British Society of Lifestyle Medicine Accreditation Standards Framework for Group Consultation Facilitators

Contents

Outline of Content

About BSLM

- BSLM is an independent, evidence-informed, non-profit-making and diverse, regulated charitable organisation dedicated to promoting Lifestyle as Medicine as per our mission statement with honesty, transparency and integrity.
- In particular, BSLM recognises the primacy of science and promotes the adoption of practical tools in management of the wider determinants of lifestyle related disease. BSLM does not adhere to any single approach to nutrition and encourages a range of dietary approaches that are supported by appropriate scientific evidence. It has no religious affiliations and no political affiliations.

About Group Consultations

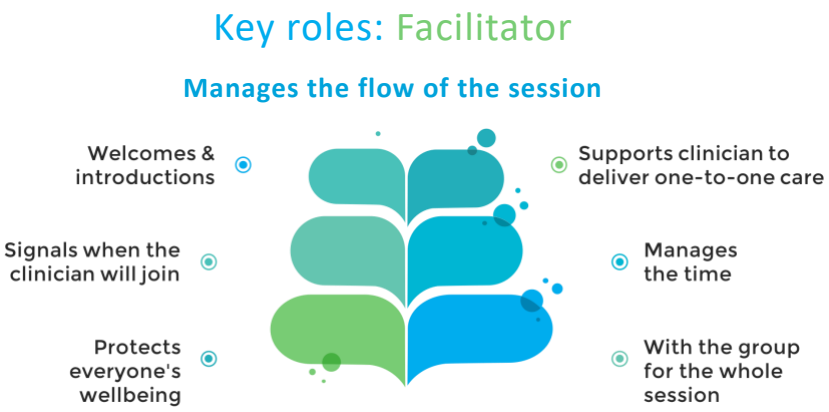
Group Consultations have been supported by BLSM since inception. The value that this approach brings for patients and the teams involved in delivering care is well documented and evidence-based.

Documented benefits to patients and clinicians are very closely aligned, particularly when it comes to improved health outcomes and sharing the decision-making. This improves the patient's healthcare, through better connections and more time together. Patients and staff both benefit from Group Consultations once embedded, ranging from improved access and efficiency to more enjoyable multidisciplinary team-working, improved resource management, and maintained/better outcomes. Moreover, even patients who don't attend Group Consultations can benefit from system effects of long-term implementation. Group Consultations have unique potential for delivering system-wide benefits across the NHS (Jones et al, 2019). Studies demonstrate that Group Consultations enhance patient experience, improve clinical outcomes, reduce hospital admissions (bed days 330 to 162) and lead to a 30% reduction in A&E attendance (Edelman et al, 2012; Nesta 2013). The pandemic has led to much group consultation activity moving to a virtual environment (https://bslm.org.uk/vgc/). This model of care faces very similar challenges virtually as one-to-one consultation, but the efficiency and sustainability of both training and delivery of care make it essential that facilitators develop transferable skills to deliver virtual and attendance group consultations. Therefore, all mention of group consultations in this document apply equally to virtual group consultations unless specified otherwise.

Facilitator Roles and Responsibilities

Within Group Consultations, the facilitator role is an active and directive one. The Group Consultations facilitator is with the group throughout and supports the participants to get the best from their Group Consultation appointment. They hold the group together and act as the linchpin between the patients and clinician.

Key roles include:



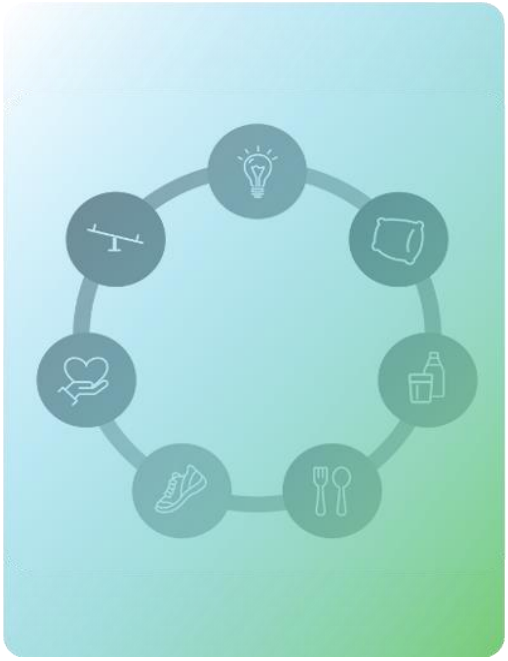
Core Values and Practice Domains for BSLM GC Facilitators

