



Optimizing the Effectiveness and Impact of CPD by Integrating Principles of Behavioural Change

Lisa Sullivan

Agenda

Topic	Time
Introduction, Disclosure & Workshop Objectives	0:00 – 0:10
Principles of Behavioural Change & Transtheoretical Model (TTM)	0:10 – 0:20
Integrating Principles of Behavioural Change to CPD: <i>An example ALM</i>	0:20 – 0:30
Potential Challenges for Integrating Behavioural Change to CPD: <i>Managing Objections</i>	0:30 – 0:35
Principles of Behavioural Change & Outcomes Assessment (Moore et. al, 2009)	0:35 – 0:45
Integrating Principles of Behavioural Change to CPD Outcomes: <i>An example ALM</i>	0:45 – 0:55
Conclusions & Take-Aways	0:55 – 1:00



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Introductions & Disclosure

- Lisa Sullivan:
 - Founder & Group Managing Director of In Vivo Communications, a medical communications agency with offices in Sydney and Singapore
 - Founder and Managing Director of In Vivo Academy, a not-for-profit education charity based in Sydney developing and delivering accredited CME/CPD/CE across the Australian/Asian region.
- Financial Disclosure: I have no other financial disclosures in respect of this webinar other than that I am in the business of selling services for CPD development and delivery.

Learning Objectives

1. Enhance awareness and understanding of Behavioural Change principles & TTM
2. Establish link between impactful and effective CPD and Behavioural Change principles, and discuss possible challenges
3. Share example of link between effective CPD and TTM
4. Establish link between Moore's (2009) Outcomes model to principles of Behavioural Change

Polling Question

Do you integrate behavioural change principles into your CME/CPD/CE design?

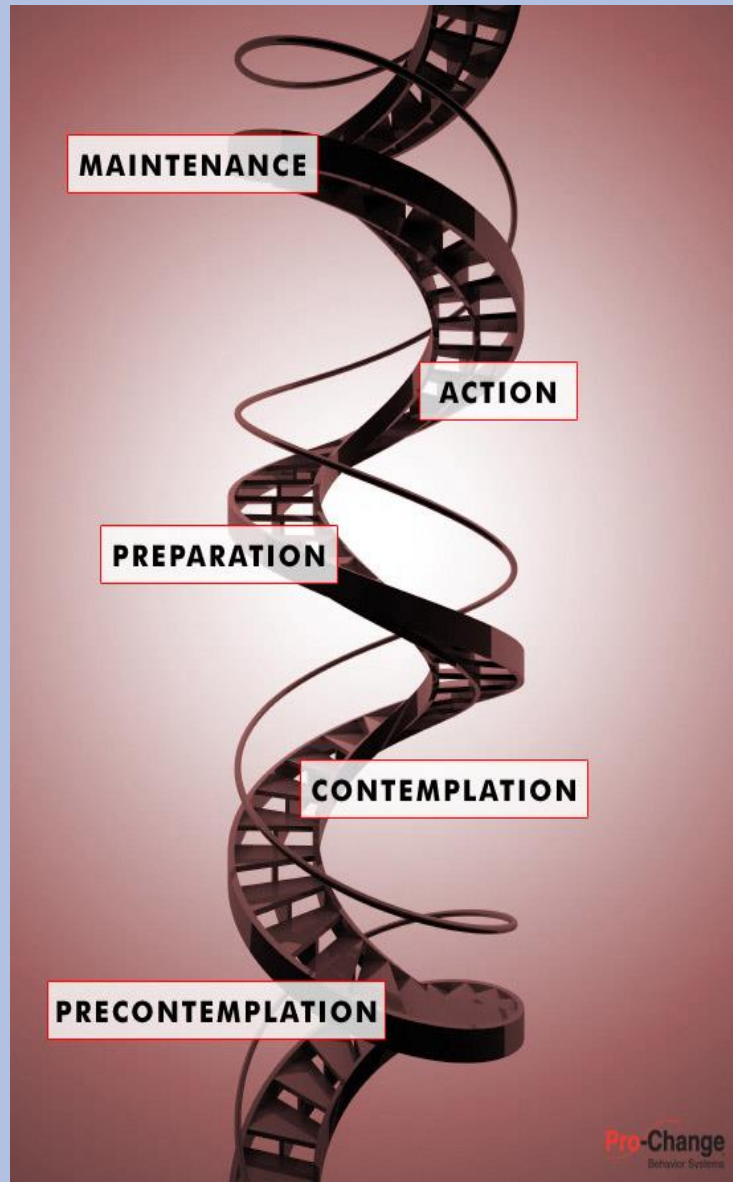
- a) Always
- b) Sometimes
- c) Rarely
- d) I do not know/ unsure

