

RE: Final report for project: 'COSMIC for Health & Social Care Professionals'.



September 2015

Introduction and Aim

Chest Heart & Stroke Scotland (CHSS) has been supporting people with long term conditions to become 'Champions of Self Management' for the past three years. Through training and support they are encouraged to promote self-management across Scotland. This workshop is known as 'COSMIC' (Champions of Self Management In Care).

Thanks to funding from the Scottish Government the CHSS Voices Scotland team have been able to further this work and explore the role of the professional in promoting and supporting self-management (commenced August 2014). The Government specified that this project was to work towards supporting person-centred care and self-management, including the development of work around the House of Care (*The King's Fund, 2013*). This project focused on the right side of the house (the collaborative professional "wall") and specifically addressed 'health care professionals committed to partnership working'. Whatever is produced should be available for use in the third and public sectors on a not-for-profit basis.

The aim of this project is to *support Health and Social Care Professionals ('professionals') to facilitate better self-management for those living with chest, heart and stroke conditions*. With the project drawing to a close in September 2015, this report summarises the work up to this point and highlights areas for future development. See [appendix 1](#) for the mid-way report (March 2015).

Content and project methodology:

- Review of the current evidence in Self Management: a review of the literature concluded that there is little training available for professionals wanting to support patients to self-manage, despite much being available for patients. See [appendix 2](#) for an evidence summary of the benefits of Self Management, both general and condition specific.
- Survey Monkey: a survey was developed to assess professionals' current knowledge base about self-management, what helps or hinders them, and what support or training they would find useful. 227 professionals across Scotland completed the survey. A second survey for patients with long-term conditions was also developed to find out about their experience of working with professionals to self-manage their condition. 42 people completed this survey. Both surveys were developed using Survey Monkey and a full list of the questions can be found in [appendix 3](#).
- Research analysis: the key findings from the two surveys are summarised below and further details can be found in [appendix 4](#). Note: a number of excellent and useful patient [quotes](#) can be found in the patient section of this appendix.
- Course development and training outline: the aim and learning outcomes for the course were developed as a result of the research findings. A modular approach was adopted for the course design in response to concerns about time constraints for staff.

- Pilot and revision: the core module of the course was successfully piloted at an in-house session with eight CHSS professionals. The trainer instructions are in [appendix 5](#) and the resources and PowerPoint used for this session are available on request.
- Areas for future development: the core module is completed and requires minimal adjustments. Modules 1-3 need further work, specifically development of the training material and piloting. The course in its entirety (core module plus modules 1-3) requires piloting out-with CHSS.

Research analysis

The two surveys were analysed by the Voices Scotland Training Assistant and answers grouped according to theme. To increase the validity of the findings and ensure consistency, the analysis was then cross-checked by another member of the Voices Scotland team. Key findings are as follows:

Professional survey –

- 225 staff from 14 NHS Health Boards in Scotland. Hospitals were the primary place of work.
- Staff definitions of self-management were varied. Support, empowerment and/or patient responsibility was only mentioned by 30% of respondents. Life-long/long-term condition was mentioned by only 5%.
- Goal setting training was the highest ranked tool to help staff support self-management, followed by motivational interviewing. A range of courses were found to be useful, not just self-management specific courses.
- Top five skills used to support self-management: communication/listening; goal setting; negotiating a care plan; education and advice; support/solution focused.
- Top three benefits of self-management for staff: rewarding and staff satisfaction; improved use of time; more engaged patients with increased rates of participation and motivation.
- Top three challenges of self-management for staff: time (limited and considered more time needed to 'do' self-management); trying to engage and motivate patients; (addressing and coping with) a change in culture.
- Help with motivating patients (90.7%) and addressing barriers to change (83.3%) were considered the top skills that would help staff to improve their self-management practice.
- Methods of teaching: online most preferred (81.0%); then half-day courses (50.5%) and shorter courses/modules (1-2 hours) (47.6%).
- General feedback was positive and reinforced the need for such training and support for professionals.
- 40 professionals left their contact details to provide further information as required.

Patient survey –

- 42 patient responses. 62% of respondents had attended a CHSS COSMIC and/or Voices course; over 7% had attended another self-management course.
- When asked if their Health or Social Care Professional has discussed self-management, 38.5% responded 'yes'. Almost 8% weren't sure if this had been discussed.

- 88.2% reported that their last contact or experience of self-management with a professional was a positive one, and 85% felt the professional worked *with* them. 63.2% of patients said that this was their experience every time.
- Respondents reported that professionals are already good at building relationships with their patients, active listening and promoting independence. They felt professionals could improve by allowing patients to feel hope, being open to being challenged and engaging in discussions around self-management, and treating the patient as the 'expert' in their condition.

In addition, another survey completed in 2014 by a group of Allied Health Professionals (n=177) in Scotland found that only half of these professionals fully understood the self-management concept and 8% were not aware of the concept at all (*NHS Health Board - Anonymous, 2014*). This further highlights the need for the inclusion of this critical group of professionals in supported self-management training.

The above summarises the key findings from the two surveys. This evidence was used to shape the course development and learning outcomes and to draw conclusions about what support and training was needed for professionals.

Course development and training outline

Survey analysis led to the development of the course aim: *to support Health & Social Care Professionals ('professionals') to apply self-management principles in their day-to-day work. This presents an opportunity for staff:*

- *To develop their confidence and skills in applying self-management;*
- *Reflect on their current self-management practice;*
- *Identify areas for development in their self-management practice; and*
- *Reflect on their knowledge base and be aware of current research and practice.*

Eight learning outcomes were established to meet the above aim under the following headings:

What is Self Management?

1. Describe a variety of definitions of self-management and be aware that there is no definitive definition of self-management.
2. Reflect on what self-management means in your work and the changing role of staff in supporting self-management.
3. Identify ways of working differently and apply this to your work.

Skills & Tools

4. Recognise the key skills, tools and training required to successfully support self-management practice and reflect on your current skill set, highlighting areas of need.
5. Identify an appropriate tool from the 'toolkit' appendix to use in your day-to-day practice.

Supporting Self Management

6. Describe the key factors that promote effective patient and professional partnership in self-management.

7. Identify and acknowledge barriers to self-management practice, specifically a) motivating patients and b) time, and develop solutions/tools/strategies to cope with this.

Evidence Base for Self Management

8. Be aware and consider the impact of:
 - The breadth of evidence for the benefits of self-management (to patient, staff and service);
 - Related Scottish Government strategies e.g. Gaun Yersel, 2020 Vision, Quality Strategy, House of Care, Many Conditions One Life;
 - Other current themes in relation to self-management e.g. person-centred care; co-production; asset based approaches.

A modular approach was adopted for the course design in response to time constraints for staff. Four modules were developed in total - the core module and modules 1, 2 and 3. There is potential to run this course in a full day training (i.e. all four modules), or split into four shorter sessions, or two half day sessions.

The modules are as follows:

- **Core Module: 'Introducing Self Management'** – Exploring the evidence base & self-management definitions and identifying key skills & tools.
- **Module 1: 'Self Management Techniques and Style'** – Exploring the different tools and approaches to support self-management.
- **Module 2: 'Making Time for Self Management'** – Getting the best out the patient and professional interactions to influence self-management.
- **Module 3: 'Encouraging Patient Change'** – Addressing patient resistance and moving forward.

The core module material has been completed along with detailed trainer's instructions ([appendix 5](#)) and further work is required to develop modules 1-3 based on work-to-date (further information available on request). In line with previous COSMIC work, this course is intended to be a standalone resource for use by other organisations to support professional training at no charge.

Alongside the modules, a list of key self-management skills was established. To support this list, a spidergram analogy was designed to help staff assess their level of knowledge and confidence for each of these skills. This along with a brief description of the skills can be found in [appendix 6](#). Furthermore, the key skills and learning outcomes have been aligned with each of the modules in [appendix 7](#).

Pilot and Revision

The Core Module was piloted on eight professionals at an in-house CHSS session. Feedback from the pilot was positive and the general concepts of the module were well received. The participants enjoyed the use of a case study to explain self-management themes and felt it was pitched at the right level. The participants highlighted the importance of refining the target audience for this course and providing enough information about the additional modules so that professionals could self-select to meet their learning requirements.

Following the pilot, the training material was reviewed and the material and processes were refined. The course outcomes were well received and did not need revising.

Summary and future developments

This project has been highly successful in scoping the current needs of Health and Social Care Professionals to support patients to self-manage. To our knowledge, research of this type has not been collated previously through direct surveys with patients and importantly, professionals. This therefore provides a unique perspective into this area and further highlights the on-going need to develop this resource further.

