



# Cardiovascular disease risk communication with Aboriginal and Torres Strait Islander Peoples:

## **TOOLKIT FOR HEALTH PROFESSIONALS**



### **Healthy Heart Communities**

For further information:

Website: <https://rsph.anu.edu.au/research/projects/absolute-cardiovascular-disease-cvd-risk-and-implementation>

Email: [andrea.timothy@anu.edu.au](mailto:andrea.timothy@anu.edu.au)

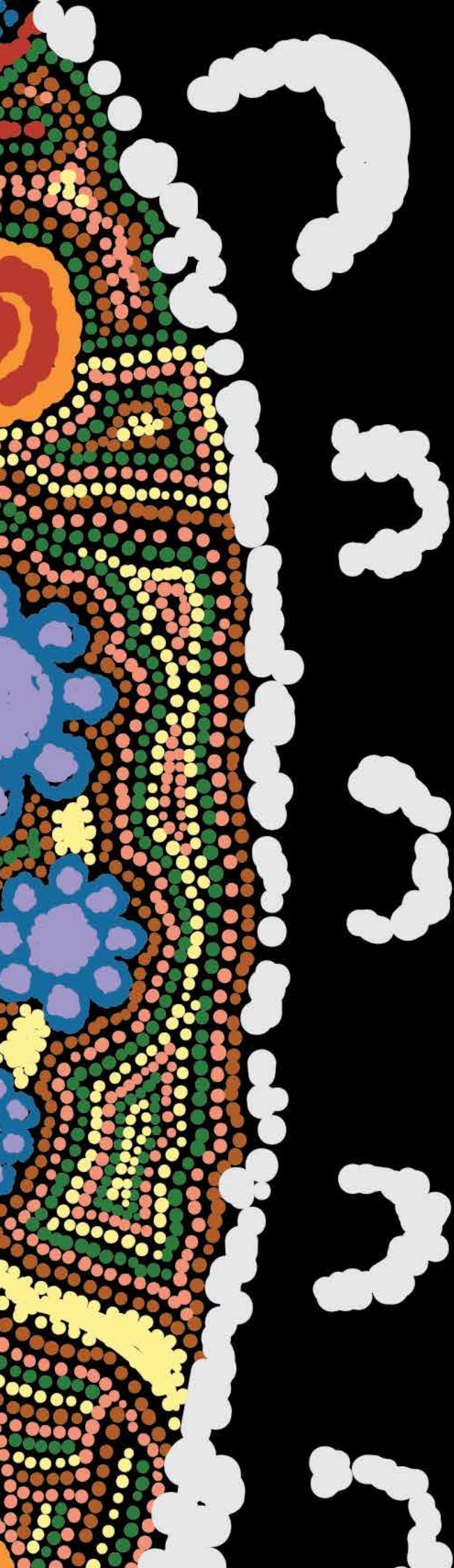


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## Acknowledgements

This toolkit was created by the Absolute Cardiovascular Disease risk and implementation team at the **Australian National University**. During development, the team consulted **Thiitu Tharrmay** (The Aboriginal and Torres Strait Islander Health Program Reference Group, ANU) and partnered with **Saltwater People**, an Indigenous-owned creative agency and social enterprise based in QLD to create original artwork, design and layout.

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**Authors:** Andrea Timothy, Deborah Wong, Katrina Anderson, Jason Agostino.

**Expert Reviewers:** Vicki Wade, Ray Lovett, Emily Banks, Karl Briscoe, Tobias James, Elizabeth Drummond, Thiitu Tharrmay Reference Group: Uncle Mick Adams, Peter Fernando, Clayton Irwin, Louise Lyons.

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# About Saltwater People

Saltwater People are an Indigenous-owned social enterprise delivering strategic communications design for government, institutions and not-for-profits who work alongside Aboriginal and Torres Strait Island communities.

[www.saltwaterpeople.com.au](http://www.saltwaterpeople.com.au)

## About the artist

Tyrown Waigana is a professional illustrator with a Bachelor of Arts (graphic design and illustration) from Curtin University. Tyrown's heritage can be traced to the Noongar people of southwest Western Australia and Saibai Island in the Torres Strait.

## About the Healthy Heart Communities artwork.

The white motifs on the border of the artwork represent people and community. White is symbolic of peace and harmony; therefore, the community is healthy.

The red and yellow meeting place motifs, symbolise heart, head, hands and feet – with the central motif representing veins and the blood that flows through them. It also shows how everything is connected on country. This red section and the five meeting place symbols create a body. That body connects directly to community and the bright colours surrounding it represent health of country. The five different floral patterns in each section show different bush medicines used for treatment.

The idea of this artwork is that health is not solely the responsibility of one's self. There are external factors such as community and country that impact upon it. At the same time community and country also help people to heal physically, mentally and spiritually. All these factors must work together if everything is to remain healthy.







