

Peri-operative optimisation workshop:


***Enhancing preparation for surgery through
application of behaviour change techniques***

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Overview

- Why it's important....problem...
- What it looks like....behaviour change techniques
 - *Key factors? Techniques/models*
 - *Communication style – motivation*
 - *Change – who best to target*
 - *Complexity of approaches – multiple strategies and flexibility*
- *How do we do it?.....practical interventions to try..*
 - *Cancer surgery exemplar (prostate)*
 - *Discussions*

Why it's important...Background

- ~1.7 million people undergo surgery each year in UK
- ~250,000 (15%)  high risk patients.
- High risk patients - 4 out of 5 deaths after surgery

The Royal College of Anaesthetists Perioperative Medicine vision document:

'We must use the time between the decision to perform surgery and the procedure itself to assess the needs of individual patients and to optimise the treatment of long term disease.'

Peri-operative optimisation (prehabilitation)

- Pre-admission interventions to improve patients' health and fitness:
 - Physical activity, nutrition, education, psychological, clinical, smoking, alcohol drug cessation/reduction interventions



Multimodal / multicomponent

Policy – lifestyle change

Physical activity benefits for adults and older adults

- BENEFITS HEALTH
- IMPROVES SLEEP
- MAINTAINS HEALTHY WEIGHT
- MANAGES STRESS
- IMPROVES QUALITY OF LIFE

REDUCES YOUR CHANCE OF

Type II Diabetes	-40%
Cardiovascular Disease	-35%
Falls, Depression and Dementia	-30%
Joint and Back Pain	-25%
Cancers (Colon and Breast)	-20%

What should you do?

For a healthy heart and mind

Be Active

To keep your muscles, bones and joints strong

Sit Less

To reduce your chance of falls

Build Strength

Improve Balance

VIGOROUS

 RUN
 SPORT
 STAIRS

MODERATE

 WALK
 CYCLE
 SWIM

TV
 SOFA
 COMPUTER

GYM
 YOGA
 CARRY BAGS

DANCE
 TAI CHI
 BOWLS

MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY (BREATHING FAST, DIFFICULTY TALKING) OR MODERATE INTENSITY (INCREASED BREATHING, ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME

2 DAYS PER WEEK

Something is better than nothing. Start small and build up gradually: just 10 minutes at a time provides benefit. **MAKE A START TODAY: it's never too late!**

Physical activity for children and young people (5–18 Years)

- BUILDS CONFIDENCE & SOCIAL SKILLS
- STRENGTHENS MUSCLES & BONES
- IMPROVES SLEEP
- DEVELOPS CO-ORDINATION
- IMPROVES HEALTH & FITNESS
- MAKES YOU FEEL GOOD
- IMPROVES CONCENTRATION & LEARNING

