UNIVERSITY OF PÉCS
MEDICAL SCHOOL

PATIENT EDUCATION

What is Patient Education?

- Which doctors need to educate their patients, which do not?
- Why is it important to educate patients about their illnesses?

What is Patient education?

- **Health education** vs. **Patient education** (presence of special relationship)

- *Definition*: Patient education is a structured teaching-learning process embracing a wide range of methods, including giving information, advice, decision-making, support and behavior modification

What is Patient education?

- *„The goal of patient education is to instill a sense of autonomy in the patient and to equip her with the knowledge necessary to make her own healthcare decisions."*

- With few exceptions (e.g. pathologists), all practicing physicians educate patients

Why is it important?

- **Unhealthy lifestyles and non-adherence to treatment regimens** → new illnesses (hypertension, diabetes,etc) or suboptimal treatment/ worsening of chronic illnesses

- **Influenced by lifestyle choices:**

WHO (2018) Greatest risks for mortality: hypertension (13%),tobacco consumption (9%), high blood sugar level(6%), physical inactivity (6%), obesity (5%)

Evidence and facts

- 50 % of the patients do not or do not cooperate properly with health professionals
- 65 % of patients do not agree with their doctors' decisions

- Therapeutic goals are achieved in merely 20-40 %of the cases in patients with chronic diseases.
- Acute complications of the chronic disease tend to happen due to insufficient adherence or lack of prevention

WHEN SHOULD WE EDUCATE PATIENTS?

Patient education - Prevention

- ALWAYS, AT ALL LEVELS…
- FOR EXAMPLE: 2 MOST COMMON CAUSES OF MORTALITY IN THE DEVELOPED WORLD….
- CARDIOVASCULAR DISEASES AND CANCER

- Primary – preventive lifestyle measures –

CV, CANCERS eg. No smoking, healthy diet, healthy bodyweight, physical activity

- Secondary – screening

Screening patients' blood pressure, cardiometabolic status, blood sugar level, cancer screening

- Tertiary – preventing complications, follow-up treatment

What is needed for optimal patient education?

What is needed for optimal patient education?

- **Sufficient medical knowledge**
- **Communication!**

A PARADIGM SHIFT FROM EDUCATION TO MOTIVATION

- 1. Information gap led to a clinician-patient communication paradigm under which clinicians would use most of the doctor-patient visit **to educate their patients** about the causes, mechanisms and consequences of CVD—and on the need to avoid them.

- **Most people now have free, continuous access to multiple health information resources- TV, internet**

Duffy EY, Ashen D, Blumenthal RS, Davis DM, Gulati M, Blaha MJ, Michos ED, Nasir K, Cainzos-Achirica M. Communication approaches to enhance patient motivation and adherence in cardiovascular disease prevention. Clin Cardiol. 2021 Sep;44(9):1199-1207. doi: 10.1002/clc.23555. Epub 2021 Aug 20. PMID: 34414588; PMCID: PMC8427972.

Duffy EY, Ashen D, Blumenthal RS, Davis DM, Gulati M, Blaha MJ, Michos ED, Nasir K, Cainzos-Achirica M. Communication approaches to enhance patient motivation and adherence in cardiovascular disease prevention. Clin Cardiol. 2021 Sep;44(9):1199-1207. doi: 10.1002/clc.23555. Epub 2021 Aug 20. PMID: 34414588; PMCID: PMC8427972.

- „Notions such as the cardiovascular health risks of saturated fats, tobacco use, or insufficient physical activity **have now become part of our culture**, and health conversations are ubiquitous. „

- **„When considering a medical treatment, the majority of Americans now do their own research on the topic** in addition to consulting with a doctor."

- „**More than 95% of Americans**, when polled, **believe that healthy eating habits and sufficient exercise are important in preventing serious diseases such as cancer or heart disease**."

- „We could argue that our patients have never been better informed or had access to more information about their health.''

SO….. WHAT'S THE PROBLEM, THEN? WHAT SHOULD WE DO?