# Contents

<b>1. Introduction</b>	<b>6</b>
1.1 About this toolkit	6
Absolute CVD risk and Aboriginal and Torres Strait Islander peoples Information Resource Sheet	8
1.2 How to communicate CVD risk effectively with your patient	10
<b>2. Visual guide for explaining CVD risk to patients</b>	<b>12</b>
Cardiovascular Disease (CVD) Risk Check Resource Sheet	13
<b>3. Other helpful resources</b>	<b>15</b>
3.1 MBS Items Quick Guide – Specific for CVD	15
3.2 Other useful resources to support clinicians	16
<b>4. Materials to guide workshops on risk communication</b>	<b>17</b>
4.1 Overview of the CVD risk communication workshop	17
4.2 Facilitator guide for workshop	18
4.3 Case studies	21
4.4 Role play feedback sheet for Observers: how to identify motivational interview techniques	22
4.5 Quiz: testing your knowledge about CVD risk and risk communication for Aboriginal and Torres Strait Islander peoples	23

# 1. Introduction

## 1.1 About this toolkit

### Background

High risk of cardiovascular disease (CVD) begins early amongst Aboriginal and Torres Strait Islander peoples and is mainly due to diabetes, renal disease and smoking. Despite the death rate from CVD dropping by over half in the last two decades, as well as declines in the prevalence of major CVD risk factors such as smoking, CVD remains a leading cause of Aboriginal and Torres Strait Islander mortality. CVD is easily preventable with early detection, lifestyle changes and medication management.

There is under-treatment in 6 out of 10 of those at the highest level of CVD risk.

This toolkit is designed as a resource for GPs, nurses and Aboriginal health workers to enhance your skills and ability to have conversations about CVD with Aboriginal and Torres Strait Islander patients. The toolkit can also be used as a complementary resource to CVD Risk Communication Workshops that can be conducted in your practice.

This toolkit will help you:



Facilitate discussions with your patient to motivate behavioural change



Use culturally appropriate techniques to communicate risk to your patient



Work in partnership with your patient

## HOW TO USE THE COMPONENTS IN THIS TOOLKIT



### **Absolute CVD risk and Aboriginal and Torres Strait Islander peoples (page 8)**

This resource provides an overview of CVD risk in Aboriginal and Torres Strait Islander peoples, including statistics highlighting the differences from CVD risk in the general population. This can be used for your own reference, and these facts can be included in your discussions with your patients about their own CVD risk.



### **How to communicate CVD risk effectively with your patient: Motivational interviewing (page 11)**

This resource gives an introduction to motivational interviewing techniques and how they can be applied in your discussions about risk with patients. This can be used as a guide during your patient consultations.



### **Visual guide for explaining CVD risk to patients (page 12)**

This resource is a visual explanation for your patient about their CVD risk, and what it means for them. This can complement the motivational interviewing technique used during your consultation, and is designed as a handout for your patient.



### **Other helpful resources (page 15)**

This includes a handy guide to Medicare Benefits Schedule (MBS) item numbers relevant to CVD risk assessment, and useful links to ensure you provide the best health assessment for your patient.



### **Materials to guide workshops on risk communication (page 17)**

These are a suite of resources that can be used as supporting materials for CVD Risk Communication Workshops that can be conducted in your own practice. They include:

- Overview of the CVD risk communication workshop
- Case studies
- Role play debrief: how to identify motivational interview techniques
- Quiz: testing your knowledge about CVD risk and risk communication for Aboriginal and Torres Strait Islander peoples



# Absolute Cardiovascular disease risk and Aboriginal and Torres Strait Islander peoples



The vast majority of heart attacks and strokes can be prevented through lifestyle changes and taking recommended medications to lower blood pressure and cholesterol.

## CVD AND ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES



High risk of CVD begins early among Aboriginal and Torres Strait Islander peoples and is mainly due to diabetes and renal disease.



1 in 7 Aboriginal and Torres Strait Islander adults aged 18-74 are at high absolute CVD risk.

The rate of deaths from CVD in Aboriginal and Torres Strait Islander peoples has fallen by half in the past two decades. However, CVD remains the leading cause of deaths, despite being highly preventable with early detection, lifestyle and medication management.



Cardiovascular disease, chronic kidney disease and diabetes are often associated with each other and share risk factors.

The presence of one can exacerbate the progress of the others.

## WHAT YOU CAN DO



CVD events and CVD related deaths occur an average of 10-20 years earlier in Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians.

Combined early screening CVD risk factors, including CKD and diabetes from 18 years old at latest – health checks should include checking...