Be physically active

Spread activity throughout the day

Aim for at least 60 minutes everyday

All activities should make you breathe faster & feel warmer

PLAY

RUN/WALK

BIKE

ACTIVE TRAVEL

SWIM

SKATE

SPORT

PE

SKIP

CLIMB

WORKOUT

DANCE

Include muscle and bone strengthening activities 3 TIMES PER WEEK

Sit less

 LOUNGING

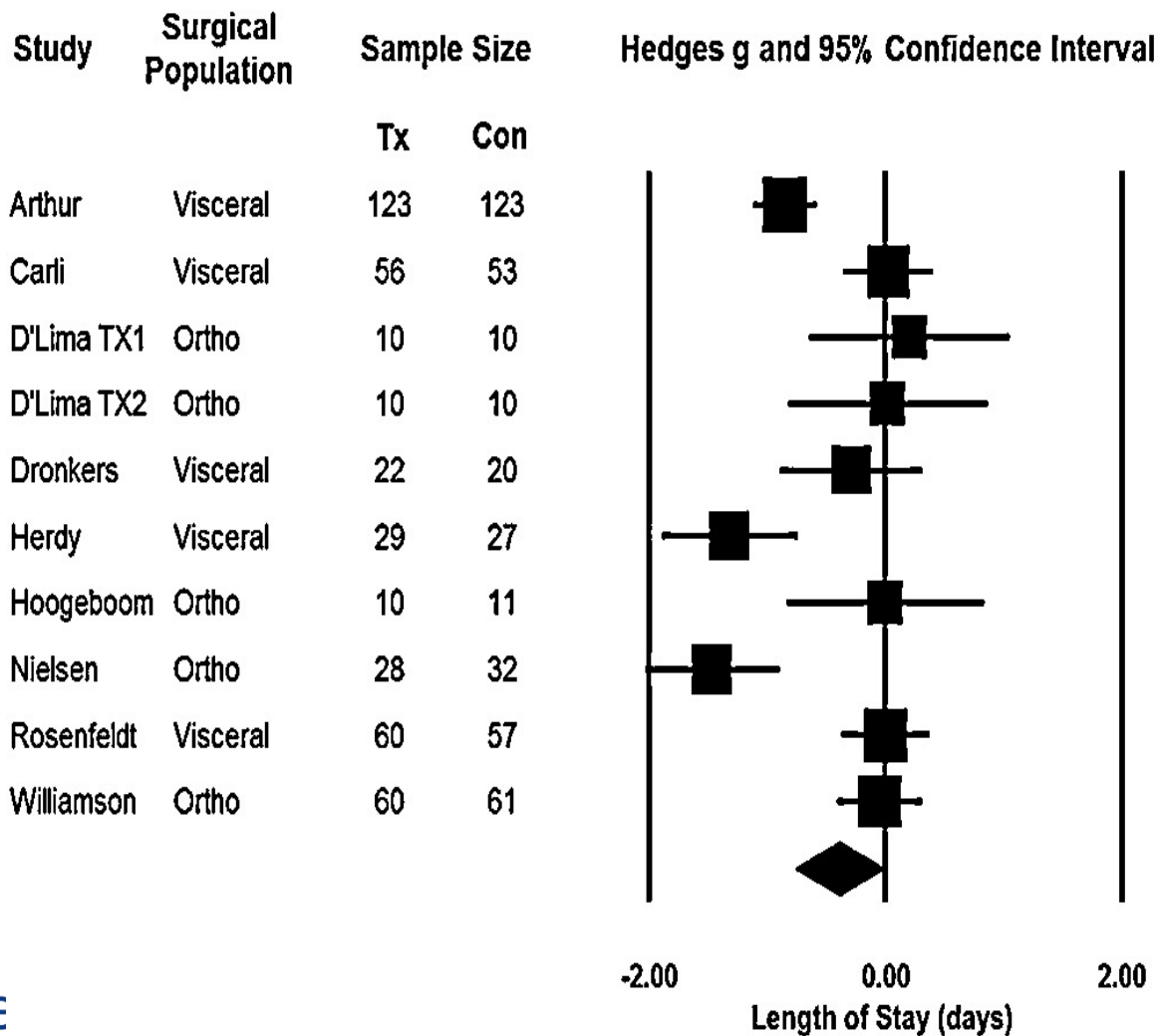
Move more

Find ways to help all children and young people accumulate at least 60 minutes of physical activity everyday

Policy – lifestyle change



Effect of total-body prehabilitation on postoperative outcomes: a systematic review and meta-analysis, Santa Mina et al, Physiotherapy, 2014



Does it work?

- Randomised controlled trials (RCTs) show that prehabilitation interventions can:
 - Reduce postoperative complications
 - Decrease the length of hospital stay
 - Facilitate the patient's recovery

But...how and why do interventions work?

- Mechanisms – behaviour change
- Why do we need to know this?

- More effective, repeatable outcomes
- Teachable moments
- Postoperative care
- Opportunity for sustainability of behaviour