Paradigm: Clinician as *Educator*

Clinician: Focus on educating patients about risk factors and continued need for positive lifestyle changes

Patient: Receptive to guidance but unable to sustain long-term adherence or lifestyle changes necessary to impact their CVD

Outcome:
In many patients, the provided information may be already known by the patient, and still fail to trigger lifestyle change or motivate long-term adherence

Paradigm: Clinician as Educator and *Motivator*

Clinician: Motivates patients based on their emotional, psychological and economic approach to CVD

Clinician and Patient: Work together to identify patient's priorities, emotions, and values that drive the patient's decisions around their CVD

Outcome:
In many patients, these higher-quality conversations and tailored recommendations may motivate for lifestyle change and long-term adherence

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FROM EDUCATORS TO MOTIVATORS

- Doctors should be trained to **connect the diseases that they aim to prevent with the aspects of the patient's lives that are most important to them**!

- **Shift focus** from what patients know **to what they actually care about**

- **Connect with - patient's NEEDS, PRORITIES AND VALUES**

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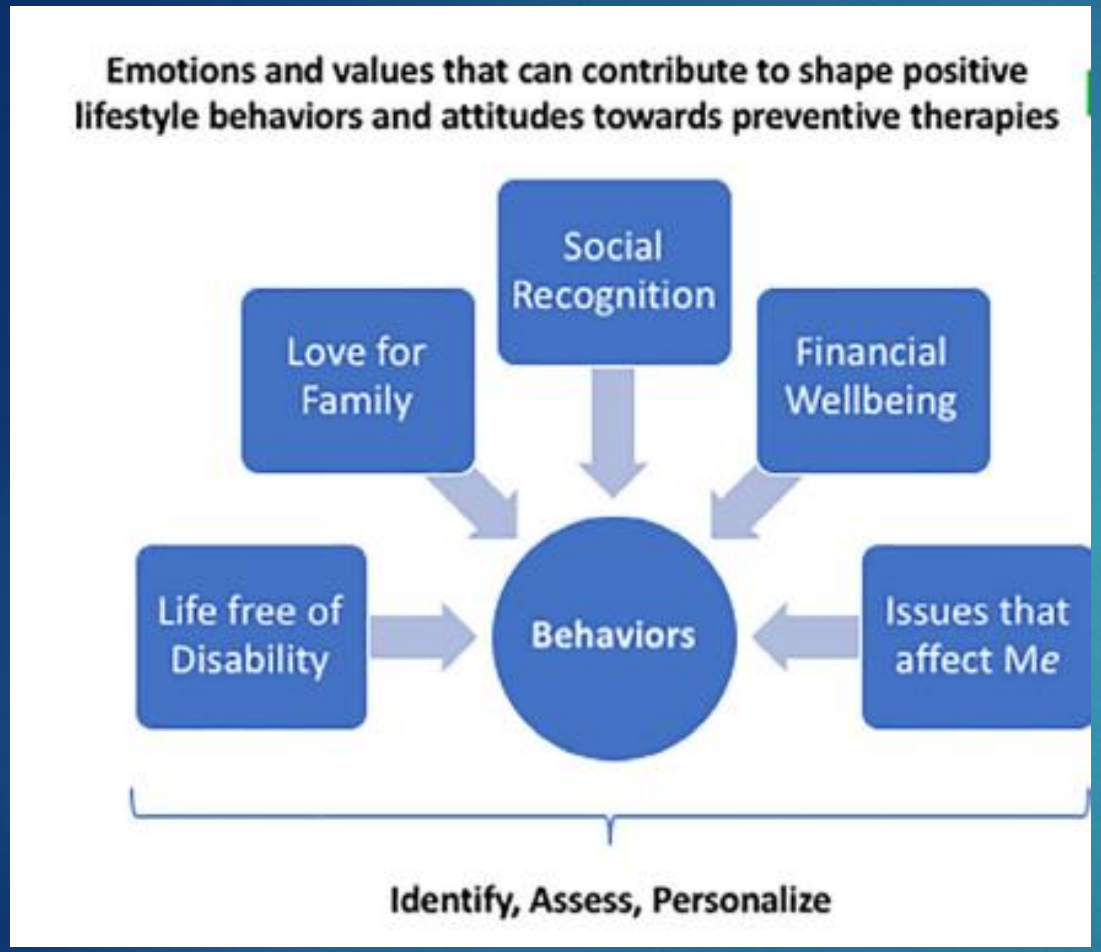
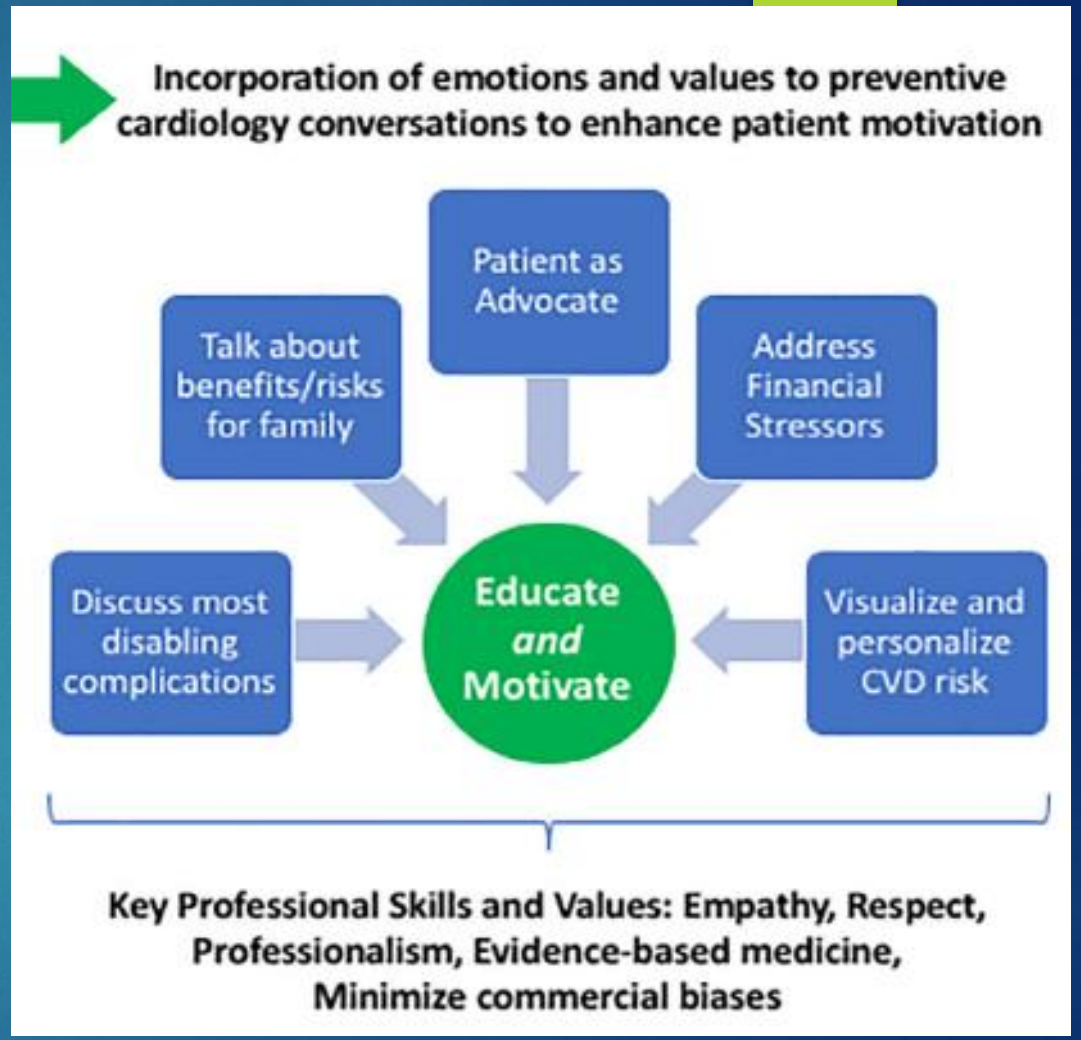

Emotions and values that can contribute to shape positive lifestyle behaviors and attitudes towards preventive therapies
Social Recognition
Love for Family
Financial Wellbeing
Life free of Disability
Behaviors
Issues that affect Me
Identify, Assess, Personalize


Incorporation of emotions and values to preventive cardiology conversations to enhance patient motivation
Patient as Advocate
Talk about benefits/risks for family
Address Financial Stressors
Discuss most disabling complications
Educate and Motivate
Visualize and personalize CVD risk
Key Professional Skills and Values: Empathy, Respect, Professionalism, Evidence-based medicine, Minimize commercial biases

HOW TO EDUCATE

HOW TO MOTIVATE?

