Client-Centred Care - Training Needs Survey

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Client-Centred Care – Training Needs Survey

Survey Development

The Client-Centred Care Training Needs Survey has been developed to assess client-centred care related knowledge and skills of clinicians providing care to clients with chronic and complex needs. It provides a mechanism for clinicians and organisations to identify practice strengths and opportunities for further professional development.

The list of client-centred care core competencies outlined below were used as a basis for the development of the survey questions. These core competencies were compiled from a review of international literature relating to the provision of self-management support and client-centred care, and relate to what might be required of a collective workforce (i.e. not necessarily each service provider).

In addition to questions targeting these core competencies, the survey requests demographic information from participants to assist interpretation of findings. Furthermore, details of participants: a) recent training exposure; b) preferences with respect to training approaches and future training opportunities; c) organisational supports and resources; and d) experiences with respect to knowledge and skill transfer are also collected to assist organisations develop workforce development plans and/or strategies that are as efficient and effective as possible.

The survey has been made available for public use. In exchange, we kindly request that individuals and organisations choosing to use the tool provide feedback relating to their experiences and/or suggestions for improvements.

Please forward comments to:
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Acknowledgements: The tool was initially developed and trialled by Dr Sarity Dodson before being adapted and refined by Eastern HARP (with input from the Outer East Health and Community Support Alliance [Primary Care Partnership]) to allow web-based delivery.

Core Competencies

1. Communicate and engage with clients and service providers [1, 2, 3] .
Synthesising and providing information; communicating and asserting care boundaries; making clients feel comfortable and confident in the care; eliciting, reading and responding to client cues; promoting motivation and self-efficacy; encouraging active participation in care; and listening and responding actively and empathetically to questions and concerns.

2. Conduct comprehensive, holistic assessments [3] .
Including assessment of: client health risk factors, psychosocial concerns and supports, and self management capacity (i.e. enablers and barriers for their self-management).

3. Plan and provide care collaboratively [3].
Collaborating with clients and other service providers [1, 4, 5, 6] to define problems, set goals and actions, and problem solve.

4. Support and empower clients [2].
To: i) access appropriate information; ii) develop skills required for their self-management; iii) develop and maintain health related behaviours; iv) use available technologies to support self-management; v) access and use available self-management tools; vi) access support networks; vii) manage health risks; viii) communicate their needs and choices; and iix) understand their strengths, areas for development, and capacity and willingness to self-manage.

5. Deliver care using a variety of approaches [3].
Including: group services, individual sessions, telephone based support, and the use of other communication technologies to support care.

6. Possess chronic care knowledge [7, 2, 3].
Awareness of: i) the interaction between factors that influence client behaviour [1]; ii) the importance of personal, religious and cultural beliefs, and their impact on individual choices [2, 3]; iii) the impact of one's own beliefs on one's ability to support clients [2, 3]; iv) the range of services and treatments available [2]; v) the range of self-management support tools available to clients [2]; vi) the range of support networks available to clients [2, 3]; vii) health promotion approaches [3]; viii) models of health behaviour change [3]; iix) evidence based guidelines for clinical care; ix) the roles of other members of the health care team; and x) how to access and incorporate knowledge into practice [1].

7. Use decision supports, information and communication management systems effectively [3].

8. Identify and respond to clinical risks [7].

9. Engage in continuous quality improvement activities [7].

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Note: Links listed above were current as of August 2009

Key Terms

Client-Centred Care: Health care that establishes a partnership among practitioners, patients, and their families (where appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care [22].

Self-Management Support: Self-management support is the assistance caregivers give to patients with chronic disease in order to encourage daily decisions that improve health-related behaviors and clinical outcomes. Self-management support may be viewed in two ways: as a portfolio of techniques and tools that help patients choose healthy behaviors; and as a fundamental transformation of the patient-caregiver relationship into a collaborative partnership... The purpose of self-management support is to aid and inspire patients to become informed about their conditions and take an active role in their treatment [17].

Care Plans:
Inter-agency care plan - Occurs where a consumer has complex or multiple needs and requires the services of more than one agency. It ensures that the needs of a consumer are discussed with them, their carer and relevant practitioners such as their GP, in the context of possible options and subsequently worked through to an agreed strategy. Also referred to as multi-agency care plan [23].

Intra-agency care plan - A care plan that involves a number of services or practitioners within the same agency [23].

