

Somebody Else's Problem:

Changing clinician behaviour to provide patient behaviour change support

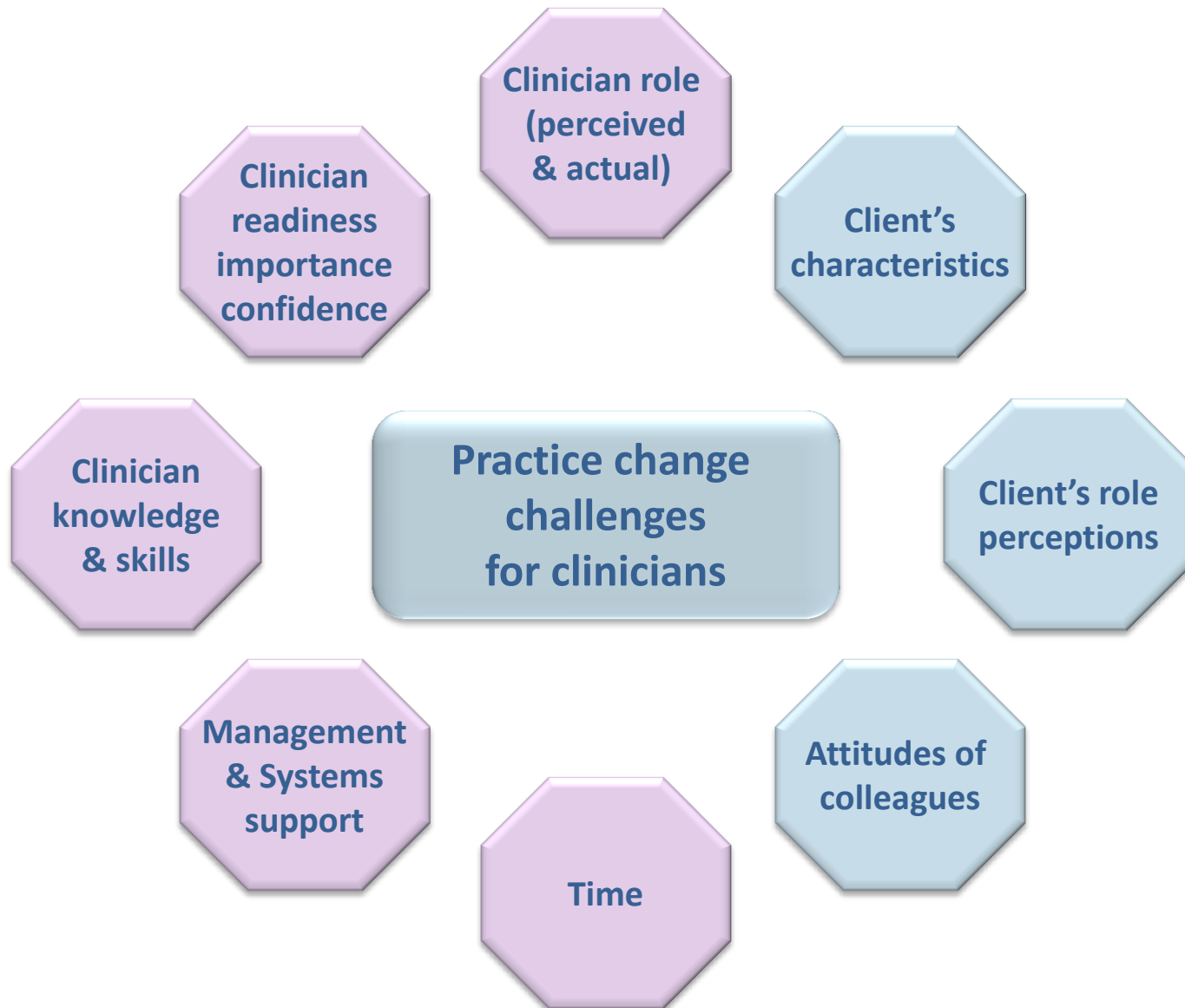
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Attitudes, skills and knowledge factors



HCA generic behaviour change pathway



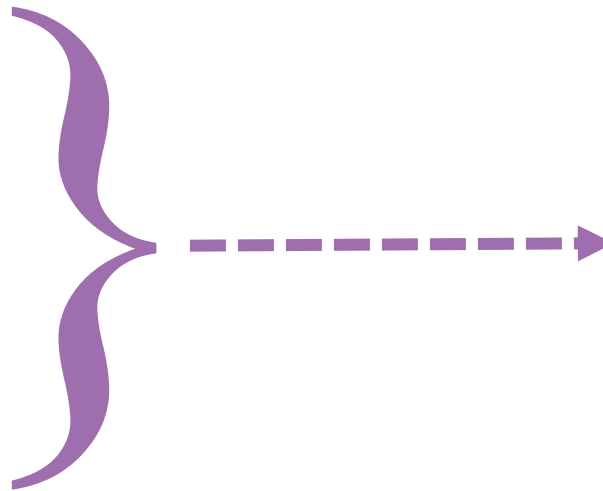
The HCA RICk principle

Readiness

Importance

Confidence

knowledge



**Behaviour
Change**



Common predictors of clinician low readiness

Knowledge factors:

