

Year three of Public health practice:

offering brief interventions for healthy lifestyles

Training programme for
pre-registration nurses

4233 Year 3
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Year three

Offering brief interventions about healthy lifestyles: practising the skills

Aims

To increase nurse students' core skills to enable them to be confident to offer brief interventions within their role.

To provide nurse students with the resources and information needed to fulfil the health promotion aspect of their role.

Objectives

By the end of year three the students will be able to:

- deliver a brief intervention on a variety of *Choosing Health* lifestyle topics
- understand how to access information about support services for lifestyle behaviour change
- describe the key components of a healthy lifestyle
- reflect and assess their own and others skills in offering a brief intervention
- be aware of how they can gain support for their health promotion work in the future, including obtaining and using health resources
- make an assessment of their personal lifestyle.

Year three of Public health practice: offering brief interventions for healthy lifestyles

Day one: timetable

Year three, day one: timetable

Time	Topic	Trainer's resources	Student activities
9.00	Welcome and introduce the module Aims and objectives – year 3 Initial ice breaker activity Revision Healthy lifestyle messages FRAMES approach to offering brief interventions Nurse reflection of observations on placements etc. Reflection: my own health Setting up practice and assessment sessions	PPT 1 slide: welcome PPT slides 2 and 3: aims and objectives Ice breaker (see trainer notes) (See trainer notes) Questionnaire (from year one) (see trainer's notes)	Carousel method or working in threes. Task 1: difficult questions Small group work Task 2 Task 3: case studies
Break			
1.30	Practical sessions	Management of role play and assessment session Talk through PPT slides 4 and 5: pitfalls	Small group work
3.30	Review the role play workshop	Allow time for discussion	
	End of day one		

Year three, day one: trainer's notes

Welcome to programme three

- PPT slide 1.
- Revisit ground rules (this two day programme will include assessment of skills and an evaluation of the whole programme).
- Talk through aims and objectives: PPT slides 2 and 3.

Initial ice breaker activity

Task 1

(If students cannot be seated in a carousal format, students to work in threes).

Carousal method: arrange the students (seated) in an inner circle and outer circle, facing one another. Give the inner circle group one 'difficult question card' each. They are to ask their partner the question and the partner gives an answer (quickly without too much deliberation)! The outside circle (students answering the questions) move round (one seat at a time) and are asked another question by a different person. Change the group over about half way through.

How did you respond? Did you...give solutions? Reflect? Put people right? Sympathise? Laugh! (This should be a fun activity).

Revision

Include a session here of the student nurses' observation in clinical practice with regard to health promotion work.

Recap:

Healthy lifestyle messages

FRAMES

Core Skills

Reflection: my own health

This allows for a final reflection in year three of nurses' own health behaviour.

Students re-visit their completed questionnaire from year one: what does health mean to you? Provide extra copies and re-do questionnaire if preferred.

Has their attitude/opinion changed in any way? If not, what does that tell us? Attitudes are deep rooted and as professional we have to work with peoples differing attitudes – we can only alter our own practice.

Students then complete task 2 (in twos or threes).

Feedback and discussion

Setting up practice and assessments sessions for skills based practice

Allow students to be involved in setting assessment guidelines.

In small groups ask the students to list what they would be looking for when assessing a student practising the skills of offering a brief intervention.

- Knowledge – of major conditions which are linked to people's lifestyles.
- Building rapport.
- Brief advice: raising the issue.
- Discussion about risk.
- Assessing a patients readiness.
- Open questioning/scaling questions.
- Reflection.
- Showing empathy.
- Being client centred.
- Being non-judgemental etc.
- Giving of information.
- Lower resistance.
- Asking questions/permission.
- Offering options.

Make a final list that students are comfortable with from the group work.

Break

Practical sessions

Provide handouts to students on the role of the patient, professional and observer.

Plan and carry out a selection of case study scenarios.

Allow private feedback within the groups of three initially. Then conduct a whole group learning discussion.

Task 3: case studies

Allow set up time. Give up to 10 minutes for each discussion. Students should change roles and conduct more than one case study.

Review the session. What did it highlight for nurses? What do they find easy and what is more difficult?

Offering brief interventions
about healthy lifestyles
Practice and assessment:
the core skills

Welcome to year three, day one

1

Aims and objectives

Aims

- To increase nurse students' core skills to enable them to be confident to offer brief interventions within their role.
- To provide nurse students with the resources and information needed to fulfil the health promotion aspect of their role.