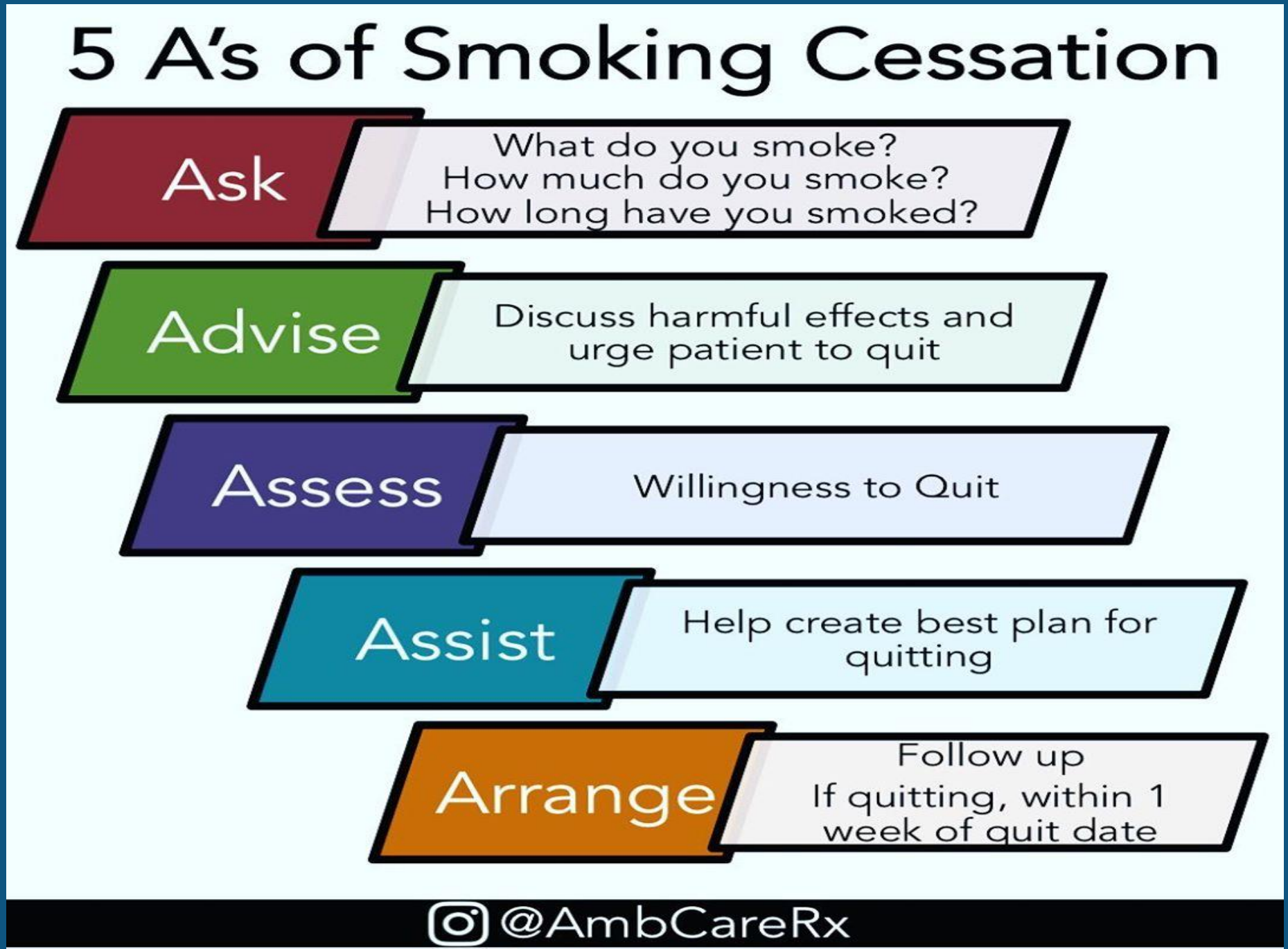
MOTIVATING PATIENTS… How?

