevalence of Obesity which is a risk factor of multiple diseases A statement contents are 1-sentence describe the problem 2-prevalence of the problem 3-comorbidities
2-Analyze the problem by specifying the behavior and non-behavioral factors	**Behavioral;** 1-sedentary lifestyle 2- poor diet 3- lack of knowledge **Non Behavioral:** 1- Lack of time 2-weather too hot to exercise 3-gym subscription is expensive
3-State the objectives of the education session falling in the cognitive, affective and psychomotor domain of learning	**1-cognitive:** Increase Knowledge about physical activity GIve him Knowledge and Information **2-affective:** showing the person that he can do it Change his concept , make him convinced **3-Psychomotor:** we give the person exercise to do . Let him do It
4-Identify the health messages in line with the objectives	1-Reduce the chances of not getting non communicable diseases 2-Increase the quality of life
5-Select the appropriate method(s) of health education to communicate health message suitable for the group and the problem addressed	1-Group Discussion 2-Consultation
6-Select the appropriate health education aids to facilitate the communication of the health message suitable to the group and the problem addressed	Posters
7-State the predisposing, enabling and reinforcing factors to adopt the intended behavior	1-**Predisposing**: Increase The knowledge about Physical activity Working on the Knowledge 2-**Enabling**: Support him financially and provide Infrastructure that enable him to exercise Provide the environment that help him to do it 3-**Reinforcing**: Competitions Like Marthones (Things that make him to do it)

Doctor's Scenarios

Topic 2 : Pre-Diabetes

Skipped by doctor

Senario:You have been requested to deliver a health education session for 10 university educated prediabetic man in the primary care clinic, to help prevent them for becoming diabetics.

Objectives:-

1-Provide a statement of the problem related to Pre- Diabetes in Saudi Arabia	The risk for Type 2 DM increases due to prediabetes, which results in the susceptibility of different diabetes-related complications
2-Analyze the problem by specifying the behavior and non-behavioral factors	**Behavioral;** 1-sedentary lifestyle 2- Obesity 3- High sugar consumption **Non Behavioral:** 1- Genetics predisposition. 2-Age. 3-Co-morbidity.
3-State the objectives of the education session falling in the cognitive, affective and psychomotor domain of learning	**1-cognitive:** Increase Knowledge about how to prevent diabetes **2-affective:** showing the person methods about how he/she can protect themselves from Hyperglycemia. **3-Psychomotor:** we give the person diet and exercise to commited with it. Let him do It
4-Identify the health messages in line with the objectives	1-Reduce the chances of not getting non communicable diseases 2-Increase the quality of life
5-Select the appropriate method(s) of health education to communicate health message suitable for the group and the problem addressed	1-Group Discussion 2-Consultation
6-Select the appropriate health education aids to facilitate the communication of the health message suitable to the group and the problem addressed	Posters
7-State the predisposing, enabling and reinforcing factors to adopt the intended behavior	1-**Predisposing**: Increase The knowledge about the risk of pre-diabetic state and how to protect themselves. 2-**Enabling**: Support them financially 3-**Reinforcing**: enact taxes for unhealthy food

Doctor's Scenarios

Topic 3 : Obesity

Senario:: You are asked by the neighborhood school to provide a health education program for third grade school children about obesity, as they noticed that the students have high rates of obesity.

