“I’M BEING A BETTER DOCTOR”: TRAINING FOR CLINICIANS TO SUPPORT SELF-MANAGEMENT

Self-management (SM) requires informed, activated patients to manage the physical and psychosocial consequences of arthritis, yet formal staff training in theory and skills underpinning SM is not widely available Understanding the challenges and benefits of putting SM theory into practice is key for developing such training. A qualitative study explored rheumatology clinicians’ experiences of a range of brief SM training courses (eg holistic care, shared agenda setting, cognitive-behavioural approaches).

16 health professionals participated in semi-structured interviews: 3 physicians, 3 physiotherapists, 4 nurses, 6 OTs. Transcripts were analysed (ED) using an inductive thematic approach, with a subset independently analysed (SH, RG-H, RJ). Initial codes were generated, depicting patterns across the dataset, and combined to form themes.

4 main themes were identified:

Challenging Professional Identity (“It does question some of your fundamental beliefs about yourself and your role”): Training shaped ideas of responsibility (“from medical school there is a strong emphasis to concentrate on the physical, pathological”), remit (“your mindset shifts in terms of what is a treatment”), and ways of helping patients (“as nurses we like to fix people”). However for some, it formalised existing approaches (“it sits very nicely with the OT role”).

Useful Training (“it’s about building that bridge from the academic research to the clinical practice”): Training was valued by its evidence-base (“it appealed to me because it was evidence based”), use of examples (“case studies are really useful”), feasibility in practice (“you can use it even though you’ve maybe only got 10 minutes”), and acknowledging concerns (“the fear that you get into a hole that you can’t get out of”).

Clinical Supervision (“you do a course and then it’s quite hard to practise… it’s about having some kind of support system”): Ongoing support influenced implementation in care (“had I not been encouraged through mentoring… I wonder whether I would have kept using it… it takes a lot of effort to change”), and development (“I moved from being a novice in terms of using skills gleaned from that course, and became more confident in clinic”); while lack of support meant skills could decline (“it just fades from the front of your mind”).

Enhanced Consultations (“I am being a better doctor”): Training altered clinicians’ approaches by encouraging them to address patients’ agendas (“I always say ‘What do you want to get out of seeing me today?’”) and supporting SM by enhancing self-efficacy and problem-solving skills (“you can sort of facilitate that in a way that the patient can actually work it out for themselves”).

To optimise SM support in routine care, brief training could be provided, along with ongoing clinical supervision. Further research will examine the patient perspective, different models of SM support and develop a rheumatology-specific training module.