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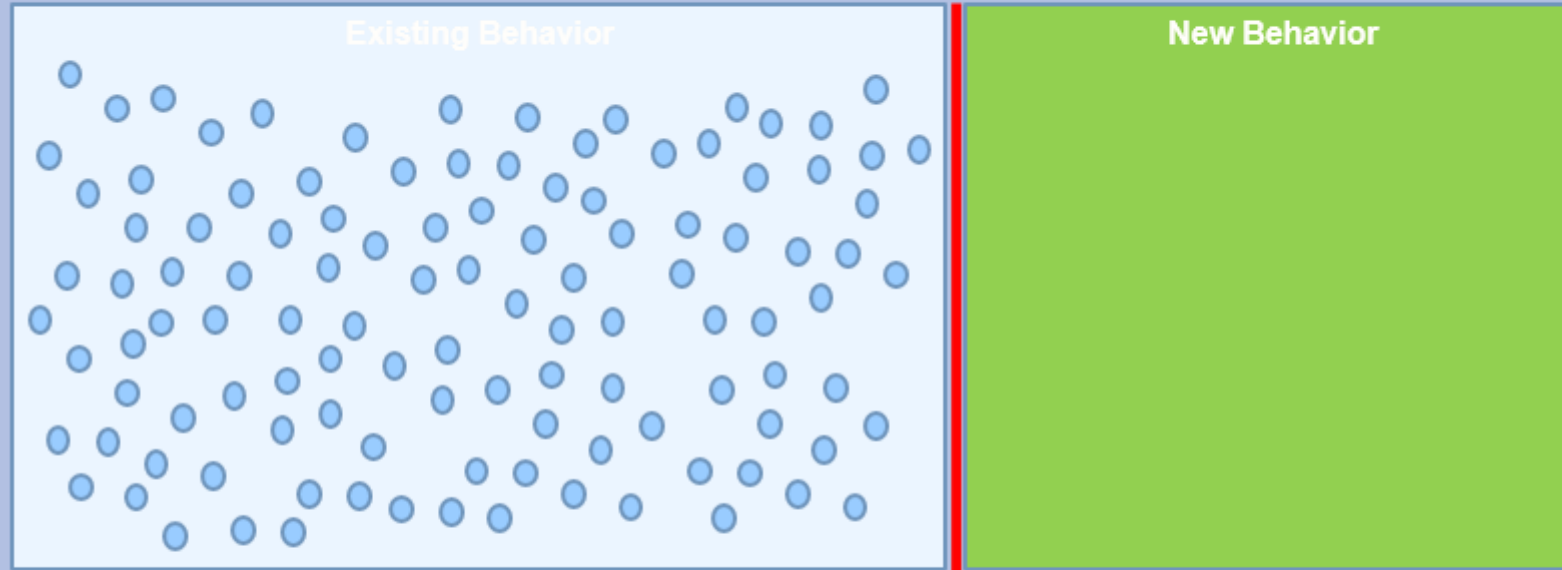
Stages of Behavioural Change



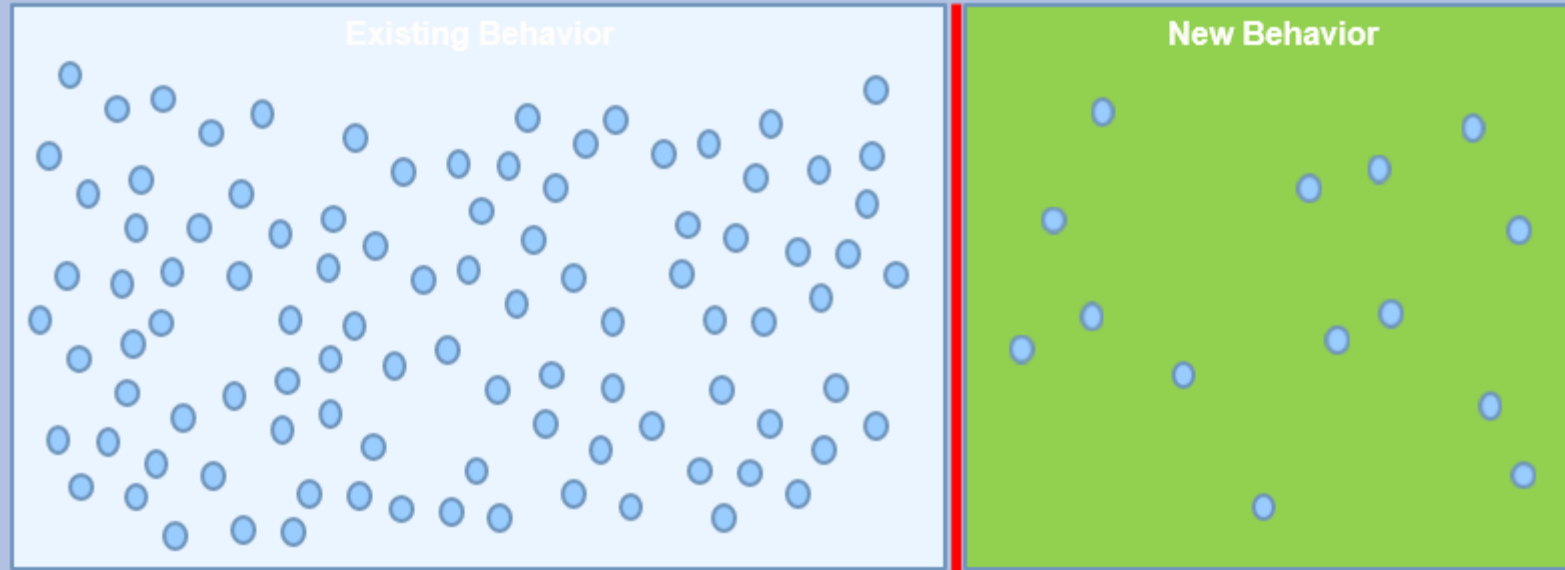
When people make a substantive change to their existing behaviour, it is over time, at variable pace, and triggered by multiple factors