Our core values are fundamental guiding principles that we believe are important to uphold in the practice of facilitating Group Consultations, applicable to clinical and non-clinically trained facilitators.

Practice domains are our standards for the application of knowledge or practical skills required in the role of GC facilitation.

Requirements for accreditation status can be found in the Assessment Section, where suggested learning activities and reflective practice are aligned to the learning outcomes for each value/domain using pedagogical theories of constructive alignment (Biggs, 1999) and Kolb's experiential learning cycle (1984).

Value 1: Whole Person Approach



- Person-centred care
- Develop knowledge of key lifestyle medicine core elements
- Recognition of the patient as a unique whole; it's not a one-size fits-all approach

A healthy lifestyle is multi-faceted. Lifestyle medicine involves the promotion of a range of behaviours that work together to optimise health. The most commonly cited elements include nutrition, good sleep, management of stress, avoiding harmful substances such as cigarette smoking, taking illicit drugs or excessive consumption of alcohol, doing physical activity, and forming meaningful relationships. In the United Kingdom, it is estimated that 89% of deaths are caused by chronic, non-communicable diseases (WHO 2014). Most of these are caused by lifestyle and can be modified. We believe that addressing the physical, emotional, spiritual and social needs of an individual can lead to improved health outcomes.

It is also important for facilitators to recognise that many patients will have multi-morbidities and polypharmacy issues, which may influence some decisions for their care. Gathering together all relevant pre-clinic data regarding drug histories, past medical history, recent blood tests and any current prescriptions/acute illness in preparation for the clinician review is a useful strategy.

Value 2: Personalised/ Tailored care

- Patients as partners
- Understand behaviour change and motivation
- #1Change movement

We recognise that every person has a unique story; health interventions are more likely to be adopted and maintained when they are tailor-made for an individual. Health interventions have to meet the world view of the patient including culture, religion/beliefs, attitudes and physical capabilities. Motivation is key to success; setting challenges that are achievable, such as our #1Change movement, which encourages small changes to improve health in an attainable way. An understanding of behaviour change theory is also useful; a variety of models have been developed to understand how people make decisions to improve their health or make a change but recognise that this is typically not a linear process.

Theory of behaviour change resource: https://www.nice.org.uk/guidance/ph6/resources/behaviour-change-taylor-et-al-models-review2

As facilitators, we should aim to help our patients understand that we want to work with them as partners to identify personal goals for their health that are unique to them. Although much of the clinic discussions can be about shared experiences with others, our care plans will be personal and tailor-made with direction from our clinicians. Patients should be encouraged to make informed decisions based on their own clinical examinations, laboratory results and other markers of their condition.

Value 3: Inclusivity & Celebrating Diversity

- Adopt inclusive practice
- Make necessary adjustments to widen access in advance
- Regular feedback to learn and improve
- Innovate!

In a Group Consultation, celebrating diversity is a great opportunity; people in the group come from all walks of life and have valuable experiences they can share. Group Consultations work best when everyone has the chance to engage, ask questions but also to contribute. It is very important that facilitators recognise that the needs of the service users are diverse, and some differences may not be visible. Language barriers, medical conditions affecting hearing and sight, or physical restrictions should not impede access to a shared consultation. Identification of the needs of patients before a clinic and reasonable adjustments should be made in advance to make everyone feel welcome. This may necessitate the use of interpreters, use of audio-visual aids, widening access to the consultation by appropriate choice of room/facilities or other relevant adaptations. Planning ahead is imperative. In some settings, access to bathroom facilities may be limited by the building; if you have some choice in location, facilities that can be used by disabled adults without having to change on the bathroom floor are desirable, and consideration should be given to improving access for wheelchairs, mobility scooters, hoists or other necessary equipment.