Objectives

By the end of this module student nurses will be able to:

- deliver a brief intervention on a variety of *Choosing Health* lifestyle topics
- understand how to access information about support services for lifestyle behaviour change
- describe the key components of a healthy lifestyle
- reflect and assess their own and others' skills in offering a brief intervention
- be aware of how they can gain support for their health promotion work in the future, including obtaining and using health resources
- make an assessment of their personal lifestyle.

2

Maintaining good practice

To reduce resistance and **AVOID** the pitfalls:

- avoid arguing
- don't confront
- resist persuading
- never tell the patient what you think they should do
- refrain from judging.

(Listen, Reflect, Listen, Reflect)

3

Summary

- Using a systematic approach and core skills will enhance the potential for success at motivational interviewing and therefore, the brief intervention.

(NICE 2007)

4

Always remember

- If you are told what to do, there is a good chance that you will do the opposite!
- A behavioural approach starts with the first encounter: raising the issue.
- A non-judgemental attitude is vital.
- Continuity and consistency is needed from all health professionals.

5

Why it's important

- The single most important factor for an effective helping relationship is the practitioner's possession of strong interpersonal skills.

(Najavitis and Weiss 1994)

6

End of day one

- Thank you

Remember

'It is not the length of life, but depth of life.'

(Ralph Waldo Emerson 1803-1882)

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Year three, day one: tasks

Year three, day one: task one

Reflecting back difficult questions

(Photocopy on card and cut into separate cards).

What about all these dos and don'ts with food – who do you believe anyway?	If I switch to low fat milk will I be missing out on the calcium?	Red meat is bad for you isn't it?
I've stopped putting so much salt on my food but my blood pressure hasn't reduced.	I don't know why I don't lose weight – I eat a healthy diet, some people eat rubbish and are nice and slim.	I don't drink strong drinks like spirits so its not a problem.
It's too difficult to eat healthily. I haven't time for all that food preparation.	Healthy eating is more expensive.	My kids won't eat fruit or vegetables - it's all a bit too much effort.
I don't need to take exercise: I don't sit down all day!	I cannot take exercise: I'm too overweight.	I only drink at weekends so that's ok isn't it?
I don't drink as much as my friends.	I've cut down my smoking. Will my health be ok?	If I stop smoking I'll gain weight.

Year three, day one: task two

In twos please review your answers to the 'what is health?' questionnaire that you completed in year one.

Discuss

- a) Have any of your attitudes and opinions changed since year one?
Discuss why.

- b) In year one you discussed what influenced your own health and the risks you were taking with your own health at the time. How do you feel now about your own health related behaviour?

- c) Complete the following
 - I feel healthy when...
 - I am healthy because...
 - To stay healthy I need...
 - I become unhealthy when...
 - My health improves when...
 - ...is responsible for my health.
 - In my new role as a nurse I think my health will be...

Year three, day one: task three

Case studies

The patient

Read the case study and think about the patient and their situation. Can you identify the stage of change they may be at? Why do you think this? How might you as the patient be feeling about speaking about healthy lifestyles? What do you want to gain from speaking to the health professional? Make a few notes.

The health professional

Read the case study and think about the patient and their situation. How might you raise the issue with this patient? What stage of change might they be at? How will you approach your consultation? What would you like to achieve? Make a few notes.

Observer

Read the case study. Think about both the patient and practitioner and consider their perspectives. When observing, look for language, verbal and non verbal, make notes on the check list. Remember when you are feeding back your observations to give a critique of the skills and not the person's 'performance'.

Case study one

John, a 60-year-old married man has been on your ward for two weeks recovering from a stroke and has been left with minimal physical impairment. John is part way through his rehabilitation programme and has been given some information about the benefits of losing weight and taking physical activity and how this might lower his risk of further strokes. You are chatting to John and he tells you that his wife, who visits regularly, brings him the food he likes (sandwiches, cakes and biscuits) as he prefers them to hospital food.

Conduct a brief intervention to try and find out if John is interested in changing his lifestyle.

Case study two

Louise is a 43-year-old woman who has recently been in hospital following minor abdominal surgery. She was relatively well prior to this and has recovered quickly. She is attending an outpatient's clinic for a final follow up appointment. Her records show she has never had a cervical smear and it is suggested that you speak to her about this.

Conduct a brief intervention with Louise. Think about how you will discuss with her the 'risk' of not having regular smear tests.

Reflective listening

So you feel...

It sounds like you feel...

You're wondering if...

Do you mean that...

Case study three

Vicky is 19 and overweight with a BMI of 29. She smokes (10 a day) and binge drinks most weekends.

Vicky visits the GP with a suspected chest infection and the GP suggests she sees the practice nurse who can give her some lifestyle advice.

