

Impact of Repeated Health Behavior Counseling on Women Portraying an Overweight Standardized Patient

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ABSTRACT

Objective: To investigate the influence of participation in a health behavior counseling (HBC) case by examining standardized patients' real-life attitudes and behaviors toward nutrition and physical activity habits.

Methods: Focus group sessions were held with 10 standardized patients who regularly participated in the HBC case. Emergent themes were identified using grounded theory data analysis.

Results: Standardized patients reported how participation with role playing in the HBC case prompted personal lifestyle changes. Changes occurred through increased awareness and motivation to make adjustments to health habits, such as exercise and improved food choices.

Conclusions and Implications: The HBC model can be an effective method for helping patients to recognize the need to take action and implement positive lifestyle changes.

Key Words: nutrition education, standardized patients, health belief counseling, medical education (*J Nutr Educ Behav.* 2013;45:466-470.)

INTRODUCTION

The use of standardized patients (SPs) in North American undergraduate medical curricula to educate and assess performance across a variety of skill areas is widespread.¹⁻³ Within this context, "standardized patient" is the term for a person who has been formally trained to simulate an illness or medical scenario and assess student performance in a standardized way.³ Although an abundance of research exists on the validity and reliability of SP usage within medical education, only modest attention has been given

to the ways in which their portrayals as SPs influence or affect their real-world experiences.⁴⁻⁸ In some cases, SPs have stated that their portrayals cultivated an objective view of health professionals,⁴ encouraged more active participation in their health care,^{5,9,10} and inspired them to become a better educated consumer of health care services.⁶ However, others report how portraying an SP role too divergent from their real-life experiences could provoke stress-related symptoms such as fatigue, anxiety, and dissatisfaction with their own or others' performance.¹¹

At the University of Michigan, a health behavior counseling (HBC) SP case was developed for third-year medical students. Health behavior counseling is a technique used to discuss behavior modification with patients, and has been found to be effective in encouraging people to engage in healthier behaviors.¹² The HBC model encourages the development of a patient and provider partnership, in which both parties actively participate in the decision-making process of establishing realistic lifestyle changes.¹³ The overarching purpose of the case is to provide medical students with the opportunity to use HBC interviewing techniques in a standardized environment. Standardized patients study a case and are trained to provide students with rehearsed responses. Unlike a real patient, at the end of the encounter, the SP steps out of the role and gives the student verbal and written feedback on his content and communication skills. Standardized patients can provide realistic clinical experiences for the development of medical and interpersonal skills.¹

Although the purpose of the HBC case is strictly educational, the focus of this qualitative study was to examine the influence of this role as an SP in an HBC case and how it modified

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real-life behaviors and/or perceptions of health and wellness. This SP cohort was an ideal population for the study because of the repeated exposures to HBC sessions.

METHODS

Setting

The HBC case involved third-year medical students counseling an overweight or obese single parent struggling with 2 teenagers, working full time, and battling a weight problem. Medical students were taught HBC and then practiced enhancing patient motivation, promoting realistic health behavior goal setting and establishing a collaborative relationship with the SP. The exercise consisted of a 25-minute medical interview and an assessment component using SP and student checklists, and concluded with approximately 15–20 minutes of feedback. The SP role was written to portray an individual with a high level of conviction but a lower level of confidence in her ability to change poorer health behaviors and implement healthier ones. Using direct measures for these concepts, the HBC case defined conviction as the patient's certainty that the change is important; confidence was defined as the patient's perception that the change will occur.

The SPs portraying this case all portrayed the same level of conviction and confidence, so students received a standardized experience. Standardized patients participated in this case if body composition met the body mass index (BMI) criteria for the case ($\text{BMI} \geq 27$) and if role portrayal, assessment, and feedback (based on memory/recall and ability to communicate constructive teaching points to students) skills met the expectations of the program (Table).

Participants

Participants with previous experience as an SP were recruited to participate in this HBC scenario. Standardized patients were provided approximately 12 hours of in-house and at-home training on how to portray the role as a busy single parent, struggling with being overweight (or obese).

Invitation letters were mailed to 16 SPs meeting this eligibility criterion. Ten SPs agreed to and attended the focus groups, representing a 62% response rate, with 2 groups of 5 participants each.¹⁴ Participants all had served as an SP for between 3 and 17 years (mean, 7.6 years; SD, 1.29) and each had portrayed this particular case an average of 60.2 times (SD, 14.36) (Table).

Procedures

Two focus groups, consisting of 5 participants each, were held to discuss whether their exposure to repeated health behavior counseling through role-play had an impact on their real-life decisions. Two authors (C.B. and H.W.) moderated both focus groups together, each lasting approximately 1.5–2 hours. Open-ended questions were used to capture the diversity of opinions and to allow participants to respond in their own words (Supplementary Data).¹⁴ Each focus group and interview was audiotaped and transcribed verbatim. Demographic data were also collected for age, occupation, and participants' self-reported height and weight.

Participants' BMI was calculated using the metric BMI formula: $\text{BMI} = (\text{weight in kilograms} / (\text{height in meters})^2)$ (Table). The study was approved by the University of Michigan Institutional Review Board.

Analysis

Each participant was assigned a pseudonym and each transcript was analyzed using grounded theory methodology. Grounded theory provides a systematic method of generating theoretical constructs that illuminate social processes that exist among individuals who share a similar experience with the phenomenon under investigation.¹⁵ Using an iterative analysis process, each author conducted repeated contextual reading of the original transcripts to identify invariant themes. The authors then met to discuss independently identified themes and to reach consensus on final themes. The transcripts were then revisited to ensure all relevant data and themes had been expressed and captured. As a form of verifying our find-

ings, 1 author (H.W.) also conducted individual follow-up interviews with 4 participants to confirm the emergent themes.

RESULTS

Insights Gained From Participation

Through participation in the HBC case, SPs gained health-related knowledge, such as how a small percentage of weight reduction could result in significant health benefits. The SPs were surprised to learn how one could achieve an exercise goal by dividing physical activity into small increments through the day.

The biggest thing was the BMI chart and to understand that 10% of your body weight and the difference that makes was very motivating. (Catherine)

The one that did surprise me is the one about exercise. If you did 30 minutes a day of exercise, but broke it up, you're getting as much benefit and you're actually boosting your metabolism with more frequent periods of exercise. (Sue)

Another key takeaway point SPs recognized was how making a commitment to an ongoing lifestyle change, as opposed to participating in a temporary program, was useful.

My biggest light bulb was coming to terms with [how] it takes the rest of your life as opposed to a 6-month, 18-month, 2-year program. I had always done programs. And, coming to terms with programs don't work, but choosing lifestyle types of things is the only thing that's going to make a healthy difference for me. (Marcia)

Standardized patients discussed learning about caloric intake and how to select nutritious foods. The SPs also discussed understanding the importance of eating less and exercising more. The HBC case helped with understanding the importance of what was eaten, rather than simply eating less.

For me, it was not just eating less, but eating better. To stop and think

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