Smoking status



Blood pressure



Diabetes



Urine and bloods for kidney disease



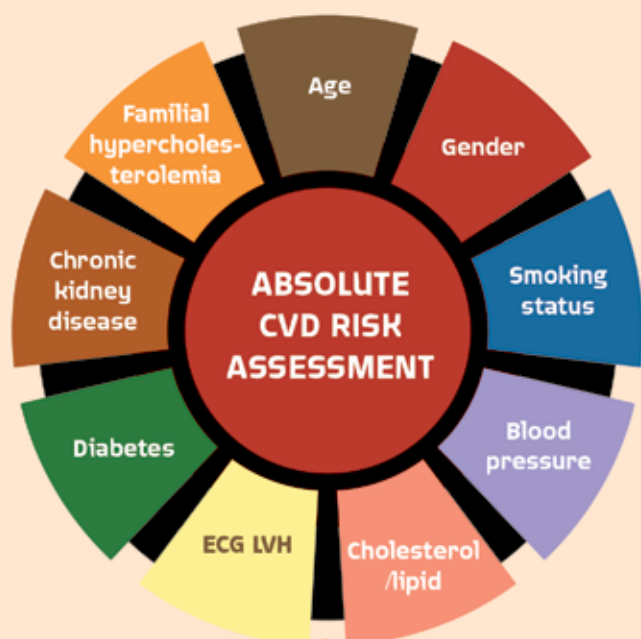
High cholesterol



Of those Aboriginal and Torres Strait Islander peoples who are at high risk of CVD, around half are undertreated/not taking recommended lipid-lowering medications.



## ABSOLUTE RISK APPROACH TO CVD RISK ASSESSMENT



### WHY IS IT IMPORTANT

- Brings multiple risk factors together to assess a person's overall risk of CVD event (stroke/heart attack)
- Approach prevents over and under-treatment

**Calculated cardiovascular disease risk may underestimate actual risk in people with high levels of psychological distress or socioeconomic disadvantage.**

### WHAT YOU CAN DO

Use the calculator tool to assess absolute CVD risk from 30 years of age at latest for Aboriginal and Torres Strait Islander peoples

→ **Go to: [auscvdrisk.com.au/risk-calculator](https://auscvdrisk.com.au/risk-calculator)**

**18+**

4 in 5 young adults have a CVD risk factor.

From 18 years of age at the latest, undertake combined early screening for diabetes, CKD and CVD. This health check should include checking smoking status, checking blood pressure and urine/bloods for diabetes, kidney disease and lipids.

**30+**

From 30 years of age at the latest, undertake absolute CVD risk assessment using the recommended calculator:

- o Upward adjustment of risk score> consider adding 5% to calculated risk score to take into account local risk factor and/or CVD epidemiology and local guideline use.



**Engage in respectful, shared decision making when discussing (lifestyle and medication) options for lowering a person's absolute CVD risk.**



### Healthy Heart Communities

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## 1.2 How to communicate CVD risk effectively with your patient



When communicating CVD risk, it is important to find out whether a person is ready or willing to change.

People are often at different stages of change, and working out what stage they are at will guide your conversation.

People can often move between stages, so being open and honest when providing them with information, while being non-judgemental and respectful of their autonomy and choices is key.

We know that trying to scare people, embarrass people or shame people does not work, it just makes them less likely to come for advice or help in the future.

### 5 STAGES OF CHANGE

Patient stage	What you should do to address these stages
1. <b>Pre-contemplative:</b> not interested in change	<ul style="list-style-type: none"> <li>Raise doubt and increase the patient's perception of risks and problems with their current behaviour</li> <li>Provide harm reduction strategies</li> </ul> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>What worries you about your smoking?</li> <li>What difficulties have you found that your drinking causes you?</li> <li>Do you feel worried about your weight?</li> </ol>
2. <b>Contemplative:</b> able to consider the possibility of change but feel ambivalent	<p>Weigh up the pros and cons of change with the patient and work on helping them tip the balance by:</p> <ul style="list-style-type: none"> <li>Exploring their doubts and what the alternatives are</li> <li>Identifying reasons for change/risks of not changing</li> <li>Increasing the patient's confidence in their ability to change</li> </ul> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>In what ways do you want your life to be different in 5 years?</li> <li>What are the advantages of reducing your drinking?</li> <li>What would be different in your life if you lost weight?</li> <li>When have you made a significant change in your life before? How did you do it?</li> <li>What strengths do you have that would help you make a change?</li> </ol>
3. <b>Preparation ± Action:</b> would like to change and are actively involved in taking steps towards change	<ul style="list-style-type: none"> <li>Help the patient develop a realistic plan for making changes and how to take steps toward change</li> </ul> <p><b>Examples</b></p> <ol style="list-style-type: none"> <li>What supports do you need to make this change?</li> </ol>
4. <b>Maintenance:</b> successfully managing action and preventing relapse	<ul style="list-style-type: none"> <li>Help the patient identify strategies to prevent relapse</li> <li>If applicable, recruit patients' friends or family members to act as support for this process</li> </ul>
5. <b>Relapse:</b> learning process	<ul style="list-style-type: none"> <li>Help the patient go through the processes of contemplation and action again while being supportive</li> <li>Determine what worked and what didn't work in the initial process for change</li> </ul>

Patient relapse is a normal step in the process. It is important to be supportive and encourage your patient to try again.

You can use this as an opportunity to re-evaluate how you can motivate your patient to achieve long term behaviour change



## Motivational Interviewing



Motivational interviewing is about creating a conversation where the patient is the expert about themselves, and the health professional works in partnership to assist the patient to identify their own reasons for change.