Vicky feels fed up with her weight and all her friends are slim. They don't really support her, she has low self-esteem and her social life is suffering. Because of this she readily agrees to see the practice nurse, thinking she will get a diet sheet!

Conduct a brief intervention with Vicky. You want to find out more about her lifestyle and what her attitude is towards changing.

Case study four

James is a single man in his thirties who presents at A&E following a minor road traffic collision. He has cuts and bruises and is waiting for an X ray but isn't badly hurt.

As you are chatting to him he tells you that after work during the week he spends much of his time surfing the internet and drinking. He hadn't had a drink that night. When he doesn't drive he drinks heavily and often has a hangover on Monday morning at work.

Conduct a brief intervention with James about his drinking. What stage of change is he at and what would you hope to achieve by speaking to him in this situation?

Year three of Public health practice: offering brief interventions for healthy lifestyles

Day two: timetable

Year three, day two: timetable

Time	Topic	Trainer's resources	Student activities
9.00	<p>Working with practice complexities</p> <ul style="list-style-type: none"> • Patients: their health, their level of motivation to change • Nurse skills, personal anxieties, level of competence, communication skills • Dealing with limitations: reviewing our roles <p>Support services, resources</p>	<p>Small group work (see trainer's notes)</p> <p>Review student work PPT slides 6 and 7: importance</p>	<p>Task 4 Group work and discussion</p>
Break			
1.30	<p>Working with mentors and clinical colleagues.</p> <ul style="list-style-type: none"> • Disseminating new skills and knowledge to other staff • Further support and training • Review of the three year programme • Completion of workbook 	<p>PPT slide 8: good luck</p>	
	End of day two		

Year three, day two: trainer's notes

Welcome back to the final day of this programme.

Working with practice complexities

a) Our patients

It is important to remember that health professionals should routinely speak to patients about their health related behaviour. However, we acknowledge that this can be problematic. Ask students, from their observations during the three-year course – what are the main issues of concern in speaking to patients? List these.

Divide the list and give a selection of the issues to small groups of students. How can a nurses skills reduce some of these problems and concerns?

Many patients WANT to change but appear to be ambivalent (in two minds). Ask students to work through an ambivalence case study: task 4. Feedback and discussion.

b) Nurses

Although it is accepted that nurses are in an ideal position to speak to patients about healthy lifestyles, there are complexities and problems from the nurse's viewpoint (which may differ from the patients viewpoint).

From their observations and their own practice: what remain important issues for nurses to consider? List these.

As a whole group discuss the list and look for solutions.

Remind group – we need to be consistent in our approach to avoid contributing to health inequalities. (NICE. 2007).

c) Dealing with limitations

Whilst it is important that nurses feel motivated to include health promotion as part of their work, we must acknowledge limitations in order that nurses feel they are supported and their role is valued.

Ask the group to consider what the limitations are that will (probably) be of concern in nursing. Some examples:

- lack of time
- a strong focus on managing illness
- the wider influences on health that affect us all
- low rates of success – behaviour change is difficult.

What can nurses do to continually strive to minimise these limitations? Ask the group. Possible points to consider: keeping up with skills training, looking after our own and our families' health, promoting health in hospital and community settings (organisational aspects) and working collaboratively with other services in the wider community that can support health improvement.

Break

Final session: a full review session

- 1) Can you use these newly acquired skills and support other staff with their conversations about healthy lifestyle?
- 2) What further support and training do you think you need. Will you be prepared to continue to learn?
- 3) Conduct a full review of the three-year module.
 - What have been the important learning points?
 - What information and knowledge has been gained?
 - Assess levels of confidence and motivation to do health promotion work.
 - Preview the resources and support systems available. Examples are health improvement services, voluntary services, leisure services, workplaces and private sector.
 - Conduct evaluation process.

Please note

There is an additional and optional PowerPoint presentation that can be used to support the final session in this programme. The materials include a recap of the FRAMES approach, and additional information that practitioners can use when they have an opportunity to offer more therapeutic support.

PPT slides 1 – 26

**Offering brief interventions
about healthy lifestyles
Practice and assessment:
the core skills**

Welcome to year three, day two

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Aims

- To increase nurse students' core skills to enable them to be confident to offer brief interventions within their role.
- Revisit delivering a brief intervention on a variety of choosing health lifestyle topics.
- Understand the importance of accessing information about support services for lifestyle behaviour change.

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Objectives

- Revisit the key components of a healthy lifestyle and assess their personal lifestyle.
- Reflect and assess their own and others' skills in offering a brief intervention.
- Be aware of how they can gain support for their health promotion work in the future, including obtaining and using health resources.

