# Managing a patient's dietary needs by Marie McCullagh & Ros Wright



Karl (BMI 25) has been referred by his GP to the Practice Nurse for advice on his weight.

#### **Transcript**

**PN:** Now then Karl, you've been referred by Dr Ahmadi so that we can have a little chat. She's concerned your weight's been creeping up recently and you're complaining of shortness of breath.

**Karl:** Well yes, especially when I'm playing with my little boy. But you see tons of overweight people these days. This is what I tried to tell Dr Ahmadi; half the country has a weight problem if you read the papers.

**PN:** That may well be the case Karl but I think we have to consider the long term effects. I've had a look at your journal and I just have a few more questions for you, if I may?

Karl: Ask away.

PN: OK, so how much physical exercise are you getting? How do you get to work, for example?

**Karl:** I take the car. It's not far but if I didn't, I'd be late.

**PN:** What about football? I remember you being pretty good at that as a kid.

**Karl:** No, gave up footie when I left school. I have a bit of a kick around with Thomas at the weekend, but he's only six, so it doesn't last long, plus I get out of breath. There's a five-a-side team at work, but ...

**PN:** OK, Karl. Well, I want you to consider rethinking your diet. I'll be giving you a diet sheet to follow, but in general you're going to need to keep a close eye on your carbohydrate and your sugar intake. And make sure you include fruit and vegetables in your diet. You should really be eating five portions a day, and at the moment you're barely eating one.

**Karl:** Well my sister's a veggie and Mum prepares salad and stuff in the evening, so I've no excuse really. I'm not that keen on it, but I'll give it a go.

PN: I notice you're skipping breakfast and you're snacking quite a bit too. If you start the day with a healthy breakfast, you'll probably not need anything before lunchtime.

**Karl:** My problem's the afternoon. I get this real sugar low around 3 o'clock....

**PN:** A piece of fruit? I'd also try and cut out the fizzy drinks; take water with your meals instead of coke or whatever. And as for your alcohol consumption, can I suggest you try to cut down to one or two pints at a time?

**Karl:** One or two pints? Yeah, but it's my only form of relaxation, a drink with my mates.

**PN:** I know, I appreciate that, but it is important you reduce your intake, Karl. So how do you feel about what I'm proposing so far?

**Karl:** I suppose it's not that bad.

**PN:** OK, could you also try and incorporate some exercise into your daily routine? It would be a good idea to get back into the football – something you enjoy. But start with a little brisk walking first – take the bus to work if you're worried about being late, and then walk home. You can build it up from there. And join that five-a-side team at work!

**Karl:** I'll have a think about it.

**PN:** I know it's going to be difficult for you at first Karl. But it's imperative you stabilize your weight if you're going to avoid further complications in the future – and I'm sure you're aware of those. It's also going to have a bearing on your relationship with your son, which I know is important to you.



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# A Professional usage

1. Read the case study and journal and categorise Karl's food intake in a 'plate model', giving rough percentages for each food group. Compare your ideas with a partner.

#### Case Study

Karl, 26, lives with his mother and sister in a bungalow. He drives half a mile to and from work, spends his evening in front of the TV or in the local pub with friends and takes care of his six-year-old son on a Saturday afternoon. He played football at school, but no longer does any physical exercise. Karl (BMI 25) has been referred by his GP to the Practice Nurse for advice on his weight. He has been asked to complete a food journal prior to his visit.

FOOD JOURNAL: Karl Buckland					
Tuesday	Time	Typical food intake			
Breakfast	08:30	none			
Mid morning	10:30	Bacon sandwich + 2 cups of sugary tea			
Lunch	12:00	Pie + chips¹, ice cream, fizzy drink (at work canteen)			
Mid afternoon	15:00	Chocolate bar, fizzy drink			
After work	17:30	2 pints of beer (on average)			
Dinner	19:00	Fry up² and beans, milk or fizzy drink (prepared by mother)			
Supper	22:30	Toast or biscuits / Weekends – 4-5 pints of beer + kebab or curry			

<sup>&</sup>lt;sup>1</sup>Meat pie made with beef and onions served with chips (American English – french fries)

2.	Before you listen, write down the advice <i>you</i> would give Karl on the lifestyle changes he should make.
3.	As you listen, note the advice the Practice Nurse gives Karl.

