

# Boosting health behaviour change skills among staff in Cardiac Rehabilitation

## Implementation of the MAP of Behaviour Change training

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### Introduction

- The Scottish Government's 2021 Heart Disease Action Plan<sup>[1]</sup> identified treatment and prevention of heart diseases as a national clinical priority for Scotland. Among one of its priorities is a workforce which is trained and supported to provide best possible care and is empowered to be innovative in biopsychosocial practice collaborating with patients towards a common goal.
- This is in line with the SIGN150 Cardiac Rehabilitation guidelines<sup>[2]</sup>, which support person-centred, holistic care to support patients to change their health behaviours for the better and maintain them in the long-term to prevent disease and facilitate the rehabilitation process.



BACPR Model for core components of Cardiovascular Disease Prevention and Rehabilitation – reproduced from 2023 BACPS Standards and Core Components<sup>[3]</sup>

- The British Association for Cardiovascular Prevention and Rehabilitation (BACPR) identify five core components that cardiac rehabilitation services should focus on to provide holistic care to their patients.
- This requires staff to be appropriately trained and skilled, and the BACPR has published frameworks of key competences required to support the patient's psychosocial health<sup>[4]</sup> and health behaviour change<sup>[5]</sup> through communication, assessment skills, education, and evidence-based strategies. Cardiac rehabilitation services should monitor the continued professional development of their staff and support them to develop specific competences if required.

### Aim

A consultancy project was conducted by Milena Pszczolinska, Trainee Health Psychologist for the Cardiac Rehabilitation Service in NHSGGC. The Service's aim for the project was to assess and increase the health behaviour change competence of their staff, including nurses, physiotherapists and support workers. The below poster outlines:

- the conducted assessment of the staff's knowledge of and confidence in use of various behaviour change approaches,
- the delivery and outcomes of the MAP of Behaviour Change training to increase staff's behaviour change competence and their confidence in the use of evidence-based techniques.

### Method

#### Needs assessment

- A brief online survey was conducted to identify staff's current approach to behaviour change and their training needs. The results of the survey (based on n=23, about half of the Service) suggested:
  - staff's perception of their high levels of competence in approaching their patients from a biopsychosocial perspective (identifying relevant determinants of behaviour, considering the patients broader context and barriers to change),
  - Staff's high levels of knowledge and confidence for having conversations about behaviour change with their patients,
  - Staff's moderate knowledge of specific behaviour change techniques and moderate confidence to use them with patients,
  - Staff's need to learn practical strategies for encouraging behaviour change and to practice their existing skills and knowledge to build their confidence.

#### Training delivery

- MAP of Behaviour Change<sup>[4]</sup> was identified as a programme corresponding to the training needs, and chosen as the programme to be implemented to staff in Cardiac Rehabilitation in NHSGGC.
  - A programme delivered by NHS Education for Scotland and based on theoretically-based determinants of behaviours<sup>[6]</sup> – Motivation (M), Action (A) and Prompts and Cues (P)
  - The MAP training programme was delivered to 23 members of staff in NHS GGC Cardiac Rehab through:
    - 45 minutes e-learning module on Turas
    - pre-workshop learning
    - two 3.5 hours skills based online workshops via MS Teams
  - The skills-based workshops were customised to the Cardiac Rehabilitation context:
    - discussions focused around a scenario of a patient navigating behaviour change post-heart attack
    - 4 custom demonstration videos of a conversation with the patient from the scenario and practical use of specific behaviour change techniques (BCTs);
    - discussions around staff's experiences of using strategies in current work in Cardiac Rehab
  - Pre- and post-training evaluation focused on staff's knowledge of and confidence to use specific aspects of MAP and specific behaviour change techniques
- + additional 1-month follow-up survey

#### What is the MAP of Behaviour Change Training Programme?

- a pathway to determine which component the patient might require support with:
  - increase motivation?
  - help initiating action?
  - support more consistent, long-term behaviour change?
- 12 evidence-based behaviour change techniques (BCTs) and ways to use them in everyday practice;
- patient communication skills;
- skills for person-centred and patient-led behaviour change;
- opportunities to practice skills to increase confidence

Information gathering

Exploring motivation

Goal setting and action planning

Action plan review

### Results

#### Training experience and satisfaction

After completing the training, Staff (n=10) expressed high levels of satisfaction with the training, both in terms of the delivery and learning environment. The participants also agreed that workshops helped them with their personal development.

	Average rating 1-5 (higher is better)
Total satisfaction	4.7 / 5
Learning environment was supportive	5 / 5
Developed better understanding	4.7 / 5
Improved self-awareness and clearer personal reflection	4.6 / 5
Chance to try out new skills	4.8 / 5

In free-text questions of the post-training and follow-up surveys, Staff indicated the following points to be their key learnings and most appreciated aspects of the MAP workshops:

Better understanding of behaviour change - importance of person-centred conversations and focus on small achievable goals

Easy to use model and practical strategies for each component of behaviour change