Getting feedback from your patients on what works well and what doesn't after each clinic can help to improve routine care. Consider incorporating questions on the feedback forms that improve inclusivity; examples of things to consider are room space, timing of clinics in relation to school runs, religious observations e.g. Friday prayers, use of audio-visuals e.g. results boards (are they readable from a distance?), noise distractions, privacy issues and so on.

Sometimes patients may be shielding, self-isolating or too unwell to attend in person. Additionally, some patients live in rural or remote areas of the community. Again, we should consider novel ways of being inclusive such as the use of Virtual Group Consultations. Using secure platforms and obtaining agreement with your own practice/institution is important. BSLM can offer advice on this through our webinars and through our website (https://bslm.org.uk/vgc/). In the recent pandemic of coronavirus, Virtual Group Consultations have offered an excellent opportunity to deliver care remotely for all who need it. In our experience, the technology is simple to use and facilitators are ideally placed to champion this in their own practice with the support of BSLM and the Group Consultations training team.

Value 4: Respect for All

- Encouraging fair and equal participation in group discussions
- Respect for confidentiality
- Respecting the opinions of others whilst promoting evidence-based

Value 4 has close links to value 3; showing a preparedness for diversity helps to achieve respect for all. In addition, value 4 asks us as facilitators to consider that not everyone in a group consultation may feel able to contribute or communicate in the same way. It is important as group consultation facilitators that we understand the different styles of communication, including our own and what this means in the group setting .

To help us manage group dynamics it is essential that we are familiar with and use the session templates provided. These include:

1. Etiquette and understandings (ground rules)
2. Flow of session
3. Car Park - to capture anything that falls outside of focus on session

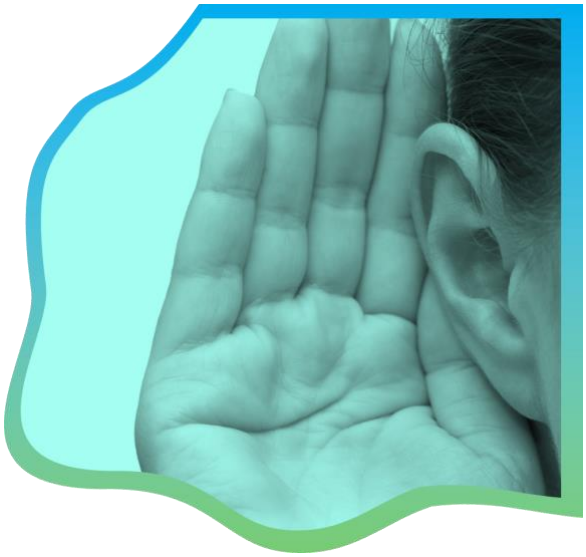
As facilitators, we need to set up the etiquette and understandings in advance, and return to them during the consultation if necessary, to manage fair access to the conversation. It may be useful to have a few prepared statements to deliver when one or more people begin to dominate the discussion. It doesn't have to make those who are taking over the conversation feel embarrassed or that they are "being told off". Something along the lines of "Thank you for an excellent contribution, can I now open this interesting point out to the rest of the group? What has been other peoples' experience of this?". You might also like to consider having a mechanism for encouraging non-verbal questions for those who feel less comfortable speaking out in a group e.g. asking for written questions at the start.

The flow of the session can be managed effectively from the start by getting everyone to introduce themselves. This not only allows for everyone in the group to know who is present, but also allows people to hear the sound of their own voice which makes them more confident in contributing as the session moves on.

Respecting patient confidentiality is also a key element of this value. Adopting etiquette and understandings that are re-iterated at every consultation helps to manage this; it is essential that you follow any national local guidance and use the confidentiality templates to support this. Patients should feel comfortable discussing any issue with the group but there may be times when a sensitive issue arises; there should always be an opportunity for a private exchange with every patient if desired.

