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Making Every Contact Count

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Making Every Contact Count Programme





- Key objective Chronic disease prevention
- o Interventions become part of routine clinical care.
- Health professionals recognise the role and opportunities they have through daily interactions with patients in supporting them to make health behaviour changes.
- Healthier choices: smoking, alcohol and drug use, physical activity and healthy eating.

80% of GP consultations & **60%** of hospital bed days are related to **chronic diseases**



eidhmeannacht na Seirbhíse Sláinte lealth Service Executive

MAKING Model for Making Every Contact Count EVERY CONTACT COUNT Success will result in patients expecting to **Specialist** be asked about their **Services** lifestyle behaviour For those who require further support **Extended Brief Intervention** Longer than a brief intervention with the scope to explore ambivalence to change For those with significant health problems All health professionals and healthcare assistants will be MAKING **Brief Intervention** EVERY CONTACT An intervention that equips people with the tools to trained to a level that enables COUNT change attitudes and explore underlying problems them to carry out a brief For those with established lifestyle risk factors intervention with their **Brief Advice** patients A short opportunistic intervention Everyone accessing the health service

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Competency Standards for Brief Interventions in Ireland

- Standard 1: Knowledge and policy context for behaviour change
- Standard 2: Theoretical context for brief intervention and health behaviour change
- Standard 3: Brief intervention approach including assessment and screening
- Standard 4: Signposting and referral to support services
- Standard 5: Knowledge of specific health behaviour

A National Framework for Core Brief Intervention Training (unpublished , 2016)



Training Programme



1.<u>Core Elearning</u> Introduction to Behaviour Change Module

Foundation of the training; describes the approach and skills needed for BI; recognising the opportunities



2. Four Elearning Knowledge Modules

Tobacco FreeGet Ireland Active

- Alcohol and Drug Use
- nd Active Healthy Food for Life

3. <u>Core Elearning Skills into Practice Module</u>

Demonstrates the skills in practice through the use of vignettes; the learner observes & critiques what is used and reflects on their own practice

4. Face-to-Face - Enhancing your Brief Interventions Skills Module



Delivered in a classroom environment to augment the elearning modules. The focus will be on skills practice and participants experience of doing BI

Access training programme: www.makingeverycontactcount.ie

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Inter professional education

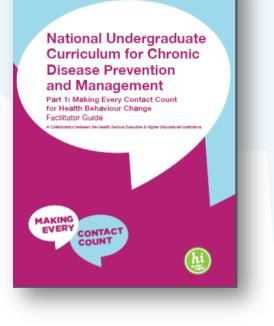
<u>Face-to-Face</u> - *Enhancing your Brief Interventions Skills* Module

- Delivered in a classroom environment to augment the elearning modules.
- Multi disciplinary group of healthcare professionals learn and practice skills together

