

Implementing Lifescripts

Practical Tips for GPs

Dr Nancy Huang

Time is the biggest issue for most GPs, followed by interest, understanding and self-efficacy in the provision of lifestyle advice. It can be useful to think about what **interests** you already, and what you do well, and what you enjoy discussing in your practice, and how one or more of the risk factors can be built into that, rather than start with all of the risk factors.

Other helpful ideas to assist in implementing Lifescripts:

1. **Prepare** your patients – Posters, pamphlets, practice newsletters etc to inform your patients of your orientation, approach, emphasis or style of practice – something in line with wanting to address lifestyle, or prevention or to look at whole person care may be useful.
2. **Attitude** – recognize that certain lifestyle changes (and which risk factors) are relevant only for certain patients e.g. who are you likely to want to discuss PA, or smoking or alcohol with? It won't be everyone, which group of your patients will most benefit, in your view? If you understand your own preferences, then incorporating it more consistently into practice will be an easier task.
3. You can only remember to do so much, so breaking lifestyle down into '**bite sizes**' for both you and your patients is one way to be realistic about what can be achieved. What is the most pressing problem you seem to see all day, everyday? What are the problems that you have run out of new ideas for management? What is the one lifestyle factor that you find easiest to address? Start with that, and build it into a spiel for patients, with just this group of patients, one risk factor at a time.
4. **Raising the issue** – I have found it useful to announce Lifescripts as a 'new' government initiative – and to say that today is a good time to make a startand it can also help with the problems that the patient presented with today. This approach may suit the more sensitive lifestyle factors such as weight or alcohol.
5. Ask and assess is to explore risk, and **interest** in making changes. Motivational interviewing can be brief and effective. There's no point in badgering someone who is not thinking about changing, so don't waste any further time. It's a matter of asking a few 'timely' questions that can be built into any consultation, while you are taking the BP, writing the repeat script or filling out the pathology forms. Some key hints for motivational interviewing:

- a. **Listen** – often argumentative patients feel they haven't been heard, as GPs tend to like to interrupt mid-sentence if patients are going off the track. The easiest way to get patients to talk less, is just to let them talk.....very few people can talk without interruption for more than 50 seconds anyway – try it!
- b. Main aim is to explore **ambivalence** associated with a risky behaviour – not to 'tell' them what they should do to change, but rather to encourage patients to express their own reasons for concern, and their own arguments for change. So, regard the behaviour as the patient's own choice (so they take responsibility) and then ask how much of a problem this behaviour is for them. Avoid argument and confrontation, i.e. not using "but" or 'should' or 'must'. Highlight the discrepancy in patient's own words – change happens when it's internally driven. If patients haven't expressed some discrepancy – then you're wasting your time anyway, so just plant the idea for another day.
- c. **Discrepancy** is canvassed by assessing the good things about the behaviour, then ask about the less good things, and comparing the two. Ask, does this concern you, how, or why?
- d. **Assess motivation** by questions such as – how much do you want to... "be more active, stop smoking etc", and then how confident are you that you can.... "be more active, stop smoking etc" as a quick way to assess motivation. Rating them between 1-10 is helpful. Motivation is about how much do they want to change, and confidence is about their capacity to be able to do what it takes to make the required changes.
- e. **Summarise** the conversation, and develop a plan with the patient for change, if motivation high. If motivation low, leave it, ask patient to think about it, where to find more info, and end the consultation. If only 'confidence' or 'self-efficacy' is low, then it's about planning the right strategies, and taking patients through the plan to improve their confidence about making the changes.
- f. Have a list of only a **few 'trusted' places for referral** – which Divisions can help in suggesting – rather than a whole list or a lot of choices – use one source, like QUIT line, INFOLINE etc for the relevant risk factor. This can help in that time is not lost on searching for numbers and contact information, therefore making it more likely that you will use it with the next patient.
- g. **If you run out of time**, tell the patient – 'I am interested to talk to you further about...your smoking, lack of activity etc, but we've run out of time today. This is an important issue for your...HT, diabetes, arthritis, depression, etc, so perhaps next time you visit, you might want to book a longer appointment, or to remind me at the start, so that we don't run out of time.'" Or, perhaps they can make a separate appointment to talk about it if they'd prefer.

6. **Prompts** can be useful. At some point or another, every GP has discussed ‘lifestyle’ and the key for Lifescripts is to try and incorporate this into your practice more systematically and consistently. Highlighting certain population groups or target groups in your practice on a monthly or rotational basis make help to keep it fresh and interesting, so you’re not doing the same thing all year. For example, you can highlight all hypertensive patients and make sure they have the PA script in a particular month. Electronically you may tag them for a prompt, or using paper based prompts or a sign on your desk for the month. Prompts are individual things, but they need to be planned for, so think about what is a useful, but not annoying prompt for you.
7. **Use your practice nurse** / practice systems where available. If you have a practice nurse, then they can be co-opted into assessment or follow up of the advice you’ve provided in the surgery. It can be used as part of the assessment for a chronic care plan, or part of the strategies planned for the chronic care plan. Lifestyle strategies can provide input into the content of the plan, as part of how the patients can better self-manage their chronic condition. Strategically using the PN will depend on how the PN is resourced, and how much time can be made available. It will also require some time in ‘upskilling’ the PN, which may be a role for Divisions, or the GPs in the practice.
8. **Use you Divisions’** resources – look for relevant upskilling opportunities, or request topics and content for workshops that you will find most relevant – such as motivational interviewing skills or setting up your practice nurse for Lifescripts. Request a practice visit if you are too busy, or any other relevant resource such as local referral destinations for the risk factor/s that you are most interested in.

Finally, Lifescripts is NOT designed as a rigid, one size fits all type of program or intervention. It is meant to be adapted to suit your style and practice. While the Resource Kit looks great in its packaging, it’s meant to be dissected and pulled apart to allow you to use just the bits that are most relevant to you and your patients. **It is ‘doable’** because it can be broken down into ‘bite’ sizes and small messages, rather than trying to change the world in one sweep. It does take some planning and some commitment to the intervention, but you don’t have to turn your practice upside down for its implementation. I work in a small practice in Clayton without a practice nurse, we are not computerized and I have been able to use these resources consistently for some time. It’s not with every patient, and it’s not with every opportunity. But using it for **some patients** is an improvement on my previous practice, and it’s a start towards more consistent practice.

Contact Kinect Australia
Ph: 03 8320 0100
enquiries@kinectaustralia.org.au
Level 5 /Suite one 470 Collins St
Melbourne 3000