DEVELOPMENT AND EVALUATION OF AN ONLINE TRAINING PROGRAMME FOR PRIMARY CARE STAFF TO FACILITATE A SHARED UNDERSTANDING OF SYMPTOM PERPETUATION IN THOSE WITH MEDICALLY UNEXPLAINED SYMPTOMS (MUS)

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BACKGROUND
Medical investigation and treatment offered to people with MUS can be precipitated by the belief that patients view their symptoms as indicative of underlying physical pathology. This can result in a perceived need for medical intervention on the part of the patient or health professional and less focus on any possible connection to psychological distress (1) which may be significantly more prevalent within this population (2).

This suggests that treatment approaches which meet the needs of this population, whilst avoiding potential therapeutic harm associated with repeated referral and investigation, should be developed and tested, which ultimately may enable the person with MUS to self-manage their condition.

AIMS
This project was initiated to:

1
Increase primary care staff skills and confidence in managing the problems faced by those with MUS.

2
Evaluate the effectiveness of a training module designed to improve GPs’ skills in managing people with MUS and complex long term conditions (LTC) in primary care and thereby avoid potentially harmful referrals to secondary care.

3
Influence GP referral intentions and attitudes.

METHODOLOGY
An online interactive module based on the cognitive-behavioural model of MUS, featuring video clips of real-life consultations was developed to encourage GPs to use a “four systems” approach, which outlines the way symptoms, mood, thinking and activity may interact with each other to maintain the patient’s symptoms. The module was summarised within the acronym PESTO:

- Person-centred statements about the patient’s symptoms
- Eliciting the effects of physical symptoms
- Summarising what the patient has said
- Bringing it all together for a shared understanding
- Options: encouraging self-management

GPs completed questionnaires pre- and post-learning addressing:

- Confidence and familiarity working with people with MUS
- Components of the Theory of Planned Behaviour (TPB): 3) tailored to the referral of people with MUS to secondary care.

Post-training, GPs were requested to form an implementation intention (4) to use the skills learned within the training with a selected patient. They were also asked to rate on a 10-point scale how likely and how committed they were to doing this.

At one-month follow-up, GPs completed questionnaires addressing:

- Whether aspects of the training had been implemented
- Barriers to implementing aspects of the training
- Intentions to refer people with MUS to secondary care.

RESULTS
51 GPs completed pre- and 21 completed post-training questionnaires.

In terms of confidence and familiarity pre-course, less than 40% of GPs stated they had a high level of confidence or familiarity, in consultation skills necessary when working with MUS (based on indicating ≥7 on a 10-point scale), post-course, significant improvements were seen (Table 1).

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-training</th>
<th>Post-training</th>
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<tbody>
<tr>
<td>Working with patients who have MUS or complex long term conditions</td>
<td>24% (12/51)</td>
<td>75% (38/51)</td>
</tr>
<tr>
<td>Using person-centred communication skills</td>
<td>4% (2/51)</td>
<td>14% (7/51)</td>
</tr>
<tr>
<td>Identifying emotional and behavioural consequences of symptoms</td>
<td>20% (10/51)</td>
<td>27% (14/51)</td>
</tr>
<tr>
<td>Summarising information provided by patients</td>
<td>18% (9/51)</td>
<td>25% (13/51)</td>
</tr>
<tr>
<td>Using a “4 systems” approach to explain symptom maintenance</td>
<td>0% (0/51)</td>
<td>2% (1/51)</td>
</tr>
<tr>
<td>Summarising patients to self-management strategies</td>
<td>18% (9/51)</td>
<td>4% (2/51)</td>
</tr>
</tbody>
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Table 1: GPs reporting high levels of confidence and familiarity during consultations with MUS

* p<0.05

In response to a fictional vignette used within the TPB questionnaire to elicit attitudes and beliefs about referring people with MUS to secondary care, pre-course:

- 51% reported that referring to secondary care in this instance would be harmful,
- 86% reported they would refer if they felt under pressure during the consultation,
- 81% did not think referral was an effective way of providing reassurance.

Participants also reported their intentions to refer to secondary care for MUS. Post-course, statistically significant (p<0.05) reductions in intentions were seen, which were maintained at one-month follow-up.

Post-course, commitment to, and likelihood of, implementing the skills learned within the training with the patient identified within an implementation intention was high (76% and 86%, respectively).

However, at one-month follow-up only 33% (13/41) had implemented skills learned from the training, reporting barriers to implementation including lack of opportunity or time.

CONCLUSION
This work has implications for future educational interventions targeting the management of people with MUS within primary care.

Findings suggest training should address building confidence relating to:

- Use of specific consultation skills with people with MUS and LTC,
- Management of people with MUS and LTC in primary care.

Findings from the follow-up suggest it may be beneficial to address the perceived barriers to implementing the training within general practice, thus increasing the likelihood of the training being used in practice.

REFERENCE