Lifestyle Conversation Version 5

This document is a practical guide to engaging in a "Lifestyle Conversation" (*Lifie* for short). It offers a bit of structure to the type of clinical conversation you've likely had already in some form.

The purpose of the conversation is to enhance "self-care activation" - the knowledge, the skills and the *confidence* patients have to "get well, stay well and live well with persisting conditions". It places you, the student, in an active therapeutic role.

Activation comes in many guises: getting the courage to ask a specialist to explain something, keeping a diary of triggers, connecting with others with a similar problem, learning new skills, quitting a habit such as smoking and big picture stuff like exiting a toxic relationship.

The *lifie* can be part of the normal clerking consultation or a consultation in its own right. It can be done very briefly or great depth – but the aim's the same – to help patients get behind their health.

The *Lifie* Summary

Who? [Opener]: *How do you look after your general health*? [Use of OARS*]

What? [Scan, Zoom and Focus]: *Can we talk about other aspects of Lifestyle*? [find out here re sleep, diet, physical activity, emotional self-care and drugs and alcohol]. Zoom for more detail as needed.

Why? [Kindling]: Helping the client to identify their reasons for making a change. Offering relevant medical information on harms. *What difficulties do you face because of xxxx?*

How? [Planning]: Inform, connect and encourage. *Had you some ideas for how to make a difference?*

When? **[Closing]** Rehearsal of behaviours. Summary of discussion.

The *lifie* maps onto COGConnect and as you know this starts with "Preparing", so, let's prepare!

Things to have in mind going into a *lifie* ….

If *you* are activated – relaxed, receptive, sitting nicely, hopeful for a good interaction, this will be transmitted to your patient. There are some simple ways to help you with this.

Paradoxically, it may help to keep expectations low and then you can be delighted if there is a sense of movement. Nothing much might happen – and that is fine.

Your job is to be a *guide* or a *coach* – you are not responsible for the problem or the changes – only for creating the circumstances where the seeds of change have their best chance of germination.

Once you are ready (Self, Space, Story, Glory!) it is time to *open* the *lifie*……..

The Lifestyle Opener (Who?)

Depending on the context you may need a "linker" to bridge the gap from the preceding bits of the consultation. Often, in both clerking and "real" consults, this prior stuff is related to the presenting complaint. So, you might need to say something like:

We've talked over your chest pain, is it OK now if I ask some things about (your) lifestyle?

This linker is also a "permission question" and it is good to ask permissions as you move through – though don't overdo it – permission is implicit. If this is a "stand-alone" *lifie*, you might need to get a basic sense of the medical background:

Before we get going, can I get a sense of the medical issues you are facing at present?

Next comes the *lifestyle opener*. It's a question that signals your genuine interest in where your patient is with their self-care. Find one that fits your style – here are some examples:

How do you look after yourself?

How do you look after your general health?

What stuff do you do to stay well?

Note (from experience) your patient may be confused by this question. This is fine! Don't bat an eyelid and re-express your question in slightly different terms or move on. Some people don't actually "do" anything – their self-care is instinctive.

The *opener* triggers a range of responses. You might hit an immediate seam of discontent and "sustain talk". This is the perfect opportunity to get going with your OARS. See where it takes you – it can be fascinating.

As well as opening up the field, the opener is your first big chance to *affirm* the efforts your patients are making with their health. This is an essential element.

Affirmations must be a) sincere b) evidence-based. By "sincere" we mean recognising something you genuinely feel is a quality. By "evidence-based" we mean based directly on what the person has said. E.g. "you really make an effort to get to the gym at least once a week whatever the weather" or "your religious faith as helped you through some really difficult times". Framing good affirmations takes practice. Avoid what might be called "praise" – unevidenced general approval.

During this bit of the *lifie* you are picking up cues and storing them in your "virtual cue closet". This is a place in your short term memory where you hang information you think you might come back to later – especially as possible motivations for change. Jotting written notes can be a big help.

So…….you have rapport, you have a general sense of the areas you might want to explore and now you are going to do some specific *gathering*……..

The Lifestyle Scan and Zoom (What?)

The *lifie* has to be "doable" and practically we have to *focus* and that is where "scan and zoom" comes in. We rattle through different aspects of lifestyle looking for cues to zoom into for a closer look. Again, you may need a *linker* (which, in this example, is, again, a permission question).