Objectives:-

Objective	Answer
1-Provide a statement of the problem related to Obesity in Saudi Arabia	In saudi arabia the prevalence of obesity is high with huge of burden in the health care system
2-Analyze the problem by specifying the behavior and non-behavioral factors	**Behavioral;** Cultural Physical inactivity **Non Behavioral:** Genetic predisposition, environmental factor like hot weather
3-State the objectives of the education session falling in the cognitive, affective and psychomotor domain of learning	**1-cognitive:** Increase Knowledge about comorbidities of obesity **2-affective:** Provide the children with a role model to follow **3-Psychomotor:** Morning exercise lecture
4-Identify the health messages in line with the objectives	Warning the children parents about the effect of obesity on their children and ways to prevent it
5-Select the appropriate method(s) of health education to communicate health message suitable for the group and the problem addressed	1-Cartoons 2-consultations 3-Group discussion to the children Parents
6-Select the appropriate health education aids to facilitate the communication of the health message suitable to the group and the problem addressed	Posters
7-State the predisposing, enabling and reinforcing factors to adopt the intended behavior	1-**Predisposing**: Increase The knowledge about the risk of obesity and how to prevent it. 2-**Enabling**: Support them financially 3-**Reinforcing**: enact taxes for unhealthy food

Doctor’s Scenarios

Topic 4 :Tobacco Use

Scenario: You noticed that your high-school aged brother has started smoking. You want to raise his consciousness about the harmful effects of smoking and the possibility of addicting it.

Objectives:-

1-Provide a statement of the problem related to Tobacco use in Saudi Arabia	Tobacco use has been Increased in high school the last few years, The prevalence of Smoking in saudi arabia is 12%, Tobacco use is a risk of various diseases such as Cancer
2-Analyze the problem by specifying the behavior and non-behavioral factors	**Behavioral;** Close contact smokers ,second hand smoking, easy accepality, Relieve stress **Non Behavioral:** Addictive tendency,
3-State the objectives of the education session falling in the cognitive, affective and psychomotor domain of learning	**1-cognitive:** Increase Knowledge about Disease associated with smoking **2-affective:** Show them a role model, show them smokers with end stage diseases such as lung cancer **3-Psychomotor:** Provide steps they can follow to stop smoking, provide ways to cope with stress
4-Identify the health messages in line with the objectives	Smoking is a major risk factors for multiple diseases
5-Select the appropriate method(s) of health education to communicate health message suitable for the group and the problem addressed	1- Posters 2- consultations 3- Punishment
6-Select the appropriate health education aids to facilitate the communication of the health message suitable to the group and the problem addressed	Discussion
7-State the predisposing, enabling and reinforcing factors to adopt the intended behavior	1-**Predisposing**: Increase The knowledge about the risk of Smoking and the consequencing of being smoker . 2-**Enabling**: Change the environment(school, friends who smoke). 3-**Reinforcing**: enact taxes for tobacco selling.

Tutorial 5 : 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

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-judgmental[1] and supportive way.

➔ To better understand his/her current problems.
➔ To identifies strategies to help problem solve.
➔ Counselors who offer warmth and empathy are more effective.

Aims

- To help people accept and come to terms with their difficulties and identify ways of coping more effectively and resourcefully
- The counselor listens and asks questions until both counselor and patient understand the way the patient sees things[1].
- The counselor enables the patient to clarify thoughts and feelings for better understanding of the problem.

Stages

A — Pre-contemplation stage[2]
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 eg : Patient is not ready to quit smoking

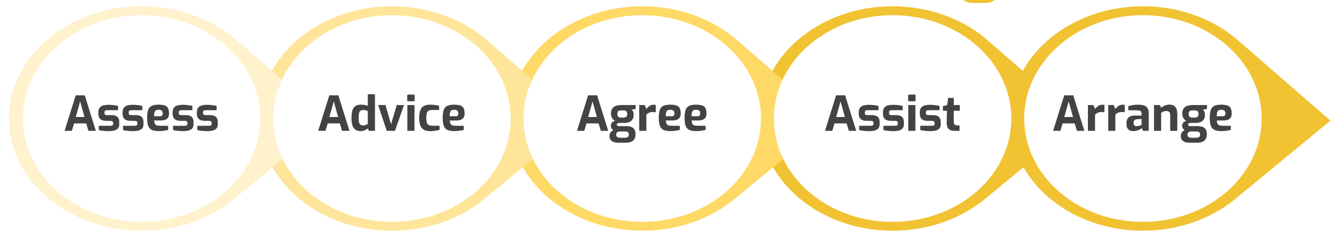
B — Contemplation stage[3]
Patient is **thinking** about changing behavior. Example: currently not exercising. Intend to begin exercising in the next 6 months.
This is where the physician can give the most knowledge and help the patient.