- Stages of change – 5As, 5 Rs-Smoking
- NURSE model – not specifically for Motiv.interviewing –but useful

MODELS YOU ALREADY KNOW….

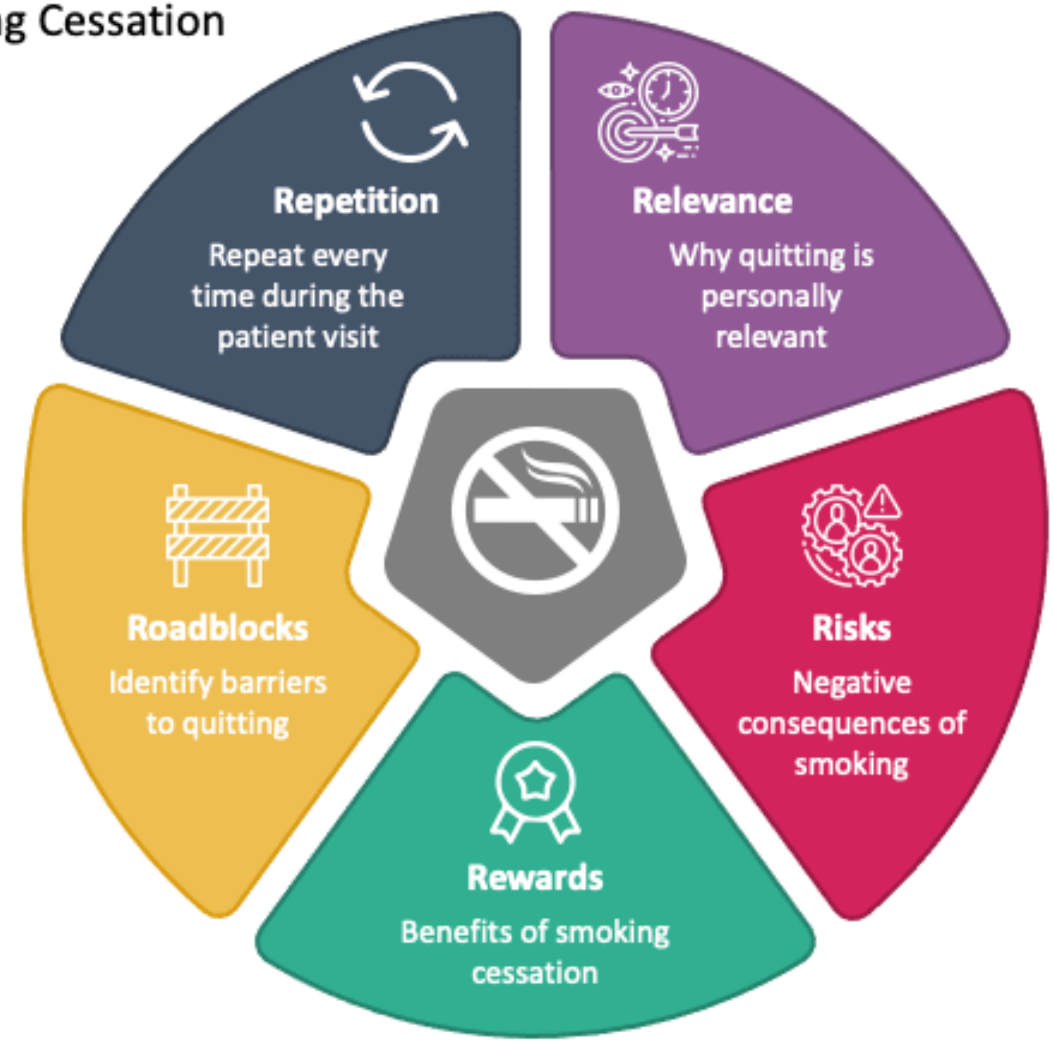
- EBM Guidelines for Motivational Interviewing
- OARS
- S.M.A.R.T. GOALS
- „Communication approaches in CV disease prevention”

Persuasive communication – STAGES OF CHANGE (The transtheoretical model)


