

# **Workshops for General Practice Teams**

**(Module 5)**

## **Lifestyle Medicine and Self Management**

**Session 1**

**Introduction & Self Management Quiz**

# Workshop Outline

- 9.00-9.30 Registration
- 9.30 - 10.30 Pre-test health literacy/self management quiz
- 10.30- 11.00 Lifestyle Medicine and self management

## BREAK AND MEASUREMENT PRACTICAL

- 11.15 -12.00 The endothelium & chronic disease: A physiological basis for self-management
- 12.00 -12.45 Rationale, background and models of self management

## LUNCH

- 1.30 – 2.30 Approaches to self management 1. Being client-centred
- 2.30 - 3.00 Approaches to self management 2: Being motivation focused

## BREAK

- 3.15 – 4.15 Approaches to self management 3: Being health literacy oriented
- 4.15 – 4.30 Evaluation

# Learning Objectives

1. Increase awareness of the physiological basis of chronic disease and the relevance of this to self-management;
2. Improve participant's skill base and motivation to use evidence-based patient self-management interventions in everyday clinical practice for patients with chronic disease
3. Improve the ability of participants to utilise evidence-based self-management, health coaching and counselling skills;
4. Develop an understanding of what health literacy is and the importance of this to patient self-management approaches.
5. Understand and apply whole of practice change management principles required to implement self-management approaches in every day general practice.

# Self Management Audit

How confident are you that you could:

	Level of confidence										
	None	Some								Extensive	
1. Teach patients to identify & self-manage their chronic disease(s)?	0	1	2	3	4	5	6	7	8	9	10
2. Assist the patient develop SMART goals & personalised action plans?	0	1	2	3	4	5	6	7	8	9	10
3. Use reflective listening skills (OARS)?	0	1	2	3	4	5	6	7	8	9	10
4. Determine a person's readiness, willingness and ability to change?	0	1	2	3	4	5	6	7	8	9	10
5. Match the appropriate intervention to the patient's stage of change?	0	1	2	3	4	5	6	7	8	9	10
6. Move the patient towards 'intrinsic' motivation for lifestyle change?	0	1	2	3	4	5	6	7	8	9	10
7. Use available computer-based and other tools during assessment?	0	1	2	3	4	5	6	7	8	9	10
8. Challenge psychological defenses against lifestyle change ?	0	1	2	3	4	5	6	7	8	9	10
9. Understand body language?	0	1	2	3	4	5	6	7	8	9	10
10. Direct a patient to lifestyle related publications/groups/sources etc ?	0	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE =

AVERAGE SCORE =

# Exercise 1 – Finding Common Ground

1. Pair with someone you don't know – one questioner; one respondent
2. The questioner has to find as many common interests with the respondent as s/he can within 2 minutes
3. The questioner counts the number of common interests
4. The respondent counts the number of questions

The goal is to find the maximum number of interests with the minimum number of questions.

# Lifestyle Medicine

*“ The application of environmental, behavioural, medical and motivational principles to the management of lifestyle-related health problems in a clinical setting.”*

Egger, Binns & Rossner 'Lifestyle Medicine' McGraw-Hill (in press)

# Lifestyle Medicine

*“ The application of environmental, behavioural, medical and motivational principles to the management (including self-care and self-management) of lifestyle-related health problems in a clinical setting.”*

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# Self Care and Self Management in Lifestyle Medicine

	Level of Intervention		
	Primary Prevention (Patient)	Secondary Prevention (Patient + Dr)	Tertiary Prevention (Dr + Patient)
'Self-Care'	***	*	-
'Self-Management'	-	**	***

# **CDSM and General Practice**

**Involves health professionals working in partnerships with patients to:**

- identify underlying concerns**
- jointly define the problems**
- give specific information**
- agree on (patient-centred) goals (SMART)**
- provide access to education and support for self management**
- provide active and sustained follow-up**

# CDSM and Medicare

- **GPMPs, TCAs and reviews**
- **Case conferencing**
- **Practice nurse items**
- **Health assessments**
- **SIPs**
- **HMRs**
- **Pre-diabetes risk assessment**

# The Role of Practice Nurses in Care Quality

1. Patient Carer\*
2. Organiser
3. Quality controller
4. Problem solver
5. Educator\* (of other staff as well as patients)
6. Agent of connectivity\*

\* Value in self-management

Ref: Phillips CB et al., *Med J Aust* 2009;191:92-97.

## **CDSM does NOT imply that .....**

- the patient is solely responsible for his her predicament...**
- the patient is left to his/her own devices to manage his/her own problem...**
- the patient should be 'blamed' ....**
- the social/economic system has no role in disease aetiology...**
- public health has no role in chronic disease**

# Practical Ways to Implement Lifestyle Change

*Regulate and legislate  
where you can....*

*Education and motivate  
where you can't."*



# PROPOSED PRACTICE PRINCIPLES FOR LIFESTYLE MEDICINE

1. Consider the lifestyle related causes of chronic diseases.
2. Regard obesity (and other known risk factors) as signs for further investigation, but don't disregard the non-overweight.
3. Engage all patients with chronic disease in some level of self-management
4. Adopt a client-centred counseling style, focused on increasing motivation, efficacy and literacy.
5. Provide a user-friendly practice environment, with team care involvement and understandable health information.
6. Consider nutrition and exercise as the core of lifestyle medicine.
7. Do not ignore the social & economic causes of chronic disease.

# Structure of good self-management

## APPROACH

## IMPLICATIONS

	Client Centred	Motivation Focused	Health 'literacy' Oriented
Counseling			
Practice			
Measures Of success			

# 'Chinese whispers' – being client-centred

## Final message?

In his autobiography<sup>1</sup>, Fred Hollows<sup>2</sup> gives an example of being client-centred<sup>3</sup>. In going into an Aboriginal community<sup>4</sup> he was astonished that no-one jumped at his simple, revolutionary eye treatment<sup>5</sup>. “The dogs have flees”, he was told by an elder<sup>6</sup>, putting everything into perspective<sup>7</sup>.

Actual message: 'A doctor should look to give patients what they need, before trying to get them to do what you want.'