

A crazy little idea

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Have you ever wondered if a family physician can actually influence patients to adopt lifestyle changes? To find this out, we conducted a small project based in our family practice in Edmonton, Alta. The results might surprise you.

In 2010, Dr Klein was preparing for a year's sabbatical. Some of his patients expressed concern about his upcoming departure and asked if he would be returning. He realized that they felt connected to him as their family doctor and wanted to be sure the relationship would continue.

As he wondered how to reassure them and maintain this connection in his absence, he got a crazy little idea. He enlisted the help of Drs Singal and Pittman, the practice's resident and medical student at the time. Two months before Dr Klein left, he wrote to his patients, challenging them to set 1 health-related goal to work on while he was away. He suggested they consider a lifestyle change, such as losing weight or quitting smoking. The letter explained that the locum physician would help them, and that they would receive reminder letters about their goals every 3 months. We did not recruit patients in the office, but Dr Klein explained the project in person when patients had questions. Interested patients were asked to complete brief forms outlining their goals. Our patients rose to the challenge. About 1 in 8 adult patients (48 out of 350) set goals, including losing weight, exercising so many times per week, and quitting smoking; some set more than 1 goal. The stage was set for action; Dr Klein left on his sabbatical.

The project proceeded, with participants receiving their quarterly reminders as planned. At the end of the challenge 1 year later, we called the participants to check on their progress, then began analysing the data (Karyn Crawford). We considered patients who had partially or fully achieved their goals to have succeeded. Among the participants, 18 (38%) did not achieve their goals; another 15 (31%) could not be reached, so their results were unknown. The remaining 15 patients (31%) succeeded, 8 completely and 7 partially reaching their goals, and some meeting more than 1 goal. The successes included 3 patients who quit smoking, 7 who increased physical activity levels, 7 who lost weight, 1 who reported decreased shoulder pain after exercising more often, and 1 who made an overall lifestyle change.

This simple project illustrates several elements of physician-influenced lifestyle change. Research has shown that patients respect the advice of their family physicians.^{1,2} This project demonstrates that even if the doctor is not present and actively advising, the strength of the doctor-patient relationship itself can work as a "catalyst for change."¹ It also provides encouraging evidence that a fairly simple motivator, such as a letter prompting a

patient to choose a health-related goal, can be effective in motivating people to attempt lifestyle changes. These findings also further support the effectiveness of goal setting in lifestyle change, as reported by several research studies.³⁻⁵

Reflecting on this modest project, which began as a crazy little idea, we realize it represents some best practices noted in the literature. For one, it involved goals selected by patients and reinforced by reminders. No explicit reward was identified, but perhaps, from the patients' perspectives, showing their doctors they could achieve their goals was an intrinsic reward. Although evidence supports setting goals collaboratively, our patients set goals without discussion with their physician, demonstrating elements of self-management. Bodenheimer and Handley⁴ describe clinicians' reluctance to add time-consuming activities to patients' visits as an important barrier to instituting goal setting. This project took only a few minutes to initiate and 20 minutes of staff time every 3 months. Finally, activities like this help physicians move from looking after patients in the clinic to being resources for their patient populations.

Since Dr Klein's return, several patients have come in to discuss setting goals, which leads to the next crazy idea, a "now that he is back" project. Overall, this study was encouraging—we were pleasantly surprised that some patients whom we did not expect to come forward with goals showed up at the clinic with interest and questions. Family practice is indeed an effective setting for influencing lifestyle changes in patients and supporting them in initiating their own plans for change. It is an area in which strong relationships and creative approaches can yield positive results—even if the doctor is on sabbatical! 🌿

Dr Klein is Associate Professor and **Ms Crawford** is a research assistant in the Department of Family Medicine at the University of Alberta in Edmonton. **Dr Pittman** was a medical student at the University of Alberta. **Dr Singal** is a family physician in Edmonton.

Competing interests

None declared

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