Respect for the opinions of others is a final point to consider for value 4; at BSLM, we promote evidence-based medicine. However, discussions may arise where patients may refer to controversial or untested treatments. Having respect for their opinions is important but disagreeing with an opinion is completely acceptable; it's worth planning on thinking of polite ways to acknowledge a difference of opinion without making them feel unsupported. Cultural differences can sometimes heighten any sensitivity around an issue. This sort of question should be encouraged for referral to the clinician who can explain where evidence may be patchy or unsupportive for a particular condition.

Practice Domain 1: Responsiveness

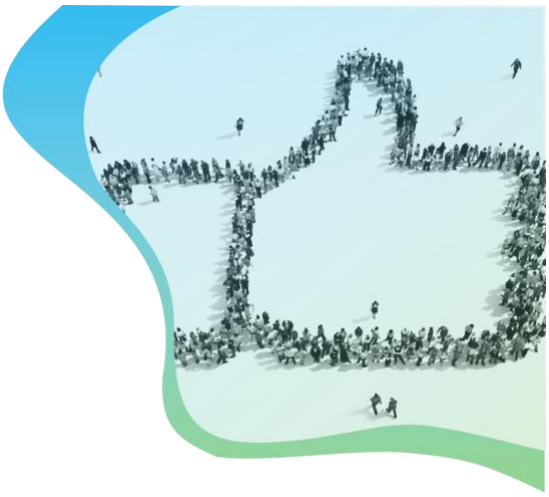


- Co-design with patients
- Be flexible
- Try out new ideas and encourage feedback: What worked? What could be done better?

Group Consultations are exciting and dynamic. Sometimes they can also appear daunting when you first start out! The facilitator role is a great development opportunity, which builds on existing interpersonal and communication skills you already have, and these skills are transferrable across other areas of your work and personal life. The skills required for starting a new service incorporating GCs include responsiveness; this is the ability to adapt to change. You might think that a group consultation is a huge departure from traditional ways of working and requires a lot of work to set up. It is true that doing the preparation work in advance takes time and requires good organisational skills, but what really helps is having flexibility in your approach. Try things out, get feedback, change what doesn't work. This should be an iterative process where you tailor the concepts from the GC training we provide at BSLM and tailor them to your own practice. You should

use the PDSA (Plan-Do-Study-Act) cycle to support your learning and development. The key aspect is that patients should be equal partners in the development of your policies and standard operating procedures (SOPs). Co-designing will ensure that your flow, set-up and processes are patient friendly. Experiment with new ideas; examples we have heard from our BSLM colleagues includes ringing a bell when someone achieves remission of disease (a patient came up with that idea!) or all trying out some Tai Chi during the clinic to share lifestyle advice in a practical and fun way.

Practice Domain 2: Becoming an Advocate: The Group Consultation and Lifestyle Medicine Movement



- Share your practice with others
- Learn from experience of others
- Try recruiting patient representatives for your research and practice sharing endeavours

Starting a Group Consultation service or role as a facilitator is very different and special. We know that healthcare is under increasing pressure and we do not have the capacity to continue as things are in the UK currently. The recent pandemic will have lasting implications for the NHS with reduced funding, longer waiting times as the backlog is dealt with and new social distancing norms.

Thinking of new ways of working will become increasingly attractive for NHS and private healthcare organisations. If you are on your facilitator accreditation journey and are delivering consultations in this novel way; tell others of your experiences. Become an advocate for the model. It's a great way to share success stories. Ask your team about publishing your work in a journal such as the BSLM's

own journal: Lifestyle Medicine or present your work as a poster or presentation at a BSLM event. Also consider writing a feature for our BSLM newsletter, or perhaps produce a short case study using the template within your e-learning. Contact details: mark.lupton@blsm.org.uk.

For accreditation, try to find opportunities to share your practice with others or outline how you have learned about group consultations from the experience of others such as attending online summits/virtual training events or attendance at conferences.