Service specific care plan - A care plan which is developed and documented using specific program or agency tools, and may be referred to as a Consumer Care Plan, an Individual Treatment Plan, a Self-management Plan, a Personal Action Plan, a Service Plan, or a GP Management Plan [23].

Client-Centred Care – Training Needs Survey

Improving care for clients with chronic/complex needs is a key priority for many Victorian health and community service agencies. Evidence strongly supports the idea that the effectiveness of care is enhanced through adoption of a client-centred approach. This approach requires that service providers have the skills and knowledge required to facilitate client's active engagement in their health and care. Furthermore, organisational systems must enable and support this work. Developing and maintaining staff skills to facilitate effective client-centred care is therefore a quality improvement priority.

The following survey has been developed to assess the client-centred care related knowledge and skills of clinicians providing care to clients with chronic and/or complex needs. A number of potential uses for the tool have been considered:

- **Clinicians** – may use this tool to identify their personal training needs;
- **Organisations** – may use this tool to identify team training needs; and/or
- **Regional health groups *(e.g. Victorian Primary Care Partnerships)*** – may use this tool to identify common training needs across organisations, to inform regional or sub-regional workforce development planning.

Demographic Information

Name: _____ Email Address: _____

Organisation: _____ Team: _____

Role/Position: _____ Clinical Discipline: _____

Do you work predominantly with any particular client groups?

- ☐ No
- ☐ Respiratory disease
- ☐ Cardiac disease
- ☐ Diabetes
- ☐ Aboriginal or Torres Strait Islander
- ☐ Refugee
- ☐ Youth
- ☐ Psychosocial issues
- ☐ Culturally and Linguistically Diverse
- ☐ Other (please specify) _____
- ☐ Mental illness
- ☐ Addictions
- ☐ Aged
- ☐ Homeless

Months in current role: _____ Years of clinical practice: _____

Note: Information provided is to be kept confidential and should only be used for the purposes of workforce development planning

Client-Centred Care – Training Needs Survey

Recent Training

Have you received training in any of the following areas IN THE PAST 3 YEARS?

	YES	NO	I WOULD LIKE TRAINING IN THIS AREA	I WOULD LIKE **FURTHER/ADVANCED** TRAINING IN THIS AREA
Cross cultural awareness and communication	☐	☐	☐	☐
Working with interpreters and translators	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐
Plan Do Study Act (PDSA) cycles	☐	☐	☐	☐
Goal setting and action planning	☐	☐	☐	☐
Structured problem solving	☐	☐	☐	☐
Flinders Model	☐	☐	☐	☐
Health Coaching or other behaviour change training	☐	☐	☐	☐
Stanford chronic disease self-management program	☐	☐	☐	☐
Adult learning principles / client education	☐	☐	☐	☐
Wagner Chronic Care Model	☐	☐	☐	☐
Psychosocial impacts of chronic disease	☐	☐	☐	☐
Depression management	☐	☐	☐	☐
Anxiety management	☐	☐	☐	☐

Other *(please specify any recent training relevant to provision of client-centred care):*

Client Groups

Do you find any of the following client groups particularly challenging to work with or support?

	YES	YES & I WOULD LIKE FURTHER TRAINING IN THIS AREA	NO
Resistant/reluctant/low capacity for change clients	☐	☐	☐
Clients with depression	☐	☐	☐
Clients with anxiety	☐	☐	☐
Culturally and linguistically diverse clients (CALD)	☐	☐	☐
Clients with carers	☐	☐	☐
Clients with a severe mental illness *(e.g. Schizophrenia)*	☐	☐	☐
Long term clients *(i.e. long length of stay in a program)*	☐	☐	☐
Clients from Aboriginal or Torres Straight Islander backgrounds	☐	☐	☐

Other *(please specify):*

Which three areas of your work have you been considering developing through further training?

1.
2.
3.

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Client-Centred Care – Training Needs Survey

Barriers & Enablers for Practice

What has helped you translate new knowledge and skills, learned in previous training, into your clinical practice ?

