

Scenario-Based Discussion: Using Adult Learning Theory to Improve Discussion on Lifestyle Medicine for Healthy Adults

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THE INNOVATION

Healthy adults may feel like their well exams serve as a mandatory checklist with canned counseling on lifestyle changes that feels impersonal.^{1,2} While well-intentioned, open-ended questions about healthy habits can lead patients to state what they think their doctor wants to hear. Additionally, lecturing the patient on healthy lifestyle habits is unlikely to lead to behavior change.

Adult learning theory (ALT) has been extensively applied in other environments to promote learning but has yet to be utilized in clinic visits for patient education. Adult learning theory posits that adults learn best when learning is self-directed, goal-oriented, and builds upon existing knowledge.³ Scenario-based discussion questions (SBQs) can be used to operationalize ALT to improve engagement in lifestyle medicine discussions during well visits.

After responding to scenario-based questions, patients reported that “this is the first time I felt like the doctor was not rushing me through the visit” and that they “felt like you could actually help me.”

WHO & WHERE

We implemented SBQs in well visits over 4 years at UBMD Family Medicine in Buffalo, New York. We utilize this approach for healthy adults with few, if any, chronic conditions, who present for their health maintenance evaluation.

HOW

Scenario-based discussion questions utilize the key pillars of ALT by encouraging the patient to reflect on their own lived experiences and share what they know about a topic to drive the conversation. It also provides an immediate, practical application for any new lifestyle advice

provided by the physician, a key feature of adult learning theory. An example of a SBQs is to ask “If XYZ happened, what would you do?” Clinicians then act as a guide and can scaffold new information upon what the patient already knows. Scenario-based discussion questions also provide immediate, practical implications that are critical to motivate patients to obtain and apply new knowledge to target improvements in lifestyle medicine–related domains.

We model our questions after the bio-psycho-social-spiritual model, to provide a holistic and comprehensive approach (**Supplemental Table**). Our questioning often starts with physical health, such as, “If I asked you to run a mile right now, how would it go?” to evaluate their cardiovascular capacity. This is often met with perplexed faces as they reflect on how they used to play sports when they were younger but have become more sedentary as their priorities have shifted with adulthood. Patients naturally take the conversation to where they need the most guidance, without additional prompting. They may start discussing their time limitations or difficulty finding a routine they enjoy which will lead to them requesting specific guidance based on their needs and knowledge. This approach allows the clinician to build upon the patient’s existing knowledge base and tailor a personalized recommendation that fits their unique circumstances.

We find that using SBQs is a simple and time-efficient way to improve patient engagement in lifestyle medicine domains during a well visit, enhance the doctor-patient relationship, and improve patient education.

LEARNING

Utilizing scenario-based discussion questions operationalizes adult learning theory to improve conversations about lifestyle medicine for healthy adults.

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Key words: preventative medicine; lifestyle medicine; education; patient engagement

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 [Supplemental materials](#)

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