

Talking With Patients Example Dialogues

The following sections give examples of patient-provider dialogue according to the various Stages of Change model to help you match your fall prevention advice to your patient’s stage of readiness.

Precontemplation stage: The patient doesn’t view himself or herself as being at risk of falling.

Action: Understand the patient’s motivation to stay independent and active. Explain the reasons for making changes in relation to risk factors relevant to the patient. If the patient is not ready to take action, revisit the conversation in the next session.

Patient says:	You say:
Falls just happen when you get old.	It’s true that falling can be a common thing for older people, but falling is not a normal part of ageing and it can be prevented. There are things you can do to reduce your chances of falling.
Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.	As we age, falls are more likely for many reasons, including changes in our balance and how we walk. We don’t notice slow changes in our body and people don’t realise that balance can be improved with practice.
Falling happens to other people, not to me. My 92 year-old mother is the one I’m worried about.	One in three people 65 years and over fall each year. Taking steps to prevent yourself from falling sooner rather than later can help you stay independent. This way, you can also keep supporting your mother. Perhaps the two of you can do the activities together.
It was an accident. It won’t happen again because I’m being more careful.	Being careful is always a good idea but it’s usually not enough to keep you from falling. There are many things that you can do to reduce your risk of falling.
I’ve stopped going out. I won’t fall if I stay in.	Some people believe that the best way to prevent falls is to stay at home and limit activity. This is not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Going out is good for your overall health – meeting people, getting fresh air, and getting sunlight which is good for your bones.
As long as I stay at home, I can avoid falling.	Over half of all falls take place at home. I can help you understand how to inspect your home for falls risks and make simple home adaptations. It’s also important to keep active so you can move around independently at home.
Muscle strength and flexibility can’t be regained.	While we do lose muscle as we age, exercise can partially restore strength and flexibility. It’s never too late to start an exercise program. Even if you’ve been a "couch potato" your whole life, becoming active now will benefit you in many ways—including protection from falls.
Taking medication doesn't increase my risk of falling.	Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. We need to look out for these when starting a new medication or changing your medications.
I don't need to get my vision checked.	Ageing is associated with some forms of vision loss. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses.

Contemplation stage: The patient is considering the possibility that he or she may be at risk of falling.

Action: Discuss patient-specific strategies to address barriers to change, be encouraging, and enlist support from the family. If the patient is not ready to take action, revisit the conversation in the next session.

Patient says:	You say:
If I have a fall, I'm afraid I'll end up in a nursing home, like my friend down the street	Preventing falls can prevent broken hips and help you stay independent.
I already walk for exercise.	Walking is terrific exercise for keeping your heart and lungs in good condition, but it is not enough to prevent you from falling. You need to improve your balance and your leg muscle strength to prevent falls.
I'd like to exercise but I don't because I'm afraid I'll get too tired.	You don't have to overexert yourself to benefit. You can reduce your chances of falling by exercising as little as 3 times a week. A physiotherapist or exercise physiologist can help design an exercise program that meets your needs.
I have so many other medical appointments already. I have to take care of my husband. I don't have time for this.	These types of exercises only take a few minutes a day; you don't even have to leave your home and you can do these with your husband or friends.
I saw the modifications that they did at the nursing homes. They look ugly.	There are lots of simple things you can do in your own home to protect yourself from falling such as better lighting at night. If you're open to the idea, there are people who can help you look at some options which address safety and design.
I don't have much money to pay for more appointments and classes.	There are free or low cost classes and programs. Let's look at some near you. Being healthy and independent will save you a lot more money than if you have a fall and have to pay for treatment or medicines.
I don't want to ask someone to drive me to the exercise class. Getting to the community centre is so hard now that I don't drive.	I can recommend you some simple exercises that you can do at home. You can do these exercises at home or I can recommend some exercise classes near you that can help you with transport.
I want to keep my independence but I don't want to talk to my family if I'm concerned about my risk of falling – I don't want to alarm them.	Fall prevention is a team effort. Talking to me (as your GP) is a first step and it might be helpful that you bring it up with your family and anyone else who is in a position to help. I'm sure they would want to help you maintain your mobility and reduce your risk of falling. You may wish to bring your [relative/friend] in with you next time so they understand what we're talking about.