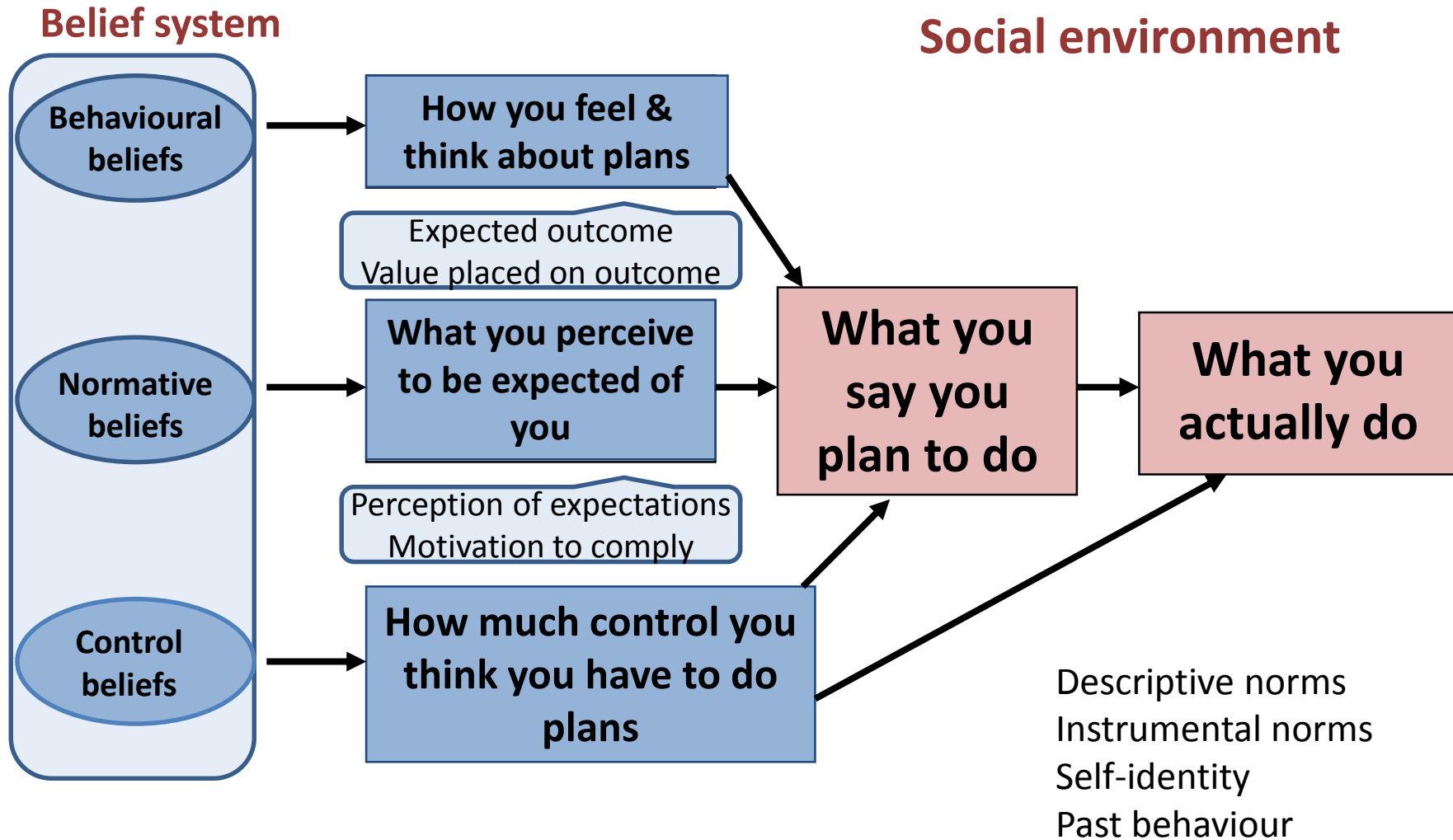
Context of surgery (peri-operative care)

- Why it's important....problem....
- **What it looks like....behaviour change techniques**
 - **Factors to consider**
 - **Models – simple to complex**
- *How do we change behaviour.....practical interventions..*

Why we change

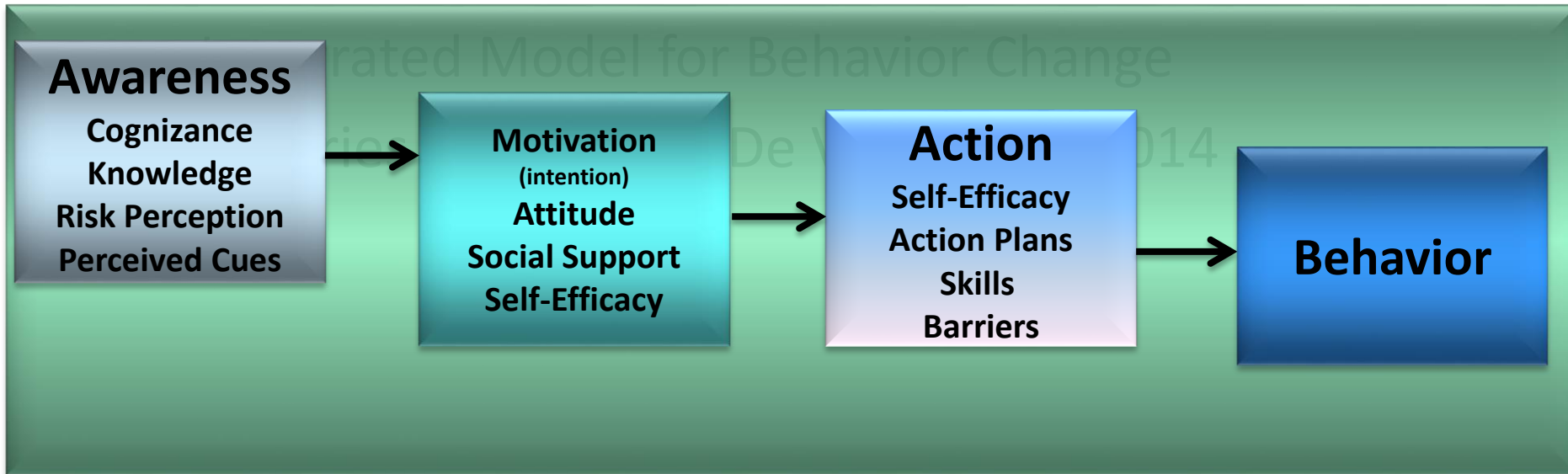
“Factors that help us”