It involves a conversation about the patient's ambivalence to change but recognises their autonomy.

It is the patient's problem and their right to change or not to change.

Motivational interviewing only works if it is genuine, authentic and non-judgemental.

Key steps		Examples
Curiosity	Use open ended questions so that the patient does most of the talking	<ol style="list-style-type: none"> <li>1. Tell me more about.....</li> <li>2. Tell me more about your smoking</li> <li>3. What sort of exercise do you do?</li> <li>4. Has anyone ever talked to you about going on BP tablets?</li> </ol>
Express empathy	<ul style="list-style-type: none"> <li>• Be non-judgemental</li> <li>• Reflect back to the patient by rephrasing what they have said</li> <li>• Do not make assumptions or jump to conclusions</li> </ul>	<ol style="list-style-type: none"> <li>1. Yes, it is hard to give things up.</li> <li>2. Yes, it can be really scary to start medications that might have side effects</li> <li>3. It can be really annoying to take a tablet every day, not to mention expensive</li> </ol>
Develop discrepancy	<ul style="list-style-type: none"> <li>• Summarise key discrepancies between current behaviour and future goals</li> <li>• It can be helpful to reframe what a patient has said</li> </ul>	<ol style="list-style-type: none"> <li>1. So, you find that when you have been drinking, you feel great before bed but terrible the next day. How long does it affect you the next day?</li> <li>2. You want to lose weight but you find you keep eating takeaway because you are so busy? It sounds like your days are a bit overcrowded that you can't fit in basic things like preparing dinner.</li> </ol>
Roll with resistance	<ul style="list-style-type: none"> <li>• It is the patient's choice to choose what they want to do</li> <li>• Rephrase what the patient has said and reaffirm their autonomy</li> <li>• Don't try and argue or rationalise their resistance</li> </ul>	<ol style="list-style-type: none"> <li>1. Yes, it can be really hard to stop smoking when all your friends are smoking</li> <li>2. Yes, having a drink can really help you relax and forget your worries</li> </ol>
Identify barriers	<ul style="list-style-type: none"> <li>• Help them identify the challenges involved in changing</li> <li>• Do not provide solutions</li> </ul>	<ol style="list-style-type: none"> <li>1. So, all your friends smoke and it would be hard to be the only one not smoking</li> <li>2. When you have had a busy day and want to relax, it might be hard to find another way to relax</li> <li>3. Your father was on cholesterol tablets and had lots of side effects so you think you will get the same ones</li> </ol>
Identify specific and achievable solutions	The solutions must come from the patient	<ol style="list-style-type: none"> <li>1. What do you think you could do to assist with giving up?</li> <li>2. Is there any help from others that you need?</li> <li>3. How much weight do you think you want to lose in the next 3 months?</li> </ol>
Support self-efficacy	<ul style="list-style-type: none"> <li>• Use affirmations to build confidence</li> <li>• They must be genuine and build on what the patient has said</li> <li>• People are often resistant if they feel they are being flattered or patronised</li> </ul>	<ol style="list-style-type: none"> <li>1. You told me you managed to give up the smokes for 15 years, that's an achievement! What factors helped you do that? What parts of you helped that time?</li> </ol>



