Preoperative patient behaviour change

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Vision: A healthier nation through Sport, Exercise and Physical Activity.
www.NCSEM.org.uk
What is Move More?

Move More is Sheffield's physical activity plan that aims to transform Sheffield into the most active city in the UK by 2020.

#MoveMore2020

Read More
Patient Behaviour Change
A compelling case for change

What are the health benefits of physical activity?

- Regular physical activity reduces your risk of
  - dementia by up to 30%
  - hip fractures by up to 68%
  - depression by up to 30%
  - breast cancer by 20%
  - colon cancer by 30%
  - type 2 diabetes by up to 40%
  - cardiovascular disease by up to 35%
  - all-cause mortality by 30%
A compelling case for change
Why is it so hard to change?

- ‘Why is it seemingly so difficult to convince people of what is good for them?’
Barriers to exercise

- Lack of time
- Lack of fun and enjoyment
- Lack of self-motivation
- Lack of self-efficacy
- Injuries
- Lack of self-management skills
- Lack of encouragement/support
- Poor role models
- Environmental factors
Fear is a key issue to overcome

"...the last thing I want to do is my neck go wrong, because that will screw me up completely."

"I’d love to be able to do it, I’m just really petrified that if I do, what’s it going to do to me?"
People change when:

• They become interested in or concerned about the need for change.

• They become convinced that the change is in their best interests or will benefit them more than cost them.

• They organize a plan of action that they are committed to implementing.

• They take the steps necessary to make and sustain the change.

I often get the urge to exercise. But if I lie down and breathe slowly, it usually passes.
Behaviour Change Techniques

• Active ingredients within an intervention designed to promote change
  • Goal setting
  • Stimulus control
  • Seeking social support

• There are over 40 different behaviour change techniques that have been shown to be effective in supporting physical activity & healthy eating *(Michie et al, Psychology & Health, 2011)*
Motivational Interviewing

“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”
A Definition of MI

‘Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change’. Miller & Rollnick (2009)

‘Having a quiet and constructive discussion about change in which the client drives the process as much as possible’. Rollnick & Allison (2004)
The Spirit of MI

- Collaborative  dancing, not wrestling
- Evocative  of patients’ personal goals, values, aspirations, concerns, reasons for change
- Honouring  patients’ autonomy, right to make the decision not to change
Principles of Motivational Interviewing

- Motivational interviewing is founded on 5 communication principles:
  - Roll with resistance
  - Express empathy
  - Avoid argument
  - Develop discrepancy
  - Support self-efficacy
The 4 Processes of MI

- Engaging  Shall we walk together?
- Focusing    Where?
- Evoking    Why?
- Planning    How?
Motivational Interviewing Spirit: Summary

• The communication style and spirit involve person-centered, empathic listening (Engage)
  AND

• There is a particular identified target for change that is the topic of conversation (Focus)
  AND

• The interviewer is evoking the person’s own motivations (or plans) for change (Evoke)
Motivational interviewing to increase physical activity in people with chronic health conditions: a systematic review and meta-analysis

Paul D O’Halloran¹, Felicity Blackstock¹, Nora Shields¹,², Anne Holland¹,³, Ross Iles⁴, Mike Kingsley¹, Julie Bernhardt¹,⁵, Natasha Lannin¹,⁶, Meg E Morris¹ and Nicholas F Taylor¹,⁷
Motivational Interviewing Evidence

### Analysis of Motivational Interviewing

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Motivational Interviewing</th>
<th>Control</th>
<th>Std. Mean Difference</th>
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Heterogeneity: Tau² = 0.00; Chi² = 5.69, df = 7 (P = 0.58); I² = 0%
Test for overall effect: Z = 2.84 (P = 0.004)

### Additional Analysis

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Heterogeneity: Tau² = 0.00; Chi² = 0.59, df = 2 (P = 0.74); I² = 0%
Test for overall effect: Z = 2.93 (P = 0.003)
Behaviour Change Consultation

• How is the patient feeling?

• What was it that made them feel that way?
Clinician talks about why change is important.

Client thinks about why change is personally important.

Client talks about why change is personally important.

Client makes verbal commitment to change.
What might an MI driven consultation look like for Pre-op?

E • Set the agenda with permission
   • Use open ended questions to elicit what the client knows/understands and reflections and summaries to demonstrate we are actively listening

F • Look for values – how might getting fit for surgery effect your life and the things that are most important for you

Ev • Create dissonance between current position and future desired position – take a look over the fence
   • Ask how important, ready, confident they are to make changes

P • Make a plan for change – typical day, draw on what’s worked for them and others & encourage self-monitoring
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Set the agenda with permission

• Thanks for coming along today, there’s a few things to get through but I’m wondering what’s most important for you?