- Poor understanding or lack of agreement about what the organisation is trying to achieve and *why*
- Poor operational understanding of patient-centredness and self-management (expert v. empowerment model)
- Role perceptions (driven by KPIs and professional training)
- Equating practice change with criticism of (personal) current practice
- Inadequate knowledge / skills re *what* to change and *how* to change
- Inadequate knowledge about general treatment and lifestyle recommendations for health conditions



Common predictors of clinician low readiness

Management & system factors

- Lack of clarity re permission to change practice and procedures
- Non-alignment of micro systems (documentation and procedures) with preferred practice approach
- Manager lack of willingness or ability to 'sell' the desired approach to staff
- Manager lack of willingness or ability to hold staff accountable: reluctance to tell clinicians how to practice
- KPIs
- Change fatigue



Common predictors of clinician low readiness

Importance factors

- Clinician as expert: desire to hold onto the hierarchical, physical science-based approach to patient care (self-image and power relationships)
- Fear of changing practice away from methods taught at university
- *What's in it for me?*
- *Someone else's problem!*
- Low confidence in how to change practice

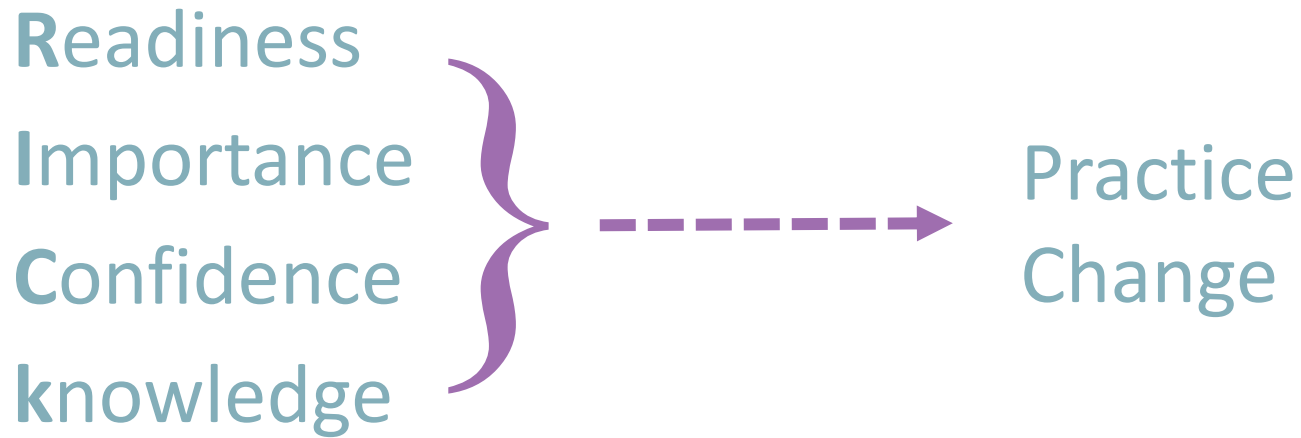


Common predictors of clinician low readiness

Confidence factors

- Lack of guidance re what to change and how to change practice: incrementally and systematically (assessment, education, role)
- Expectation that changes must be large and instant
- Task versus process orientation: clinicians often can't recognise/explain the processes that they use, and hence have difficulty changing them – therefore they need help
- Assumption that supporting behaviour change means adding tasks rather than making structural and qualitative changes to practice within the same consultation time frame
- No work time allocated to reflect on and plan practice change
- Lack of micro systems alignment with practice change to assist clinician behaviour change





Strategies to support practice change

1. Communicate the benefits for clinicians
2. Communicate the consequences
3. Make it easier to change than not to
4. Identify and address knowledge gaps (what, why and how)



Potential benefits to clinicians & organisations

- Better work satisfaction
- Greater confidence in working with ‘difficult’ patients and those low in readiness
- Greater time efficiency in consultations
- Fewer ‘fail to show’ patients
- Fewer “yes buts” and less resistance from patients
- Less frustration with review patients that take no action
- Transferable skills to be used in any context
- Better recruitment and retention in programs
- Measurable processes and progress over time



Strategies to assist uptake - Processes

1. Audit clinical assessment and education requirements
2. Clarify practice roles and change expectations
3. Define and describe desired outcomes – build changes into documentation
4. Seek clinician opinion re the need for change and engage opinion leaders
5. Seek clinician input re the nature of the change
6. Plan systematic roll out for teams or programs
7. Embed quality assurance processes
8. Measure and track practice change processes and outcomes