10

Revisit FRAMES approach

- **F**eedback of risk (personalised/normalising)
- **R**esponsibility (with patient)
- **A**dvice (clear, practical)
- **M**enu (variety of options)
- **E**mpathy (warm, reflective)
- **S**elf-efficacy (boosts confidence, they need to feel it is achievable)



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FRAMES

Feedback on the personal risk and raising the issue.
Ask the patient how they feel about behaviour issue.

- "If you carry on smoking what do you think might happen in say 10 years?"
- "You appear to be drinking at a rate that increases your risk of harm. What do you think?"
- "The way in which you are drinking may be affecting your health. What do you think?"
- "What concerns do you have if things don't change?"
- "Would you like to spend five minutes talking about your smoking?"

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Scaling exercise - exploring *confidence* and *readiness to change*

Think of something that you want to change.

- "Right now **how important** is it to you that you make these changes to your diet?"
- "On a scale of one to 10?"
- "Tell me what makes it a four and not higher?"
- "What has worked to get from nought to four?"
- "What would need to happen for you to get a higher point? Even one higher?"
- "What might get in the way?"

13

Assessing confidence

- "If you decided to change **how confident** are you that you could make those changes? On a scale of one to 10?"
- "If you were to change, what would it be like?"
- "Is there anything you've learned from past experiences that would help you now?"
- "If you were to change, what might your options be?"
- "Who might help you?"
- "Anything you have succeeded at in the past?"

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FRAMES

- Responsibility of the behaviour is with the client.
- "I know it's really hard...if you want to stop smoking the decision has to come from you...would you like to spend five minutes discussing it?"

(Acknowledging it may not be the right time on the cycle of change).

15

FRAMES

- Advice.
- Menu of options:
 - signposting to services
 - what's available
 - what's worked before
 - *Information cards appropriate?*

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FRAMES

Empathetic counselling style.

- Reflective listening.
- Support and problem solving.
- Avoid judgement and blame.
- Roll with resistance.

The single most important factor for an effective helping relationship is the practitioner's possession of strong interpersonal skills.

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FRAMES

Self efficacy.

- Build on past strengths.
- Encourage patient to implement a plan for change.
- Show optimism that the patient can change.

18

Always remember

If you are told what to do, there is a good chance that you will do the opposite!

Change arises from the person's own values and concerns.

Therefore you need to consider:

- how you raise the issue
- the words you use
- non-verbal communication
- how continuity and consistency is maintained by all health professionals.

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Stage 1: review the brief intervention

- Build relationship.
- Establish story so far.
- Establish current health behaviour.
- Permission to explore the issue.
- Explore readiness to change (clarify ambivalence).
- Information exchange.
- Discuss desired outcome.
- Agree a way forward (negotiated shared agenda).

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Stage 2: goal setting (using a negotiated response)

- Explore options.
- Discuss and agree SMART goals.
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**ealistic
 - **T**imely

21

Stage 3: action

- Overcome inevitable difficulties: what if things don't go to plan?
- How to achieve agreed goals.
- Establish support.
- Agree on monitoring.

22

Keep it patient centred?

- Give the patient opportunity to be heard and understood.
- Let them tell you their story.
- Give them the information they require.
- Empower them to feel 'able to cope'.
- Maintain confidentiality.

23

Core qualities

- Empathy
- Genuineness
- Acceptance

(Remember key skills: listening, open the interview, non-verbal, reflect and encourage, end the interview).

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Maintaining good practice

Behaviour change isn't easy!
To reduce resistance and AVOID the pitfalls:

- avoid arguing
- don't confront
- resist persuading
- never tell the patient what you think they should do
- refrain from judging.

(Listen, Reflect, Listen, Reflect)

25

What is ambivalence?

- Having simultaneous, conflicting thoughts and feelings.
- The experience of having both **positive** and **negative** thoughts and emotions.
- A state which can lead to avoidance or procrastination.
- Co-existence within an individual of positive and negative feelings, simultaneously drawing him or her in opposite directions.
- Common experience.
- May lead to internal and external conflict.

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Strategies to overcome ambivalence (Miller and Rollnick)

- Express empathy.
- Develop discrepancy.
- Avoid arguing.
- Roll with resistance.
- Support self-efficacy.

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Decisional balance



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Steps

- Ask about positives.
 - What are some of the good things about...?
 - What would you miss?
 - What else...? What else...?
- Ask about not positives (negatives)
 - Can you tell me about the down side?
 - What are some aspects you are not so happy about?
 - What else...What else...
- Identify own, personal, important life goals.
- Compare life goals to behaviour (discrepancies).
- Ask for a decision.
 - After this discussion, are you more clear about what you would like to do?
- Plan a short-term goal.

