

Scenario #1:

Sedentary Lifestyle (i.e. little to no physical activity)

Scenario	Advice-giving Approach	Patient-centered Approach
Mrs. Dell comes in for knee pain due to mild osteoarthritis. She is overweight and does not engage in any physical activity. She states that she is not interested in doing any activities that "will make me sweat."	You tell Mrs. Dell that she should be exercising 60 to 90 minutes a day for weight loss; if not she will eventually need a knee replacement. You tell her you expect to see some visible changes next time you see her.	You ask Mrs. Dell how her knee pain is limiting her at this point. You explain that appropriate physical activity can help prevent additional loss of function and you ask what types of activities she is able to do comfortably for short periods of time. You share with Mrs. Dell that exercise doesn't have to be uncomfortable to be beneficial. By asking some additional key questions you discover that she is very social and might be interested in trying Tai Chi or the "Sit and Be Fit" exercise class at the senior center. You provide the phone number and ask her to see you again in 1-2 months, or earlier to discuss progress. If she is unable to commit to an outside program, ask if she would be willing to consider walking around her block a few times a week at a very slow pace while listening to a book on tape. You commend her for her desire to reach a healthier weight and point out that eating healthier and engaging in a little more physical activity will improve her energy and mood now.

AIM-HI Rationale Lecturing patients about exercise without addressing their barriers can further hinder their motivation and interest in becoming more active.

By exploring what they might be interested in doing and identifying the benefits beyond physical health that might motivate them (i.e. better energy, stress relief, etc.) you can assist them in making small changes and giving them a positive experience.

Group Discussion

Discuss ways to approach patients who engage in little or no physical activity.

Using the AIM-HI Inventory to facilitate the process

To individualize your approach with the patient, the AIM-HI Inventory offers a patient snapshot of some key aspects: what areas of their lifestyle they may be interested in talking about and how ready they may be to make a change(s).

Challenges & Barriers

What are common barriers you might need ask about or address? What questions could you ask to determine any potential or existing challenges or barriers for the patient?

What other considerations could affect the patient's understanding of her health or readiness to address change? (Example: cultural background, living/work environment, safety issues, significant life events) How could you address these?

Key Questions: The Past, Present and Future

Build on the information from the patient's AIM-HI Inventory to engage in a conversation that moves the patient toward action. Based on the example given above, what else do you want to know?

Past: What kind of questions might you pose to the patient about her past in terms of her level of physical activity?

Present: How can you determine if the patient is willing to make any lifestyle changes related to her physical activity at this time? What could you ask or say that might help move the patient from willingness to action?

Future: How will you help the patient recognize their motivation and determine her goal(s)? How can you help her make sure her goal(s) are inspiring yet realistic?

Role-Play Examples

Review the following patient scenarios. Discuss how you could approach patients in an AIM-HI patient-centered approach versus an advice-giving approach.

1. Patient who is overweight and complains of low energy.
2. Patient who suffers from chronic pain.
3. Young adult recently moved to the area for a new job comes in for a complete physical.
4. Patient who travels frequently for work and has little or no time for regular exercise.

Approaching the Patient

Given the role-play examples for patients with little or no physical activity provided, review the following:

- How might the patient-centered approach offer a more effective dialogue than an advice-giving approach?
- What might you be willing to share with a patient about your own lifestyle choices and how might this influence the discussion?
- How might the patient express her interest in the conversation?
- What may make the patient more or less comfortable in the situation?
- What might make the patient more likely to take action?

Key AIM-HI Tools

Use the **AIM-HI Fitness Prescription** to record the patient's specific goals. Write down the opportunities, dose and benefits for one or more areas (physical activity, nutrition, emotional well-being).

If the patient is willing to track the choices he makes daily regarding physical activity, nutrition or emotional well-being, offer him the **AIM-HI Food & Activity Journal**.

This patient might benefit from Appendix Q (Stress) from the AIM-HI manual.

Next Steps: Follow Up Plan

How will you wrap-up the conversation? What next steps and commitment could you elicit from the patient?

What relevant referrals could you offer the patient?

Identify how you could use the AIM-HI tools to assess progress in future visits.