HMCL222

Session 5

Clinical Skills 2

Nutritional Medicine Department
Session 5

Plan (P): Implementing therapeutic strategies

- Follow-up process: reviewing and revising treatment plans
- Compiling ‘problem’ lists
- “Peeling back the layers”
- Review of timelines and expected outcomes
- Determine level of self-efficacy to optimise self-management
- Utilising evidence-based medicine and lowest risk strategies
First Visit & Follow-up strategies

The focus of the first consultation:

- Establish rapport with client
- Focus on the presenting complaint/s
- Review of body systems - depth must be relative to time available – decisions often needed about what can be left until next consult
- Complete an initial brief schematic, synopsis and determine the key organ & body systems interactions
- Determine key Treatment Aims
- Collaborate with client to determine Dietary & Lifestyle Health goals & indicated supplementation.
- Determine treatment plan based reflective of these understandings - and what client thinks they can achieve (and afford)
- Complete any indicated PROMs
- Identify aspects of the case you need to research before next appt.
First Visit & Follow-up strategies

Return consultation needs to:

- Further develop rapport with your client
- Review how things are for the client
  - How are they feeling?
  - Have they noticed any changes? Note – these can be both positive and negative. (remember PROMs can assist here).
  - Ensure you are thorough – clients can vary in the accuracy of recall - “last time you described your energy in the morning as always terrible – a 2/10 – how would you describe it now?"
  - Check in on all aspects of the case even when they report no change – confirm via your notes
  - Ensure you are prepared and have read over & highlighted important aspects to check in on
First Visit & Follow-up strategies

Return consultation needs to determine:

- Has the client managed to implement the recommendations/changes agreed upon?
- Is there a relationship with level of improvement – or lack of - with level of (or lack of) implementation?
- If they have struggled with aspects of the Treatment Plan, why?
- Have they actioned requested additional Objective data – diet plan, blood tests, etc.
- Complete any aspects of the case history
First Visit & Follow-up strategies

- A return consultation is also an opportunity to deepen your understanding of their case

- Use page 2 of the Clinic NM Case Taking Return Visit form for recording of body systems review, or any other notes you wish to record about the case, including:
  - Areas you have identified need further clarification or you were not able to get to in the first consultation:
  - Further clarify/adjust short and long term goals
  - Collaborate with client to re-determine health goals
  - Re-state/adjust treatment plan based on short term goals and what client thinks they can achieve
Restoration timeline and expected outcome

When reviewing the response to a holistic Treatment Plan, it is important to remember that any review of change/s must be done through the lens of stimulation of the *Vis Medicatrix Naturae*.

Therapeutic hierarchy is based on the observation of the nature of healing and the inherent order of the healing process.

(eds Pizzorno & Murray 2013)
‘Peeling back the layers’

The most useful guide to interpreting whether ‘curative’ changes are occurring is Hering’s Law, which states that all healing occurs:

• From within out
• From the head down
• From the most important to the least important
• In the reverse order in which the symptoms have appeared
‘Peeling back the layers’

- **Class discussion:**
  - Can you suggest some examples of Hering’s Law?
  - Why is it so important to consider response to a treatment plan with Hering’s Law in mind?
  - How would you communicate this concept with a client?
  - What is the relationship between Hering’s Law, understanding the depth of dis-ease or disease and client education?
Restoration timeline and expected outcome

- Chronicity- The depth of disease penetration will indicate the duration required to heal. Degenerative disease requires a longer time to heal.
Restoration timeline and expected outcome

- Interference and suppression - i.e. The more complex/chronic a client's medical history - overall severity, medications, surgeries, traumas, etc. – the slower ‘healing’ it is likely to be
- How much change is the client able to implement – and sustain
Restoration timelines and expected outcomes

- Realistically, if their presentation is chronic, it is important to remember that it has likely taken considerable time to develop that set of signs and symptoms - and is unlikely to resolve quickly.

- The traditional medicine rule of thumb for resolution of a condition is 1 month of treatment for each year a condition has been present.
Determine level of self-efficacy to optimise self-management

A follow up consultation is also an important opportunity to further assess a client’s ‘self efficacy’

As outlined during NMDS111, the level of self-efficacy present in a person influences how much & what type of support, knowledge and resources they need, to make (and sustain) change.

“People with a strong sense of self-efficacy easily approach difficult tasks, they heighten and sustain the necessary effort to achieve their objectives and consider they can manage all challenges they deal with, quickly recovering their sense of efficacy after failures or setbacks. By contrast, people with a low sense of self-efficacy ……, consider themselves incapable of solving problems and quickly losing confidence in their own capabilities…..”

Panc, Mihalcea & Panc (2011)
Determine level of self-efficacy to optimise self-management

- Studies continue to suggest strong relationships between self-efficacy and health behavior *change and maintenance*.
- Assessing client capacity is an essential part of develop an individualised Treatment Plan, which is likely to be implemented, sustained and therapeutically successful.