Theory of Planned Behaviour...extended



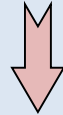
The Integrated Change Model (simplified)

- I-Change Model (deVries, 2016)



Context of motivation – how it might work

Social-contextual factors: supportive vs controlling



**Choice, control,
connectedness**

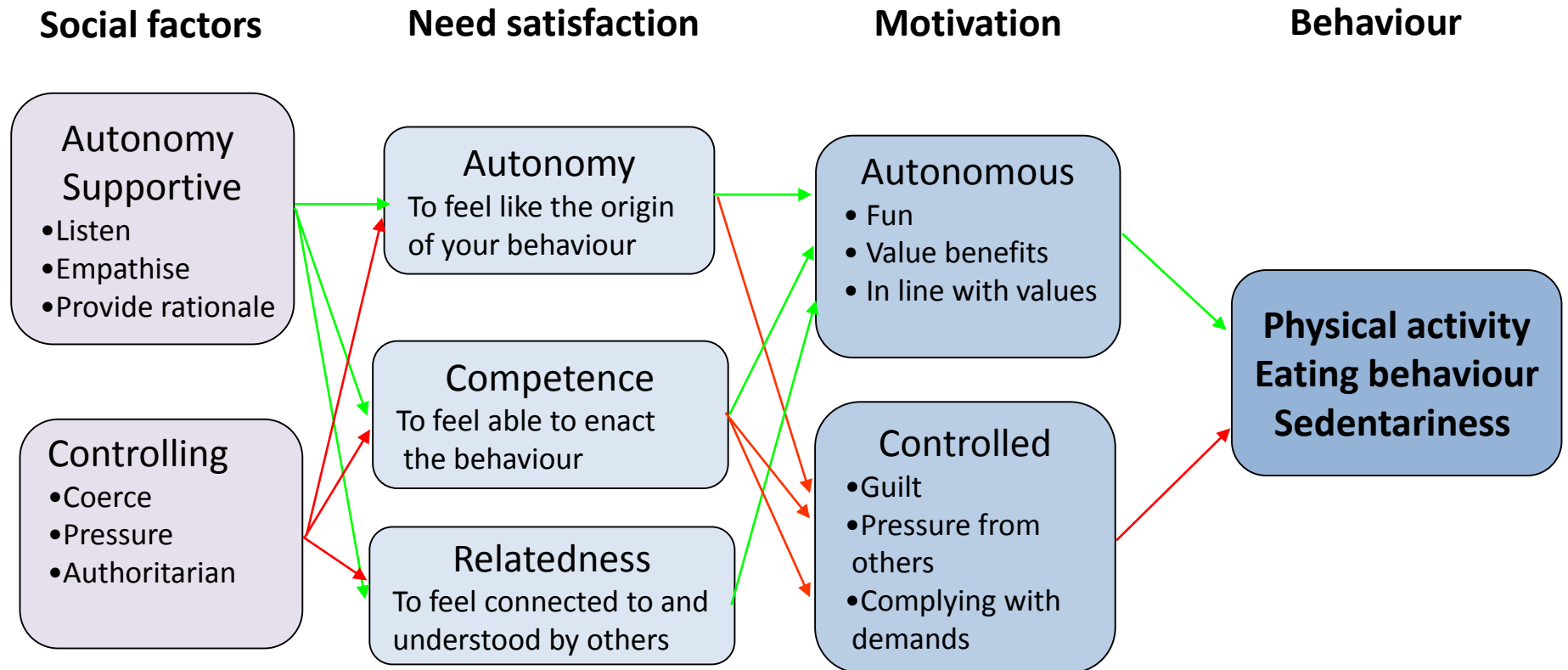


**Motivation: autonomous vs
controlled**



**How you act
(behaviour)**

Self-Determination Theory model



Psychological needs

Autonomy

- To be the origin of one's behaviour, to experience volition and psychological freedom