Preparation stage: The patient considers himself or herself to be at risk of falling and is thinking about doing something about it.

Action: Help the patient set specific goals and create an appropriate action plan taking into consideration everything else that is going on in his or her life. Reinforce the progress the patient has made.

Patient says:	You say:
I'm worried about falling. What do you think I can do to keep from falling?	Let's look at some factors that may make you likely to fall and talk about what you could do about one or two of them. Here's a brochure about preventing falls. Why don't you go over it with your partner/friend(s)?
I read that some medicines can make you dizzy. Do you think any of mine might be a problem?	May I suggest that we go over your medicines (or make a time to go over your medicines) and see if we need to change any of them. Make sure you keep a list of your medicines, including those that you bought over the counter, so other health providers will be aware of what you're taking.

Action stage: The patient considers himself or herself to be at risk of falling and is ready to do something about it.

Action: Facilitate patient-centred behaviour change. Provide specific resources, support and encouragement to help the patient to adopt new behaviours.

Patient says:	You say:
I know a fall can be serious. What can I do to keep from falling and stay independent?	It's great that you're thinking that way. <ul style="list-style-type: none"> • What have you tried to keep you from falling? • What do you think about these choices of things to do? Is there something here you would like to try? Would you like to write down what you would like to try and when you will start? I can also refer you to a [health provider] who can help you [increase your balance/improve your vision/find shoes that make walking easier]. I'll check how you're doing in about a month.
I want to take a fall prevention class. What do you recommend?	I'm glad that you're interested in taking a class. Let's go over the list of recommended programs near you (or please see the nurse before you leave. She'll give you a list of recommended programs near you).
I know I'd feel safer if I had grab bars put in my shower.	I'm glad that you're thinking of installing grab bars. Here's the home safety checklist that can help you identify home hazards and suggest ways to make other changes to prevent falls. An occupational therapist can help you look at more ways to protect you from falls at home.

Maintenance stage: The patient is doing something to prevent himself or herself from falling.

Action: Review the progress the patient has made. Reinforce and compliment positive action. Provide information on improved health outcomes relevant to the patient. Address barriers that may lead to relapse.

Patient says:	You say:
I've been attending the exercise class that you've recommended, Doctor.	I'm interested to know how it went for you and what you find works for you. I know you are working hard to take care of yourself and it looks like it has paid off. I see that your posture and the way you walk have improved.
I've been attending the program, but I feel embarrassed that I have to excuse myself to the toilet all the time.	May I suggest that we look at addressing this issue so you can continue to attend the program.
I am finding it harder to sleep at night now that I'm not taking the tablets.	There are many things that we can do to improve sleep other than taking sleeping pills. May I suggest that we go through these today (or let's schedule another appointment to go through these)?

Relapse stage: The patient stopped attending the prescribed fall prevention session and may be feeling demoralised.

Action: Explore reasons for relapse and reinforce the positivity in fall prevention activities. Remind patient that change is a process and to learn from the process for continued success. If the patient is not ready to take action, revisit the conversation in the next session or reschedule within the next month to maintain momentum.

Patient says:	You say:
I used to [exercise], but I stopped.	It's often hard to start again. Perhaps we can make a plan together which makes it easier to continue.
I don't think [the exercise] works for me.	It takes some time to strengthen your muscles and improve balance. Is there any part of the [class or program] that you like or that works for you? Would you like to look at other options?
I took a Tai Chi class but it was too hard to remember the forms.	Some Tai Chi classes are easier than others. Would you like to look at other exercise options? Here are a number of different ones close to you. Remember, you don't have to do difficult exercises to prevent falls.
The exercise class is scheduled at an inconvenient time.	What about a home exercise program instead? This way you can schedule it at a time convenient for you. Let's look at the schedule for other classes. It's important that you make time to exercise; consider it as a medical appointment.
I don't think I'm fit enough to be in the group.	Everyone has to start somewhere. Remember, some of the people may have been with the group for longer and have developed the necessary fitness. How do you feel about discussing your fitness level with the exercise instructor? Would a note from me help?
It was really boring. I felt that I was still too fit to be in that group. I imagined that that kind of stuff was for people in nursing homes.	There are lots of other things that you can do. May I suggest we look at the list of available programs and find some that are more challenging for you?