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No decision

- Accept no decision.
- Empathise with the difficulty of ambivalence.
- Is there something else (information, more time) which would help to make a decision?

Decision to continue

- Accept decision.
- Is there any or small part of the problem mentioned that you would like to change? (Summarise).
- Most people are keen to have fewer problems and will be willing to work on at least one of these.

30

Group scenarios

- See Task 4
- (Ambivalence case study)

31

Summary

- Using a systematic approach and core skills will enhance the potential for success at motivational interviewing and therefore, the brief intervention.

(NICE 2007)

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References

- Egan G (2002) The skilled helper: a problem management and opportunity development approach to helping. 7th edition. California. Pacific Grove
- Miller WR, Rollnick S (2002) Motivational Interviewing. Motivational Enhancement; preparing people for change. New York. Guilford Press
- NICE (2007) Behavioural Change. London NICE
- Yoder Wise PS (2003) Managing in Nursing. Elsevier Health Sciences

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End of module three

Thank you

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Year three, day two: tasks

Year three, day two: task four

Ambivalence case study

Joyce is 56 years old and married with two grown up children.

“I’m really not sure about my weight. I don’t really think I have a problem, as all the women in our family are large. I know losing weight would probably help my health and there is a history of heart problems in our family, but I’m not as heavy as some of my friends. Anyway I enjoy eating; especially when I’m out. I very rarely eat anything sweet. I lost weight really quickly once a few years ago but it came back because of stress. Dieting is really boring and it can make you fatter can’t it? But I’ve got a wardrobe full of lovely clothes, which don’t fit me now.”

Conduct a brief intervention trying to resolve Joyce’s ambivalence to her weight.

Do not offer Joyce your views but try to tease out from her the issues as she sees them.

Reflect this back to Joyce.

Use the table to complete your findings.

Task four (cont.)

Decisional balance: current weight/eating pattern

Good things about staying the same	Less good things about staying the same
Good things about change	Less good things about change

Additional slides that can be used to support year three learning

1

Using a consultation framework (Egan 2002)

Opening

- Stage 1: assessment of the current scenario.
- Stage 2: goal setting (negotiation approach).
- Stage 3: action.
- Ending.

2

Opening the Interview

- Greeting.
- Consider time parameter.
- Establish rapport.

(Remember core skills: knowledge, assessment, communication).

3

Stage 1: assessment of current scenario

- Build therapeutic relationships.
- Establish the story so far.
- Explore readiness to change.
- Establish current health behaviour.
- Exchange information.
- Discuss desired outcome.
- Agree a way forward.

4

Stage 2: goal setting (using a negotiated response)

- Explore options.
- Discuss and agree SMART goals.

5

Stage 3: action

- Overcome inevitable difficulties.
- How to achieve agreed goals.
- Establish support.
- Agree on monitoring.

6

Approaches

- A behavioural change approach starts with the first encounter.
- It is important to regularly raise the issue of healthy lifestyle.
- Use a non-judgemental attitude.
- Do not 'fix it': encourage patient responsibility.

7

Keep it patient centred

- Give the patient opportunity to be heard and understood.
- Let them tell you their story.
- Give them the information they require.
- Empower them to feel 'able to cope'.
- Maintain confidentiality.

8

Core qualities

- Empathy
- Genuineness
- Acceptance

(Remember key skills: listening, open the interview, non verbal, reflect and encourage, end the interview).

9

Group scenarios

- See attached information.

10

References

- Egan G (2002) *The skilled helper: a problem management and opportunity development approach to helping*. 7th edition. California. Pacific Grove.
- Miller WR, Rollnick S (2002) *Motivational Interviewing. Motivational Enhancement; preparing people for change*. New York. Guilford Press.
- NICE (2007) *Behavioural Change*. London NICE.
- Yoder Wise PS (2003) *Managing in Nursing*. Elsevier Health Sciences.

11

Clinical simulation feedback sheet

Name

	Identify the specific skills demonstrated in the interaction in each of the areas	Indicate things that you would like to have seen being done differently
<ul style="list-style-type: none"> • Introduction • Relationship building 		
Information gathering <ul style="list-style-type: none"> • Establish story so far • Establish current health behaviour • Permission to explore the issue 		
<ul style="list-style-type: none"> • Explore readiness to change (clarify ambivalence) • Information exchange • Discuss desired outcome 		
<ul style="list-style-type: none"> • Shared decision making • Goal setting 		
<ul style="list-style-type: none"> • Ending • Support options • Monitoring 		