5 A's of Smoking Cessation
Ask
What do you smoke?
How much do you smoke?
How long have you smoked?
Advise
Discuss harmful effects and urge patient to quit
Assess
Willingness to Quit
Assist
Help create best plan for quitting
Arrange
Follow up
If quitting, within 1 week of quit date
@AmbCareRx

SMOKING CESSATION

5 R's of Smoking Cessation



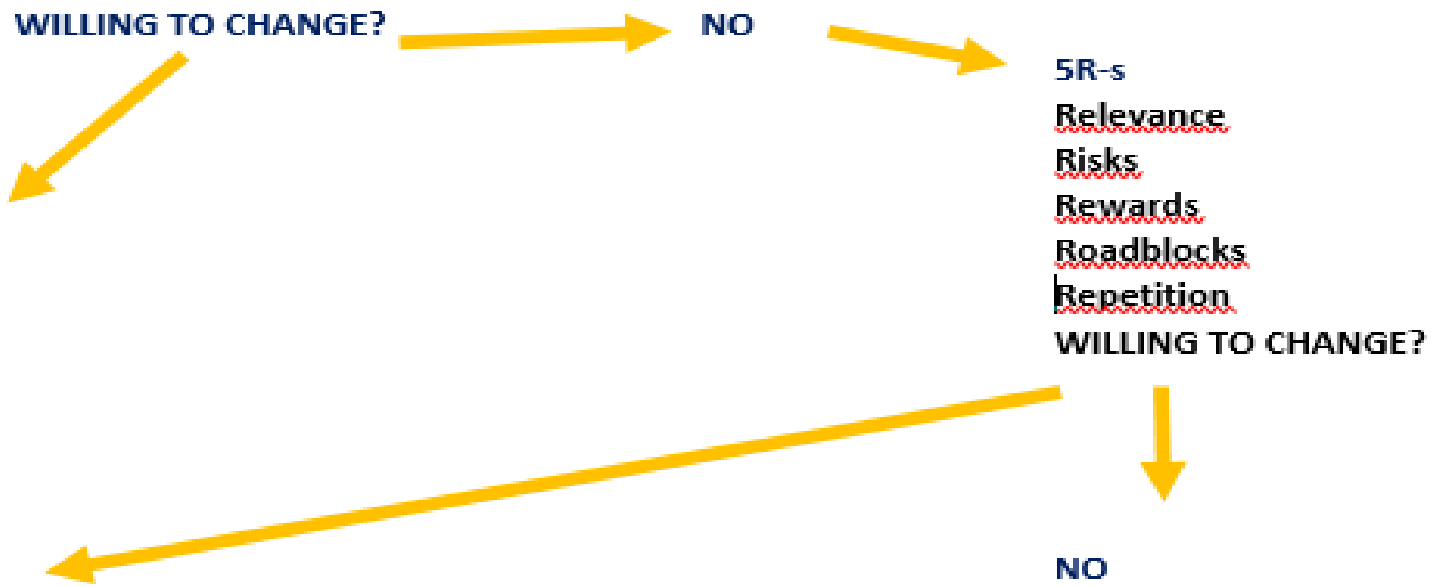
5A-s

(Minimal intervention)

1.Ask

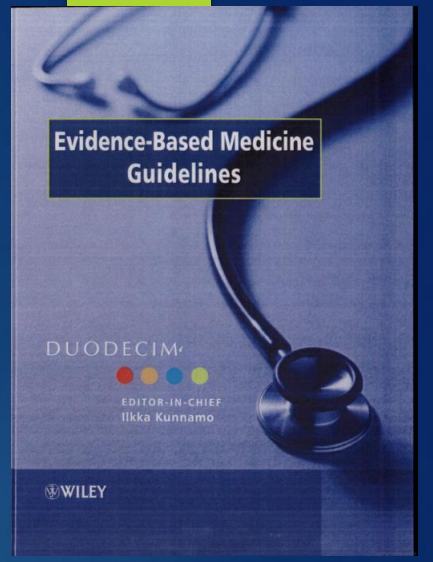
2.Advise

3.Assess



The NURSE MODEL

- **N**: **N**aming or labeling the emotion
- **U**: **U**nderstandability or legitimation
- **R**: **R**espect
- **S**: **S**upport or partnership
- **E**: **E**xploring the emotion, **E**mpathy



EBM Guidelines for Motivational Interviewing

1. MILLER WR, ROLLNICK S. MOTIVATIONAL INTERVIEWING. PREPARING PEOPLE FOR CHANGE. SECOND EDITION. THE GUILFORD PRESS. NEW YORK 2002.

