

15<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

**Michelle Croston**

**North Manchester General Hospital**

*27-28 June 2013- The International Convention Centre, Birmingham*

# **“What Are You Trying To Say?”**

## **-PILOT STUDY RESULTS**

Michelle Croston  
RN, RHV

Bmed Sci (hons), BA Science (hons), Grad Dip  
Aesth Medicine. Professional Doctorate Student



‘Despite the evidence of psychological issues associated with people living with HIV, patients still report not being asked questions relating to their psychological and emotional wellbeing’

National Aids Manual 2012



# Standards for psychological support for adults living with HIV 2012

- People living with HIV should be able to access care that can  
**assess emotional and psychological wellbeing, detect potential psychological problems and plan appropriate interventions**  
in terms of stepped care interventions that can be delivered by appropriately qualified providers.

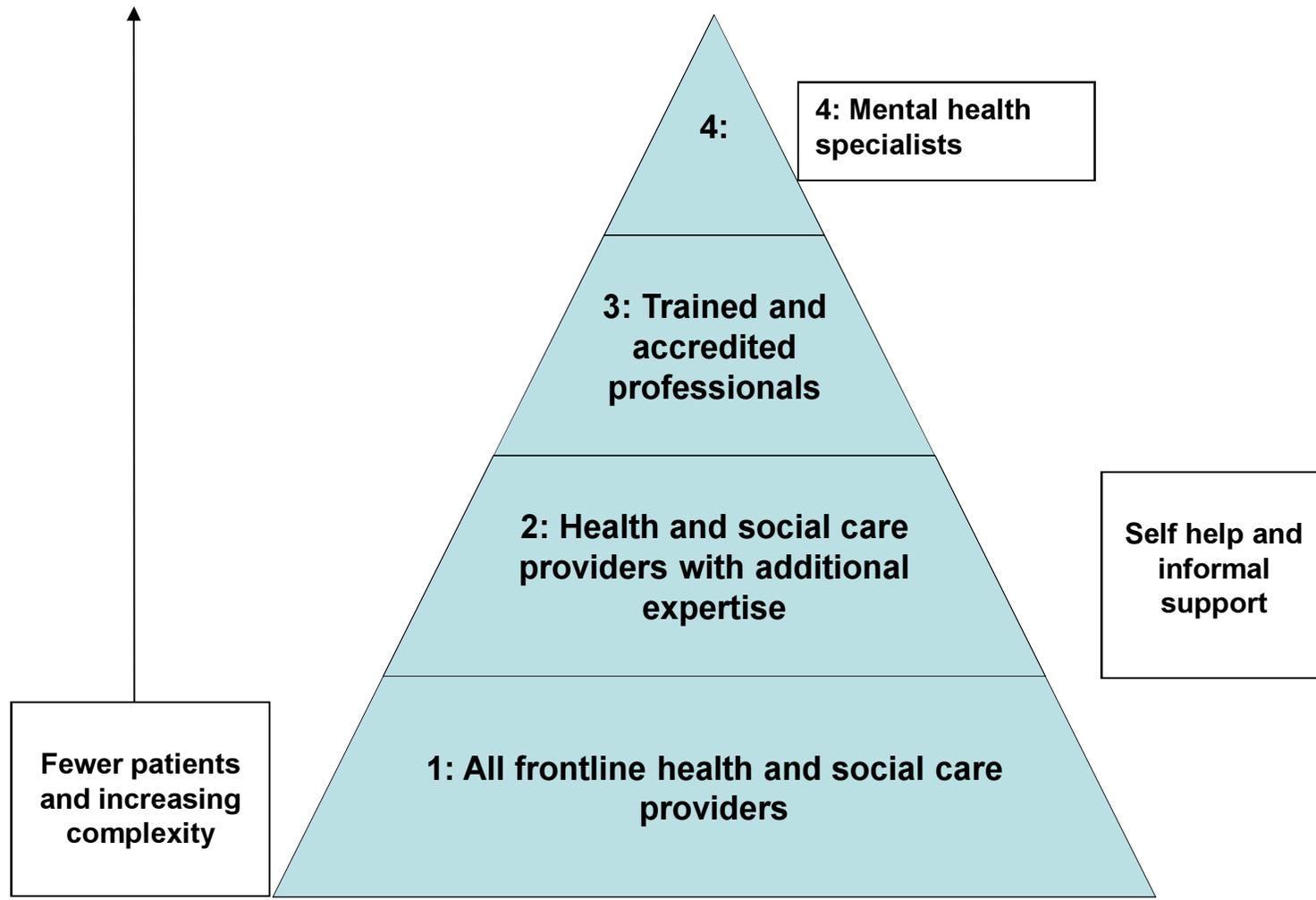


British Psychological Society (BPS), British HIV Association (BHIVA) and  
Medical Foundation for AIDS & Sexual Health (MedFASH) [joint publication].  
Standards for psychological support for adults living with HIV (2011).

Available at: [www.bhiva.org/StandardsForPsychologicalSupport.aspx](http://www.bhiva.org/StandardsForPsychologicalSupport.aspx) (accessed February 2012)



# STEPPED CARE MODEL



British Psychological Society (BPS), British HIV Association (BHIVA) and Medical Foundation for AIDS & Sexual Health (MedFASH) [joint publication]. Standards for psychological support for adults living with HIV (2011).