C — Preparation stage
Patient **intends** to change behavior in the next six months and it **taking steps toward** becoming more active.
Example: currently not exercising. Intend to begin exercising in the next 30 days.

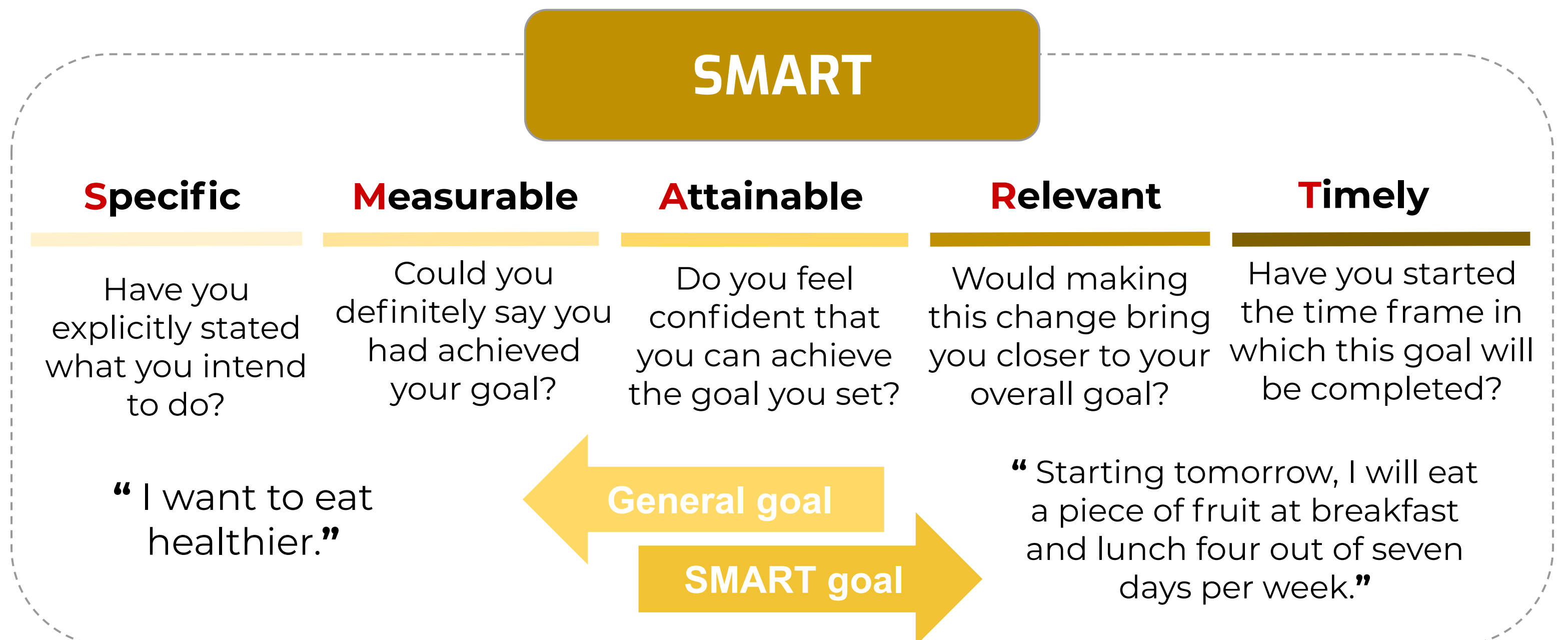
D — Action/maintenance stage
Patient has **met the recommended goals** for more than one month (**action**) or more than six months (**maintenance**). Example: exercising for 6 months. (Less than 6 month ➔ Action. / more than 6 months maintenance).