Patients and HealthCare Providers are no different!

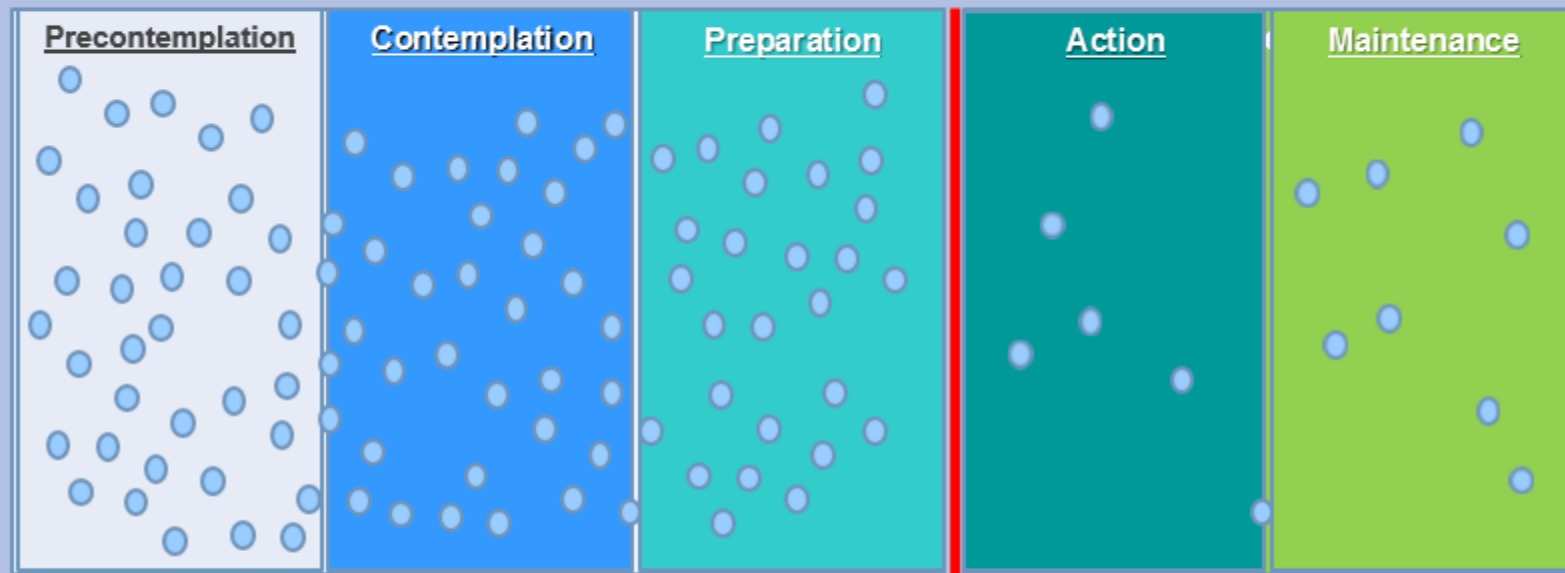
Stages of Behavioural Change: Transtheoretical Model (TTM)