Despite the development of a useable training package, the time requirement to produce such a resource cannot be underestimated. It is recommended that additional funding is sourced to continue this project for another two years (one full time post). This would allow refinement of the current course, development of modules 1-3, piloting of all modules and delivery to professional groups both within and out-with CHSS. The course would be further benefited by mapping to a professional development programme such as the Knowledge and Skills Framework or the NHS Career Framework. It may also prove useful to explore formal course validation via a University.

References:

The King's Fund, 2013. *Delivering Better Services for People with Long Term Conditions: Building the House of Care*. London.

NHS Health Board (Anonymous), 2014. *Supporting Self-Management Training Needs Survey*. Scotland.

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Appendices:

1. [Mid-way report for COSMIC for Professionals Project March 2015](#)
2. [Review of the evidence for the benefits of Self Management](#)
3. [Survey questions: professional and patient surveys](#)
4. [Survey findings summary: professional and patient survey](#)
5. [Detailed trainers instructions for the core module](#)
6. [Key skills for Self Management professionals and spidergram](#)
7. [COSMIC for Professionals course: module outline \(with skills and learning outcomes\) and course logistics](#)

1. Mid-way report for COSMIC for Professionals Project March 2015

31st March 2015

RE: Mid-way report for project: 'COSMIC support for Health & Social Care Professionals'

Chest Heart & Stroke Scotland (CHSS) has been supporting people with long term conditions to become 'Champions of Self Management' for the past three years. Through training and support they are encouraged to promote self-management across Scotland. This workshop is known as 'COSMIC' (Champions of Self Management In Care).

Thanks to funding from the Scottish Government, the Voices Scotland team at CHSS has had the opportunity to further this work and explore the role of the professional in promoting and supporting self-management, commencing August 2014.

To date, the following research and scoping has taken place:

- Research into the support that is currently available for professionals. Our scoping included literature reviews, meetings with key stakeholders (e.g. NES (NHS Education for Scotland)) and surveys with both professionals and patients.
- Health and Social Care Professionals were asked to complete a survey (via Survey Monkey) to find out what they currently know about self-management, what helps or hinders them, and what support or training (if any) they would find useful. A full list of questions can be found in Appendix 1. The survey was circulated by email through a number of Health and Social Care Professional groups, including the ALLIANCE and nursing and allied health professional groups aligned with chest, heart and stroke illness (e.g. Scottish Stroke Nurses forum (SSNF); Scottish Heart Failure Nurse Forum (SHFNF); Cardiac Rehabilitation Interest Group Scotland)(CRIGS)) to name a few.

- 225 staff responded from around Scotland, with at least one response from each NHS Health Board. 44 staff provided us with their contact details to provide further information at a later date if required.
 - The primary place of work was a hospital (44.8%) (n = 95), followed by community (24.1%). Less than one per cent (0.9%) selected Social Care, and 7.1% chose other. These included roles such as working in a university, public health, private clinics, education, strategic planning and a mixture of the above.
 - In regards to accessibility and usefulness of self-management training/support methods, online methods of teaching were the most popular (81.0%) (n = 85). Half-day courses (50.5%) and shorter courses (1-2 hours) (47.6%) were the next most popular, with multiple days courses the least selected (2.9%). Written information also featured highly (43.8%). Others suggested video-conferencing for remote learning and being flexible (various formats and levels) to suit the needs of those needing or wanting the training.
 - When asked what would improve their self-management practice, 'motivating patients' was listed as number one (90.1%), followed by (identifying and overcoming) 'barriers to change' (83.3%). Goal setting was ranked lowest out of the five skills/tools listed, but still selected by more than half of the respondents (60.2%) who answered the question (n=108).
 - The top three things that professionals identified to 'help' them promote self-management were: a whole team approach; on-going education and training; and links to KSF (Knowledge Skills Framework). The top three things that professionals identified as 'hindering' self-management practice were: time constraints; staffing issues; and unsupportive management or culture in their organisation.
- People living with long term conditions were also asked to complete a survey (via Survey Monkey) about their experience working with professionals to self-manage their condition. A full list of questions can be found in Appendix 2. These respondents were recruited from the Voices Scotland database, and contacts within CHSS and the Voices Scotland team.
 - 42 people responded to the survey. 15 people provided us with their contact details to provide further information at a later date if required.
 - We aimed to answer the following questions (from the patient's point of view): what do staff already 'do well' in relation to self-management; what could be done 'better'; and what is the patient understanding of self-management.
 - 88.2% of respondents reported a positive experience when engaging in supported self-management with professionals. In their view, staff already 'do well' in active listening and a collaborative style of working. Staff act proactively, as well as reactively and promote independence.
 - When asked to describe a time where self-management was raised, 88.5% of respondents reported that they felt the professional worked with them. However, only 63.2% said that this was the case with all professionals they have come into contact with.
 - Respondents felt that supported self-management could be done 'better' by encouraging professionals to consider the wider impact of their condition; not completely ruling out ideas or aspirations, thus allowing 'hope', and to remember that the patient is the expert of their body. The lead-in to self-management was also

considered important, for example being asked, “How are you getting on with your long-term condition?” instead of “What can I do for you today?” by the professional.

- The analysis of this survey also raises questions around whether there is a shared understanding of self-management by the patient and the professional.

The analysis so far has given us ideas and ‘food for thought’ around potential training options to support professionals; and highlighted additional questions and areas that need further investigation and research.

The next stages of this project include:

- Analysing the data further and drawing conclusions about what support and training is needed.
- Designing, developing and testing a ‘resource(s)’ to address the above.
- The expected completion date is September 2015.

For further information, please don’t hesitate to contact us.

Best wishes,

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2. Review the evidence for the benefits of Self Management



'COSMIC for Professionals' Workshop Evidence Summary

There is a breadth of evidence available for the benefits of Self Management for patients, health professionals and the service. This hand-out highlights some of the key evidence.

1. **Helping people help themselves (The Health Foundation – May 2011):** A review of the evidence considering whether it is worthwhile to support Self Management.

<http://www.health.org.uk/sites/default/files/HelpingPeopleHelpThemselves.pdf>

- **Patients:** (page 3) the impact of self-management for the patient, including self efficacy, self-care, quality of life and clinical outcomes. Examples of clinical improvements are on page 6.
- **Health & Social Care Professionals:** (page 18) information on the need to support clinicians and how the attitudes and skills of health care professionals impact on patient engagement.
- **Health & Social Care Service:** (page 7) the impact of self-management on the health care service, including the impact on resources.

2. **Person-centred care: from ideas to action (The Health Foundation – Oct 2014):** An update of the evidence following the 2011 report 'Helping people help themselves'.

<http://www.health.org.uk/sites/default/files/PersonCentredCareFromIdeasToAction.pdf>

- **Patients:** (page 41) the impact of self-management support on the patient and highlights that to improve self-management behaviour, information provision alone is not enough, and self-management supports such as group-based education, peer support and health coaching should be considered.
- **Health & Social Care Professionals:** [In Brief: Person-centred care: from ideas to action (The Health Foundation – Oct 2014) paper]:

www.health.org.uk/sites/default/files/PersonCentredCare_IdeasInAction_inbrief.pdf

This 'In Brief' document highlights the importance of practical training, training whole teams, and targeting clinical leads to improve self-management support success.

- **Health & Social Care Service:** (page 44) highlights the impact of self-management support on the health service.

3. **Supporting Self Management (National Voices – 2014):** This document summarizes the evidence from 228 systematic reviews highlighting 'what works' in self-management.

www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf

- **Patients:** (page 6 and 8) the impact on patient knowledge and experience, behaviour change and clinical outcomes.
- **Health & Social Care Professionals:** (page 6) the benefits of well trained professionals on patient experience and self-management support.

- **Health & Social Care Service:** (page 7) the impact of self-management on service use and costs. Summary table of potential self-management initiatives and expected outcomes (page 11).

Condition specific evidence

This table highlights the key papers for the evidence of self-management specifically for patients with chest, heart and stroke illness.