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
2. How the patient sees eg: (smooking, obesity and so on ...).

Five A's of Counseling



Assess	• Ask about or assess lifestyle behaviors (physical activity, tobacco, alcohol, nutrition, healthy thinking and sleep) on a routine basis. • **Patient-centered assessment**[1]**:** ➔ 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)
Advice	• 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.
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



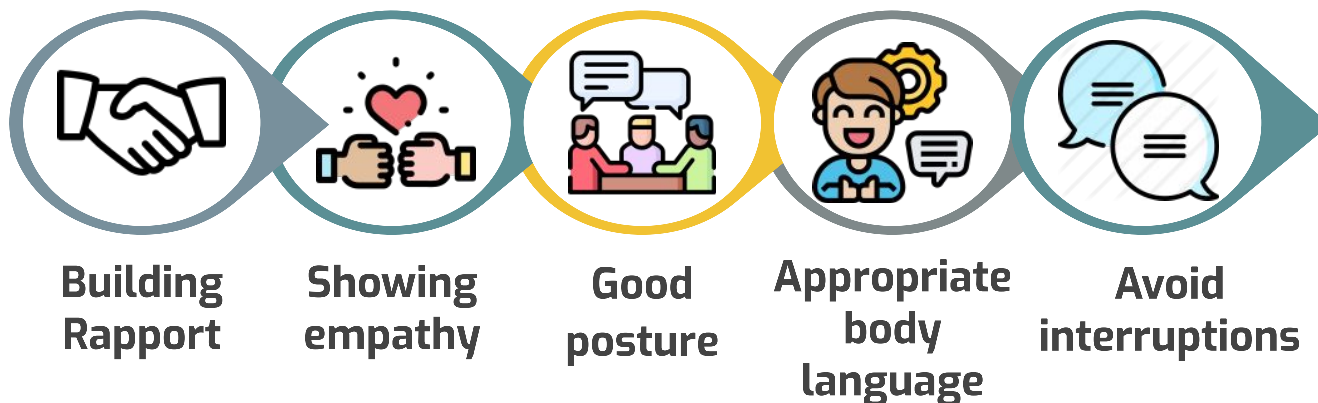
1. Take patient agreement to do certain things, that he can do it or not.

Assist[1]	• 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.
Arrange[2]	• 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

Professional Behavior



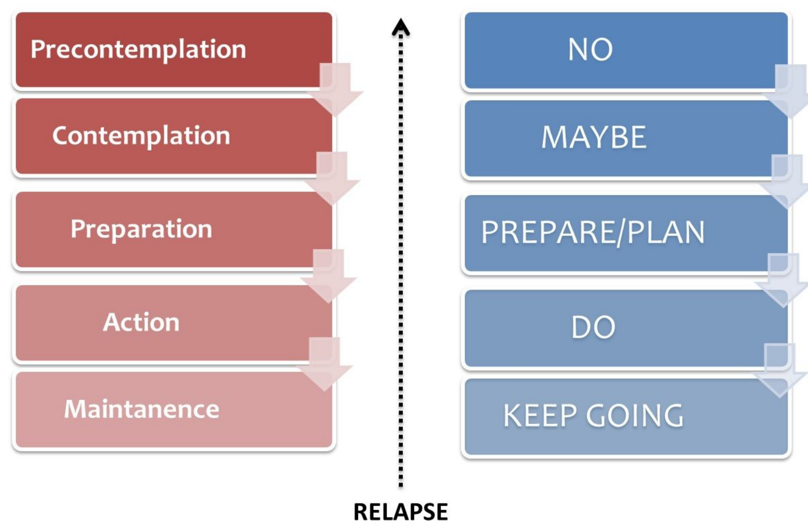
1: When assisting a patient you should start **gradually.** For example don't ask an obese person who has a sedentary lifestyle to start walking for 1hr instead start with 10mins the gradually increase till you reach 1hr.
A supportive family and environment also affects the patient's compliance. This 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