Available at: [www.bhiva.org/StandardsForPsychologicalSupport.aspx](http://www.bhiva.org/StandardsForPsychologicalSupport.aspx) (accessed February 2012).



- Communication skills training are designed to give healthcare professionals the skills and confidence needed to elicit patients concerns
- The study day design observed quality benchmarks proven effective in other disease areas
- The course centered on the participants personally identified learning needs, underpinned by current evidence on communication skills
- Interactive teaching methods were used to demonstrate key learning skills in action and opportunity was provided for delegates to practice their skills



# Background and Chronology

- 2010 -Practice based observations of clinical need
- 2010-The use of holistic assessment tools in helping to identify HIV positive patients needs
- 2011-Extensive literature searching and development of evidence based skills sets/knowledge
- 2011-Collaborative working with Maguire unit to develop recourses
- 2012-Awareness of communications skills training within HIV nursing practice
- 2012 -Self efficacy and communications skills
- 2012-Development of the one day communications course



# Aim of the project

- To develop an evidence based communication study day to enable nurses to provide a stepped care model of intervention as outlined in the Standards of psychological support.
- To develop a study day addressing the communication challenges that HIV nurses face within clinical practice
- To encourage participants to look at developing/identifying a skill set that compliments existing skills
- To organise participants existing communication skills so as to facilitate patients disclosure of concerns
- To assess the impact of participants self efficacy and outcome expectancy scores following completion of the course



# Practical issues

- **Ethical approval**

Full ethical approval was sort but not required. Project was registered with the NMGH R&D department ( 12RECNA44)

- **Methodology**

Sequential exploratory mixed methods design

- **Funding**

Self funding , good will and an unrestricted educational grant from Janssen



# Intervention

## Pre course

1. Participants were given a pre course workbook to complete ( 30mins) looking at the evidence base around communication and specific issues from within HIV practice.
2. Participants were asked to consider and begin thinking about issues from their practice.
3. Participants were asked to complete self efficacy and outcome expectancy questionnaire to explore current skills and outcome expectations.



# One day communication course

1. Interactive study day looking at issues from practice.
2. Communication skills evidence base was explored in relation to participants clinical practice.
3. Participants were introduced to using a communications model (ENGAGE) , whilst eliciting patients concerns.
4. Opportunity to practice these skills was provided in a safe environment.



# A structure for interactions with patients

**E***stablish* – names, why there, expectations, story?

**N***otice* any cues and **N***egotiate* to explore—  
e.g. “you said you are worried today, are you able to tell me why?”

**G***ather* all the person’s concerns and feelings

**A***cknowledge* all the person’s concerns and feelings before

**A***sking* for their ideas about what they need and what might help

**G***ive* information or reassurance in response to what has been said

**E***nd* by summarising what you have discussed and what will happen next. Check how the person is left feeling.



**E**

**M**

**P**

**A**

**T**

**H**

**I**

**S**

**E**



## Post course

1. Post course work book was given to consolidate learning from the study day. Including standard consultation structures, breaking bad news , challenging misperceptions, dealing with distress and challenging non adherence.
2. Participants were given a journal article pack to consolidate their learning.
3. Self efficacy /outcome expectation questionnaire were repeated for assessment purposes.



# Data collection

- Self efficacy (n=20) participants were asked to subjectively rate self efficacy for 16 skills or situations (pre/post).
- Outcome expectancy (n=20) participants views on the likely consequences of their communication behaviour was assessed (pre/post).
- Feedback on materials , course content and transferability to practice was sought.
- Dialogue , participants were invited to provide feedback to the researcher ( 1 day , 1 week after)

# Findings

## Self efficacy scores

1. A rise in overall self efficacy scores in relation to managing patients feelings.

2. Markedly increased scores were noted in ;

- Perceived ability to explore feelings with patients in-depth
- Confidence in disclosure of concerns.



# Outcome expectancy

1. Results showed consistent improvements

2. Expected changes in attitudes included -

Less assumptions that patients would raise important concerns without being prompted

Reduced sense of responsibility for solving patients concerns

Increased confidence in ability to respond to difficult questions



**Feedback – All 20 participants would recommend the course to a colleague. Course content and materials were of a high standard and transferable to practice. Vast majority of participants would have like more interactive sessions.**

**Email correspondents – Participants highlighted that they would use more empathy , avoid giving information too soon and resist the urge to correct errors in medical terminology.**



# Impact on practice

Skills participants felt they would take back to clinical practice

1. Enhanced co operation with patients
2. Verbal/non verbal cues
3. Sharper focus on patients concerns
4. Greater use of silence in consultations



# Next steps

- 2013-2014 -Six study days across the country ( number expected in total 100).
- 2013-2014- Further research: An interpretative phenomenological analysis of how nurses communicate with people living with HIV – How do nurses elicit concerns?
- 2014- onwards – Course re evaluation.



# Conclusion

- The psychological standards for adults living with HIV advocate the need for communication training proposing a tiered system for psychological support in which nurses play a central role.
- Communication skills training enables nurses to develop cue base assessment and interview approaches to enhance patients outcomes by facilitating patient centered care.



# Thank you

- The Maguire communication skills training unit at The Christies hospital for support in developing the training program.
- Manchester Metropolitan University for guidance with the research design.
- Janssen for the Unrestricted educational grant that made the project possible
- Hunter Cole for the project artwork
- North West HIV Alliance for their continued support and patience