- ☐ Nothing
- ☐ Clinical supervision
- ☐ Team support
- ☐ Systems in place
- ☐ Supportive organisation
- ☐ Follow-up training sessions / support
- ☐ Resources / references *(e.g. guidelines, education resources)*
- ☐ Course materials / handouts
- ☐ Funding arrangements *(e.g. MBS items)*
- ☐ Support from professional association(s)
- ☐ Support from Division of GP
- ☐ Support from Primary Care Partnership *(Victorian)*

Other *(please specify)*:

Have you experienced any barriers in translating new knowledge and skills into your clinical practice following training?

- ☐ No
- ☐ Lack of clinical supervision
- ☐ Lack of team support
- ☐ Lack of systems in place
- ☐ Lack of organisational or management support
- ☐ Lack of resources (e.g. equipment, funds)
- ☐ Lack of time
- ☐ Funding arrangements *(e.g. MBS items)*
- ☐ Difficulty applying to some client groups
- ☐ Lack of follow-up training session / support

Other *(please specify)*:

Preferred Training Approaches

Are there particular training approaches that you prefer or find more effective?

- ☐ No
- ☐ Lecture
- ☐ Small group sessions
- ☐ Rehearsal / role play
- ☐ Observing others practice
- ☐ Online learning
- ☐ Workshops
- ☐ Reading
- ☐ Video or audio learning
- ☐ Iterative/staged learning approaches *(e.g. learning circles or peer supervision)*

Other *(please specify)*:

Notes

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Client-Centred Care – Training Needs Survey

Please rate the following questions by recording a number from 0 to 100 using the scale provided

Cross Cultural Work

How would you rate (out of 100):

	LOWEST 0	10	20	30	MODERATE 40	50	60	70	80	90	HIGHEST 100
Your experience working with diverse clients?											
Your confidence dealing with people from different cultures?											
The extent to which cultural differences affect interactions?											
The importance (in your work) of being competent in dealing with people from different cultures?											

How would you rate (out of 100) your current level of knowledge about:

	LOWEST 0	10	20	30	MODERATE 40	50	60	70	80	90	HIGHEST 100
Customs, values and beliefs of other cultures?											
Your own culture's influence on your thoughts & behaviours?											
Cross cultural communication skills?											
Your organisation's policies and issues regarding cultural diversity?											

Note: The questions above have been adapted from the National Cross-Cultural Training Effectiveness Survey, in "Effectiveness of Cross Cultural Training in the Australian Context", Department of Immigration and Multicultural Affairs, 2006.

Knowledge

How would you rate (out of 100) your current level of knowledge about:

	VERY POOR 0	10	20	30	MODERATE 40	50	60	70	80	90	EXCELLENT 100
The Wagner Chronic Care Model?											
Asthma and its care?											
Type 2 diabetes and its care?											
Chronic Obstructive Pulmonary Disease and its care?											
Chronic Heart Failure and its care?											
Osteoarthritis and its care?											
Depression and its care?											
Anxiety and its care?											
Chronic pain and its care?											
Psychosocial impacts of chronic conditions?											
Other health providers roles?											
Information required by other health providers *(e.g. during referral)* regarding your work with shared clients?											

Notes

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Client-Centred Care – Training Needs Survey

Organisational Supports

Does your organisation use a standardised ASSESSMENT form and process across the organisation *(i.e. instead of, or in addition to, discipline specific assessment forms)*?

☐ Yes ☐ No ☐ N/A or Don't Know

Additional comments:

Does your assessment tool prompt exploration, and allow space to document:

	Yes	No	N/A or Don't Know
Key medical information?	☐	☐	☐
Key lifestyle information?	☐	☐	☐
Key functional information?	☐	☐	☐
Key social information?	☐	☐	☐
Key psychological information?	☐	☐	☐
The client's main concerns and priorities for care?	☐	☐	☐
The client's capacity & willingness to change/develop behaviours to improve their health or care?	☐	☐	☐

Additional comments:

Does your organisation use a standardised CARE PLANNING tool and process across the organisation *(i.e. intra-agency and/or inter-agency care plan instead of, or in addition to, service specific care/treatment plans)*?

☐ Yes ☐ No ☐ N/A or Don't Know

Additional comments:

Does your care planning tool encourage contribution by the full range of services involved with the client?