The Evidence Base

- **54% of patients problem & concerns not elicited** (Stewart et al, 1979)
- **Doctors frequently interrupted their patients soon after their opening statement (mean time 18 seconds) so patients subsequently failed to disclose significant** (Beckman and Frankel, 1984)
- **Failing to discover the patients feelings and concerns led to dysfunctional consultations and counselling** (Byrne and Long, 1976)

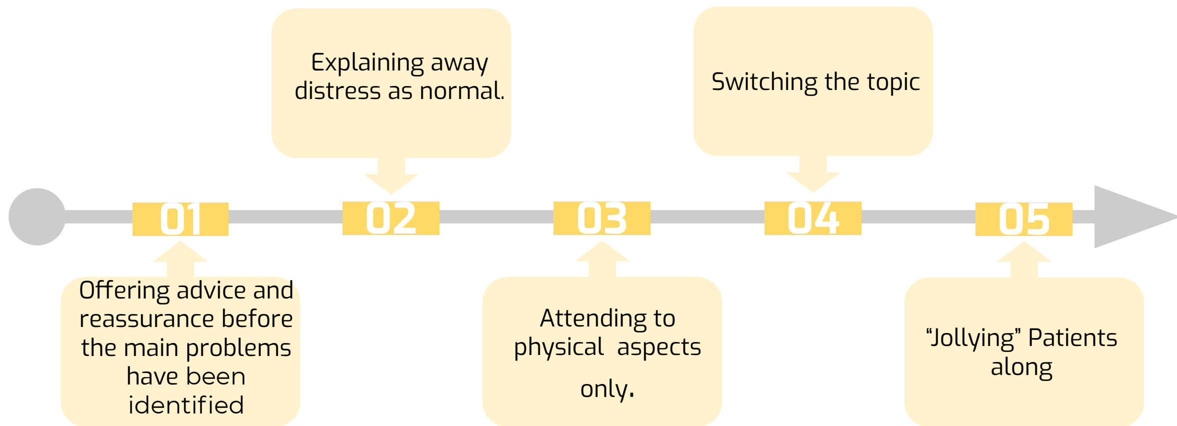
Good communication & counseling is good for doctors
good for patients and
good for the health service

Transtheoretical Model
Stages of change



Blocking Behavior of Doctors

"Deal with the patient as a human not a robot"



What is a failed Counseling?

- No rapport.
- Using medical jargon.
- 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 understands 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).

Shortage of time.

Lack of awareness.

Language barrier-low literacy.

Not ready to take responsibility for own illness.

Firm misconceptions & myths.

Socio-cultural, economic barriers.

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:

Pre-contemplation 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 (increase 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 ro 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

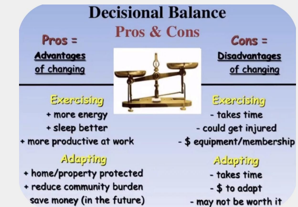
4th A - ASSIST:

- 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 -ARANGE:

- **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



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?

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?
  - Why do you think it would be a good idea to quit?

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"

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**

Case 2 Cont

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?"

4thA - 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

Counselling Teachable moments: A "teachable moment" is the moment that motivates individuals to adopt health behaviors that lower their risk.

Some key "teachable moment" opportunities include:

- New patient visits
- Annual physicals
- Well-child visits (discuss smoking in the home and car)
- Women's wellness exams
- Problem-oriented office visits for the many diseases caused or affected by tobacco use and/or exposure to secondhand smoke (upper respiratory conditions, diabetes, hypertension, asthma, etc.)
- Follow-up visits after hospitalization for a tobacco-related illness or the birth of a child
- A recent health scare

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

Team leaders

Alaa Alsulmi **Abdulaziz Alghuligah** **Khaled Alsubaie**

Team Members

Ghaida Alassairy

Note taker

Salem Alshihri