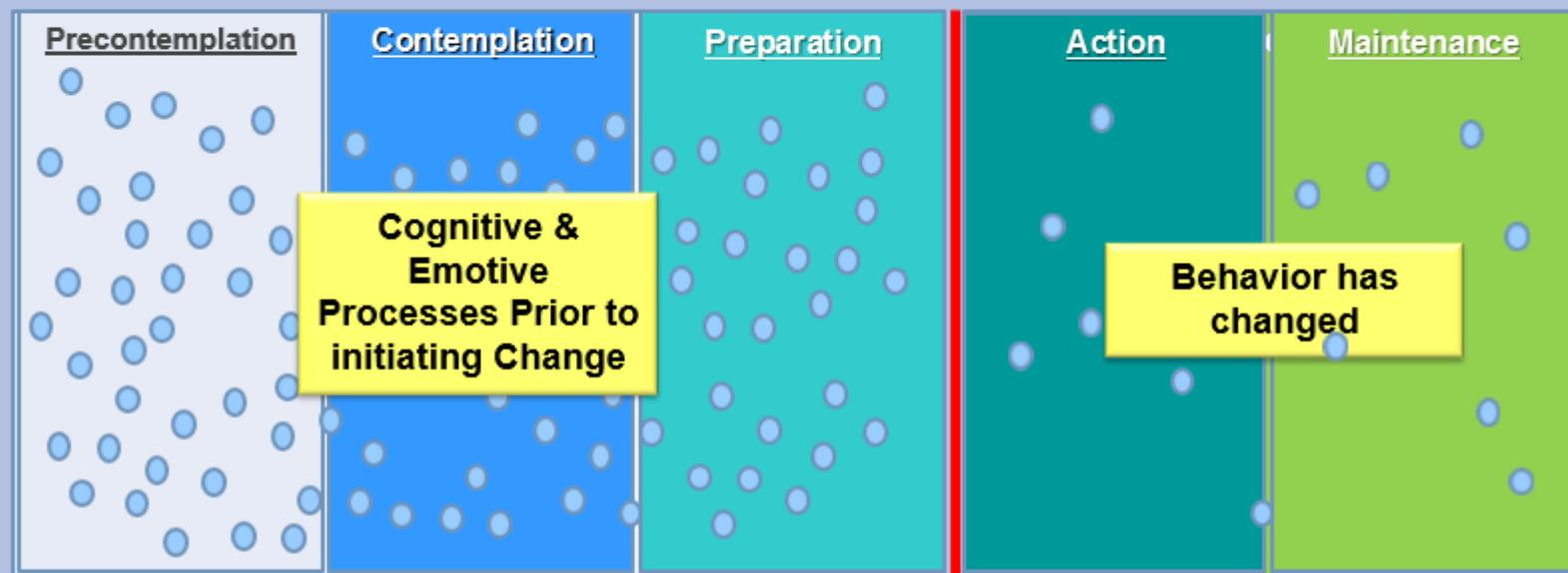
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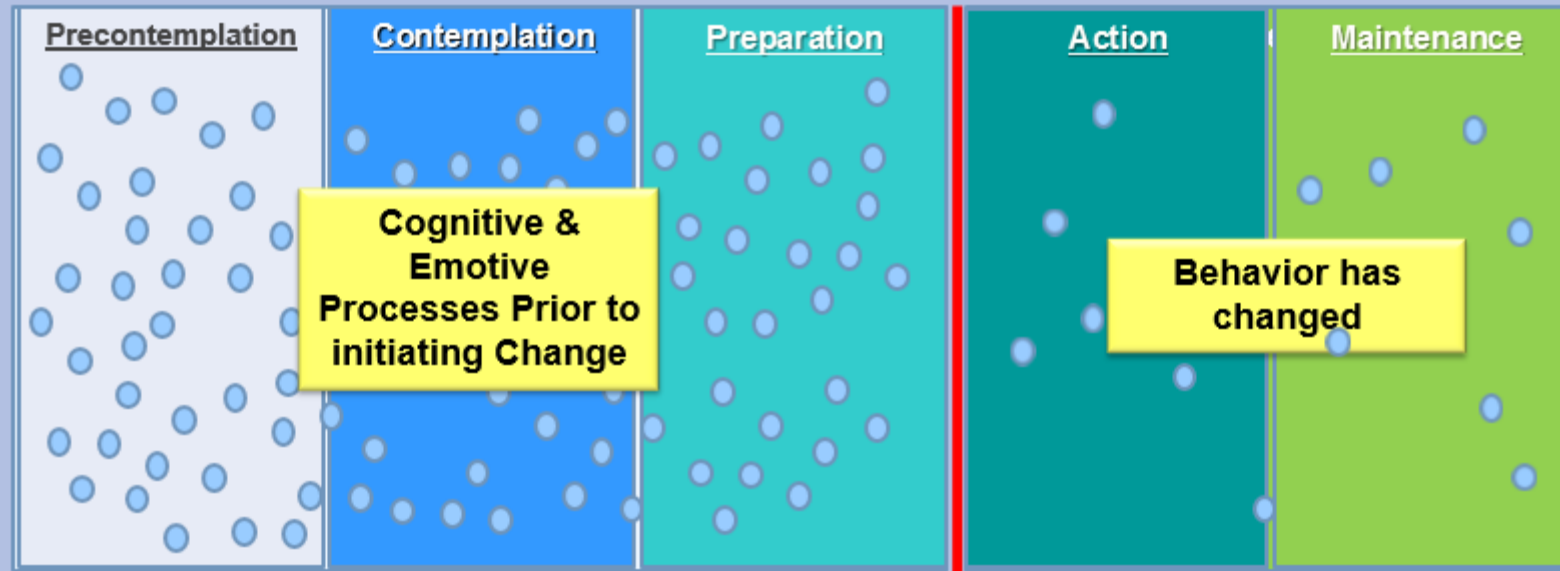
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Stages of Behavioural Change: Transtheoretical Model (TTM)