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|---|
| Chest |
| <p>Supporting Self Management (National Voices – 2014): http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf</p> <ul style="list-style-type: none"> ○ “Self-management support may reduce hospital admissions for people with COPD” (page 7). ○ “There is little evidence of significant improvements in health status as a result of self-management support for patients with COPD, though there may be improvements in reported quality of life. Some reviews have found a trend towards improved health outcomes, so the findings are mixed” (page 9). |
| <p>Avoiding hospital admissions: What does the research evidence say? (The Kings Fund – 2010): http://www.kingsfund.org.uk/sites/files/kf/Avoiding-Hospital-Admissions-Sarah-Purdy-December2010.pdf</p> <ul style="list-style-type: none"> ○ “There is evidence from systematic reviews that self-management seems to be effective in reducing unplanned admissions for patients with COPD and asthma. Self-management means the patient developing an understanding of how their condition affects their lives and how to cope with their symptoms. Overall, people report that it helps them live better lives, and puts them in control of their condition. ○ “Self-management education for patients with COPD reduces the risk of at least one hospital admission by about 36 per cent compared with usual care.” ○ Self-management education was associated with a reduction in shortness of breath and an improved quality of life” (page 6). |
| <p>NICE Clinical Guideline 101: ‘Management of chronic obstructive pulmonary disease in adults in primary and secondary care’ (updated Feb 2012): http://www.nice.org.uk/guidance/cg101/evidence/cg101-chronic-obstructive-pulmonary-disease-updated-evidence-update2</p> <ul style="list-style-type: none"> ○ Summarises two key papers (page 17): <ul style="list-style-type: none"> ▪ Cochrane review of 5 studies (574 patients) Walters et al. (2010) investigated the effect of action plans involving limited patient education only for exacerbations of COPD. There was no mortality benefit, other benefits were minor and QoL was largely unchanged. The evidence suggests that a single, short educational session is unlikely to benefit health outcomes. ▪ Rice et al. (2010) examined a more complex programme in a multicentre RCT with severe COPD patients. After 1 year, among those receiving disease management the mean cumulative frequency of hospitalisations and emergency department visits was 0.48 per patient compared with 0.82 in usual care (difference 0.34; 95% CI 0.15 to 0.52; p < 0.001). |
| <p>Person-centred care: from ideas to action (The Health Foundation – Oct 2014): http://www.health.org.uk/sites/default/files/PersonCentredCareFromIdeasToAction.pdf</p> <ul style="list-style-type: none"> ○ Summarises the impact of self-management support on lung disease/COPD. In this paper self-management support and shared decision making have the biggest impact on patient self-efficacy; no impact on hospitalisations and some impact on medication use (page 45). |

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|---|
| Heart |
| <p>Supporting Self Management (National Voices – 2014): http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf</p> <ul style="list-style-type: none"> ○ “Self-management support, health education and stress management programmes can improve health outcomes for people with heart disease and heart failure” (page 8). ○ “Self monitoring and remote monitoring may also improve quality of life in patients with cardiovascular disease” (page 10). |
| <p>Jovicic, A., Holroyd-Leduc, J., & Straus, S. (2006). Effects of self-management intervention on health outcomes of patients with heart failure: A systematic review of randomized controlled trials. <i>BMC Cardiovascular Disorders</i>, 6:43. http://www.ncbi.nlm.nih.gov/pubmed/17081306?dopt=Abstract&holding=f1000,f1000m,isrctn</p> <ul style="list-style-type: none"> ○ “Self-management programs targeted for patients with heart failure decrease overall hospital readmissions and readmissions for heart failure.” |
| <p>NICE Chronic Heart Failure quality standard [QS9] (June 2011): http://www.nice.org.uk/guidance/qs9/chapter/Quality-statement-5-Education-and-self-management</p> <ul style="list-style-type: none"> ○ “People with chronic heart failure are offered personalised information, education, support and opportunities for discussion throughout their care to help them understand their condition and be involved in its management, if they wish.” |
| <p>SIGN Guideline 95: Management of Chronic Heart Failure (2007 – NB. Recommendations being updated as at July 2015): http://www.sign.ac.uk/pdf/sign95.pdf (Section 6.2.3)</p> <ul style="list-style-type: none"> ○ Recommended best practice: “Self-management programmes should be tailored to individual patient requirements, particularly in respect of low literacy” (page 27). |
| <p>Person-centred care: from ideas to action (The Health Foundation – Oct 2014): http://www.health.org.uk/sites/default/files/PersonCentredCareFromIdeasToAction.pdf</p> <ul style="list-style-type: none"> ○ Summarises the impact of self-management support on coronary heart disease, of which is “noticeably weak” in this paper, especially for self-efficacy (page 45). |
| Stroke |
| <p>Supporting Self Management (National Voices – 2014): http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf</p> <ul style="list-style-type: none"> ○ “Other conditions where self-management education has been found to improve behavioural or clinical outcomes include ... high blood pressure ... and stroke” (page 8). |
| <p>Bridges Stroke Self Management Programme: http://www.bridges-stroke.org.uk/research.php</p> <ul style="list-style-type: none"> ○ A list of key research documents about stroke self-management. |
| <p>Person-centred care: from ideas to action (The Health Foundation – Oct 2014): http://www.health.org.uk/sites/default/files/PersonCentredCareFromIdeasToAction.pdf</p> <ul style="list-style-type: none"> ○ Summarises the impact of self-management support on stroke. Self-management support and shared decision making have the biggest impact on patient self-efficacy; and limited or no improvement on behaviour change or health care utilisation (page 45). |

Other useful links

Supporting Self Management (NHS Education for Scotland):

An online resource for nurses and allied health professionals to help increase their confidence and “develop knowledge and understanding” to support self-management.

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/self-management/supporting-self-management.aspx>

Supporting People to Self Manage (NHS Education for Scotland 2012):

A review of the evidence for education and training of healthcare practitioners.

<http://www.chss.org.uk/documents/2014/03/supporting-people-self-manage.pdf>

Behind Closed Doors (The Health Foundation 2014):

A short video clip showing two different types of consultation with a clinician and patient. It highlights how active listening, reflection and providing options can improve the likelihood of engaged self-management.

<https://www.youtube.com/watch?v=udJ1LWYYy2c>

‘What is Self Management’ explained (Know Your Own Health (KYO) 2011):

A video explaining the principles of self-management, research behind it and how self-management can support people to manage their long term conditions.

<https://www.youtube.com/watch?v=ac13iuGBYRQ>

Long Term Conditions Collaborative – Improving Self Management support (NHS Scotland 2009):

A resource describing ten approaches to help deliver better outcomes and an enhanced experience of care for people living with long term conditions.

<http://www.gov.scot/Resource/Doc/274194/0082012.pdf>

Report: Patients in control – why people with long-term conditions must be empowered (Institute for Public Policy Research 2014):

This report highlights the importance of supporting people with long-term conditions to self-manage.

http://www.ippr.org/files/publications/pdf/patients-in-control_Sept2014.pdf?noredirect=1

STARS (Stroke Training & Awareness Resources): Stroke Advancing Modules – Self Management:

STARS is a free online stroke training resource for health and social care professionals. The ‘Advancing Stroke Modules’ have a module on Self Management which explores what self-management is and the strategies which may be used in the process.

<http://www.stroketraining.org/>

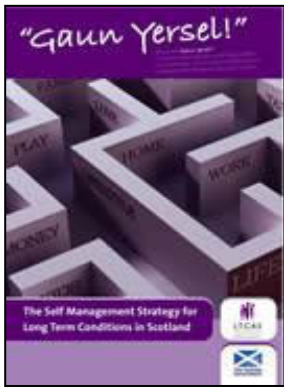

Self Management: Principles and Practice (NURSING5054) (University of Glasgow):


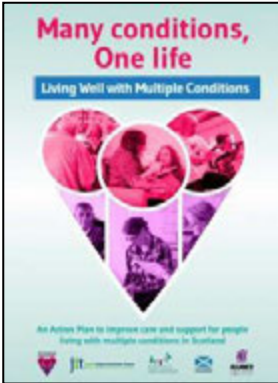
This master’s level course provides an understanding of the context of self-management, different models of self-management and the integration of self-management into contemporary health and social care practice. This course is level 5 (20 points).

<http://www.gla.ac.uk/coursecatalogue/course/?code=NURSING5054>

'COSMIC for Professionals' Workshop

Useful background documents

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|  | <p>"Gaun Yersel" – The Self Management Strategy for Long Term Conditions in Scotland (2008)</p> <p>The Strategy calls for:</p> <ul style="list-style-type: none"> • People to have more access to high quality information about their condition and its impact on their life. People to have more access to support including peer support. • Increased provision of emotional and mental health support for people with long term physical conditions. • A change in culture so that people - those receiving and those delivering services - have the confidence and capacity to work together as partners. • Better partnerships working by NHS, voluntary sector and local authorities. <p>http://www.chss.org.uk/documents/2013/10/gaun_yersel.pdf</p> |
|  | <p>The Healthcare Quality Strategy for NHSScotland (2010)</p> <ul style="list-style-type: none"> • Caring and compassionate staff and services • Clear communication and explanation about conditions and treatment • Effective collaboration between clinicians, patients and others • A clean and safe care environment • Continuity of care • Clinical excellence <p>Recognises six dimensions of healthcare quality:</p> <ul style="list-style-type: none"> ○ Person-centred ○ Safe ○ Effective ○ Efficient ○ Equitable ○ Timely <p>http://www.gov.scot/resource/doc/311667/0098354.pdf</p> |