Belongingness (Relatedness)

- To feel mutually connected with and understood by others

Competence

- To be effective in one's environment & pursuits.
- The needs are innate and when satisfied promote growth, wellbeing and positive forms of motivation

Motivation to change

Importance - Why

Is it worthwhile?

Why should I?

How will I benefit?

What will change

At what cost?

Do I really want to?

Will it make a
difference?

Confidence - How, what?

Can I?

How will I do it?

How will I cope with
x,y,z?

Will I succeed if..?

What change?

Readiness - When

When?

Should I do it now?

What about other
priorities?

Why don't people change?

- Conflict between two courses of action each of which has perceived costs and benefits associated with it.
- Unresolved ambivalence is often the reason why people get stuck.
- How ambivalence is handled influences outcome.

How can we help patients change – communication strategies....

Conclusions

- Key BCTs:
 - **regulation, social support, goals and planning**
- Only 2 studies reported use of theoretical model
- Quality reasonably good
- **Implications for practice**
 - **Need for integrating theory and BCTs**
 - **Consider communication approach – MI based??**
 - Sustaining behaviour change after surgery...

It's what you say & how you say it

Need-supportive language

Autonomy supportive language	Controlling language
Something you might find helpful is if you adjust your grip, can I show you?	You're holding your racket all wrong, you should hold it like this, see?
This is a tricky activity isn't it? Does anyone have any tips on how to get across the balance bar?	You need to focus on walking in a straight line to get this right.
Which warm up would you like to do today?	We're going to do X warm up today.
Well done Finn, you tried really hard on your dribbling.	Well done Finn, you did that dribbling exactly the way I wanted.
You might find it easier to try this first.	Do it like this.
Almost there, you're so close.	You should get it in a minute.
You may find that holding your hand like this helps to improve your relay hand over.	You two should work on your relay hand over.
Keep your speed down, just a bit of room!	Slow down!

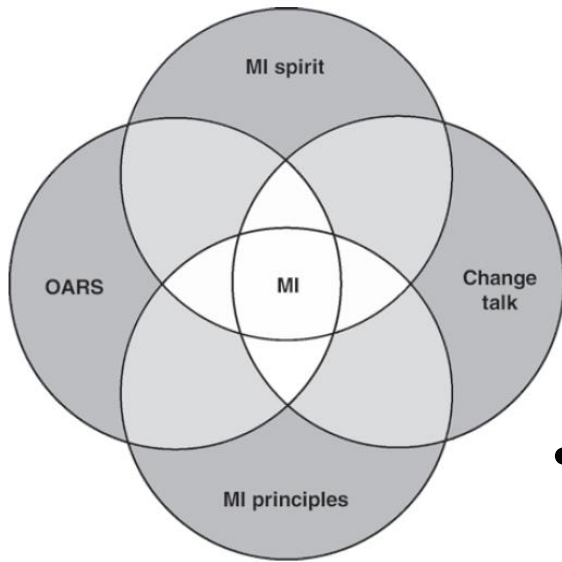


Figure 2.1. MI elements.

Motivational Interviewing

Useful method....

- “a client centred, directive method for enhancing intrinsic motivation to change by exploring & resolving ambivalence”
- ▶ To help clients explore and resolve ambivalence about exercise and eating behaviour
 - Collaborative
 - Evocative – draws on patient perspective/ideas
 - Honors client autonomy

2 phases of Motivational Interviewing

Phase I

Phase II

*Decision
to change*

Tools and strategies

AIM

- express empathy
- minimise resistance
- explore ambivalence
- develop discrepancy
- Increase readiness?
- build confidence

AIM

- explore options
- agree goals
- agree a plan
- strengthen commitment
- strengthen confidence

Key ideas to focus on for change

The Power of **And** in Reflections

AND



sustain talk

change talk

Good/bad practice



Emphasis autonomy: sense of control, freedom of choice, ability or obligation to decide about their attitudes and actions towards change

Seek collaboration: seek consensus with the client regarding tasks, goals or directions of the session

Affirm: accentuate something positive about the client



Giving information: educates, provides feedback, or expresses a professional opinion without persuading, advising, or warning



Persuade: overt attempts to change the client's opinions, attitudes or behavior using tools such as logic, compelling arguments, self-disclosure, or facts

Confronts: directly and unambiguously arguing, shaming, blaming, criticising, labeling, warning, ridiculing, or questioning the client's honesty



Questions to use for change....