> **You've shared some interesting stuff. There are other aspects of lifestyle that can impact on our health – is it OK if I ask you about these?**

There is debate what domains come under "lifestyle" and as you know the word is conflicted – especially for the way it implies *choice*. But……for the *lifie* we suggest sleep, diet, physical activity, emotional self-care and drugs and alcohol. Here are some possibilities … another approach not explored here yet is the use of a questionnaire for scanning a range of areas in a timely way:

> **How's your sleep?**
>
> **Can you tell me about how active you are in the day? OR**
> **What exercise do you get?**
>
> **Tell me about your eating habits? OR**
> **How's your diet?**
>
> **How do you relax/unwind/look after your emotional wellbeing?**
>
> **[Look out for patients who use FitBits etc to monitor health]**

If you don't sense a problem area move on quickly (**scan**). If you do hear or sense a problem, then **zoom** in – but don't disappear totally down one track. A difficult skill is that of interrupting a patient. People are more tolerant than you might think. You can explain:

> **To make sure we cover everything I may need to interrupt you from time to time, I hope that's OK?**

Zooming requires supplementary questions.

For now, just one example – the 24hour dietary recall history

The 24 hour Recall Method

1. A quick list of foods eaten or drunk

Respondents are asked to report everything that they had to eat or drink in last 24hours. Often helps to ask "what was the last thing you ate before you came here?" Help the person to work backwards from there.

2. Collection of detailed information

For each item of food or drink in the quick list ask for clarification – actual time eaten, what was eaten, how much and where.

3. A recall review

The interviewer reviews the food eaten and drunk in chronological order, prompting for any additional eating or drinking occasions and clarifying any ambiguities

At this point in the *Lifie* – you have gathered a reasonably well-rounded impression of your patient's lifestyle and stored up a lot of stuff in your VCC (virtual cue closet). This is all that is required for a "Lifestyle History" (should you ever be asked to receive one in an OSCE examination!). The next phase sits best within the idea of "Formulation" in COGConnect.

The Lifestyle Focuser (What?)

Practically we are often not able to tackle all the issues that the patient has raised thus far. You may have a strong sense of where it would be good for them to focus their energies, but it is normally best to focus first on the patient's priorities. To avoid biasing the discussion in favour of the last thing discussed, it is good to do a mini-summary before posing a question like:

> **Of the things we have discussed, is there any area where you would like to make some changes for the good of your health and wellbeing?**

Sometimes though it would be appropriate to take a lead when it comes to focusing……and this will often link back to the presenting problem (one of the reasons doctors are nicely set up for this type of conversation):

> **We've seen how this is your third chest infection in as many months and that you have been a smoker since your teens. Is this something that you want to address?**

We have come a long way now. We might be about to finish because either there is nothing the patient needs or wants to address (they've answered "no" to the question above!). They might be "pre-contemplative". Now we move to a unique phase of the *lifie* which is the actual "Activation".

Note that in the real, zooming may *follow* focusing. I.e. having found your focus, you may want to explore the nature of the problem/habit further before you move to the next stage.

Kindling (Why?)

This is the real business end, the "Activation Talk". You might have a clear sense of what your patient needs to do to get activated. There are many paths from here ranging from the simple to the subtle. One framework, which clashes with another widely used acronym, is ICE:

> **Inform** – tell/teach/explain to your patient useful knowledge (or use printed)
>
> **Connect** – help your patient make contact with some people who might help
>
> **Encourage** – help your patient develop their motivation to make a change

We'll say more about information and connecting in the "planning" phase. Sometimes you can go straight to these options but often the next phase is about helping your patient build the *confidence* that they can make an important shift – we call this "kindling" to emphasise that you are tending the fire that is already there, rather than imposing something from the outside.

Things that stand in the way of change include it not being a current priority, confusion about how to change and lack of confidence in their ability to change – sometimes based in previous unsuccessful attempts. The social context is also powerful (spouse, family, culture).

Your job is to help your patient identify and clarify their motivation to change. I have disciplined myself not to skip this stage by going straight to planning. These next questions are really the USP of the *lifie* compared with the standard medical approach. Here are some trusted questions to pull out motivation:

> **[In relation to a presenting problem] What are the really tough bits about xxxx (binging, recurrent chest infections)?**
>
> **How would things be different for you if you didn't xxxx ?**
>
> **What don't you like about [negative behaviour]?**
>
> **What would be great if you could [the desired new behaviour]?**

This is again a good place to get out your OARS and have your antenna tuned for **Sustain Talk** (reasons why change is difficult or stories of past failures to change) and **Change Talk** (reasons for change or ideas for how to change). Affirm change talk and don't give energy to sustain talk.

