

Collecting information



Unit: Planning exercise referral programmes with patients

TASK: consider the following

What is informed consent and why is it needed?

Informed consent

- Informed agreement to participate
- Obtained before:
 - any information is transferred
 - undertaking any pre-exercise assessment or exercise
- Not a legal waiver, even if signed
- If someone has not been given sufficient information in the document, it is not considered to be valid
- Always check with a legal professional

Should contain:

- An explanation of the purpose of the exercise assessment and/or programme
- A description of the components of the exercise assessment and/or programme
- An explanation of the possible risks, discomforts and benefits
- Clarification of the responsibilities of the client
- A reference to confidentiality and privacy
- An emphasis on the client's voluntary participation and right to change their mind
- The opportunity for the client to ask questions (questions and answers should be recorded and signed)
- Client signature and date

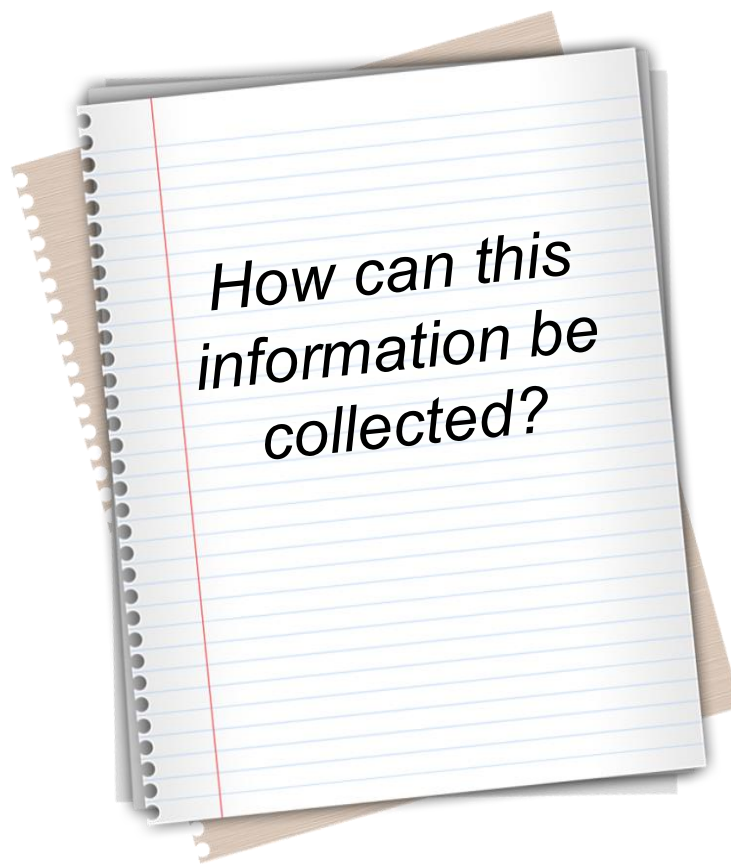
TASK: consider the following

What information will need to be collected from client?

What client needs may impact the methods used?

Information to collect

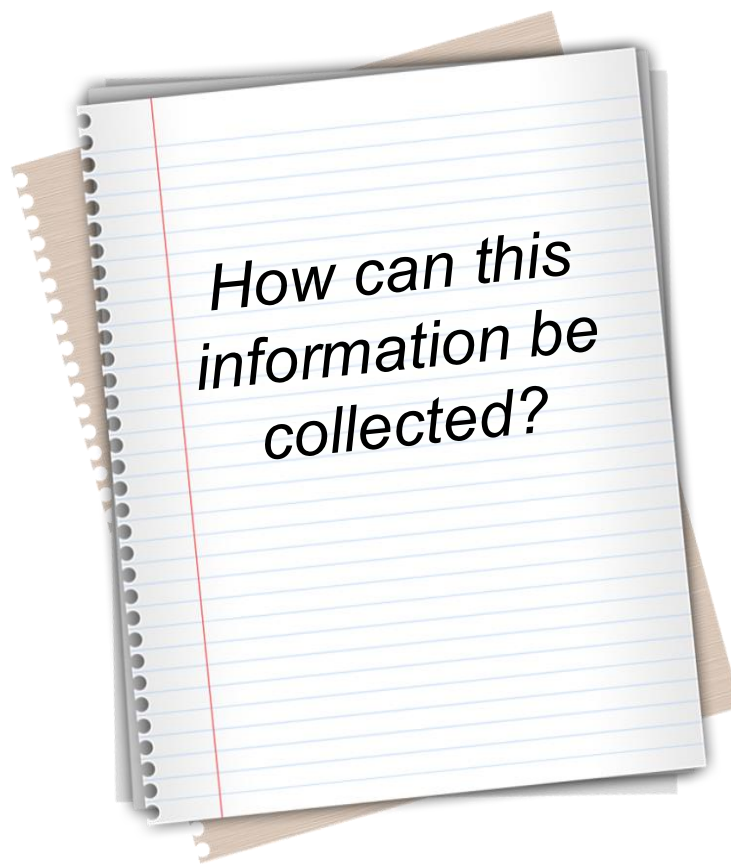
- Current health status
- Medical history
- Medications and exercise implications
- Physical activity history
- Social and psychological information
- Goals