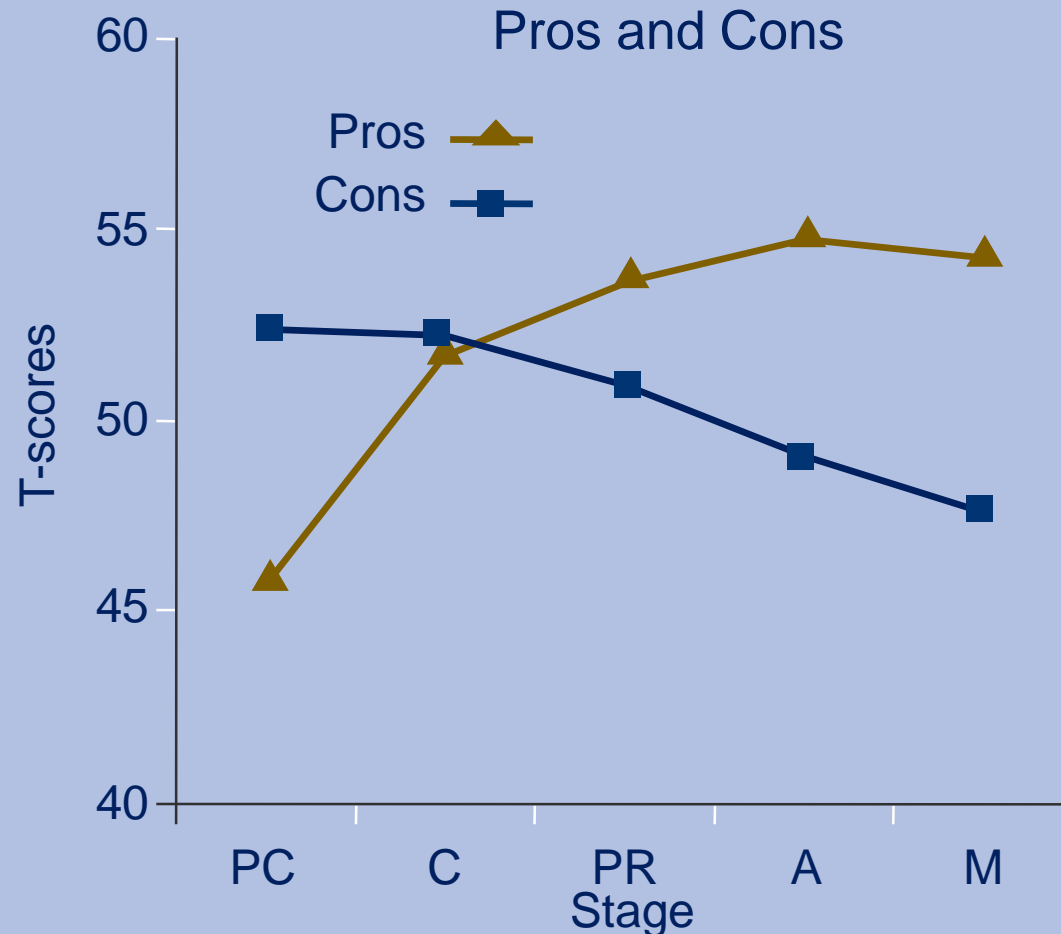
Stages of Behavioural Change: Transtheoretical Model (TTM)



Key concepts in “Stages of Change” approach:

- Behavior change occurs along a continuum
- Targeted and tailored messages have impact on those who change behavior AND those who don't
- Can impact on all patients – and predict future change

Pros and Cons Across the Stages



Hall, K. Rossi, J.S. (2008). Meta-analytic examination of the strong and weak principles across 48 health behaviors. *Preventive Medicine*, 46, 266-274.

Characteristics of Precontemplation

- Cons > Pros
- Defensive
- Resistant
- Change experienced as coerced (*e.g. imposed new guidelines for care*)
- Demoralized

This stage represents about 30 to 85% of the patient population with risky behaviour

Characteristics of Contemplation

- Pros = Cons
- Ambivalent
- Lack commitment (*e.g. change is not relevant to me or my practice setting*)
- Lack confidence
- ‘Chronic’ contemplation

These represent about 10 to 50% of the patient population

Characteristics of Preparation

- Pros > Cons
- Have a plan
- Have taken small steps (*e.g. practice change is relevant but I am not sure how to implement*)
- Decisive/committed & more confident

These are the “Ideal” patients who account for about 5 to 35% of population

Intent to Change ≠ Action

Mark Twain is thought to have famously quipped:
“It’s easy to quit smoking. I’ve done it hundreds of times”

Characteristics of Action

- Individuals working to make change
- Individuals may experience strong urge to revert back to old behavior
- Recycling to earlier stage is common
- Greatest risk of relapse
 - Inappropriate goals
 - Inadequate preparation

Characteristics of Maintenance

- Higher self-efficacy
- Dynamic, not static
- Consolidate gains
- Improve coping skills
- Life-long struggle

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In 2014, In Vivo Academy was awarded an independent educational grant to develop an **Active Learning Module (ALM)**, targeting primary care physicians and pharmacists nationally in Australia