Reflections and summaries are vital here ……

> **You love to stay up far into the night with your games console but are concerned about how irritable you can be in the daytime and episodes of poor concentration that have got you into trouble at work….**

Here you may want to input your specialist knowledge (a.k.a. "giving advice"). You'll probably agree the *lifie* has put in a lot of spadework before doing what as doctors we often do (? too) early in a consultation – that is to hit the patient with information, often of a worrying nature.. But some ways of giving advice are better than others…

> **I've met quite a few patients with this sort of problem. Can I share some of my knowledge about how this might be impacting on your health?**
>
> Or
>
> **We have studied this at medical school – can I tell you about some of things we've learned?**

So, at this point you have opened, gathered (scan and zoom), formulated (focusing), activated (kindling) and now it is time for *planning*. Note this will only work if your patient is at the point in their lives when the want to make a change.

Planning and Doing (How?)

Sometimes the need will be for **information** – pure and simple. Remember your skills from COGConnect: "Explaining" – CHECK – CHUNK – CHECK. Information can be verbal or written and increasingly (in general practice at least) by text message to a web-enabled smartphone.

It does yet exist but we are working this year on an "Activation Toolkit" in domains such as sleep, exercise, diet and relaxation. This will include key facts in a patient-friend format. There is also much self-care information specific to particular conditions – including actual self-care plans – e.g. for persons living with asthma.

Sometimes the need is to **connect** your patient to groups in your locality or on the internet. This would include national organisations for particular conditions and the wide range of opportunities that sit under the umbrella of **social prescribing**. For many of us, a favourite is "Park Run" (Covided but returning soon).

Before you make a move with a suggestion *you* might want to bring to the situation, it is good practice to find out how *their* ideas are shaping up ……

> **I'm interested in what ideas you had had for tackling this issue.**

Going with the patient's own ideas makes a lot of sense…."Well I don't much like running but in my teens I was a county-level swimmer and I have been thinking about getting back in the water".

Likely you will want to contribute some suggestions for what your patient might do and again it seems to work best when you briefly ask permission to chip in e.g.

> **May I share with you some ideas for how you might take this forward from here?**

This is where you might offer favourite nutritional tips, share a fav website or recipe, show a particular stretch exercise or offer some change-stimulating prompts:

> **I wonder what one, simple, change you could put into practice straightaway – like today?**
>
> **Who that you know might like to make this change along with you?**
>
> **Most people who make successful attempts to change do so with more than one attempt.**
>
> **What might you do to celebrate your success in making this change?**

Closing the Lifie (When?)

i. Summary

A summary of what has been said thus far is always a good move. This likely to include reference to things going well, areas for change, reasons why that change would be good and plans going forward. Why not ask the *patient* to provide the summary?!? You can often end the *lifie* here.

ii. First Moves

Optional extra, but it is sometimes good to finish on the immediate future – the changes the patient might make first, perhaps that very day. Always guide towards something that seems doable and will build confidence.

> **We've covered a lot. If there was one thing you could do straightaway, today even, what might that be?**

Whatever they then say, this is without doubt something to affirm!

iii. Rehearsal

Optional extra, but it can help to get someone to talk through the intended action as they visualise the new behaviour. This links the new resolve to specific actions.

iv. Follow-up.

Some form of follow-up is wonderful. If you are a student with an in-patient, you could offer to nip back the following day. In GP your placements last over months so again you can personally reconnect. Other options exist within Primary Care Teams.

Some additional notes:

"**Sustain Talk**" is talk which validates the harmful behaviour or states the difficulty with change. So when talking about their smoking a patient may say "at the end of a hard day there is nothing I enjoy more".

"**Change Talk**" is when the patient reflects on the harm of the behaviour or the possibility of change. In relation to smoking the patient may say "I really hate that taste in my mouth in the morning when I've been smoking a lot the day before".

***OARS** is an acronym for some generic skills of active listening:

- Open questions (which invite narrative and avoid the discussion being medicalised)
- Affirmation (sincere and evidenced)
- Reflections (simple and complex)
- Summary (both during and in conclusion and potentially spoken by the patient)