	Yes	No	N/A or Don't Know
Within your organisation?	☐	☐	☐
Across the region?	☐	☐	☐

Additional comments:

Does your care planning tool prompt exploration, and allow space to document:

	Yes	No	N/A or Don't Know
Agreed client-centred issues/problems?	☐	☐	☐
Review dates and plans?	☐	☐	☐
Details of the key contact or care coordinator?	☐	☐	☐
Care goals, strategies and actions?	☐	☐	☐
Care participants and assigned responsibilities?	☐	☐	☐
Client acknowledgement of the plan?	☐	☐	☐

Additional comments:

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Client-Centred Care – Training Needs Survey

Organisational Supports *(continued)*

Does your organisation have an agreed format and process for providing feedback about client care to their GP?

☐ Yes ☐ No ☐ N/A or Don't Know

Additional comments:

Does your organisation have an agreed format and process for case conferencing?

☐ Yes ☐ No ☐ N/A or Don't Know

Additional comments:

Does your organisation provide resources / tools to assist you to support clients with:

	Yes	No	N/A or Don't Know
Goal setting and action planning?	☐	☐	☐
Monitoring *(e.g. signs & symptoms)*?	☐	☐	☐
Emergency / crisis planning?	☐	☐	☐
Problem solving?	☐	☐	☐
Scheduling activities?	☐	☐	☐
Relapse prevention?	☐	☐	☐

Additional comments:

Are there other organisational supports that would assist you to provide client-centred care to your clients?

Notes

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Client-Centred Care – Training Needs Survey

Please answer the following questions in relation to the case study outlined below (or consider the case of a similarly chronic or complex client that has relevance to your work):

GREG is in his mid 40s and has asthma and related breathing difficulties. Greg tends to see GPs at one of two local practices or a medical clinic when feeling unwell, and has presented to Accident and Emergency at his local hospital when he has had asthma attacks (twice in the last six months). One GP provided a generic asthma management plan for Greg at a previous visit, but Greg has not complied with it and does not use asthma preventer and reliever medications as directed, or regularly enough. Greg has been a heavy smoker most of his adult life and though he has cut down, he continues to smoke. Although advised to quit smoking, exercise more and lose weight, Greg has yet to take up this advice and may need better support and information to help him change his lifestyle.

Greg does not have a clear understanding of his condition and what sorts of things are likely to provoke an asthma attack. The treatment and advice he has received to date has tended to focus on the problem of his asthma, not on Greg's overall health needs as a person, including what he needs to manage his asthma, and how to address the barriers that are preventing him from making lifestyle changes.

Source: Toward a National Primary Health Care Strategy: A Discussion Paper from the Australian Government, 2008

Clinical Practice - *Communication and Rapport Building*

Within the context of your role, please rate (out of 100) how certain you are that if you had an appointment with Greg today, you COULD & WOULD:

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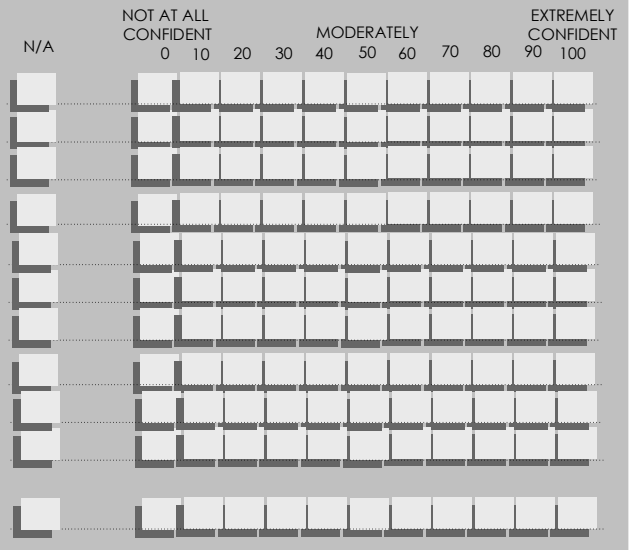
Clinical Practice - *Assessment*

Please rate (out of 100) how certain you are that if you completed an ASSESSMENT with Greg today, you COULD & WOULD have gathered information about Greg's:



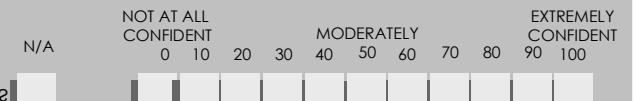
- Main concerns and priorities for care?
- Medical history?
- Current medical conditions and risks?
- Current psychological conditions and risks?
- Current functional concerns and risks?
- Current social circumstances and risks?
- Current service providers and supports?
- Current health care use patterns and behaviours?
- Lifestyle risk factors?
- Readiness and capacity to change behaviours of clinical concern (e.g. smoking)?
- Readiness and capacity to independently and actively manage his health and care?