2. EASTHALL C, SONG F, BHATTACHARYA D. A META-ANALYSIS OF COGNITIVE-BASED BEHAVIOUR CHANGE TECHNIQUES AS INTERVENTIONS TO IMPROVE MEDICATION ADHERENCE. BMJ OPEN 2013;3(8):.

Guidelines for motivational interviewing – What is….?

- **means open discussion and listening** to allow patients to identify needs for change themselves and to provide motivation for making such changes
- helps to **implement self-care**
- makes the patient feel responsibility

Guidelines for motivational interviewing

- **Problem is not lack of information but the difficulty of changing one's habits**

- The discussion aims at

  - **creating trust and cooperation**
  - **helping patients to see the conflict between their values or aims and the current state of affairs**
  - **supporting and bringing out the patients' own will and ability to change.**

Guidelines for motivational interviewing

- People are the **best experts in their own lives.**
- **Patients should choose the issues they wish to change** and think up the aims and the means.

- **The level of preparedness for change often appears in the patient's reply.**
  - *"I know I should stop smoking, but I don't want to."*
  - *"My weight has gone up. I suppose I should start jogging again."*

Guidelines for motivational interviewing – How…?

Ask open questions (what, how?)

o"What do you think about your health?" or "What are your dietary habits?"

Show empathy.

- When patients feel they are being heard and approved of, it will be easier for them to start working for their health.
- "Sounds difficult, how are you coping?"
- "You are right, weight loss is not easy..."

Guidelines for motivational interviewing – How…?

Show interest when listening.

- Look, gestures and facial expressions, such as nodding slightly or a short acknowledgement, such as ”yes”

Make reflective statements, repeating the patient's words.

- This will lead the patient to reflect further or to tell you more.
- ”Did I get it right that you have already started to walk more? … ”

Guidelines for motivational interviewing – How…?

Recognize „change talk" and react to it.

- Take up the patient's words and ask further.

"It sounds as if you have considered starting physical exercise? Can you tell me more about this?"

Take a neutral position and "roll with resistance".

- *Stay in tune with the patient's story, avoiding argumentation and direct instructions.*

Guidelines for motivational interviewing – How…?

Emphasize the positive and the successful.

- Emphasize the good things patients bring up. Grasp even the slightest positive things. Compliment them on their success.
- *"So you walk 10 minutes every day. That's great! How did you accomplish that?"*

Reinforce the possibility for change and the patient's own ability and strength (empowerment).

- *Find out the patient's strengths and enforce their belief in their abilities*
- *"You appear to be very decisive..."*

Guidelines for motivational interviewing – How…?

Consideration of pros and cons is particularly appropriate if they are ambivalent about the change.

Let patients consider the pros and cons themselves.

- *"Why would you like to quit smoking?"*
- *"What positive aspects does smoking involve?"*

Make short summaries and repeat.

Use the patient's own words and sentences

Guidelines for motivational interviewing – How…?

The doctor is a medical expert, but…

- **A conversational approach will make patients think.**
- **They themselves should state the need**. *"Yes, I suppose antihypertensive medication should be started. Can it be stopped if I manage to lose some weight?".*

Proceed in small steps.

- *Individual small changes are easier to make.*

Relapses

- *Relapses do not mean permanent failure*

MOTIVATING PATIENTS… How?

- Stages of change – 5As, 5 Rs
- NURSE model – not specifically

MODELS YOU ALREADY KNOW….