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|  | <p>A Route Map to the 2020 Vision for Health and Social Care (NHS Scotland) (2013)</p> <p>This paper sets out a new and accelerated focus on a number of priority areas for action in the form of a 'Route Map' to the 2020 Vision for Health and Social Care in Scotland, with a focus on supported self management.</p> <p>http://www.gov.scot/Resource/0042/00423188.pdf</p> |
|  | <p>Many conditions, One life (2014)</p> <p>Action plan to improve care and support for people living with multiple conditions in Scotland</p> <p>This has key actions that need to be taken in health and social care services across Scotland. It describes seven principles (below) that should be at the heart of care and support for people with multiple conditions.</p> <p>The Seven Principles:</p> <ul style="list-style-type: none"> • "I am not just my conditions. Take time to understand all about me and my life." • "Support me to help myself." • "Help me to understand what is happening to my body and health." • "Understand that the challenges of managing one of my conditions can place strain and stress on my ability to manage my other conditions." • "Understand that I may be struggling with issues that are associated with my condition, but less apparent. Don't treat my conditions in isolation of these." • "Understand the value of shared experience and meeting other people who have experienced similar circumstances to me." • "Involve my carer/family member as they have an important role to play too." <p>http://www.alliance-scotland.org.uk/what-we-do/policy-and-campaigns/current-work/multiple-conditions/</p> |

3. Survey questions: professional and patient surveys

Survey questions sent to Health & Social Care Professionals

“Self Management Support for Health and Social Care Professionals”

CHSS has been supporting people with long term conditions to become ‘Champions of Self Management’ for the past three years. Through training and support they are encouraged to promote self-management across Scotland.

What are we up to: we are now looking to explore the role of the professional in promoting and supporting self-management. We would be most grateful if you could please spend 10 minutes filling out the following survey monkey. Thank you for your valuable ideas and time.

1. Have you attended a Chest Heart & Stroke Scotland (CHSS) self-management 'taster' or COSMIC (Champions of Self Management in Care) course before?
 - a) Yes
 - b) No
2. Which geographical area do you work in?
 - a) Ayrshire and Arran
 - b) Borders
 - c) Dumfries and Galloway
 - d) Fife
 - e) Forth Valley
 - f) Grampian
 - g) Greater Glasgow and Clyde
 - h) Highland
 - i) Lanarkshire
 - j) Lothian
 - k) Orkney
 - l) Shetland
 - m) Tayside
 - n) Western Isles
 - o) Nationwide
3. What is your primary place of work?
 - a) Hospital
 - b) Community (home visits)
 - c) Primary care
 - d) Voluntary sector
 - e) Social care
 - f) Other (please specify)
4. What key words would you use to define ‘self-management’? (please list up to 5 words)
5. Please list any training that has helped you to use self-management in your practice (e.g. goal setting, motivational interviewing, person-centred care). If not applicable, please move onto the next question.

6. Thinking back to the last time you supported a patient to self-manage, please list any skills or tools you used? (e.g. goal setting, negotiating a care plan, active listening). If not applicable, please move onto the next question.
7. When incorporating self-management into your practice, please list two benefits for staff
8. When incorporating self-management into your practice, please list two benefits for patients
9. When incorporating self-management into your practice, please list two benefits for the service
10. When incorporating self-management into your practice, please list two challenges for staff
11. When incorporating self-management into your practice, please list two challenges for patients
12. When incorporating self-management into your practice, please list two benefits for the service
13. The following support (skills, tools, or otherwise) would improve my self-management practice (please tick and/or list all that apply)
 - a) Goal setting
 - b) Active listening
 - c) Identifying and prioritising patient goals
 - d) Barriers to change
 - e) Motivating patients
 - f) Other (please specify)
14. If you identified the need for additional self-management support/training in the previous question, in which format would this be most accessible or useful to you (tick all that apply)
 - a) Online
 - b) Shorter workshop(s) (1-2 hours)
 - c) ½ day course
 - d) Full day course
 - e) Multiple day course
 - f) Written information
 - g) Other (please specify)
15. What, if anything, would help your self-management practice (e.g. corresponds with KSF, whole team training)?
16. What, if anything, would hinder your self-management practice (e.g. time constraints, unsupportive manager)?
17. Please leave any other comments that you feel are pertinent to support/training for self-management.
18. Please leave your name and contact details if you are happy to provide further information in a phone or face-to-face interview. Thank you for your time.

Survey questions sent to patients with long-term conditions

“Self Management – your experience working with Health and Social Care Professionals to manage your condition”

Thank you taking the time to complete this survey.

The findings from this survey will help us to improve the training and support that we provide to Health and Social Care Professionals about self-management.

Please note that the following survey refers to ‘Health and Social Care Professionals’ or ‘professionals’. For the purpose of this survey, this relates to any health professional (e.g. doctor, nurse, dietitian, physiotherapist, stroke nurse, etc) and social care professionals (e.g. social workers, home-help, etc). It can also refer to care assistants, and other people that you come into contact with on your journey with a long term condition.

1. Please tick the following courses run by ‘Chest Heart & Stroke Scotland’ (CHSS) that you have attended:
 - a. Voices (Public Involvement course) – ‘Having your say’
 - b. COSMIC (Champions of Self-Management In Care) – ‘Understanding self-management’
 - c. I haven’t attended any of the above
 - d. Other non-CHSS self-management course (please specify)
2. How would you describe ‘self-management’?
3. Have you and your health or social care professionals discussed self-management and the support available to you? Example: I asked for help with inhaler technique; OR my social care professional told me about options for my care package.
 - a. Yes
 - b. No
 - c. I’m not sure
4. Describe a time when you visit a professional and self-management was raised
5. What kind of experience was it?
 - a. Positive experience
 - b. Negative experience
6. What did the professional do to make it positive or negative?
7. Do you feel that the professional worked WITH you? I.e. you felt listened to and respected.
 - a. Yes
 - b. No
8. Based on your answer above, tell us the main reason why?
9. Has this been your experience with all professionals you’ve come into contact with?
 - a. Yes
 - b. No
10. Is there anything you feel professionals could do better to support you to manage your condition? (Tip: you may want to think about their manner or attitudes, or things that have helped you in the past).
11. Please leave any other comments or suggestions relating to self-management.
12. Please leave your name and contact details if you are happy to provide further information in a phone or face-to-face interview. Thank you for your time.

4. Survey findings summary: professional and patient survey

Analysis of professional survey monkey

225 staff answered the survey. Not every respondent answered every question.

| Question number | Key findings <i>(additional thoughts/ideas)</i> |
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| 1 – attendance at CHSS course | <ul style="list-style-type: none"> 77.8% (n = 175) of survey respondents had not attended a CHSS self-management 'taster' or COSMIC (Champions of Self Management in Care) course <i>Reduces result bias</i> |
| 2 – geographical are of work | <ul style="list-style-type: none"> Responses were received from all 14 health boards in Scotland, including 5.1% of respondents classing themselves as Nationwide. Greater Glasgow and Clyde had the highest number of responses by health board (18.9%), followed by Tayside (16.6%) and Lothian (12.9%). The fewest responses were from Shetland with 0.5% or 1 response. <i>Good mix across country, representative</i> |
| 3 – primary place of work | <ul style="list-style-type: none"> The primary place of work for respondents was a hospital (44.8%) (n = 95), followed by community (24.1%). Less than one per cent (0.9%) selected Social Care, and 7.1% chose other, which included roles such as university, public health, private clinics, education, strategic planning and a mixture of the above. <i>Generally reflects where this course will be mostly used</i> <i>Potential to re-evaluate course for Social Care staff only - ?applicable to them</i> |
| 4 – definition | <ul style="list-style-type: none"> Huge variation in responses 63% mentioned knowledge/informed – #1 response (?highlights staff still “doing” – i.e. not supporting SM) 70% <u>didn't</u> mention support, empowerment or patient responsibility Only 25% said 'patient-centred' 16% said partnership/ collaborative Lifelong/ LTC didn't feature in the top 10 responses (only 5.4% of respondents mentioned this) <i>Highlights need to continue to start course by defining SM and specifically illustrating partnership and patient responsibility (basic COSMIC introduction still relevant)</i> |