Please rate (out of 100) how certain you are that you COULD & WOULD facilitate Greg's access to specialist assessment(s) where indicated?

Please rate (out of 100) how certain you are that you COULD & WOULD ensure Greg's assessment is culturally sensitive?

Clinical Practice – *Care Planning, Monitoring & Review*

Please rate (out of 100) how certain you are that during CARE PLANNING, you COULD & WOULD:



- Negotiate with Greg realistic and relevant priorities for care?
- Collaboratively set clear and SMART goals for Greg's care?
- Ensure care planning is culturally sensitive?
- Make arrangements with Greg to monitor and review his progress and care plan?
- Monitor Greg's progress against care goals and respond to changing needs or circumstances?
- Actively engage other service providers sharing Greg's care?
- Ensure Greg's care plan recognises and supports his strengths and abilities as well as addresses his needs?
- Produce a care plan document that clearly identifies all work tasks and the roles and responsibilities of all participants?
- Provide a plain language version of the written care plan to Greg?

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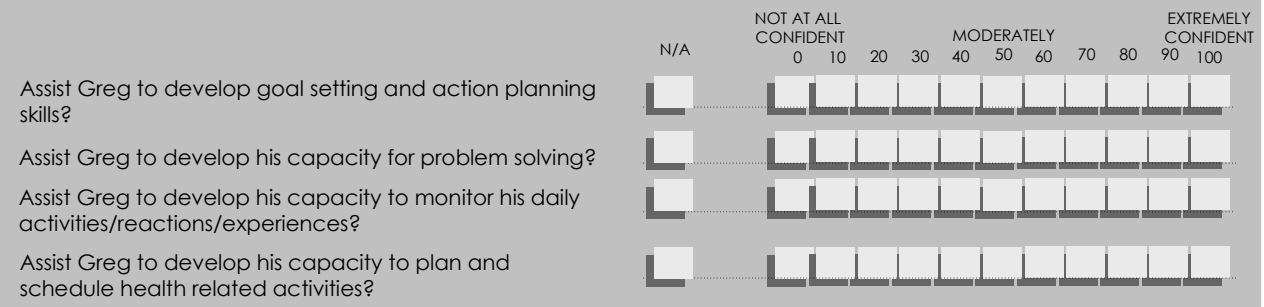
Client-Centred Care – Training Needs Survey

Clinical Practice – *Building Client's Skills*

Please rate (out of 100) how certain you are that during your work with Greg, you COULD & WOULD (if appropriate):

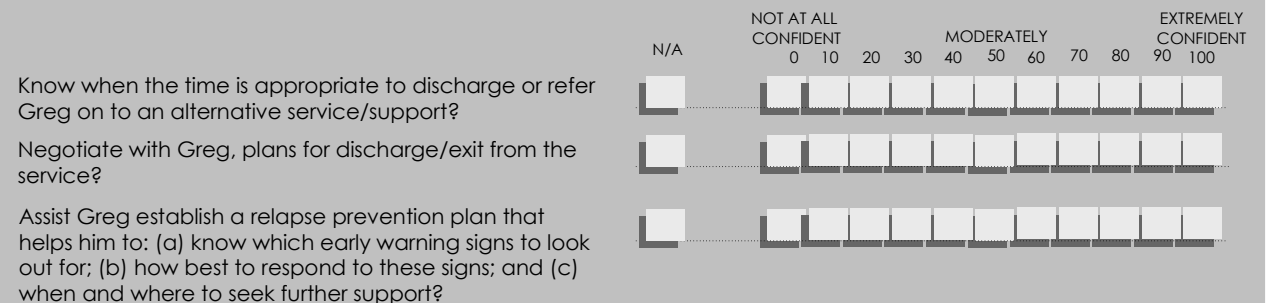


Clinical Practice – *Overcoming Barriers to Progress*

Please rate (out of 100) how certain you are that during your work with Greg, you COULD & WOULD (if appropriate):

Clinical Practice – *Discharge/Exit*

Please rate (out of 100) how certain you are that if you were preparing Greg for discharge/exit today, you COULD & WOULD (if appropriate):



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