I've stopped telling my patients to exercise

by Tom Yeates; Sabrina Kolker MD; Jeremy Rezmovitz MD, CCFP

Have you ever told your patients they need to exercise? Have they ever nodded in agreement, but are no closer to their goal by their next appointment? There is robust evidence linking regular physical activity to a wide array of physical and mental health benefits[1]. But motivating patients to exercise regularly has proven difficult in the years since physical activity became a public health recommendation[2]. The efficacy of "health coaching" as opposed to traditional patient education has been widely discussed in recent years[3]. One strategy we suggest is to reframe barriers with a simple shift in semantics to discuss behaviour change with patients. That is why I've stopped telling my patients to exercise and now suggest training, instead.

Personal behaviour influences health and people can improve their health, by changing their behaviour. Approximately 7% of persons younger than 65 have a life-impacting chronic condition and 37% of persons older than 65 years have three or more serious chronic conditions[4,5]. The effective management of these conditions hinges on patients engaging in healthy behaviours[6]. Patients usually respond when their care provider addresses physical activity - those encouraged to exercise by a health care provider are 6 times more likely to participate in supervised exercise, and 12 times more likely to participate in exercise at home[7]. Implementing effective behaviour change addresses the Institute for Health Care Improvement (IHI) triple aim of improving patient and provider experience, improving the health of populations, and reducing the per capita cost of health care[8].

Physicians are agents for change; they can promote a shift in attitude for patients from the passive sick role to an active participant in improving wellness, by changing themselves. Health coaches increase awareness, accountability, and access for "coaches" by working with patients to find achievable goals and iteratively following up on and updating these goals[9]. We suggest a simple language reframe which could prove effective. By using the word and paradigm of "training", physicians would be instituting the coach-coachee relationship as well as a structured, goal-oriented, and iterative model for developing self-management skills. Exercise is out, training is in.

Health coaching assumes a collaborative approach, rather than a prescriptive one, where patients are engaged to develop their own achievable goals rather than directed to do certain things[10]. Health coaches work with patients to provide information, teach disease-specific skills, promote healthy behaviours, develop specific achievable goals, and follow up on those specific goals regularly[3]. Coaching has been shown to produce promising clinical benefits[11-21]. Physicians can begin to incorporate a coaching style by reframing the language they use in discussing lifestyle modifications. What do coaches do for coachees? They train them. What if patients began training their disease specific self-management skills? In fact, for this to occur, we must 'train' ourselves to use this language with our patients.

For chronic conditions like diabetes, hypertension, dyslipidemia, and depression, physical activity and diet form a cornerstone of management. The language of "training" can be used to present a universal paradigm for these "lifestyle management" strategies: Training for chronic disease modification. We contend a behaviour training plan consists of four domains: i) body, ii) mind, iii) nutrition, and iv) recovery. This training paradigm uses the framework from the Integrated Theory of Health Behaviour Change[22] and begins with education about the patient's disease and the ways these lifestyle modifications can impact it. We can then move forward to collaboratively develop a plan of action and promote behaviour change skills and attitudes.

Patients are presented with the domains of training and examples: training the body with the goal of increasing strength to weight ratio, training the mind through mindful meditation, eating a healthy balanced diet and identifying which foods and volumes improve their health or make them feel ill, and identifying recovery methods that improve health like sleep, relaxation, and fun, social activities. These suggestions require training our self-

awareness.

Within each of these domains the practitioner works with the patient to develop achievable short- and long-term goals. Short term goals can be reviewed at the next follow up appointment; long term goals provide direction. The patient leads in developing their change plan and by focussing on short term goals, may not feel as overwhelmed by the changes required to affect their health. The training framework is also a simple model that is easy to comprehend and keep in mind throughout one's life; there are at least four specific achievable domains to cultivate. The provider is the patient's coach and will be present to support them, all the while reframing, encouraging, and affirming their patient that they already have the skills necessary to reach their goals. If they don't have the skills, it will be necessary for their patients to train to acquire the skills necessary to reach their goals.

Training for chronic disease management is a simple pragmatic paradigm for lifestyle modifications that incorporates evidence based techniques from theories of health behaviour change and motivational interviewing. Training implies a process that requires goal setting, and iterative cycles of trial and error. Let's lower the stakes for our patients by using language that supports and encourages them through their illness experience. Instead of brandishing them for lack of compliance or adherence, consider re-framing their experience as an opportunity to improve their skills through training. This language might provide an opportunity to explore their barriers and facilitate the change they really need. This paradigm can be applied to all chronic illnesses that respond to lifestyle modifications. It is a simple way of permitting a patient to form achievable goals and report back to their physician-coach who will support and facilitate their behaviour changes along the way.

A reframe of how we look at these activities will allow for increased self-awareness and improved decision making for ourselves; as well as a more achievable and goal-oriented approach to exercise and wellness for patients.

Challenge

We challenge you to train your reframing! Try reframing someone's frustration into an opportunity to learn and train them to improve their situation. Who knows, you might be a better coach than you think, and if you're not, keep training.

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