## 2. Visual guide for explaining CVD risk to patients

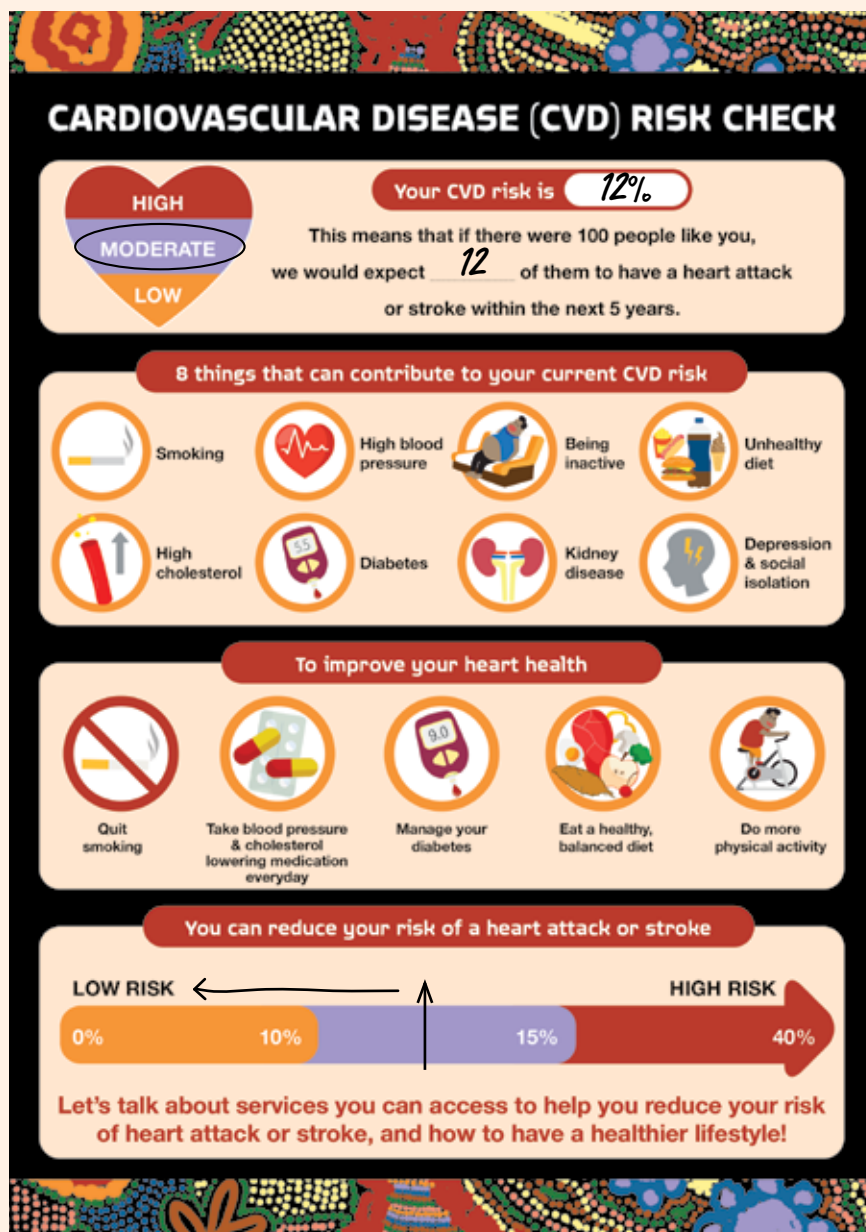


The following resource is a visual explanation for your patient about their CVD risk, what it means for them, and can complement the motivational interviewing technique.

After conducting the health assessment with your patient, which will include the use of a CVD risk calculator, this resource is a template that you can write on to help you talk through what CVD risk is, what your patients' specific risk factors are, and how they contribute to their risk of heart attack or stroke in the next 5 years.

### How to use this template:

- 1 Based on the CVD risk calculator's output, insert whether your patient is at HIGH, MODERATE or LOW risk in the heart graphic
- 2 Convert this risk score to a proportion and enter the appropriate number in the corresponding statement, e.g. if your patient's risk score is 12%, the statement should read "This means that if there were 100 people like you, we would expect 12 of them to have a heart attack or stroke within the next 5 years"
- 3 Circle patients' specific risk factors
- 4 Indicate on the risk spectrum where they currently fall
- 5 Discuss what changes can be made to reduce their risk
- 6 Indicate on the risk spectrum where they would fall if they made these specific changes
- 7 Refer your patient to appropriate services



Example of a completed CVD risk check template

# CARDIOVASCULAR DISEASE (CVD) RISK CHECK



## Healthy Heart Communities

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# CARDIOVASCULAR DISEASE (CVD) RISK CHECK



Your CVD risk is

This means that if there were 100 people like you, we would expect \_\_\_\_\_ of them to have a heart attack or stroke within the next 5 years.

## 8 things that can contribute to your current CVD risk



Smoking



High blood pressure



Being inactive



Unhealthy diet



High cholesterol



Diabetes



Kidney disease



Depression & social isolation

## To improve your heart health



Quit smoking



Take blood pressure & cholesterol lowering medication everyday



Manage your diabetes



Eat a healthy, balanced diet



Do more physical activity

## You can reduce your risk of a heart attack or stroke

LOW RISK

HIGH RISK

0%

10%

15%

40%

Let's talk about services you can access to help you reduce your risk of heart attack or stroke, and how to have a healthier lifestyle!

### 3. Other helpful resources



#### 3.1 MBS Items quick guide- relevant for CVD risk assessment

MBS item number	Fee	Description/eligibility
715 (face to face); 92004 (video-conference); 92016 (telephone, when video not available)	\$215.65	<b>Health assessment</b> for Aboriginal and Torres Strait Islander Person. Every 9 months.
81300-81360 (face to face); 93048 (video-conference); 93061 (telephone, when video not available)	\$ 63.25	<p><b>Follow up allied health services</b> for people of Aboriginal or Torres Strait Islander descent. Up to 10 per year per person (if eligible under Chronic Disease Management items, or Health Care Home shared care plans in addition to follow-up allied health services for health assessment).</p> <p>Eligible services include:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander health practitioners and workers</li> <li>• audiologists</li> <li>• chiropractors</li> <li>• diabetes educators</li> <li>• dietitians</li> <li>• exercise physiologists</li> <li>• mental health workers</li> <li>• occupational therapists</li> <li>• osteopaths</li> <li>• physiotherapists</li> <li>• podiatrists</li> <li>• psychologists</li> <li>• speech pathologists</li> </ul>
10987 (face to face); 93200 (video-conference); 93202 (telephone, when video not available)	\$24.40	<b>Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner</b> , on behalf of a Medical Practitioner, for an Indigenous person who has received a health assessment. Up to 10 times per person per year.
699 (face to face)	\$73.95	<b>Heart health assessment</b> , at least 20 minutes. From 30 years for Aboriginal and Torres Strait Islander peoples otherwise from 45 years. Every 12 months. Cannot be claimed if person has had a health assessment (items 701, 703, 705, 707, 715) in the previous 12 months.