Medication Overuse Headache: Education in Diagnosis, Prevention, Management and Patient Education (MOTIVATE)

- 1) Define MOH including the agents that are likely to cause them based on the ICHD-III diagnostic criteria;
- 2) Identify patients susceptible to MOH;
- 3) Develop integrated prevention and management skills, such that when MOH is recognized, *pharmacists* are able to motivate patients to seek the help of *GPs*, and *GPs* are able to develop an appropriate management plan and effectively communicate this to the patient;
- 4) Put a system in place so that patients are made aware of their susceptibility or risk of MOH

Predisposing activity

- Participant to recall a patient/client who presented with frequent headaches, or often seeks pain medication for headaches in their practice or pharmacy
- Questionnaire on participant's knowledge, practice and confidence

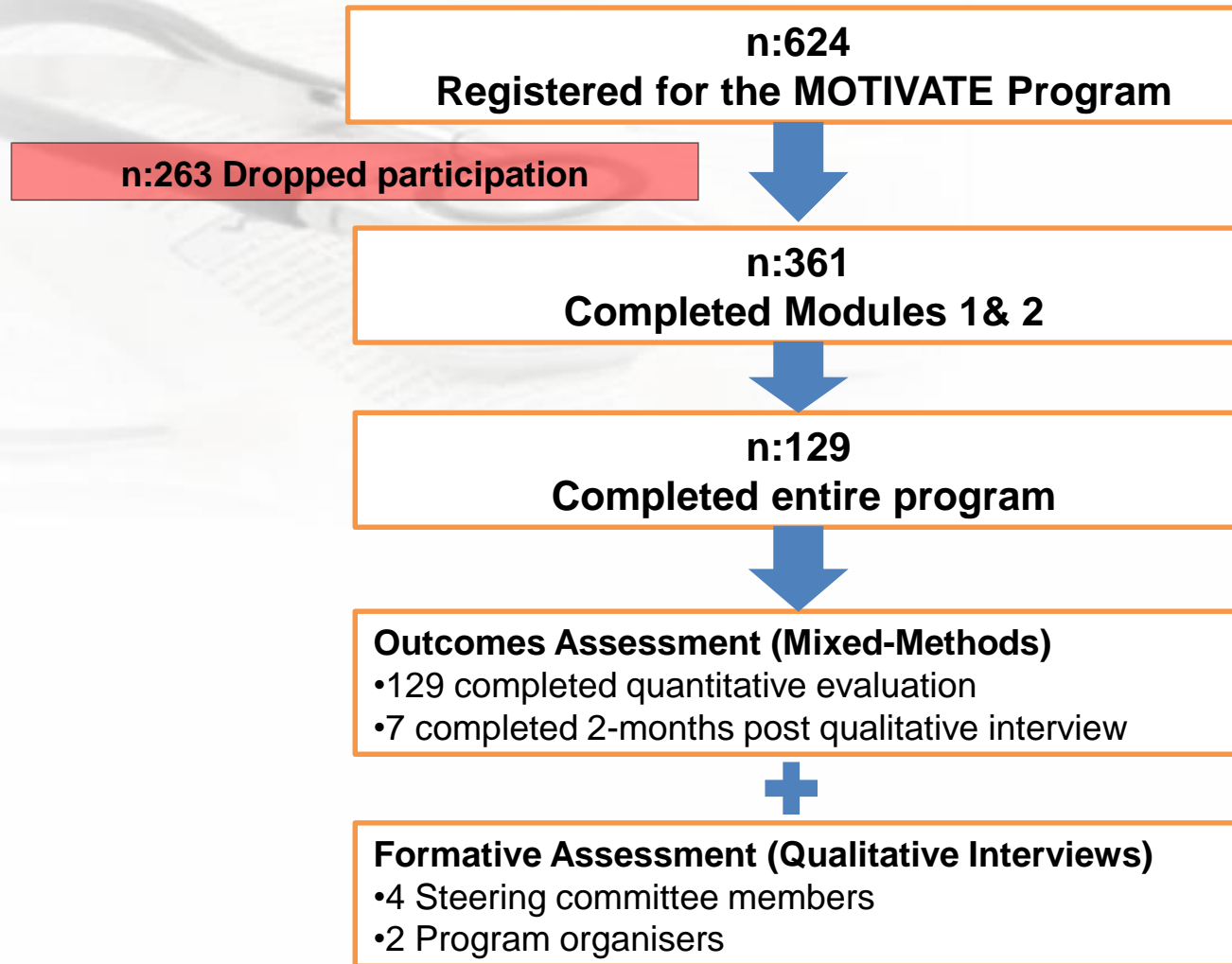
Structured learning activity

- Module 1: Fundamental concepts of MOH (a 2-hour online course)
- Module 2: MOH: a case-study approach (a 2-hour face-to face dinner meeting or 2-hour live or archived webinar session)
- Module 3: Back at practice (a 2-hour combination of online and practical application of learning)

Reinforcing activity

- Patient questionnaire
- Participants reflect on patients' awareness, concerns, and readiness to accept condition and shift treatment

