My Experience With Health Promotion

Health promotion and well-being are some of the most powerful tools a clinician can use in disease management and prevention. Whether it be primary, secondary or tertiary prevention, at each level, educating and equipping patients with the right knowledge and tools, is an important step in improving the overall quality of life.

A key element of health promotion is building a good rapport between clinician and patient to establish effective communication. By doing this, it enables clinicians to provide the best quality of care, which results in increased patient satisfaction and moreover, better patient adherence.

Throughout my essay, to maintain confidentiality, I will refer to my patient as Helen and her son as Jay.

When I was introduced to the Patients Know Best (PKB) scheme, I felt as though this was a very useful tool that provides the patient with the means to have a secure and confidential platform to interact with their physician. Furthermore, PKB allows the collation of all the patient's medical records into one personal health record and bridges the gap between patient and physician, allowing patients to have a more active role in their care.

When my group and I first began interacting with Helen in our first year, I knew how important it would be to ensure that Helen felt as though she could open up to us about her life. For the majority of our conversations with Helen during Year 1, we focused on her relationship with the services which caters for Jay's needs and how Helen coped with the day to day life.

Helen has had a complicated relationship with the mental health services. She feels as though there is always a breakdown in communication between them which leads to her having no faith in the system. When Helen informed us of this difficulty with the services, I felt as though I could empathise with her situation as I have many friends with first-hand experiences of the difficulties they have faced when dealing with Mental health services. Her experience with CAMHS/ Adult mental health services has given her a somewhat negative view of the Mental health system. Knowing how hectic Helen's day to day life is with having to manage her job and Jay's need, I understood how frustrating it was for her to face obstacles when trying to do the best for son. Jay struggles with impulse control and anxiety and has been diagnosed with autism spectrum disorder, ADHD and moderate learning difficulty. Helen has faced challenges when trying to arrange external support for Jay, found that there have not always been follow-ups on his cases and she feels as though no one is listening to her when it comes to what's best for Jay. Because of this, I felt as though PKB offers Helen a good opportunity to speak to people working within the system (us) about Jay and his needs. This demonstrated to me that the PKB scheme can be used to promote good wellbeing as it provides Helen with a platform to voice her opinions, knowing she has people who are listening to her concerns because "A problem shared is a problem halved".

When my group and I were presented with the task of lifestyle modification and social prescribing, I felt uncertain as to what to suggest to Helen. This was because Helen is a very active individual who enjoys activities such as horse riding and training for marathons and this is

alongside being very active at her job. However, when we were informed of Helen's accident, falling off her horse which resulted in her breaking her tibia and fibula over the summer holidays, my group and I faced an entirely new challenge of prescribing an appropriate lifestyle modification. This was because we initially had the idea to suggest another sporting activity for her to get involved with as we knew she was enthusiastic about keeping fit. We were aware of the fact that Helen had already struggled to keep a good work-life balance and it would be a challenge for us to find an appropriate modification that she would be able to fit into her busy schedule. Now faced with this added difficulty of Helen's broken leg, our ideas of another sporting activity were no longer appropriate as her accident further limited her ability to be as active as she wanted to. A major concern of Helen's was her inability to carry out her roles at work as she had been on restricted duties since May. When we suggested she took some more time off work, she disclosed to us that she was fearful of losing her job and felt upset that her physiotherapy appointments were being cancelled frequently. When I saw this message, I felt compelled to research ways in which Helen could carry on her rehabilitation outside of appointment times in an effort to accelerate her recovery. I understood how frustrating it can be not being able to work at full capacity and how this was affecting her.

After doing some research, I suggested to Helen that Aquatic Rehabilitation was an effective way of speeding up recovery. Trusted websites such as NHS and PubMed indicated that swimming encourages mobilization whilst offering a good level of protection as the buoyancy of the water prevents excessive loading at the joints. Swimming also prevents the risk of refracturing the bone whilst carrying out exercises designed to support the joints and muscles as the fracture heals. I felt confident that this suggestion would be something new for Helen to try and I had hoped that swimming would somewhat put her mind at ease over losing her job. However, Helen informed us that she had already been swimming and had even swum 50 lengths earlier that morning! Of course, we were delighted that Helen was doing everything she could to aid her recovery, but this inadvertently sent us back to the drawing board.

As my group and I continued communications with Helen, we were still unsure as to what we could suggest. However, in one of her messages, she mentioned that her blood sugar had begun to rise, and she is currently at 6.3 (unsure of the units) adding, "It's never been this high before." We saw this as an opportunity to prescribe something completely different to previous ideas. My group and I had been so focused on the physical aspect of health promotion, we forgot that there were perhaps other aspects of Helen's life that could be adjusted to improve her overall health. After Helen's message, we agreed that we should suggest the use of a Food diary to help her keep track of her calorie intake and alter it as needed, as the app allows you to set daily goals. We felt as though this app would bring about a positive change in Helen's life and she had previously informed us that she felt as though the daily intake of her favourite drink was perhaps contributing to her high blood sugar levels. She had already begun taking the necessary steps to cut down her sugar intake by switching from Pepsi to Pepsi Zero Sugar which contains zero calories. It is well known that the consumption of high levels of sugar can result in weight gain and an increased risk of more serious conditions such as Type II Diabetes mellitus.

Helen seemed very receptive to the idea of keeping a food diary which is a very important step in health promotion because one of the hurdles clinicians may face are issues with patient adherence.

In hindsight, I feel as though if I am faced with a similar situation of social prescribing and

lifestyle modification, I would ensure that I am not as hyper-focused only on the physical aspect of health. I feel as though because I enjoy sports so much, I forget that what works for me, may not work for someone else. Playing hockey and going to the gym is one of the best remedies for my health.

The bio-psychosocial model encompasses the biological, psychological and socio-environmental factors of a patient's life. Although an active lifestyle can vastly improve a patient's quality of life, I must remind myself that not all patients are the same and although some may benefit from sports, I need to always consider other aspects of the model to ensure that I am providing the best care for my patient. For example, patients being involved within their community can provide them with a sense of support, especially if patients feel isolated. The advantage of NHS funded community groups is that it is able to cater to patient groups who benefit from group orientated interactions not only with NHS staff but with others in their community.

Throughout my journey with Helen, the experience has reinforced to me the integral role careers play in patient-centred care. The PKB scheme has afforded me the unique opportunity of promoting health and wellbeing in a career's life as opposed to a "patient". Being able to provide Helen with the chance to express her ideas, concerns and expectations have reminded it is important that patients and careers feel as though their voices are being heard. Furthermore, this journey has highlighted to me that there are alternative ways of promoting health and wellbeing outside of sports. This is given me the initiative to begin researching other ways of health and wellbeing promotion to ensure that I am a well-rounded clinician. By doing this, I will be able to use the knowledge that I have acquired to better cater to my patients in the future.