Change Talk – Evoking

Start with preparatory change questions:

Desire: What would you *like* to change?

What do you *hope* to accomplish?

Ability: How *could* you do it?

How *confident* are you that you could do this?

Reasons: Why might you *want* to.....?

What are the *down sides* of *how things are now*?

Need: What *needs* to change?

How *important* is it for you to....?

Move to mobilising when the client appears engaged and ready:

Commitment: How do you *feel* about the change?

How *ready* are you to change?

Action: What *ideas* do you have for change?

How could you *implement* this change?

Taking steps: What have you *achieved so far*?

What *steps* could you take towards...?

Communication techniques....

Motivational Interviewing

- 1. Evoke their ideas** (open questions) *How do you feel about this, what do you want to do, what are your ideas?*
- 2. Listen to be heard** (reflect/summarise)
Reflect as much as you question! *You're hoping to..., you're worried about..., you're feeling...,*
- 3. Affirm the positive** (affirm) *You've put a lot of effort into this. You're the expert on your situation, what do you think?*

MI for change: processes

- 1. Engage:** *Shall we work together?* Seek to **build rapport with** and **understand** the client.
- 2. Focus:** *What to change?* What is the client concerned about? **Ask permission** to share your concerns too. Negotiate a mutual agenda.
- 3. Evoke:** *Why change?* Draw out the client's **own** reasons to change.
- 4. Plan:** *How to change?* **If they want to,** support them to plan changes.

MI advice giving: 3 stages

- 1. Explore their ideas** *What are your thoughts on...? How are you managing this issue right now?*
- 2. Ask permission and provide information**
I have some ideas about, would you be happy for me to share them? Would it be alright if we talked about.....?
- 3. Explore their response** *How do you feel about that? How does that sit with you?*

MI for change: ask – listen - reflect

- 1. Engage:** *How are you? How are things at home?*
- 2. Focus:** *What concerns, if any, do you have about? What might you want to talk about? Is there anything else?*
- 3. Evoke:** *If you decided, how could you imagine doing it? Why might you want to make a change in handling finances? What are you ready to do?*
- 4. Plan:** *What are you going to do next? How will you go about it, in order to succeed?*

Communication techniques....

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Communication techniques....(1)

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3. **Evoke:** *Why change?*

Draw out the client's **own** reasons to change.

4. **Plan:** *How to change?*

If they want to, support them to plan changes.

Communication techniques....(2)

MI for change: ask – listen - reflect

- 1. Engage:** *How are you? How are things at home?*
- 2. Focus:** *What concerns, if any, do you have about? What might you want to talk about? Is there anything else?*
- 3. Evoke:** *If you decided, how could you imagine doing it? Why might you want to make a change in handling finances? What are you ready to do?*
- 4. Plan:** *What are you going to do next?
How will you go about it, in order to succeed?*

Communication techniques....(3)

MI advice giving: 3 stages

1. Explore their ideas

What are your thoughts on...? How are you managing this issue right now?

2. Ask permission and provide information

I have some ideas about, would you be happy for me to share them? Would it be alright if we talked about.....?

3. Explore their response

How do you feel about that?

How does that sit with you?

Cancer exemplar

- 1. Each group/table has one of the communication strategy squares
- 2. Discuss how this might apply to this scenario:

“A 58 year old man has been diagnosed with bowel cancer and needs to become more fit for surgery. During the peri-operative clinic, the anaesthetist and clinic nurse mention enhanced preparation/prehab as part of the enhanced recovery programme.”

Try out one communication strategy to engage patient in thinking about increasing levels of physical activity....

- 3. Discuss in group/feedback to general discussion

Time for some discussion

Key factors? Techniques/models

Communication style – motivation

Change – who best to target

Complexity of approaches

– multiple strategies and flexibility

Fidelity – delivery

Thank you for your attention!

Any questions?

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