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| | <ul style="list-style-type: none"> • <i>Highlights need for shared understanding of 'COSMIC' definition</i> |
| 5 – training that helped in SM practice | <ul style="list-style-type: none"> • Ability to set goals is seen as #1 tool that helped to support patients to SM (98.2%) • Motivational interviewing was #2 (84.2%) • Staff have found a range of training helpful – i.e. not just specific SM courses: these were varied and individualised e.g. mental health course/ heart failure course/ Sage & Thyme • <i>What we offer staff needs to include options for goal setting and MI (absolute MINIMUM requirement) - ?sign-post/ acknowledge</i> • <i>?resource of resources</i> • <i>Acknowledge non-SM specific courses are also useful for learning skills to use in SM (e.g. drug dependency training ↔ motivational interviewing) – same skill set</i> |
| 6 – skills/tools used to SM | <ul style="list-style-type: none"> • Top 5 – communication/listening; goal setting; negotiating care plan; education/advice; support/ solution focused • No surprises here, backs up what we think are the major skills/tools needed for SM • <i>These skills/tools need to be outcomes of our COSMIC course</i> • <i>Could add skills to form 'slices' to the Self-Management Cake / SM wheel</i> • <i>The remaining skills/tools could make up our 'resource of resources' (toolkit) e.g. WATOM</i> |
| 7 – benefits for staff | <ul style="list-style-type: none"> • Top three – (37.4%) rewarding/satisfaction /fulfilling; (29.3%) time efficiency/improved use of time/ more time for patients; (21.1%) more engaged/enable patients/ increased participation /motivation • <i>'Nice to knows' – could feedback to staff on course</i> |
| 8 – benefits for patients | <ul style="list-style-type: none"> • Top three - (38.3%) Control; (32.8%) patient centred/ own agenda; (27.3%) better care • <i>'Nice to knows' – could feedback to staff on course</i> |
| 9 – benefits for the service | <ul style="list-style-type: none"> • Top three – (27.7%) Bed days / reduced admissions /shorted stays / faster discharge; (26.1%) standards of care / better service / improved outcomes; (21.0%) tied – time effective/ efficient & patient contact with service/ patient does better / less inappropriate referrals • <i>'Nice to knows' – could feedback to staff on course – supports evidence</i> |
| 10 – challenges for staff | <ul style="list-style-type: none"> • Top 3 – time; patient engagement/ motivation; change in culture |

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| | <ul style="list-style-type: none"> • Highlights need for (on-going) staff training i.e. need for this course • Unsurprisingly highlights ‘time’ as #1 • Patient engagement/motivation #2 • Culture change identified as #3 challenge, and also as a challenge for the service (Q12) • <i>Need to acknowledge pressure on staff re. time</i> • <i>Potential for ‘framing questions’ to open/introduce a SM spin to a session (see ideas)</i> • <i>Consider different delivery methods to address time issue e.g. online, self-directed, voluntary sector, group training</i> • <i>Patient motivation - ?Rust-out vs. Burn-out (see ideas)</i> • <i>Culture change - ?tie in with ‘purpose’? i.e. not to “fix”; staff ‘responsibility’ (implies you were in control; colleagues think you in control (leads to continuous referrals for same issue, rather than pt taking lead)</i> • <i>Need to define staff group that this course targets (e.g. not acute or ED; more so rehab teams; entire MDTs, LTC, primary care, outpatient clinics, community, ?social care) e.g. “don’t need to be consulted on what colour defib leads I want; but once I’m alive, I’d like to be involved/the leader in my care”</i> • <i>Highlight what individuals can do vs. what teams/MDT/Rehab can do to aid SM & benefits and limitations of these; to personalise a session, even though you as a professional need to ‘tick-off’ certain things</i> |
| 11 – challenges for patients | <ul style="list-style-type: none"> • Top three – (27.0%) change in culture/mind shift; (24.3%) confidence; (19.8%) tied – understanding & emotional challenges • <i>‘Nice to knows’ – could feedback to staff on course</i> |
| 12 – challenges for the service | <ul style="list-style-type: none"> • Similar to staff challenges (training; time; culture change) • Specifically time at the start to set-up new services etc • 50% of staff said training and time for training was the #1 challenge – i.e. staff don’t feel trained at the moment • Lack of knowledge where to signpost • Doesn’t just highlight SM training – i.e. Other training recognised e.g. listening, communication • <i>Link Self-Management to other concepts e.g. person-centred care; co-production</i> • <i>Highlight benefits for a service in the course</i> |
| 13 – skills/tools that would | <ul style="list-style-type: none"> • Confirms anecdotally what staff have told us |

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| improve SM practice | <ul style="list-style-type: none"> • #1 – motivating patients (90.7%) • #2 – barriers to change (83.3%) • <i>Adds 'slices' to the Self-Management Cake/wheel</i> • <i>Barriers to change - ?highlights need to address "levels of staff responsibility", as staff can't control, only influence patients</i> • <i>Two parts:</i> <ul style="list-style-type: none"> - <i>tools to motivate/influence patients</i> - <i>tools for staff to 'cope'; minimise frustration/ feelings of not being in control</i> |
| 14 – format of SM support/ training | <ul style="list-style-type: none"> • Online methods of teaching were the most popular (81.0%) (n = 85). Half-day courses (50.5%) and shorter courses (1-2 hours) (47.6%) were the next most popular, with multiple days courses the least selected (2.9%). Written information also featured highly (43.8%). Others suggested video-conference for remote learning and being flexible (various formats and levels) to suit the needs of those needing/wanting the training. • <i>(conflict with government vision of not being 100% web based)</i> • <i>Further discussion with staff re: timing of courses, frequency, length (as we believe this type of teaching should be done face-to-face, with potentially some kind of online aspect/pre-course study?)</i> • <i>Refer to some online learning e.g. STARS; NES</i> |
| 15 – helps SM practice | <ul style="list-style-type: none"> • Top three – (35.8%) whole team training/ approach; (30.9%) Education / training (undergrad and on-job); (27.2%) corresponds to KSF / competency/objective based • <i>Feedback to trainers /NHS / managers</i> • <i>Encourage in course</i> |
| 16 – hinders SM practice | <ul style="list-style-type: none"> • Top three – (68.2%) time constraints/ time (to do SM/ attend training); (26.1%) staffing issues (quantity, ability)/ case load; (22.7%) unsupportive manager / organisation / culture • <i>Address time in course</i> |
| 17 – comments | <p><u>SM training in general:</u></p> <ul style="list-style-type: none"> • Much needed and should be included as mandatory for all hospital and primary care medical staff in particular • It needs to be applicable to practice with examples related to real people • Motivational Interviewing training please |

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| | <ul style="list-style-type: none"> • Continue to raise profile of self-management wherever possible. Lot of work to do yet • Need for a consistent approach across the profession for conditions would be very useful so training on key messages • Explore the other learning resources which are already available <p><u>Training details:</u></p> <ul style="list-style-type: none"> • Ability to access on-line training is more convenient than taking time away to travel to educational events • Consider use of online 'you tube' clips • Simple weekly techniques to try - open questioning • Be good if training sessions were held in several different locations not only in one (sometimes can't make that day but am interested in attending a session) <p><u>Other:</u></p> <ul style="list-style-type: none"> • It would be good if CHSS could lead by example • Happy to share information, learning etc from Ayrshire & Arran's involvement in Co-Creating Health. Training and support for clinicians to engage in supported self-management was a key component of this initiative. • The Health Foundation's Self-Management Resource Centre is a useful resource http://personcentredcare.health.org.uk/person-centred-care/self-management-support • <i>Timely that we are doing this course</i> • <i>Include variety of training methods, locations, and signposting</i> • <i>Use patient / 'real' examples</i> |
| 18 – contact details left by respondents | <ul style="list-style-type: none"> • 40 respondents left their contact details • Primarily east, west and CHSS • Some have done their own staff training in SM • <i>?use in piloting</i> |

Analysis of patient survey monkey

42 patients answered the survey. Not every respondent answered every question.

For the analysis of the patient survey, we viewed the majority of the results as a whole (rather than as individual question) to answer the following questions (in the patients' perspective):

| Question number | Key findings <i>(additional thoughts/ideas)</i> |
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| 1 – attendance at CHSS course | <ul style="list-style-type: none"> 61.9% (n = 26) of survey respondents had attended a CHSS course - either Voices (28.6%) or COSMIC (33.3%). 7.1% had completed another self-management course, including STARS, the 'West End Stroke Club Edinburgh' and another '10 week lifestyle' course. <i>Good that 40% hadn't completed COSMIC/VOICES, therefore reducing bias</i> <i>Interesting that 50% hadn't attended any SM training</i> |
| 3 – SM raised | <ul style="list-style-type: none"> When asked if their Health or Social Care Professional has discussed self-management, 38.5% responded 'yes'. 7.7% weren't sure if this had been discussed. <i>Good to feedback to staff, very small average (?know SM is on the agenda?)</i> |
| 5 – positive or negative experience | <ul style="list-style-type: none"> 88.2% (n =15) reported their last SM contact/experience with a professional to be a positive one <i>Good feedback to staff</i> |
| 7 – Professional working <u>with</u> pt | <ul style="list-style-type: none"> 85% (n = 17) of patients felt that the professional worked <u>with</u> them |
| 9 – Is this your experience every time | <ul style="list-style-type: none"> 63.2% said this was the experience with all professionals they've come into contact with |
| Summary Q 1) - patient understanding of SM | <ul style="list-style-type: none"> Managing medication Reducing or preventing deterioration Support Knowledge (of the patient's condition) Control (and with the help of experts) |