For any research outputs, consider recruiting patient representatives to share insight from their point of view. You may even like to add a patient as a co-author (with their permission!).

Practice Domain 3: Maintaining an Effective and Safe Learning Environment

- Demonstrate how you might identify risks in the GC setting and put safeguards in place
- Contributing to a safe working environment

Group Consultations are a new and exciting way to deliver healthcare. As with any change, this presents us with some challenges. This includes clinical risks e.g. computer system access to managing patient complaints. It is almost inevitable that things will not go to plan every time. Think about your first GC and identify any risks or problems you encountered. Then reflect and consider if those issues could have been prevented; what would you have done differently? For example, the clinic was over booked and you now have 30 patients in a clinic designed for 15. This should be part of your everyday practice; reflect on what happened and put measures in place for next time to prevent things going wrong. Learn from your mistakes; it is much better to be honest when things go wrong and you can learn from them. Document all errors occurring that impact on the safe running of the GC. Best practice tells us that getting together with your colleagues to debrief after your Group Consultations sessions, particularly in the early days, is a great way to ensure you develop a cycle of continuous improvement. Keep a record of these meetings as evidence of reflective practice and quality assurance. All clinical/safety errors should be reported as per institution/practice policy.

Also make sure that you are aware of fire safety and infection control measures for your practice/healthcare environment. With virtual group consultations, you also need to consider the

risks that may arise from using a technology that may cut out or lose signal, along with any other information governance and confidentiality issues/processes. What support will patients get in learning how to use the technology? What can they do if the video technology fails at the time of their appointment? A helpline number or even a parallel text/WhatsApp system if allowed by your organisation can be helpful to deal with these eventualities.

Assessment Section: Standards Framework

To meet the standards for accreditation of the BSLM, we would like you to complete a reflective log. It is a single submission with multiple entries. The basic structure of the reflective log can be found at the end of this document, but you are welcome to re-design the format to suit your own learning style. However, the basic content should not be altered. This will help you and us to get a clearer picture of how you are developing and adapting in your role as a Group Consultations Facilitator.

Each entry should be listed in the log as a single event and you will need to map it to the value/domains below. The following points MUST be observed:

1. For successful accreditation, you will need at least TWO log entries for each of the values and domains listed in this document. It is important that you provide us with enough to process you for accreditation. This information will also be good for your ongoing continuing professional development.
2. For every log entry, it should be written in the format outlined below; this tells us how you reflected on your experiences.
3. A log entry can cover more than one domain/value, but a maximum of three domains/values per entry. An example is shown below.
4. Your log entries should give us specific examples of what YOU did and how you did it. They should not reflect what your colleagues have done; it is about YOU. The more specific you can be, the better. They should be authentic, real-life examples of the challenges you face in practice or through your ongoing CPD activities.
5. We require that you facilitate a minimum of five group consultations (these can either be virtual, physical or a mixture of both). We also require a confirmation of this completion from your line manager or clinician.
6. The log should be a mixture of self-directed learning and work-based reflections.
7. Do not include any patient identifiable data in any submission to us.

Standards Framework for Group Consultation Facilitator Accreditation with BSLM

Domain	Skills & Knowledge Required (Learning Outcomes)	Log entry examples/suggestions

Value Domains		
Value 1: Whole Person Approach	To be able to support patients in pursuing lifestyle changes/improvements through an understanding core elements of lifestyle medicine To demonstrate an understanding of integrated care to meet physical, emotional and social needs	Examples of online CPD, reading, attendance at BSLM conferences/virtual conferences, webinars, presentations or research activities, online training, book chapters, answering patient questions through research in evidence-based resources. Make sure you record the reference sources used in your entry.
Value 2: Personalised/ Tailored care	To provide evidence that patients are treated as individuals within the group setting and their specific needs are met To utilise motivational interviewing & peer support in setting person-centred SMART goals/targets (**S**pecific, **M**easurable, **A**chievable, **R**elevant & **T**imely) To support self-care- for example teaching patients to take their own peak flow or blood pressure, understanding biomarkers like HbA1C and use of a results board	Give specific examples of adjustments made to deliver integrated care in practice, reading around goal-orientated approaches from literature.
Value 3: Inclusivity & Celebrating Diversity	To sign-post group consultations to patients and direct patients from group consultation towards relevant community resources (including social prescribing options, "non-traditional providers", third sector charity and volunteer groups) To reflect upon changes or adaptations that have been made or are needed when facilitating the group to ensure all attendees are equally able to contribute; regardless of race, gender, beliefs, sexual orientation, disability, age or language spoken	Give specific examples of how you & your team have recruited patients, what you have done to accommodate patients from a variety of backgrounds and what community resources have been shared within the group consultations.