- EBM Guidelines for motivational interviewing
- OARS
- S.M.A.R.T. GOALS
- The „five communication approaches”

OARS – four key motivational interviewing skills

Four Key Motivational Interviewing Skills (OARS)

1. **Ask Open-ended Questions** that are thought-provoking and put your patients at ease, rather than closed-ended questions that can put them on the defensive. For instance, when inquiring about a patient's smoking habit, ask "What do you know about the health benefits of stopping smoking?" rather than "How much are you smoking?"
2. **Affirm the Patient** by validating his or her views and perceived barriers to change. Use non-verbal cues, such as head-nodding to demonstrate your understanding, empathy, and desire to help.
3. **Engage in Reflective Listening** by sitting back and listening intently to your patient's point of view. Avoid interrupting, lecturing, or dismissing their concerns or perceived barriers.
4. **Summarize the Conversation** by re-stating the patient's viewpoint, concerns, and barriers. Use phrases such as "So if I understand you correctly…" or "What I hear you saying is that…." Gently point out the discrepancies between the patient's goals and their current behaviors. Ask for permission to make suggestions, such as "Would you like to know what has worked for others?" Use change talk to increase their commitment to change. Frame past difficulties and setbacks as learning experiences rather than failures. Praise successes with language, such as "You've already made a lot of progress…" Suggest additional smaller steps that will build your patient's self-efficacy (confidence), rather than sweeping changes he or she may be unable to achieve all at once.

Summary of Motivational Interviewing	
Do more…	**Do Less…**
Asking	Telling
Listening	Talking
Understanding	Explaining
Acting as a guide	Advising
Information gathering	Assuming
Open-ended questioning	Closed-ended questioning
Facilitating the patient's own problem-solving	Trying to solve the problem for the patient

Setting SMART Goals with Your Patients

Advice from the National Lipid Association Clinician's Lifestyle Modification Toolbox

S.M.A.R.T. Goals

SETTING SPECIFIC, MEASURABLE, ACHIEVABLE, REWARDING AND RELEVANT, TIMELY GOALS

S.M.A.R.T. Goals

Setting goals is linked to successful dietary and lifestyle behavior changes. It provides patients with structure and the ability to track their progress over time.
Use the **S.M.A.R.T.** acronym to help your patients set goals they can achieve.
Make sure goals are:

Specific—The goal should be clear and focused on a particular behavior.

Example: "I will eat out no more than once per week."

Measurable—Quantifying the goal will make it clear when your patients meet, or do not meet, their goals.

Example: "I will exercise for 30 minutes at least 4 days per week."

Achievable—Goals should be realistic and fit with patients' current circumstances, so they feel the goals are achievable. It is best to start slowly with new behaviors, especially lifestyle changes they perceive as difficult.

Example: "I will eat ½ cup of vegetables with dinner at least 3 days per week."

Rewarding and **R**elevant—Your patients should perceive some benefit from meeting the goals they set. Goals should also be rewarding, worthwhile, and flexible.

Example: "To prepare for a 5K walk in 12 weeks, I will begin walking 15 minutes during lunch 3 times a week."

Timely—Goals should be trackable and have a timeline to encourage patients to work steadily on their goals.

Example: "For at least the next 4 weeks, I will take a healthy lunch to work at least twice per week."

„Communication approaches in CV disease prevention”

DUFFY EY, ASHEN D, BLUMENTHAL RS, DAVIS DM, GULATI M, BLAHA MJ, MICHOS ED, NASIR K, CAINZOS-ACHIRICA M. COMMUNICATION APPROACHES TO ENHANCE PATIENT MOTIVATION AND ADHERENCE IN CARDIOVASCULAR DISEASE PREVENTION. CLIN CARDIOL. 2021 SEP;44(9):1199-1207. DOI: 10.1002/CLC.23555. EPUB 2021 AUG 20. PMID: 34414588; PMCID: PMC8427972.

The „five communication approaches”

Communication opportunities
"It's not *only* about CVD"—Discuss additional downstream conditions such as dementia, stroke, heart failure, erectile dysfunction associated with CVD risk factors
"Your choices directly impact those you care about"—Incorporating the health of loved ones to the conversation
"We want you!"—Empower appropriate patients to serve as CVD advocates and champions within their social networks
"Let us talk about money"—Address the impact of CVD on financial security, a primary stress in our patients' lives
"Let us talk about *you*"—Further personalize the conversation to the specific patient, for example, discuss sex-specific risk factors/risk enhancers or burden of subclinical CVD

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