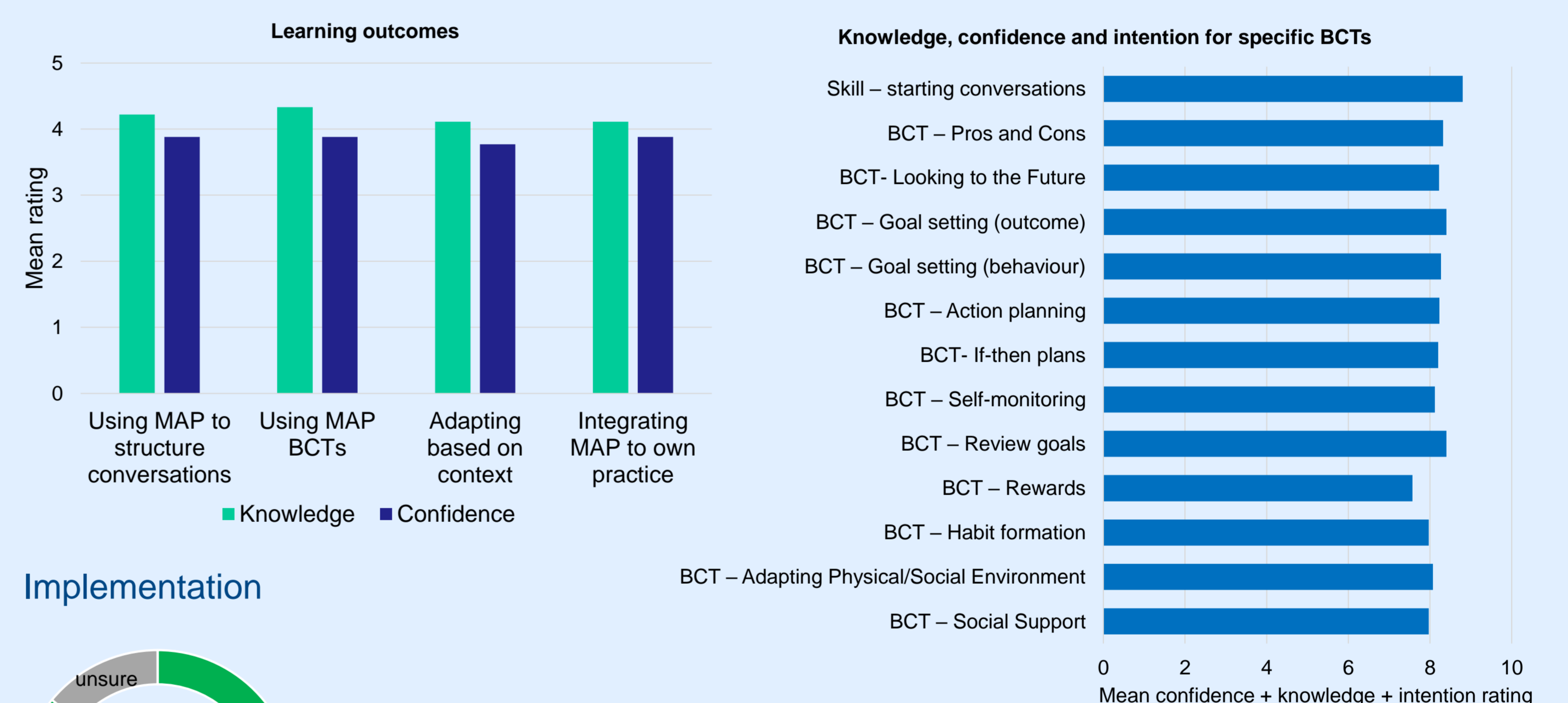
Opportunity to practice, consolidate, hone new skills and learn from each other.

#### Knowledge of and confidence in learning outcomes

While the competence outcomes were measured pre- and post-training, the two data samples were not homogenous due to data collection challenges. As such, a summary of only post-training data (n=10) is presented below (higher scores indicate higher knowledge/confidence).

Staff felt confident in the MAP model learning outcomes after the training, showing high levels of knowledge within each of the learning outcomes (mean rating = 4.19 / 5) and confidence in one's ability to use each of the skills (mean = 3.86 / 5)

Similarly, staff appeared to feel highly competent in behaviour change techniques, feeling they had high levels of knowledge of the techniques (mean rating = 8.3 / 10), feeling confident to use them (mean rating = 8/10), and having the intention to do so with their patients in the future (mean rating (8.3 / 10).



#### Implementation



Staff described having used the model and workshop learnings in their practice both upon completion of the training and at follow-up. Many described using the communication skills, behaviour change techniques, and the person-centred approach introduced in the workshops, and many noticed a positive difference in how they approached their patients.

#### Challenges

Despite staff's perceptions of high competence in the skills and their intention to use them, some staff reflected in the free-text answers that time constraints, workload and lack of opportunity might get in the way of their implementation of the MAP model in their practice.

### Conclusion

- The MAP of Behaviour Change training programme appears to have been an effective way of increasing staff's broad competence in health behaviour change skills.
- Staff described benefitting from the training programme. Post-training evidence suggests staff's high levels of knowledge about the MAP model and specific behaviour change techniques, and their confidence and intention to use these in their practice.
  - Future evaluations should focus on capturing pre-post change in those constructs (as those might have already been high among Cardiac Rehab staff, considering the outcomes of the needs assessment).
- Early evidence of staff implementing the programme learnings in their practice with patients and changing their approach to behaviour change and person-centeredness.
- Future development to focus on embedding the model and learnings into clinical practice. Plan is to train remaining Cardiac Rehab staff and make use of MAP coaching workshops from NES to create opportunities for staff to reflect on various ways of using MAP in everyday practice and overcoming barriers to implementation.

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