Value 4: Respect for All	To ensure that all patients are encouraged to participate using a range of facilitation techniques in order to engage reluctant/shy patients and improve group dynamics To ensure that the clinician is adequately supported with effective communication and decisions made in advance regarding patient flow (if patients move around for additional examinations/tests) Facilitators should be able to listen effectively without dominating or heavily steering the group conversation To ensure that confidentiality is maintained through explicit agreement with group attendees (verbal or written) for every consultation and observation of 'ground rules' that all patients agree to uphold through the session.	Describe specific ideas you have had in order to improve participation in the group discussions. It is useful to also mention things that didn't work! Ask a colleague to observe you delivering a group consultation and record their feedback as a log entry – reflect on what they said. Ask them to be honest and include both positive comments and well as areas on which to improve.
Practice Domains		
Practice Domain 1: Responsiveness	To demonstrate problem-solving skills when challenges or unforeseen circumstances arise To be responsive to patient feedback and to suggest or identify improvements required To ensure that quality of service is assessed or measured at regular intervals to maintain standards of excellency	Write a log entry about a specific challenge you have faced during your first GCs. What went wrong? What could you do differently next time? Write a log based on some patient feedback (anonymised). What could you do to address the issues raised or what went well that you could carry forward in your daily practice?
Practice Domain 2: Becoming an Advocate: The Group Consultation and Lifestyle	To encourage patients to give group consultations a go; many are reluctant to try something new. Facilitators should keep up-to-date with the Lifestyle Medicine Movement through attendance	Write a log of any interactions you have had with new patients attending your GC; we are especially interested in those who were scared to try at first! Give an example of some CPD you have conducted recently that relates to the Lifestyle Medicine movement. What did you learn that you didn't know before? What did you

Medicine Movement	at conferences, undertaking CPD (continual professional development), online training and reading	enjoy? Was there anything else you wish you could find out more about?
Practice Domain 3: Maintaining an Effective and Safe Learning Environment	Facilitators should demonstrate effective time-management skills; ensuring the clinician time is used for maximum patient benefit Facilitators should know how to signpost patients or refer questions on to the relevant clinician where appropriate; being aware of your own limitations and practising within your level of competence (this will also depend on whether the facilitator is also a clinician)	Write a log entry with some input from your clinician. Ask their views on how you manage flow and timing in the clinic. Document the notes from a de-brief session with your team. Describe YOUR input and suggestions and reflect upon how this was perceived by your team. How well do you integrate and communicate with your wider team? Ask for a multi-disciplinary view from your colleagues about their perceptions of your role. What do they think your role is? What would they like from you? How can they support your role and how can you support theirs? Give examples of instances where you have had to refer a patient on to another team member.

See final pages for the Reflective Log example (only a suggested format). Please design your own.