How can this information be collected?

Information to collect

- Age, gender and ethnicity
- Height and weight
- Body mass index
- Waist circumference
- Resting/pre-exercise heart rate
- Resting blood pressure
- Joint range of movement assessment



How can this information be collected?

Methods for collecting information

- Follow scheme protocols and professional operational standards
- Some information transferred by GP, e.g. medical history and medications etc
- Some information collected by exercise referral instructor, e.g. scheme data, BMI, IPAQ etc
- Must be appropriate for client needs

Methods

- Transfer records
- Oral questions
- Written questions
- Questionnaires
- Physical assessments
- Observation



Client needs

- Visual or hearing impaired
- Language spoken
- Medical condition limitations
- Medication
- Physical disabilities
- Oral questions instead of written
- Resources in other languages
- Modify physical assessments (if used)

TASK: consider the following

What will need to be provided by the GP during a transfer of information?

Transfer records

- PAR-Q/ PAR-Q+/PARmedX
- Informed consent
- Client's personal details (name, age, gender etc)
- Reason for referral
- Summary of past and present medical history
- Medications or other treatments
- Risk stratification
- Other important information (language, religious or cultural needs)
- Client's preferred method of contact
- Health measurements (blood pressure, BMI)

TASK: consider the following

What information will be collected during initial consultation?

How?

Initial consultation

- *Personal goals*
- *Expectations*
- *Lifestyle factors*
- *Exercise history*
- *Assessments, e.g. BMI*
- *Barriers to exercise*
- *Likes and dislikes*
- *Readiness to exercise*
- *Motivation and barriers (change and sustain talk)*
- *Support systems, e.g. family*

Professional and Operational Standards



(JCF. 2011)

- Age, gender, ethnicity (available from transfer records)
- Height, weight and BMI
- Waist circumference
- Pre-exercise heart rate
- Blood pressure
- Physical activity levels (using IPAQ or 7 day recall)
- Quality of life (using EQ-5D)
- Joint range of movement
- Any other measurements requested by the referring health professional

Approach

- Build rapport
- Explain own role and responsibilities
- Use appropriate methods
- Show sensitivity and empathy to clients and the information they provide
- Record information using appropriate formats to aid analysis
- Treat confidential information correctly

TASK: consider the following

How can you use the information gathered to shape exercise programming?

Consider the following:

- *Client goals and expectations*
- *Lifestyle factors*
- *Exercise history*
- *Barriers to exercise*
- *Readiness to exercise and motivation*
- *Assessments, e.g. BMI, IPAQ*

Examples:

- Age, gender and ethnicity are factors influencing activity levels
 - Risk of falls?
 - Mobility issues?
 - Culturally diverse activities?
 - Single sex activities, e.g. some religions/beliefs
- Socio-economic status may affect access, affordability
 - Subsidised activities?
 - Community
- Individual factors will influence programme design, goals set and equipment used
 - Frequency
 - Intensity
 - Time
 - Type

Legal implications of collecting information

- Confidentiality and Data Protection legislation
- Client records
 - only be transferred and seen by relevant parties
 - must be transferred and stored in a secure manner
 - can only be used for the purpose for which obtained
 - must be destroyed once it has no further value
 - should be clearly written
 - should be factual and supported by evidence

TASK: consider the following

There are some instances when patient confidentiality may need to be breached. In these instances, exercise referral instructors should maintain professional boundaries and use appropriate protocols.

***Can you think of some examples?
What procedures would you use to maintain inter-professional boundaries?***

Examples

Breach confidentiality if:

- Risk of harm to self or others
- Not compliant with medication
- Suicide risk
- Self harm

Maintain boundaries by:

- Clarifying ethical and legal boundaries during initial consultation
- Inform client information will need to be passed on
- Record all information