(information from MBS Online <http://www9.health.gov.au/mbs/search.cfm> )  
MBS telehealth item information <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>



## 3.2 Other useful resources to support clinicians



### Australian Absolute CVD Risk Calculator (ASK-GP CRE researchers at The University of Sydney and Bond University)

This is the recommended tool for health professionals to use to conduct absolute CVD risk assessments. It is a comprehensive, online Absolute CVD Risk Calculator, which also has links to enhanced GP guidelines, patient resources and an interactive patient decision aid. It is an improved version of the current risk calculator.



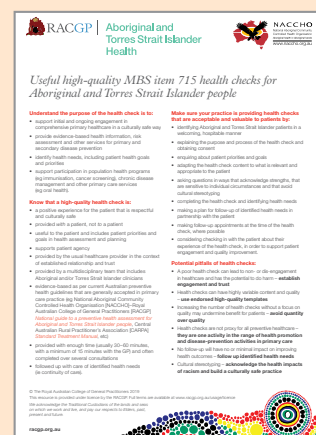
<https://auscvdrisk.com.au/risk-calculator/>

### Useful high-quality MBS item 715 health checks for Aboriginal and Torres Strait Islander peoples (RACGP, NACCHO)

This one-page document provides a useful summary on:

- the purpose of a 715 health check
- what makes a high quality health check
- changes you can make to ensure checks are valuable and acceptable to Aboriginal and Torres Strait Islander patients
- pitfalls to avoid

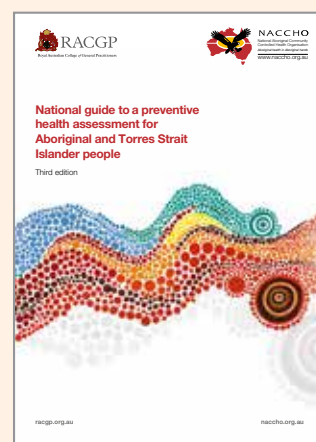
<https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/NACCHO-RACGP-resource-high-quality-715-health-check.pdf>



### National guide to preventive health assessment for Aboriginal and Torres Strait Islander People (RACGP and NACCHO)

This is the main guideline intended as a practical resource for all primary health care professionals. It addresses how to deliver best practice preventive health care to Aboriginal and Torres Strait Islander peoples.

<https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/National-guide-3rd-ed-Sept-2018-web.pdf>



## 4. Materials to guide workshops on risk communication



### 4.1 Overview of the CVD risk communication workshop

This workshop is designed to assist and inform health professionals about how to effectively communicate about CVD risk to their Aboriginal and Torres Strait Islander patients using culturally appropriate and practical techniques.

It is designed to be used within a general practice or Aboriginal medical service as a small group teaching session, or inter-professional team education session. We recommend it is best used as a session for the whole team to participate in (i.e. GPs, doctors, nurses and Aboriginal health workers).

The toolkit enables all health professionals within an organisation to adapt and tailor the workshop to the specific context of their organisation.

The team leader will need to identify a facilitator who will lead the session using all the supporting materials that are provided.

A guide is provided for the facilitator, so they don't need to be an expert on the subject.

This workshop can be delivered in 2 hours, or can be broken into 2x one hour workshops. It can also be extended if participants want more time to discuss or reflect on issues.

#### Key learning outcomes:

- To review the latest epidemiology and guidelines around cardiovascular disease in the Aboriginal and Torres Strait Islander population
- To explore challenges and different approaches to engaging patients in preventive health
- To identify how motivational interviewing can enhance communication about CVD risk in Aboriginal and Torres Strait Islander health
- To reflect on individual and whole of service engagement around CVD conversations with patients
- To identify the additional supports available to Aboriginal and Torres Strait Islander peoples through the MBS, PBS and Primary Healthcare Networks, including the new MBS Heart Health assessment

Workshop outline	
<b>Introductions:</b> Aims of workshops	10 minutes
<b>Small group discussion:</b> What are the challenges of addressing CVD risk with our patients? Whose role is it to address CVD in this service? Who should be having these conversations in this service?	15 minutes
<b>Practice – Case study 1</b>	15 minutes
<b>Group discussion:</b> How did that go? What did I do that was effective? What was challenging?	5 minutes
<b>Talking and yarning with our patients:</b> How are we talking to our patients? What words work? What am I doing that I think works?	10 minutes
<b>Practice – Case study 2</b>	10 minutes
<b>Group Discussion</b> How did that go? What did I do that was effective? What was challenging?	5 minutes
<b>Resources to support conversations about CVD</b>	10 minutes
<b>What will I do differently next week?</b>	5 minutes
<b>Wrap-up: Quiz</b>	5 minutes



## 4.2 Facilitator guide for workshop



This guide is for the facilitator to use during the workshop, and has extended notes so they can feel confident as a non-expert guide and needs little preparation.