Program Participation



Achievement of Program Objectives

Program Objective	Observed Changes	Achievement of Objective
Define MOH including the agents that are likely to cause them based on the ICHD-III diagnostic criteria;	Increased awareness & knowledge	Met
Identify patients susceptible to MOH	Increased knowledge Increased confidence	Met
Develop integrated prevention and management skills, such that when MOH is recognised, pharmacists are able to motivate patients to seek the help of GPs, and GPs are able to develop an appropriate management plan and effectively communicate this to the patient;	Increased knowledge Some reported practice changes implemented	Partially met
Put a system in place so that patients are made aware of their susceptibility or risk of MOH	Increased confidence Some reported practice changes implemented	Partially met

Achievement of Program Objectives

Program Objective	Observed Changes	Achievement of Objective
Define MOH including the agents that are likely to cause them based on the ICHD-III diagnostic criteria;	Increased awareness & knowledge	Contemplation
Identify patients susceptible to MOH	Increased knowledge Increased confidence	
Develop integrated prevention and management skills, such that when MOH is recognised, pharmacists are able to motivate patients to seek the help of GPs, and GPs are able to develop an appropriate management plan and effectively communicate this to the patient;	Increased knowledge Some reported practice changes implemented	Preparation
Put a system in place so that patients are made aware of their susceptibility or risk of MOH	Increased confidence Some reported practice changes implemented	Action

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Polling Question

If there are no credits associated with the additional work involved in behavioural change, how do you motivate learners to participate in a change focused program?

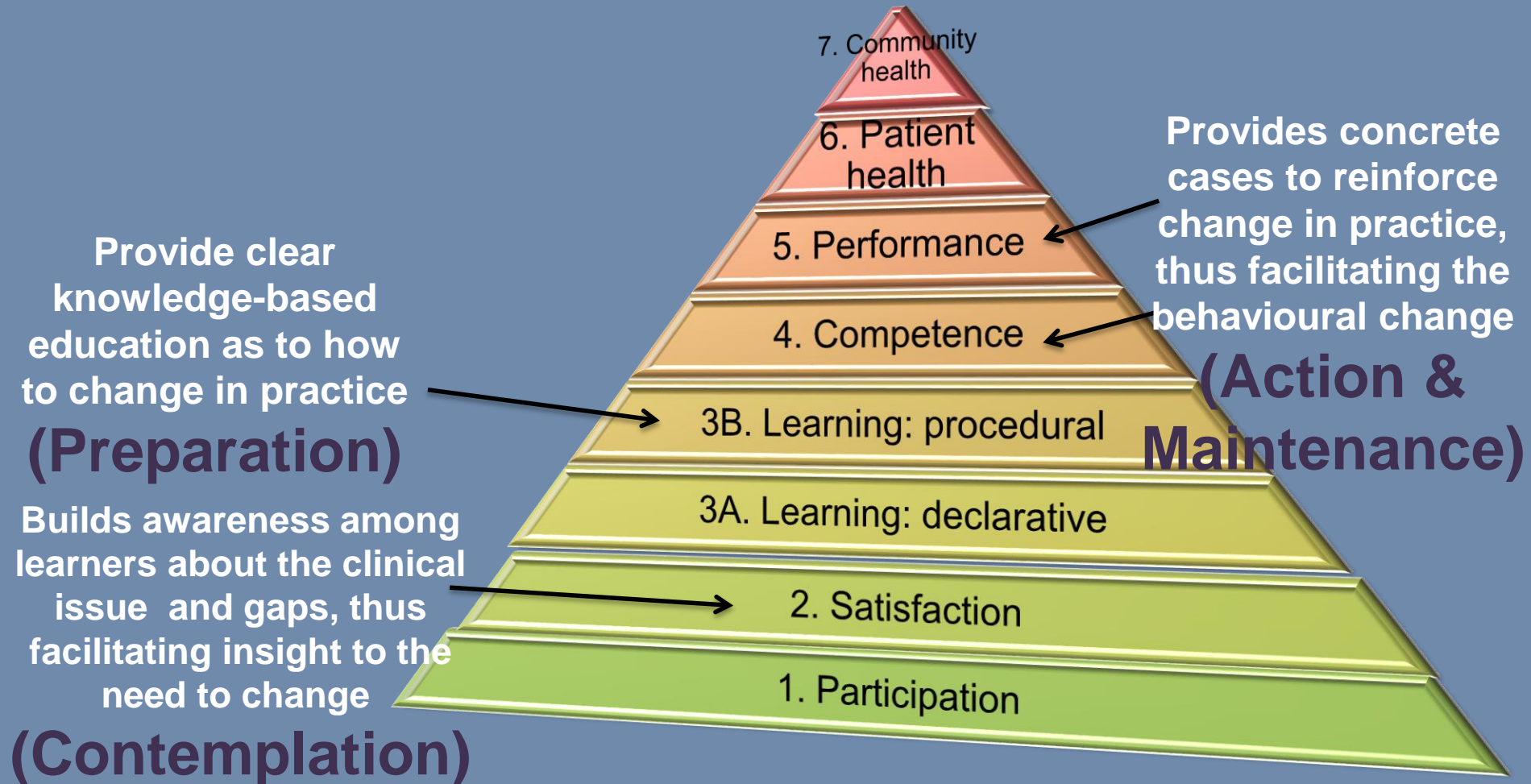
- a) Trigger their inherent professionalism to do well for their patients
- b) Elevate sense of intrerprofessional competitiveness
- c) Target only those who express desire to change their practice
- d) All of the above
- e) I do not know/ not sure