Recommended Reading/ CPD / Training

Virtual Group Consultation international webinar series: https://bslm.org.uk/vgc/

Group Consultations website https://www.groupconsultations.com/

Group Consultations app <https://www.groupconsultations.com/apple-app

https://www.groupconsultations.com/android-app

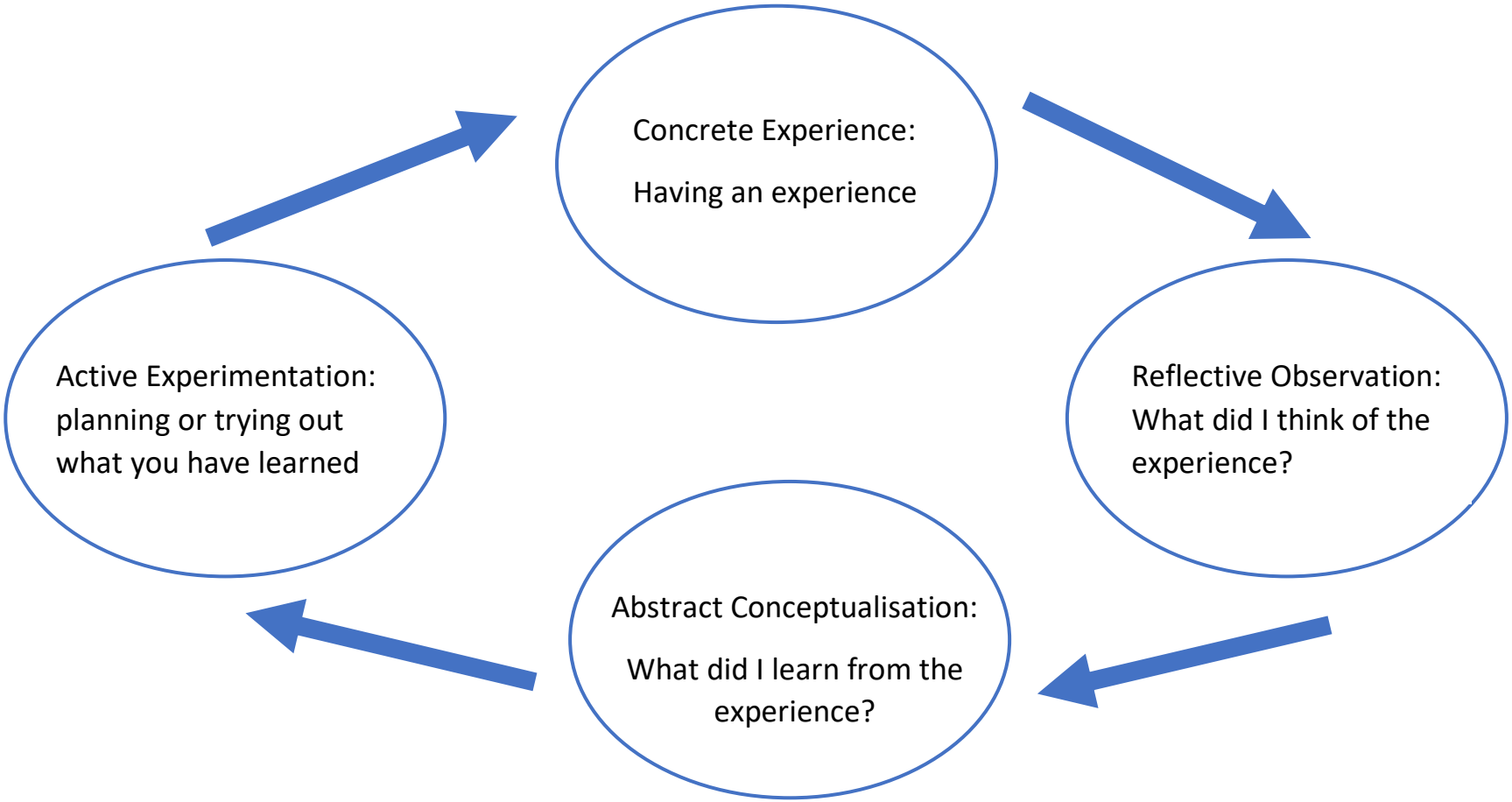
Jones T, Darzi A, Egger G, Ickovics J, Noffsinger E, Ramdas K, Stevens J, Sumego M, Birrell F. A Systems Approach to Embedding Group Consultations in the National Health Service. Future Healthcare Journal. Feb 2019; 6:8-16. https://doi.org/10.7861/futurehosp.6-1-8

Lifestyle Medicine journal. https://onlinelibrary.wiley.com/journal/26883740

British Society of Lifestyle Medicine (regional & national meetings. See https://bslm.org.uk), Australasian Society of Lifestyle Medicine & American College of Lifestyle Medicine meetings (often accessible virtually now).