Remember that wisdom is present within the participants, and the aim is for people to reflect on their own practice as a health professional while they learn from each other.

### Pre-workshop materials sent to participants as pre-reading before the workshop:

- Program outline and learning outcomes
- Pre-workshop quiz
- Summary of CVD risk
- Summary of 5 stages of change
- Summary of motivational interviewing

- Visual guide for explaining CVD risk to patients
- MBS item numbers and resources

### Preparation for workshop:

- Review role play case studies for practice sessions
- Feedback sheets for Observers during role plays

Workshop run sheet		
<b>Introductions:</b> Aims of workshops	10 minutes	<ol style="list-style-type: none"> <li>1. Introduce the group to each other, or if they know each other well, have a brief icebreaker where everyone shares something simple about themselves.</li> <li>2. Discuss small group rules.</li> <li>3. Discuss learning outcomes for the workshop.</li> </ol>
<b>Small group discussion:</b> What are the challenges of addressing CVD risk with our patients? Whose role is it to address CVD in this service? Who should be having these conversations in this service?	15 minutes	<ol style="list-style-type: none"> <li>1. This is an opportunity to share the challenges of your working environment and explore which health professionals are undertaking this work?</li> <li>2. It is important to acknowledge and share the challenges but not try to solve them in this discussion.</li> <li>3. Allow people to talk about the negatives but also encourage them to focus on positives.</li> </ol>
<b>Practice: Case Study 1</b>	15 minutes	<p><i>Break people into groups of 3: one plays the patient, one the health professional, and the other is an Observer who records on the observing sheet.</i></p> <p><i>Ask them to role play for about 5-7 minutes, then ask them to debrief with each other.</i></p> <p><i>Initially Observers are to feedback what they recorded on their sheet. Then participants have a general discussion about what was effective and what was less effective.</i></p> <p><b>See facilitator guide for introducing role plays.</b></p> <p><b>Note:</b> If the group is really resistant to role plays, then use the case study as a discussion, but break them into small groups. Ask participants to write down some phrases they would use on the observer sheet, and discuss how they would approach the case.</p>



<b>Group discussion:</b>		
How did that go? What did I do that was effective? What was challenging?	5 minutes	<ol style="list-style-type: none"> <li>1. Allow people to share their experience.</li> <li>2. Do not make any judgements about right or wrong.</li> </ol>
<b>Talking and yarning with our patients</b>		
How are we talking to our patients?	10 minutes	<ol style="list-style-type: none"> <li>1. If the group is feeling safe and chatty, then do this as a large group, however, if people are not comfortable, get them to talk in pairs.</li> <li>2. If there is time, ask people to report on some tips that they heard or shared in the pairs discussion with the whole group.</li> </ol>
What am I doing that I think works?		
<b>Practice: Case study 2</b>	10 minutes	<b>As per practice case study 1.</b>
<b>Group Discussion</b>	5 minutes	<b>Debrief after role play:</b> <ol style="list-style-type: none"> <li>1. How did that go?</li> <li>2. Identify key motivational interviewing concepts to reinforce learning – ask the group what motivational interviewing strategies they tried out</li> <li>3. Remind people of the motivational interviewing summary</li> </ol>
<b>Resources to support conversations about CVD</b>	10 minutes	Invite a discussion around what resources people are using and how they find them helpful.
<b>What will I do differently next week?</b>	5 minutes	<ol style="list-style-type: none"> <li>1. This can be done in small groups sharing with each other, or if there is time and the group is small, then get each person to identify one thing they will do differently in their practice next week.</li> <li>2. If you are running out of time, then ask them to discuss in pairs.</li> </ol>
<b>Wrap-up: Quiz</b>	5 minutes	<ol style="list-style-type: none"> <li>1. The post-workshop quiz can be sent a day after the workshop, or can be given to participants to take away.</li> <li>2. Ask for feedback about the workshop – what was helpful? Finish with this as it will be positive and reinforce learning.</li> <li>3. Provide an opportunity to pass any negative or constructive feedback via an evaluation sheet.</li> </ol>



## FACILITATOR AS ROLE MODEL



The facilitator does not need to be the expert – you are there to facilitate discussion, keep people on time and model person-centred communication.

Any other comments are part of the group discussion, and the role of the facilitator is not to direct people.

The facilitator does not need to be a senior leader in the organisation, and for inter-professional groups, it is good if they are not a doctor. This model of leadership is important as they are modelling the underlying principles of motivational interviewing where the participants are the experts about their own experience, just as the patient is the expert about their life.

## ROLE PLAYS

Generally, people say they don't like role plays to start with because they fear having to perform, but most people do get into it once they get started.

Introduce the activity as practicing skills rather than role play. It is much better to "do" than "talk" when it comes to consultation skills.

If a participant is uncomfortable playing one of the simulated roles, then ask them to play a patient they already know or make it up. Most health professionals have seen many people they can ad lib.