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| | <ul style="list-style-type: none"> • Holistic approach • Relationship with staff • Managing with minimal support • Maintaining or improving QoL • NO mention of <u>not</u> getting life back • Quotes from Q2 • “What does being ‘well’ look like to you?” • “What would be a successful outcome of this intervention for your condition?” (e.g. Parkinson’s example) • ?highlights hope • ?realistic • ?priorities – direction of Tx • Positives and negatives • <i>Only ½ respondents answered this question, and ½ were very broad in their answer.</i> |
| Summary Q 2) - What do staff already do well | <ul style="list-style-type: none"> • Have a good relationship with HP and pt • Minimal support from medical staff (ROAD) promoting independence / support when and if needed; working “with” HPs • Preferred <u>supported</u> SM • Promoted independence; less ‘over caring’ • Encouraging lifestyle changes (and acknowledging) – offered lifestyle support group • Want expert advice (provided) • Engaging in preventative care/ proactive not reactive e.g. medication at home to reduce risk of asthma attack • A “walk through my action plan” • Refresher on inhaler technique / chest clearance / any new products or techniques / regular checking of SM techniques • Assistance with management of medications • Awareness of triggers (of illness) • Understanding negative side effects of medications • <u>Listening</u>, listened to, answered and explained, active listening |

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| | <ul style="list-style-type: none"> • Pointers/tips/refreshers • Encouragement, confidence to know they could do it (validating), endorsed the fact that I was doing the right thing • Setting goals/ time frame together • Understanding my condition is fixed (and limits of Tx/intervention) • <u>Realistic expectations</u> - ?curative (and who doing it e.g. Dr vs pt) • Picking up queues (subtext) – subtly • Show a genuine interest in how I was doing day-to-day • Willingly gave out information/appropriate about of information/ pacing/ chunk and check / teach- back • Responded to every Q and understood anxieties • Made to feel like an adult and not told what to do • Professional understands the condition and modifies Tx accordingly • <i>Skills to list- Listening skills; sign posting; review of current plan; realistic; collaborative relationship; respect; promote independence; ‘chunk and check’; responded to every Q and understood anxieties</i> • <i>Q8 #15 – “tell me how you’ve been?”</i> • <i>Q8 #19 “know my own body”</i> |
| Summary Q 3) - What could be done better | <ul style="list-style-type: none"> • Consider wider impact of condition • Consultation and review with condition specific professions • Giving and keeping patient dignity during procedures • Not saying I can’t do ‘stuff’ / allow hope (“supported” hope) / not too negative – be careful to not immediately reject an idea • TIME – to discuss issues – more time; frequency and duration of appointments • The patient is the <u>expert</u> of their body – trust and don’t contradict the patient e.g. AF example • ?<u>skills to deal with angry patients</u> (pt just upset) ? grief process • Language – “what can I do for you today” vs “how are you getting on with your LTC” or “what brings you here today” • OK to have a sense of humour, not so ‘serious’ and ‘intense’ all the time – relationship building • Signposting to support services; let pt know about other services ‘just in case’ • Remind the patient that they arent alone – “Gaun Yersel” – supported SM • Knowledge of pt prior to consultation/ read pt notes |

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| | <ul style="list-style-type: none"> Remember to chunk + check, ensure pt understanding ?literacy / language Ensure pt knows what to monitor – <u>when / how /what / why /what with</u> <i>None to date they have all been most helpful</i> <i>Allow hope -?evidence – ‘redefining’ hope</i> <i>Patient is the expert e.g. AF example</i> <i>‘Unconditional positive regard’ – best they can do with what they’ve got/know (experience/life/knowledge/ skills) e.g. alcoholic with liver disease / wt loss but no ££ - address first / person with stroke, not rehabbing as needs to sort finances first)</i> <i>Staff reaction to feeling threatened – how to deal with it? (?assertiveness)</i> <i>Language and words</i> <i>Be open to being challenged; allow discussion</i> <i>Sense of humour - – relationship building</i> |
| Summary Q 4) - Other findings | <ul style="list-style-type: none"> More than half of respondents reported not being aware that a SM intervention was happening (Q3) 88% said SM was a positive experience 85% said HPS worked <u>with</u> them - but only 63.2% said this was the case every time/with all professionals <i>“How do you see me supporting you and your condition?”</i> <i>“What role do you want me to play in your condition?”</i> <i>Consider stages of change cycle and where SM might fit in e.g. need to be contemplative-action phase; and not within the grief cycle also</i> |
| Quotes to use | <p>Describe SM</p> <ul style="list-style-type: none"> <i>“The ability to take control of your condition and, with the help of expert advice, to do the right things on a day to day basis to manage it properly - mainly to maintain or improve quality of life”.</i> <p>What did professional do to make it positive or negative</p> <ul style="list-style-type: none"> <i>“Guided me to the optimum solution by explaining the benefits and outcomes from taking the appropriate amount of exercise whilst keeping to a good healthy diet”.</i> <i>“Having the faith in me having the ability to self-manage my condition and giving me the chance to improve my abilities.”</i> <p>Describe how the professional worked with you</p> |

- “I was *made to feel important to them* and any *concerns I had were addressed seriously* and with interest.”
 - “(The professional was) a *good listener* who always *showed an interest* on how I was managing my condition on a daily basis. *Willingly gave out information* when asked. A *genuine interest shown about 'you' as a person.*”
 - “She responded to every question and no doubt understood my problems and anxieties.”
 - “My consultant's first question was always – ‘*tell me how you have been since last appointment*’ (in relation to all conditions). He always listened and believed I was not exaggerating symptoms etc - often said I played them down. He always encouraged me to keep doing what I was doing as it was obviously working.”
 - “Made to feel like an adult, not being told what you can’t do.”
 - “My health professional has always listened to me and understood that I know my own body.”
- How staff could do better to support SM/pt's condition***
- “Listen, question, pay attention, respect you and your knowledge of your own body, after all you live with it & know the impact.”
 - “I think now that the knowledge, attitude and confidence levels of the service user are key to engendering a positive response from clinicians, informed activated patients provoke (usually) a collaborative response from staff. Staff who are used to a more passive client group can sometimes mistake rational assertiveness on the part of the patient as aggression or a challenge to their "authority". Staff should always remember that the person in front of them is the world's greatest expert on how it is for them to live with their condition. They may have technical knowledge, but until telepathy becomes a fact rather than a fiction, the clinician is on the outside looking in.”
 - “GP's in particular to be better prepared about me when I have to visit them. If they know about your condition beforehand then it would save time and give me a better and the GP a more positive experience. Instead of saying ‘what can I do for you today’ rather; ‘how are you getting on with your LTC and how can I help?’”
 - “Believe the patient who has had a LTC for many years and is very well aware of what is happening with their condition e.g. ‘I’ve gone back into AF, no you haven’t, yes I have, no you haven’t’.”
- Other comments/ suggestions***
- “Take control, *a long term condition does not have to define you; you can redefine its place in your life.*”
 - “Demographic changes mean the burden on the health service of people living with multiple LTCs can do nothing but increase, unless this large group can access an approach to treatment that enables them to live as well as they can with the minimum use of acute services

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| | <p>that accompanies better health, we will break the NHS. Supported self-management provides the best model for better outcomes, for patients, for clinicians and for that scarcest of resource, face to face clinician time. <i>I want to live as well as I can for as long as I can, IN THAT ORDER.</i> If supported self-management can help me to do that, and I believe the evidence is there to show it can, it would be lunacy not to embrace it.”</p> <ul style="list-style-type: none">• More people need to take on the role of Self-Management but this needs to be impressed upon them by the Health Professionals who see them. <i>Offer the people the appropriate rehabilitation programs for their condition and give them the knowledge and advice they need to better manage their LTC, but reassure them that they are not on their own and help is available to them when they need it.</i>”• “Having access to training from experts with other fellow newly diagnosed diabetics was both scary but very helpful. Letting me know which 'monitoring' I should be doing e.g. 'Your situation requires (?better word) an annual check, but you need to book it with us, and bring a urine sample' and letting me know how to access other services 'in case' e.g. chiropody.” |
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5. Detailed trainers instructions for the core module