BSLM Accreditation Reflective Log Outline

Each entry should follow Kolb's Learning and Experiential Learning Cycle (Kolb 1974). Kolb tells us that *"Learning is the process whereby knowledge is created through the transformation of experience"* (Kolb 1984).



- Reminder: For successful accreditation, you will need at least TWO log entries for each value and domain. You can start the experiential learning cycle at any stage, so feel free to re-order the headings of the log. An example of a log entry is provided below. Use the summary table to show how many entries you have completed.
- There is no word count/limit, but you should provide enough detail for us to assess that a real encounter or learning event took place.

Example

Summary Table

Log entry number	Title	Values / Practice Domains this entry relates to (can be more than one)
1	***Post-group consultation debrief***	***Practice domain 1 & 3***

Log Entry No.1

Stage 1: Having the experience

I led a post-group consultation debrief with the GP and the practice nurse on a day when the clinic had been really busy. One patient had wanted some advice on adjusting her gabapentin dose as she had been suffering from excessive drowsiness whilst managing chronic pain. She had also wanted to learn more about using exercise as a form of pain management. She had found the clinic to be too busy and did not get the chance to ask her question before she had to leave.

Stage 2: What did I think of the experience?

I was upset that the patient had experienced this and wanted to rectify things. I explored the issue further with the wider team in our de-brief. I felt that the problem may have arisen due to a lack of structure in the flow of the consultation and had a chat with the team on why we are not following the process as outlined in our training. I feel there is more we should be doing to discuss non-drug options for managing pain and this should have been explored with the other patients in the group. They can share their own coping mechanisms and learn from each other. I also wish I had made a question list from the clinic outset so I could get the most urgent questions put to the top of the list for the GP.

Stage 3: What did I learn from the experience?

I learned that it is important to identify questions at the start of clinic from patients as outlined in the session planner document and process flow. The question was eventually answered by the group with some input from the GP, but the patient had gone home. I enjoyed learning about using sleep hygiene to improve rest so that pain is easier to cope with; that was something I had not heard about before. One lady talked about her pain being eased by acupuncture; we had a long discussion about the evidence for this with Dr Khan and was interested to find that it can help with some forms of pain.

Stage 4: Trying out what I had learned

For the next clinic, I tried a technique of asking all patients to write a question on a post-it note at the start of clinic. We then put them in order of urgency on the flipchart ready for Dr Khan. We also had a little chat about pain again, then the group identified some specific questions around pain and lifestyle for the clinician to address when they joined the session. This spread to further exploration of other techniques patients had read about in the newspapers including TENS machines. One lady had brought in her machine to show us. We decided that "show and tell" could be next month's theme and we could bring in one item that helps us with our pain or lack of mobility such as tin openers designed for arthritis patients. I think the post-it note idea worked well but it did take up too much time. I also think we need to follow the process as set out in the session flow template and ensure we gather feedback in real time.

Checklist:

- ◊ Have I included the summary table at the start of the log?
- ◊ Have I created at least TWO entries for every value and practice domain for my reflective log? (Make sure that any one entry does not provide evidence for more than three values/domains).
- ◊ Have I OBSERVED at least TWO group consultations and DELIVERED a minimum of FIVE group consultations (these can be either virtual, physical or a mixture of both)?
- ◊ Have I got confirmation of this from my manager or clinician? A signature attached to the reflective log with signatory details of name, position and professional registration (if a clinician) will be enough.
- ◊ Does the reflective log contain a mixture of self-directed learning and work-based reflections?

References

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World Health Organization, Non-communicable Diseases (NCD) Country *Profiles* (2014): http://www.who.int/nmh/countries/gbr_en.pdf [accessed 22 May 2020]