If the group is uncomfortable with role play, then use the case studies as group discussions. Ask them to write out specific examples of what they would do using the feedback sheet. Don't give them this as an option initially, but only if they seem very resistant as a group.

## SMALL GROUP RULES:

Sometimes it can feel awkward as a facilitator to outline rules for small group learning, but for most people it is better to remind them and check everyone is okay with the small group approach.

1. Listen generously
2. Remind people about confidentiality
3. No interruptions when someone is speaking
4. Allow for all differences
5. Share from personal experience
6. Own what you are sharing. Use "I" and not "one" or "people often"
7. Give advice only when directly asked for it
8. Allow silence when it occurs naturally

## 4.3 Case studies



### CASE STUDY 1

#### Health Professional

Roy is a 55-year-old man and presents for flu vax and pertussis vaccine. He has just done some blood tests that were ordered 6 months ago by another doctor in the clinic. He did them last week before coming in for his vaccines. You invite him to have a CVD risk assessment.

1. Take a brief history (assume his records are previously normal) and then calculate his CVD risk score:
  - Smoker
  - BMI 31
  - BP 150/11
  - Total cholesterol 6.5
  - HDL 1.0
  - HbA1c 5.5
  - eGFR >90

When you explain his risk he says he is too busy to change anything.

#### Patient

“My daughter made me come, she’s about to have our first grandchild and so I thought I would come for a check- up and get my flu vaccine as I don’t want to give it to the baby.”

You feel fairly healthy. You quit smoking when your children were young but re-started 15 years ago due to stress. You have tried to quit cold turkey a few times, but something always gets in the way. You travel a lot with work and so you eat a lot of takeaway and you don’t have time for exercise. When you do exercise you feel fine. You think your father had a heart attack and your mother had high BP but both died quite a few years ago.

The doctor calculates your absolute CVD risk and when he shows you the result you say,

“I guess we all have to die of something. I know what’s good for me, I just don’t have time to do it.”

### CASE STUDY 2

#### Health professional

Desiree is a 55-year-old Aboriginal woman who has come to the clinic today as she has been having headaches and is feeling under a lot of stress. She has a history of heart disease. Her results today show her cholesterol is still high and her blood pressure 150/100. You notice in the notes that recently she saw a locum doctor in your clinic. When you ask her about this visit she gets a bit upset and says she doesn’t want to see any locum doctors ever again.

You want to talk to her about her cholesterol, but you can see when you start to broach this subject, she looks away and doesn’t want to engage.

Continue the consultation.

#### Patient

You have come back to the clinic because you are worried about your headaches and whether your BP might be up and causing the problem. The last doctor was very rude to you and told you that you would die if you didn’t take your BP medication.

You are feeling so ashamed. You are a well-respected Elder, looking after your 5 children by yourself and just making ends meet. It is very hard to manage all the things going on, but you are keen to feel better and want to try to improve your health if you can.



## 4.4 Role play feedback sheet for Observers: how to identify motivational interview techniques



Remember motivational interviewing must be genuine, authentic and non-judgmental.

Observe the role play and record examples of the practitioner using some of these principles during the role play.

Key steps		Examples
Curiosity	Use open ended questions so that the patient does most of the talking	
Express empathy	<ul style="list-style-type: none"> <li>Be non-judgemental</li> <li>Reflect back to the patient by rephrasing what they have said</li> <li>Do not make assumptions or jump to conclusions</li> </ul>	
Develop discrepancy	<ul style="list-style-type: none"> <li>Summarise key discrepancies between current behaviour and future goals</li> <li>It can be helpful to reframe what a patient has said</li> </ul>	
Roll with resistance	<ul style="list-style-type: none"> <li>It is the patient's choice to choose what they want to do</li> <li>Rephrase what the patient has said and reaffirm their autonomy</li> <li>Don't try and argue or rationalise their resistance</li> </ul>	
Identify barriers	<ul style="list-style-type: none"> <li>Help them identify the challenges involved in changing</li> <li>Do not provide solutions</li> </ul>	
Identify specific and achievable solutions	The solutions must come from the patient	
Support self-efficacy	<ul style="list-style-type: none"> <li>Use affirmations to build confidence</li> <li>They must be genuine and build on what the patient has said</li> <li>People are often resistant if they feel they are being flattered or patronised</li> </ul>	

## 4.5 Quiz: testing your knowledge about CVD risk and risk communication for Aboriginal and Torres Strait Islander peoples



1. List the latest epidemiology and guidelines around cardiovascular disease in the Aboriginal and Torres Strait Islander populations that you are aware of.

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2. What are the differences in presentation of cardiovascular disease, chronic kidney disease and diabetes in Aboriginal and Torres Strait islander peoples?

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3. What do you know about motivational interviewing?  
How can motivational interviewing be used to engage patients in preventive health?

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4. Identify additional supporting resources available to Aboriginal and Torres Strait Islander peoples that you are aware of. (E.g. through the MBS, PBS, Primary Healthcare Networks etc.)

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