Trainers instructions for 'COSMIC for Professionals' in-house pilot 24/08/2015

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| 9:00 | Core module | <ul style="list-style-type: none"> Arrival Open session – explain history of COSMIC and why we are doing COSMIC for Health Professionals Explain that we will run through the session in full and seek feedback at the end Warm up – Complex instructions game Explain modules – today is the core module and you will find out more about the other modules at the end |
| 9:15 | | |
| 9:25 | Describe a variety of definitions of self-management and be aware that there is no definitive definition of self-management. | <ul style="list-style-type: none"> What is Self Management? Definition – get participants to shout out key words + then offer definitions |
| 9:45 | <p>Be aware of and consider the impact of:</p> <ul style="list-style-type: none"> <i>The breadth of evidence for the benefits of self-management (to patient, staff and service);</i> <i>Related Scottish Government strategy(s) e.g. Gaun Yerself, 2020 Vision, Quality Strategy, House of Care, Many Conditions One Life; and</i> <i>Other current themes in relation to self-management e.g. person-centred care; co-production; asset based approaches.</i> | <ul style="list-style-type: none"> Hand-out Joan's story (THEMES) – or get participants to find this in their pack The blank outline of the House of Care is on the PowerPoint. Hand out the theme cards (i.e. 6x answers– 2x ABA, 1 SM, 2 CoP, 1 PCC, plus 1x extra of each theme – 10 cards in total) to the group. Ask people holding cards to read out the four themes and the explanation on the back of the card for the whole group to hear. **NB. The theme card definition is the same as the SM definition on the PPoint slides, so this doesn't need repeating again. <u>Explain that:</u> <ul style="list-style-type: none"> Descriptions of these themes are also on the back on the worksheet. At least one theme card applies to each section of the story (there are 4 sections in total) – also on the worksheet If you don't know where your theme card goes, that's perfectly fine – we will discuss this later Note: not all cards need to be used, some may be left over. Trainer holds the Joan's card, the 'Scottish Government Strategies' and 'Evidence for Self Management' cards. Trainer also has the story summary cards Train puts Joan's picture up at the top of the slide on the wall: 'We're now going to chat through Joan's story'. Ask someone in the group to read Joan's story from the hand-out, pausing between sections. At the end of each section, the trainer asks the group "What theme or themes are highlighted in this part of the story?" Group members can pass cards forward if they feel it corresponds to that part of Joan's story. If nothing is volunteered, prompt group using the list of themes at the top of the worksheet (blue box). |

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| | | <ul style="list-style-type: none"> Put the theme card onto the wall next to the story summary card. <p>CONTINUED ...</p> <ul style="list-style-type: none"> Repeat reading sections of the story, (<i>“What theme(s) are highlighted in this part of the story?”</i>) and placing corresponding theme cards up on wall (it is possible that the trainer may need additional cards to match the participants answers). On completion of story, trainer puts up the ‘<i>Scottish Government Strategies</i>’ card at the very top of the story and the ‘<i>Evidence for Self Management</i>’ at the very bottom of the story and explains these. Ask <i>“Does anyone know what the image projected on the wall is?”</i> (i.e. the house) Trainer then reveals the next PowerPoint slide (total of 4 clicks – order: patient, professional, resources, organisational) to reveal the ‘four walls’ of the House of Care – trainer chats through this and explains link between it all. E.g. “The HOC is an approach that tries to bring all of these themes together e.g. starts with the patient, and what matters is that the professional wants to support the patient. All of this is underpinned by the resources and assets in the community, but what bring this all together has to be the organisational processes”. Joan’s story is an example of the HOC in action If Joan open to working collaboratively, then this story would not work, etc... Reveal the Themes ‘answer’ slide on the PowerPoint . <i>***Mention that the hand-out on ‘Self Management Evidence and policy’s’ which is in their pack and the proposed ‘answers’ to this activity also.</i> <u>Learning outcomes:</u> <ul style="list-style-type: none"> Know the evidence and how everything marries together Highlight that you can be “doing” or highlighting more than one theme at the same time Show that the themes overlap Move the PowerPoint to the side in order to display the ‘evidence’ slide – talk through this and then start the Skills activity. (Alternatively, you could remove all of the cards from the wall (put Joan and the story cards in close reach as you will use these again soon)). |
| 10:15 | <i>Recognise the key skills, tools and training required to successfully support self-management practice.</i> | <ul style="list-style-type: none"> <i>Hand-out Joan’s story (SKILLS) – or get participants to find this in their pack</i> Move the PowerPoint back to its original position (or put Joan and the story board cards back up) and start the skills activity - a blank PowerPoint slide will queue the start of this. |

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| | | <ul style="list-style-type: none"> • Add the TOOLBOX card. • Explain that there are 10 key skills that we deem essential to be an effective self-management professional as per our research. Similar to previous activity, we are now going to read through the story again, but this time reflecting on these self-management skills. • Hand out the skill cards (14 in total – only enough for the activity this time; however some skills feature more than once). The trainer will hold onto a spare set. CONTINUED • DO NOT get group to read out the definitions. We will spend more time going through these if you have questions about them later. • Explain that: <ul style="list-style-type: none"> ○ Descriptions of these skills are also on the back on the worksheet. ○ At least one skill card applies to each section of the story (there are 10 skills in total) – a list of these are in the pink box on the worksheet ○ If you don't know where your skill card goes, that's perfectly fine – we will discuss this later ○ All the cards should go on the wall this time. NOTE: they can be put into the self-management "toolkit" • Ask someone in the group to re-read Joan's story from the hand-out, pausing between sections. • At the end of each section, the trainer asks the group <i>"what self-management skill(s) could be used in this section of the story?"</i>. • Participants state which skills correspond to that part of the story and explains why. • If nothing is volunteered, prompt group using the list of skills at the top of the worksheet (pink box). Trainer may need to use spare set of cards here. • Put the skill(s) card onto the wall next to the story summary card or in the 'toolbox'. • Repeat reading sections of the story, (<i>"what self-management skill(s) could be used in this section of the story?"</i>) and placing corresponding skill cards up on wall. Trainer to summarise skills at the end. <p><u>Learning outcome:</u></p> <ul style="list-style-type: none"> ○ Highlights that people already may be "doing" self-management and not realising it ○ It is not necessary/appropriate to use all of the skills in each patient contact – can be considered for next time <ul style="list-style-type: none"> • ***Mention that the proposed 'answers' to this activity is in their packs. |
| 10:35 | Reflect on your current skill set, highlighting areas of need. | <ul style="list-style-type: none"> • Move the PowerPoint (or remove all cards from the wall) and start next activity – Spidergram. • Talk through what skills we believe are essential – top 10 |

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| | | <ul style="list-style-type: none"> • Talk through slides and explain that we are <i>“using the Spidergram as a model for you to self-assess your knowledge and confidence in using each of these self-management skills as highlighted in Joan’s story.”</i> • Fill out worksheet (in pack) using the different colour pens (rate 0-10 for each skills; 0= limited knowledge/confidence and 10= excellent knowledge/confidence). Allow 10 minutes and walk around to help group. • Then ask group to think of 1 key area they could work on and write a SMART goal (link – one of the key skills also). • <u>Learning outcomes:</u> <ul style="list-style-type: none"> ○ Reminder that previous courses/skills you’ve had e.g. MI for ETOH, link this to other illnesses |
| 10:45 | END and feedback | <ul style="list-style-type: none"> • Wrap up session and explain that we offer three further modules and outline their content • Close core module and do evaluation • ANY FEEDBACK from group??? • Thank you • Close |
| 11:00 | | |

Handouts*:

1. Joan’s story (Themes)
2. Joan’s story (Self Management Skills)
3. Spidergram worksheet
4. Evidence handout
5. Answer sheet: – Joan’s story – themes
6. Answer sheet: – Joan’s story – skills

**Available on request

Props:

- Blue and red pens each x10
- Blue tac
- Laminated cards
- Participant packs – x8
- Data projector + laptop/USB
- Flip chart & pens
- Complex instruction Game

6. Key skills for Self Management professionals and Spidergram

Key skills that are considered essential to support Self Management:

1. Communication & active listening

- *Includes active listening, open questioning, summarising and reflecting back*

2. Goal setting

- *SMART goals, negotiating and shared-decision making*

3. Behaviour change

- *Includes motivational interviewing, stages of change*

4. Motivation and barriers to change

- *Motivating patients and addressing barriers to change and/or readiness*

5. Care Planning

- *Negotiating, prioritising, action planning*

6. Problem solving

- *Skills of finding solutions and support*

7. Advice and Education

- *Knowledge of wider support services/resources and information provision, group and one-to-one education*

8. Open and non-judgmental manner

- *Willing to challenge your existing perceptions and traditions*

9. Support and follow-up

- *Follow-up (negotiating time and frequency); telephone coaching; videoconference*
- *Appropriate support for professionals (e.g. supervision, mentoring, reflective practice)*