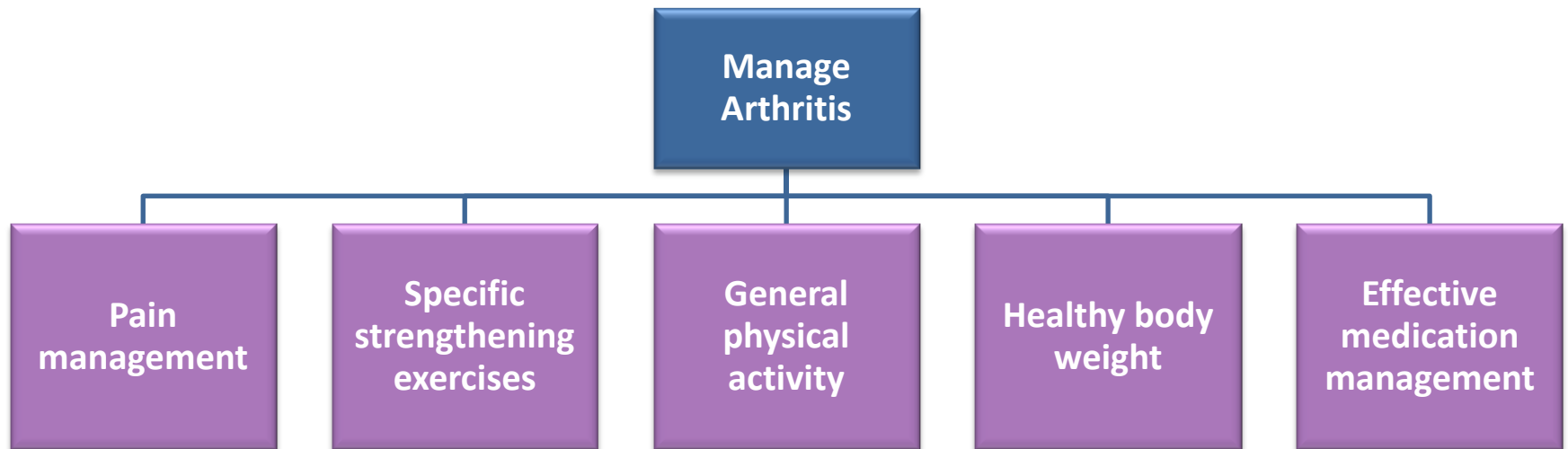
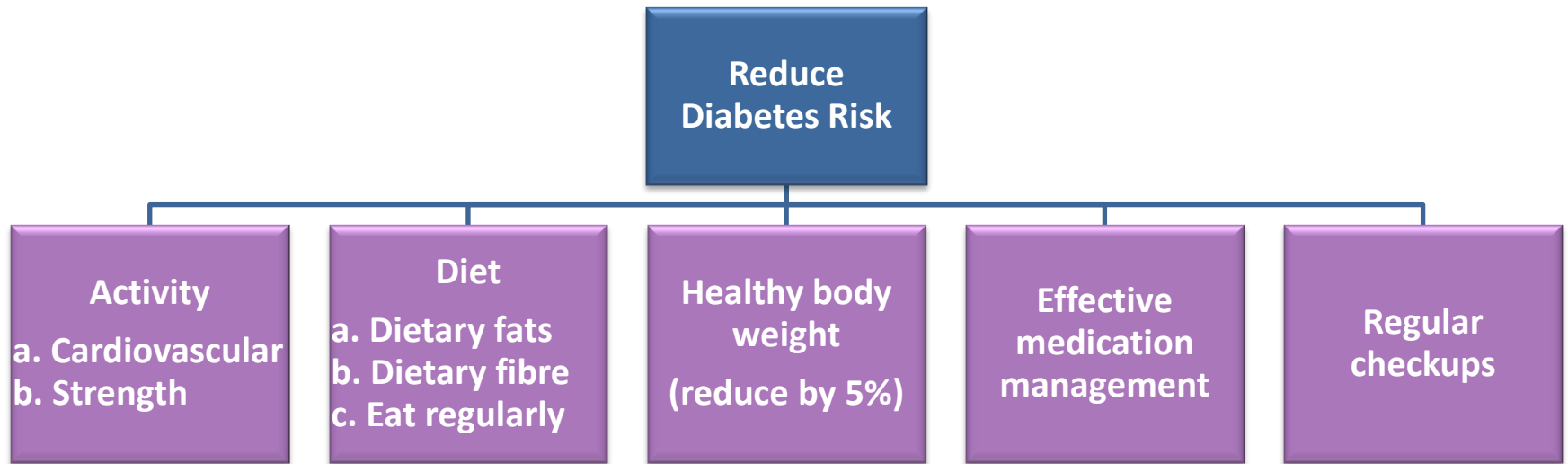


Strategies to assist uptake – Staff support

- Provide simple cross-discipline resources for clinicians
- Check where staff are on the generic behaviour change pathway (above or below the decision line)
- Address low readiness and/or importance
- Ask staff what they need to assist them – encourage discussion of barriers and enablers, address low confidence
- Allow time for individual clinicians to plan how to embed practice change
- Encourage the use of personal goals and action plans to embed changes – keep staff accountable
- Include practice change in KPIs and performance reviews



Create cross-discipline evidence-based menus of options for consistent advice



Thank you for your participation!

Download case studies, session records,
practice guides and worksheets from
the Resources Library at
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