• *Would it be ok if we spend a little time talking about your results and what this might mean for you in terms of getting fitter before your surgery?*

• There are three things you can work on to improve your outcomes from surgery; taking your medicine, modifying your diet and increasing your fitness via exercise. Getting fitter will probably have the quickest impact. What are your thoughts? What is most doable for you right now?
Avoid Righting Reflex

• The patient has the same values/priorities/motivations as me

• They don’t see there’s a problem
  
  *I must show them that what they’re doing is bad*

• They don’t care enough
  
  *I have to scare them/confront them into caring*

• They don’t know how to change/what to do
  
  *I need to tell them what to do and how to do it*
Practitioner: “Well, if you did decide to exercise more, that would not only help your knee but also help you lose weight and improve your mood, you know. Exercise makes people slimmer, fitter, and feel better.”

Patient: “Yes, I know that, but, I can’t help thinking that if I exercise while my knee hurts, even with gentle things like swimming, that I am doing more damage to it, despite what you say about those studies you read.”
If you see me running, call the police.
Person Centred Communication
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Explore and resolve ambivalence

The OARS are the skills that can be used by interviewers to help move clients through the process of change.

Open-ended questions
Affirmation
Reflective listening
Summarising
OARS: Open-ended questions

“Have you thought about getting fit?”

vs.

“What are the good things about getting fitter?”

“Do you have concerns about exercise?”

vs.

“You seem to have some concerns about what exercising might mean. Tell me more about them.”
OARS: Affirmation

• “Thanks for coming today.”

• “I appreciate that you are willing to talk to me about exercise.”

• “You are obviously a resourceful person to have coped with those difficulties.”

• “I can see this is hard to talk about....I really appreciate you keeping on with this.”
Reflective listening is used to:

- Check out whether we really understood the patient and highlight the patient’s ambivalence about change.
- Reinforce statements indicating that the patient is thinking about change.

“You are surprised that your level of fitness shows you are at risk of problems during surgery”

“You’re angry because your wife keeps nagging you about doing some exercise”
OARS: Summaries

• Summarising is a way of gathering together what has been said, making sure the patient is understood correctly.
• Summarising is putting together a group of reflections.

“So you really like the idea of becoming more active and you have enjoyed activity in the past. You have friends who attend a local gym and recognise that there will be benefits to your health. On the other hand, you are concerned about how safe it is to exercise and feel that you simply don’t have the time. Your partner is also worried about you making yourself worse.”
CPEX: Information Feedback
Elicit - Provide - Elicit
Elicit

• What does the patient already know about how exercise and fitness?
• How do they see the link between fitness and their surgery?
• Would they like to know more about how exercise can help them?

• *Would it be ok if (asking permission) I told you a bit about how / what options there are to help you get fitter prior to your surgery?*
Provide

• Just the facts
• Avoid judgements, interpretations, the righting reflex
• Slow down, not too much information
• Give in a neutral tone
  – *What other people have found useful is ...*
  – *There is evidence that tells us that exercise...*

• Give positive message

  *People usually find that getting fitter before their surgery helps them recover much quicker*

  vs

  *If you don’t get fitter your health will just get worse*
Elicit

- What do you make of what I’ve said?
- What more would you like to know? (provide)
- What would be the next step for you?
  – Avoid ‘does that make sense’! (closed question)

Beware the righting reflex

- listen and reflect on what they’ve taken from the information, rather than getting into an argument
Summary: Information Giving

- Set an agenda and use the identified priority agenda item
- Elicit what they already know about the topic
- Provide some information to help the patient make a decision about whether or not they want to take any further action
- Elicit what they have taken away from the information you have provided
What might an MI driven consultation look like for Pre-op?

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Look over the fence
Assessing Importance of Change

• At the moment how important is it for you to get fitter for surgery?
• How confident do you feel that you could start exercising if you made the decision to do so?
• On a scale of 0-10 where 0 is not at all important/confident and 10 is totally important/confident?
Building Readiness to Change

- What makes you rate your confidence at 3 (not at 0)?
- What would need to happen for you to move up from a 3 to a 4?
- What has helped you exercise in the past?

“Tell me more?”

“What does that look like?”

“When was the last time that happened?”
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Making a Plan

What is your “typical day”?
Change Plan

- Changes want to make
- Important reasons why
- Steps to undertake
- Ways people can help
- Know its working if
- Things that could interfere
Re-cap the key points
MI driven consultation for Pre-op

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Resources

BMJ Learning

You are currently not logged in to BMJ Learning.

Home

Motivational interviewing in brief consultations

Start module  Add to portfolio

This module explains what motivational interviewing is, its uses, and explanations.

Learning outcomes

After completing this module, you should:

- Understand what motivational interviewing is
- Appreciate how it can be used to improve outcomes for patients
- Recognise situations where motivational interviewing is useful, as well as situations where it is less useful
- Begin to develop an understanding of theoretical explanations for motivational interviewing
- Appreciate how motivational interviewing can work in practice, within a number of different clinical scenarios.

Contributors:
Stephen Rollnick, Nina Gobat, Jacqueline Batson
Selected References

- www.motivationalinterviewing.org
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