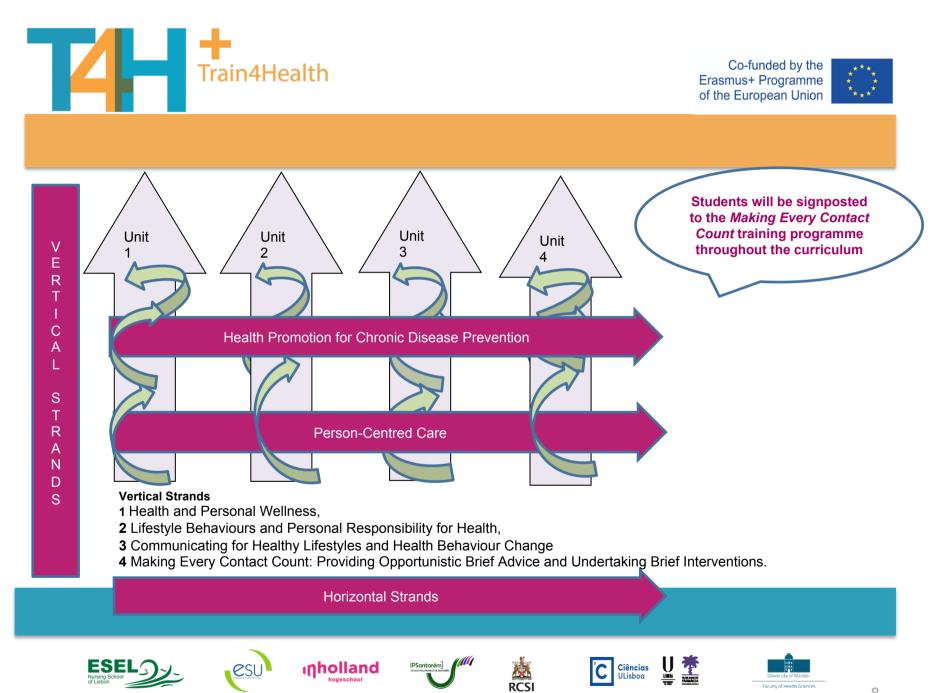


Higher Educational Institutes (HEI)





- Developing a National Undergraduate Curriculum for Health Professionals in Ireland on Health Behaviour Change was identified as a key action to sustain Making Every Contact Count in the long term.
- A Collaboration established between HSE and Higher Education Institutions – September 2015
 - National Steering Group to oversee the collaboration
 - National Working Group Established to develop the curriculum
 - Local Working Groups in each Institution
- The HEIs have commenced implementing the Health Behaviour Change curriculum since Sept 2017
- Available to download: www.hse.ie/mecc-undergradcurriculum



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16th July 2020



Competency framework

Unit	Competency	Learning Outcomes
1.Health and Personal Wellness	1.1. Demonstrate an understanding and awareness of health, lifestyle influences on health and key health recommendations.	 1.1 Assess attitudes & behaviours towards own health & wellbeing 1.2 Define health with reference to the key concepts and determinants of health 1.3 Assess and interprets health status data for the Irish population 1.4 Promote key health messages and recommendations
2. Lifestyle Behaviours and Personal Responsibility for Health	2.1. Demonstrate an understanding and awareness of health behaviour and the process of health behaviour change	 2.1 Describe health behaviours and the factors which influence behaviour 2.2 Identify aspects of lifestyle behaviour that affect health & wellbeing 2.3 Assess health risks associated with lifestyle behaviours 2.4 Overcome the challenges of changing health behaviours to address risk factors
3. Communication for Healthy Lifestyles and Health Behaviour Change	3.1. Communicate in a supportive, encouraging manner for health behaviour change	 3.1 Analyse the principles of interpersonal communication for health behaviour change 3.2 Adopt a person centred approach to communicating for health behaviour change 3.3 Communicate in a supportive, non-directive manner with individuals for HBC 3.4 Demonstrate effective communication skills in the context of health conversations with individuals 3.5 Demonstrate the core elements of communication in practice for health behaviour change.
4 Making Every Contact Count: Providing Opportunistic Brief Advice, Undertaking Brief Interventions	 4.1. Optimise every opportunity for brief advice and brief interventions for healthy lifestyle behaviour for chronic disease prevention 4.2 Demonstrate effective integration of knowledge, skills and attitudes in the delivery of brief interventions. 	 4.1.1 Describe the theoretical and practical context for brief interventions for health behaviour change 4.1.2 Identify individuals for whom a brief intervention is appropriate. 4.2.1 Use validated screening and assessment tools to assess individual's readiness to change and respond to this assessment supportively. 4.2.2 Deliver a brief intervention in an empathetic and non-confrontational manner using the principles of motivational interviewing. 4.2.3 Maintain accurate records of the nature and outcome of a brief intervention in a report and/or individual's medical chart. 4.2.4 Assess own performance in delivering brief intervention using self-reflective practice. 4.2.5 Demonstrate the procedure for signposting and referral to support services

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Inter professional learning

Unit 4 Making Every Contact Count

- Skills practice/development workshop for students
- Opportunity for inter professional learing across Programmes
- Delivered by teaching staff to multidisciplinary groups of students