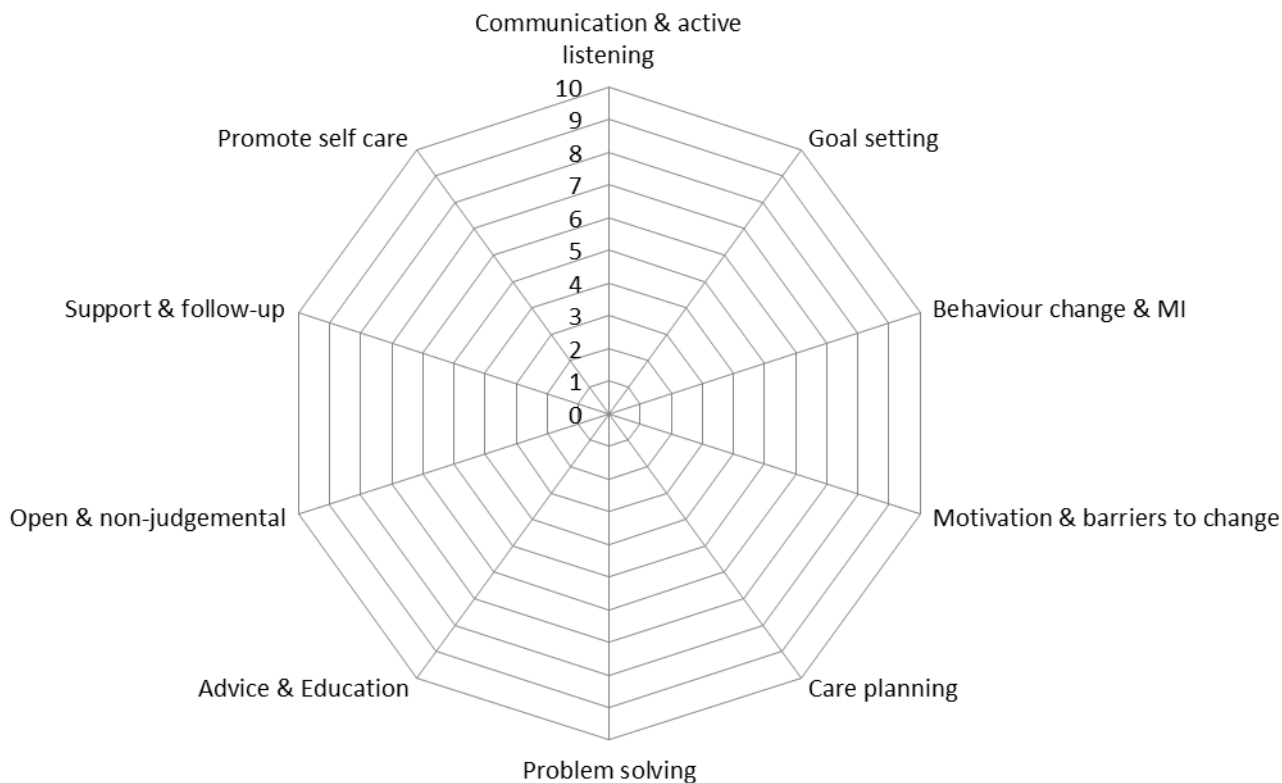
10. Promoting Self Care

- *Self-monitoring tools and equipment, inclusion of patients own support network in planning*

Spidergram and SMART goal worksheet

Using a different coloured pen for each, rate yourself for the following skills for:

- **Knowledge** (0 = limited knowledge; 10 = excellent knowledge); and
- **Confidence** (0 = limited confidence; 10 = excellent confidence)



List three areas of improvement and write a SMART goal for each

1. _____

2. _____

3. _____

Example SMART goal: By October 2015, I will feel more confident in motivational interviewing technique by completing the online 'NES Motivational Interviewing course' and observing my colleague Jane. This will be measured by a self-assessment score of 6 or more on the Spidergram (current confidence score is 3).

7. COSMIC for Professionals course: module outline (with skills and learning outcomes) and course logistics

Module planning for COSMIC for Professionals course

Aim of the course

The aim of this course is to support Health & Social Care Professionals ('staff') to apply self-management principles in their day-to-day work. This presents an opportunity for staff:

- To develop their confidence and skills in applying self-management;
- Reflect on their current self-management practice;
- Identify areas for development in their self-management practice; and
- Reflect on their knowledge base and be aware of current research and practice.

Who this course is aimed at

This course is appropriate for staff who work directly with patients to encourage and support self-management. Specifically this focuses on supporting patients with long-term conditions (including chest, heart or stroke illnesses) and thus targets professionals in a primary care, rehab, outpatient and/or community settings.

This course aims to explore the principles and application of self-management. It is therefore ideally targeted to those who are new to the idea, or wish to refresh their understanding of the concept. It is not intended for those who are already confident in practicing self-management.

This course is arranged in a module approach (Core and Modules 1-3) – the core module is considered an essential element. Additional modules should be chosen based on participant's confidence and knowledge in these areas (see modular explanation for further information).

Course logistics

To have the greatest impact on supporting patients to self-manage, it is recommended that entire multi-disciplinary teams; and/or teams plus managers attend the course together. With this in mind, recommended group size is from 6 – 20 participants.

There is potential to run this course in a full day training (i.e. all four modules); or split into four shorter sessions, or two half day sessions.

Learning outcomes

The learning outcomes for this course are grouped under the following headings:

- What is Self Management?
- Skills & Tools
- Supporting Self Management
- Evidence Base for Self Management

The following objectives have been highlighted:

What is Self Management?

1. Describe a variety of definitions of self-management and be aware that there is no definitive definition of self-management.
2. Reflect on what self-management means in your work and the changing role of staff in supporting self-management.
3. Identify ways of working differently and apply this to your work.

Skills & Tools

4. Recognise the key skills, tools and training required to successfully support self-management practice and reflect on your current skill set, highlighting areas of need.
5. Identify an appropriate tool from the 'toolkit' appendix to use in your day-to-day practice

Supporting Self Management

6. Describe the key factors that promote effective patient and professional partnership in self-management.
7. Identify and acknowledge barriers to self-management practice [specifically a) motivating patients and b) time] and develop solutions/tools/strategies to cope with this.

Evidence Base for Self Management

8. Be aware of and consider the impact of:
 - The breadth of evidence for the benefits of self-management (to patient, staff and service);
 - Related Scottish Government strategies e.g. Gaun Yersel, 2020 Vision, Quality Strategy, House of Care, Many Conditions One Life;
 - Other current themes in relation to self-management e.g. person-centred care; co-production; asset based approaches.

Key skills that are considered essential to support Self Management:

1. **Communication & active listening**
 - Includes active listening, open questioning, summarising and reflecting back
2. **Goal setting**
 - SMART goals, negotiating and shared-decision making
3. **Behaviour change**
 - Includes motivational interviewing, stages of change
4. **Motivation and barriers to change**
 - Motivating patients and addressing barriers to change and/or readiness
5. **Care Planning**
 - Negotiating, prioritising, action planning
6. **Problem solving**
 - Skills of finding solutions and support
7. **Advice and Education**
 - Knowledge of wider support services/resources and information provision, group and one-to-one education
8. **Open and non-judgmental manner**
 - Willing to challenge your existing perceptions and traditions
9. **Support and follow-up**
 - Follow-up (negotiating time and frequency); telephone coaching; videoconference
 - Appropriate support for professionals (e.g. supervision, mentoring, reflective practice)
10. **Promoting Self Care**
 - Self-monitoring tools and equipment, inclusion of patients own support network in planning

Four key modules have been developed which address the learning objectives and key skills above and are detailed below with a key* for each objective and skill. *KEY: **Corresponding objectives;** **Corresponding skills list**

| Module | Core Module | Module 1 | Module 2 | Module 3 |
|--|--|--|--|--|
| Title and explanation | ‘Introducing Self Management’ <i>Exploring the evidence base & self-management definitions and identifying key skills & tools.</i> | ‘Self Management Techniques and Style’ <i>Exploring the different tools and approaches to support self-management.</i> | ‘Making Time for Self Management’ <i>Getting the best out of patient and professional interactions to influence self-management.</i> | ‘Encouraging Patient Change’ <i>Addressing patient resistance and moving forward.</i> |
| Objectives that are highlighted | #1 – Definitions #4 – Skills and Tools (spider gram, list, setting own goals) # 8 – Evidence base (Complex language game) | #2 – changing role of staff #3 - ways of working differently #6 – Effective patient engagement | #7 – Barriers to change b) time (address agenda; length of session) - Staff barriers – time | #7 – Barriers to change a) patients and motivation |
| Key skills that are highlighted | Introduction to all | 2 – goal setting 8 – manner 9 – appropriate f/u 10 – promote self-monitoring | 1 – communication 7 – Education & advice | 3 – behaviour change/ MI 4 – motivating patients, barriers to change ?2 – goal setting ?8 – manner; negotiating f/u |
| Self Management toolkit ‘A toolkit of useful tips and tools for supporting self-management’ <i>Signposting, where to find further information</i> (3 – behaviour change/ 5 – care planning / 6 – problem solving/ 7 – education/ 9 – follow-up) (#5 – tool from toolkit/ #8 – evidence base) | | | | |