# B Colloquial language

1. Read through the dialogue and find the following.

a) Three words / expressions relating	1
to football	2
b) Three expressions meaning	1
'increasing' and 'decreasing'	3.
c) Three examples of 'get'	1

2.	For each	example i	n c write	your own	sentence,	replacing t	he verb	get with	a different	verb.
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a)	
b)	
c)	



<sup>&</sup>lt;sup>2</sup> Fried egg, pork sausages, bacon and mushrooms served with fried bread and beans (haricot beans in tomato sauce). Similar to an 'English breakfast'. The dish may also be served with chips.

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# **Communication focus**

- 1. Read through the dialogue and underline examples of where the Practice Nurse:
  - a. involves the patient in the decision-making process
  - b. acknowledges the difficulty of the task
  - c. tries to personalize the advice
  - d. checks the proposal is acceptable to the patient
  - puts the final responsibility on the patient
- With a partner, decide why these strategies are so important in negotiating a healthy eating plan.

# Handover

In groups of three, use the information on the cards to role-play an encounter with a Practice Nurse.

#### **Practice Nurse**

A 32 year-old pregnant woman has been referred by her GP having put on a significant amount of weight. Advise her on an appropriate diet plan to cover the rest of : her pregnancy and following the birth.

#### **Patient**

You are six months pregnant with your second child and are concerned that you are not eating enough. Your first baby was born underweight and undernourished. You are determined this should not happen again.

### Observer

As an observer, watch the role-play and note examples of the negotiation process (see C 1., a-e).

At the end of the role-play feed back to the 'Practice Nurse' on the appropriateness of the language (s)he employed.

#### To prepare for the role-play:

Patient: expressions – eating for two / keep my strength up.

Practice Nurse should consider: how to reassure the patient, negotiating a diet plan that suits the patient and takes into consideration her fears.

Then swap roles. Role-play again bearing in mind the feedback you have received.

# Optional activity: Tone of voice and emphasis

1. Listen to the following example from the dialogue (you will hear it twice):

But it's imperative you stabilise your weight if you're going to avoid further complications in the future.

What do you notice about the way the nurse uses her voice? Choose the most appropriate answers (a-d):

- a. The nurse speaks softly; her tone of voice is firm but supportive.
- b. The nurse doesn't think the patient is listening to her.
- c. The nurse is frustrated with the patient, as she doesn't think he is serious about managing his weight.
- d. The nurse places emphasis on the word 'imperative' to insist on the importance of the action.
- 2. With your partner, practise the dialogue in the box employing the appropriate tone of voice and emphasis. Swap roles.



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### **ANSWER KEY**

#### A Professional usage

- Karl's diet is energy-dense, very high in unrefined and processed foodstuffs, unsaturated fats and sugar. His diet is very
  low in fibre and he only eats two portions of fruit and vegetables beans and chips which are either processed or fried.
  He does not drink water or fruit juice. His alcohol consumption also contributes to his weight gain.
- 3. The Practice Nurse suggests Karl does the following:
  - Reduce carbohydrate and sugar intake
  - Add fruit and vegetables to his diet
  - Replace chocolate with a piece of fruit
  - Replace fizzy drinks with water
  - Eat breakfast
  - Reduce alcohol to one or two pints at any time
  - Walk home from work (at a brisk pace)
  - · Join the company five-a-side football team

#### B Colloquial language

- 1. a) footie / have a [bit of a] kick around / five-a-side
  - NB: US English soccer
  - b) increase: creep up / build up
    - decrease: cut down (learners may also come up with reduce)
    - NB: Point out that cut out means to avoid completely
  - c) 1. How much physical exercise are you getting?
    - 2. How do you get to work?
    - 3. I get out of breath.
    - 4. I get this real sugar high.
    - 5. It would be a good idea to get back into the football.
- 2. Possible examples are:
  - 1. do
  - 2. travel
  - 3. become
  - 4. have
  - 5. return to something

#### C Communication focus

- 1. a. OK, could you also try and include some exercise into your daily routine?
  - b. I know it's going to be difficult for you at first, Karl.
  - c. It would be a good idea to get back into the football something you enjoy.
  - d. So how do you feel about what I'm proposing so far?
  - e. But it's imperative you stabilise your weight if you're going to avoid further complications in the future.
- 2. It is important to give the patient all the information, explaining the benefits and the risks to enable him/her to come to an informed decision. Taking the patients' beliefs and lifestyle into consideration are also important as you are including them in the decision making process.

#### E Optional activity

1. a, d

But it's imperative you stabilise your weight if you're going to avoid further complications in the future.