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National Undergraduate Curriculum for Chronic Disease Prevention and Management

Part 2: Self-management Support for Chronic Conditions Facilitator Guide

A Collaboration between the Health Service Executive and Higher Educational Institutions in Ireland



Available to view and download:

www.hse.ie/smsundergradcurriculum



Table 1: Competency Framework

Competencies	Learning Outcomes	Unit of Study
 Demonstrate knowledge and understanding of self-management of chronic conditions and self-management support from an indrvidual/carer and healthcare perspective. 	 Understand what is meant by self-management and self-management support and its fundamental theoretical principles. Understand the tasks that individuals must undertake in order to be effective self-managers of their chronic condition. Identify the core skills required for individuals^a to become effective self-managers. Identify the core skills required by the healthcare professional to support self-management. Understand different approaches for providing self-management support. 	1. Foundations for Self-management Support for Chronic Conditions
 Apply a person- centred approach to holistically supporting individuals/carer, that integrates the biological- physical, psychological, social and cultural aspects of individuals' lives in self-managing a chronic condition. 	 Recognise individuals with obronic conditions as whole persons with interacting and interdependent biological-physical, psychological, social and cultural aspects of self. Appreciate how an individual's physical, psychological, social and/or cultural responses to a chronic condition may affect abilities to self-manage. Ortically reflect and examine clinical practice to apply a holistic approach to supporting self-management of individuals with chronic conditions. Understand individuals' needs for information in different formats and at different stages of a chronic condition to support self-management. Describe the concept of health literacy, assess information needs and provide information tailored to individual needs. Identify the health consequences of limited health literacy, its relevance to self-management and the practical ways that healthoare professionals can contribute to mitigating the effects of limited health literacy. 	2. Holistic Approach to Self-management Support
3. Engage in collaborative- partnership communication with individuals/ carer to support self-management of chronic conditions	 3.1 Understand how to gain an Individual's perspective on the impact of a chronic condition on daily life. 3.2 Understand the importance of Individual/healthcare professional/ family partnerships in chronic condition management. 3.3 Understand the importance of trust and collaboration in relationships with Individuals. 3.4 Understand the importance of discussing treatment options with Individuals and the concept of shared decision-making. 3.5 Ortitically evaluate communication between healthcare professionals and Individuals for collaborative-partnership and relationships. 	3. Communication for Self- management Support

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Competencies	Learning Outcomes	Unit of Study
 Assist Individuals/carer In skills building to effectively self- manage a chronic condition in their daily lives. 	 4.1 Build Individuals' confidence by supporting them to develop problem-solving and decision-making skills to support self-management of a chronic condition. 4.2 Demonstrate ability to support Individuals to develop self-monitoring skills and interpret changes in health status indicating improvement, maintenance or deterioration. 4.3 Develop ability to support individuals to utilise resources and form partnerships to effectively manage their chronic condition. 4.4 Demonstrate ability to actively engage individuals in setting goals, planning actions and re-evaluating according to their needs. 	4. Skills Building for Self- management
 Demonstrate knowledge and understanding of co-ordinating and managing care delivery relevant to day to day practice that supports self-management by healthcare professionals. 	 5.1 Ortically evaluate examples of current health service organisation and delivery reforms relevant to self-management support for chronic conditions. 5.2 Appreciate the importance of co-ordinating care across relevant health and social service boundaries and community supports to ensure appropriate pathways of care based on need. 5.3 Recognise and appreciate the role of individual healthcare team members in self-management support. 5.4 Appreciate the ability to work as a member of a multi-disciplinary/inter-professional team for collaborative care planning in self-management support. 5.5 Assist individuals/families to access relevant community resources, education and support groups for self-management of a chronic condition. 	5. Service Delivery and Organisation for Self-management Support

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Summary

- Making Every contact count Improve clinical practice and client centred care
- Engagement with Healthcare professional bodies to ensure long term sustainability of these programmes through influencing National Standards for Competence to practice for all Healthcare professionals:
- Medical, Nursing, All Allied healthcare professionals





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