How do we determine self efficacy? What aspects of a person’s personality, case history or response to a treatment plan will provide insight?

Hoffman (2013)
Determine level of self-efficacy to optimise self-management

Class Activity:

Using the SN05 readings “Definitions of Major Concepts in the Theory of Symptom Self-Management” and Enhancing Self Efficacy complete the following exercise, using the provided flow chart:

- Using the case you have worked on from Week 3, briefly map out the known (and probable/potential) case details to explore likely levels of Self efficacy and capacity for Self-Management of change.
- Share your conclusions with the class about:
  - What is the likely self-belief and capability to make & sustain change of your client?
  - How will this influence your ongoing Treatment Plan/s?
  - Invite your ‘client’ to comment on whether they feel you have ‘gotten it right’

Remember to be considered, constructive and respectful in all comments made.
Evidence Base Practice

It will be common that between your first and second consults, you will be conducting research to deepen your understanding of what is happening for your client and ‘best practice’ therapeutic interventions.

It is essential that you apply all the research skills you have learnt to efficiently find the most currently indicated, effective interventions and treatment/s.
Evidence Base Practice

- 5 stage EBP information cycle –
  - **ASSESS** clinical problems and identify key issues
  - **ASK** well-built questions that can be answered using evidence-based resources
  - **ACQUIRE** evidence using selected, pre-appraised resources
  - **APPRAISE** the validity, importance and applicability of evidence that has been retrieved
  - **APPLY** evidence to clinical problems.

Straus & McAlister (2000)
Evidence Base Practice

**ASK** well-built questions that can be answered using evidence-based resources

- Foreground Questions - ask for specific knowledge to inform clinical decisions or actions
- Have four essential components: (PICO)
  1. **Patient** and/or problem – describes ones you come in contact with and are relevant to your practice (*among _____*)
  2. **Intervention** (or exposure) – therapies, environmental factors, patient education or diagnostic tests (*does ________*)
  3. **Comparison**, if relevant – may be standard therapy, placebo, alternative treatment, exposure or diagnostic test (*versus ___*)
  4. **Outcomes**, including time if relevant – spend some time working out exactly what outcome is important to you, your patient and an appropriate time-frame (*affect _____*)

Straus & McAlister (2000)
Evidence Base Practice

Additional resources to support good research can be found on the library Home page, including:

https://ecnh.ent.sirsidynix.net.au/client/en_GB/ecnh/?rm=EVIDENCE+BASED0|||1|||0|||true
Prescribing decisions

The final clinical responsibility with a Treatment Plan is to make recommendations – where appropriate - about indicated therapeutic products.

There are a number of important factors to consider:

- What product/s is most efficiently and effectively going to achieve/support the identified Treatment Goal/s and Treatment Aim/s.
- What is my client willing take – e.g. powder, liquid, tablets, etc.
- What is my client able to purchase – financial capacity
Prescribing decisions

The Endeavour Wellnation Clinic has 3 elements to the Clinic dispensary:

- Baseline products – this a standardised range of nutritional & nutraceutical supplements across all Endeavour campuses
- Extended line products – these will be unique to each campus clinic
- Compounding products – the ability to formulate unique, individualised blends.
Prescribing decisions

• It is each student’s responsibility to become familiar with the products available at your campus clinic.
• There is also value in accessing the resources and product information found on nPod – an online product information & comparison database, which can be accessed through the Endeavour Library.

• **Activity** - view the nPod orientation ‘tour’ available here [http://www.npod.com.au](http://www.npod.com.au) and then discuss how and why a database like nPod might be useful in making prescribing decisions.
Prescribing Activity

In small groups, consider the following products (view details via nPod)

- MediHerb - P2-Detox powder
- Metagenics - Fibroplex powder
- Bioceuticals - Intestamine
- Biomedica - N-acetyl-cysteine
- Orthoplex - DEF formula

Read the product description & ingredients and then write a list of the clinical presentations and signs and symptoms you would think about prescribing each product for – share your findings with the class.
Compounding

Being able to compound an individualised and unique formulation is powerful prescribing option for holistic nutritionists

Activity: Please view the training video on preparing a compounding formulation and then have a discussion about the clinical usage, kinds of conditions and clients that this kind of prescription might suit – or not suit.

https://www.youtube.com/watch?v=Lw1e5zo9sVE&feature=youtu.be

Ensure you view the other resources available on the clinic Hub (Nutrition tab) to further your understanding of safe, effective compounding as a prescribing option
Next week…..

• Next week there will be 4 x provided cases for you to work on all aspects of the theory and skills covered so far and you will be able to self-tailor the aspects you feel you most need to work on.

• Accordingly, please ensure you think about what things you want to ensure you have practiced and understood well - e.g. schematics, Treatment Aim development, usage of Wellnation eForms, all of the above!!
References

- Pizzorno, JE & Murray, MT (eds) 2013, The Text Book of Natural Healing, 4th edn, Elsevier Churchill Livingston
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