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Principles of Behavioural Change & Outcomes Assessment

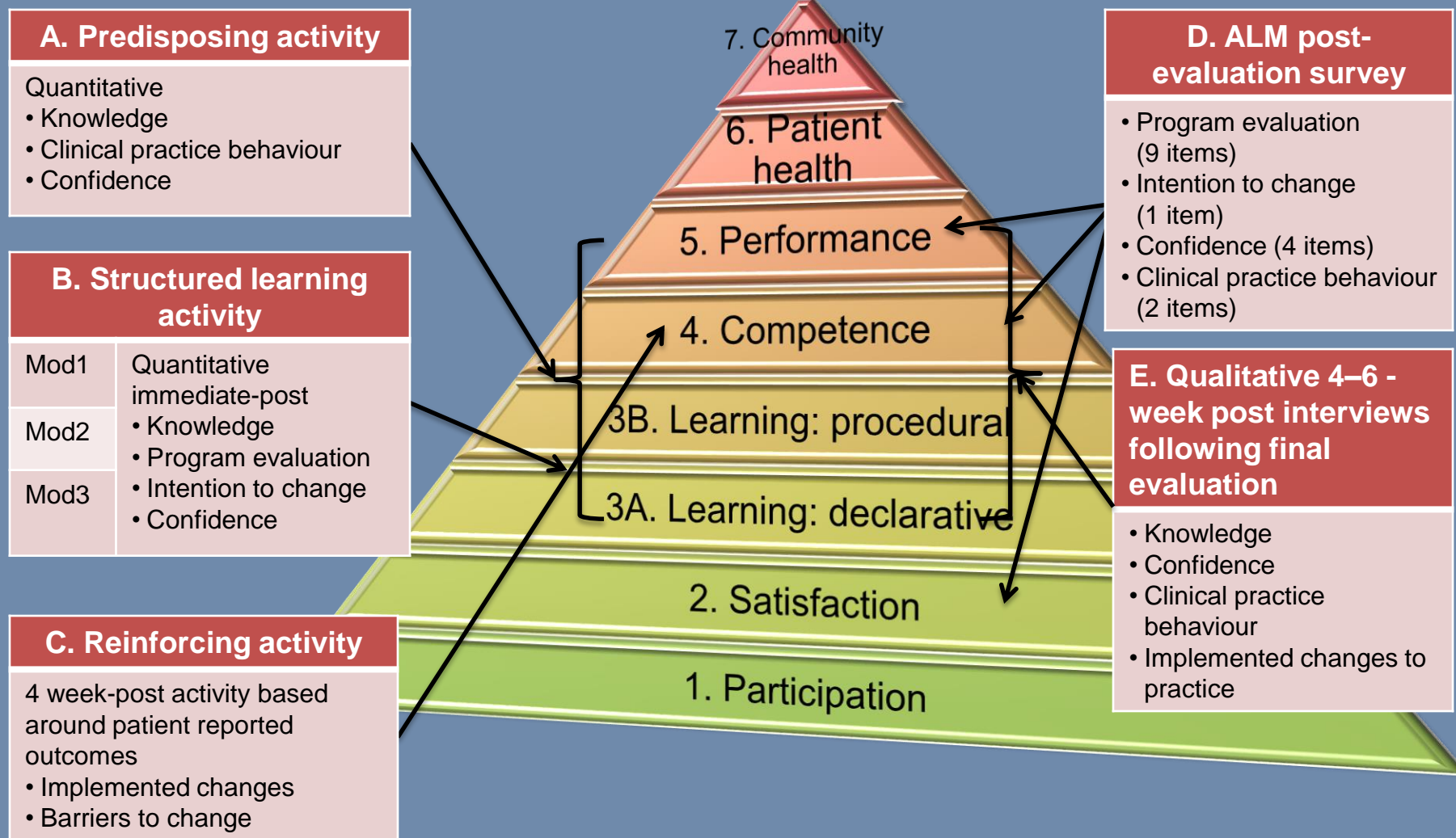


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CPD Outcomes linked to Moore (2009)



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Conclusions & Take-Aways

1. Effective CPD incorporates principles of Behavioural Change because it recognizes Healthcare Provider readiness and variability
2. Outcomes assessment can be linked to stages of Behavioural Change
3. Advocating for principles of Behavioural Change integrated into CPD can seem daunting – all change is!

But remember

Most HCPs are motivated to *treat the right patient at the right time with the right approach*