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Gwneud i bob cyswllt gyfrif
Making every contact count



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University Health Board

Making Every Contact Count (MECC) Evaluation Report: A Pilot Project with Allied Health Professionals

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- ABM Public Health Team
- ABM Executive Board
- ABM Therapies Departments
- National MECC Leads Group

Purpose and Summary of Document:

This report documents the findings of the evaluation of the Making Every Contact Count (MECC) pilot project conducted with Allied Health Professionals in Abertawe Bro Morgannwg University Health Board (ABMU HB) between April 2016 and September 2016.

Work Plan reference: Healthcare Public Health

Executive Summary

1. Introduction

Making Every Contact Count (MECC) encourages those working within the health sector and beyond to use every appropriate opportunity with those around them to promote healthy lifestyle choices and to signpost to relevant community based and healthcare services (Public Health England and Royal Society for Public Health, 2015).

In order to explore the feasibility of a MECC approach in Abertawe Bro Morgannwg University Health Board (ABMU HB) a Train the Trainer pilot was developed and tested with Allied Health Professionals.

2. Evaluation Methods

Training was developed using examples of programmes already in existence across Wales and focused on the current ABMU HB Director of Public Health's 3 main priorities: smoking, obesity and vaccinations.

Primary Objective

To trial a Level 1 Train the Trainer MECC programme with Allied Health Professionals.

Secondary Objective

To explore the beliefs and opinions of those trained in MECC on their role in discussing healthy lifestyles with patients.

Quantitative evaluation questionnaires and semi structured interviews were used to evaluate the project.

3. Training Statistics

11 Allied Health Professionals (AHPs) were trained as trainers.

138 Health Board Staff received MECC training from trainers.

4. Conclusion

Overall, MECC training increased;

- Confidence to deliver MECC training to others
- Knowledge about healthy lifestyles
- Confidence to discuss healthy lifestyles

5. Recommendations

- That the Executive Board consider plans for long term roll out of MECC training to all staff groups.
- That the roll out of MECC training is integrated with a Co-Production approach and includes a mechanism for ensuring MECC is embedded within usual care.
- A further Board paper outlining the options for long term roll out to wider workforce will follow.

1. Introduction

National context

Healthy conversations or Making Every Contact Count (MECC) encourages those working within the health sector and beyond to use every appropriate opportunity with patients and visitors to promote healthy lifestyle choices and to signpost to relevant community based and healthcare services (Public Health England and Royal Society for Public Health, 2015).

MECC recognises the crucial health improvement role of healthcare staff and aims to develop and embed the role as a systematic part of health services. The approach is based on behaviour change principles, using brief advice or brief intervention to identify appropriate opportunities to discuss healthy lifestyles with individuals who wish to make changes to their lifestyle behaviour, followed by appropriate advice and support. The approach is consistent with NICE guidance on behavioural change (NICE, 2007, 2014).

In recent years there has been reference to MECC in key Welsh Government documents, indicating a shift towards ensuring healthcare staff are equipped to make every contact count; *Working Differently, Working Together* (Welsh Government, 2012) calls for health services to “build capacity and skills of staff to ensure that every interaction with patients is an opportunity for health improvement.”

Fairer Outcomes for All (Welsh Government, 2011) charged Public Health Wales with “assessing the potential of equipping NHS and social services staff with the skills and competencies required to make every contact count in supporting and encouraging people to stay healthy.”

MECC includes a widely recognised competency framework developed by Yorkshire and Humber NHS Trust (2011). The framework outlines four levels of training (see below) and recognises the need for different degrees of knowledge and skills in relation to behavioural change.

Level 1 – Introduce and motivate (chats for change / brief advice)

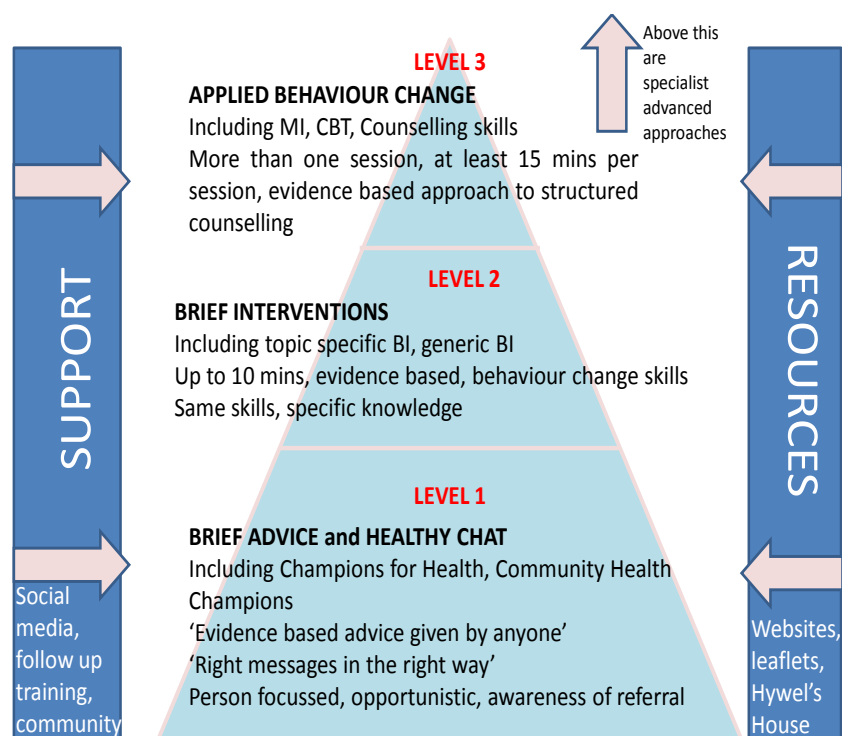
Level 2 – Take action (brief intervention)

Level 3 – Support as change behaviour (motivational interviewing)

Level 4 – Specialist / Advance (ongoing psychological intervention)

The national MECC working group for Wales produced a 3 tiered model to demonstrate the approach to training across Welsh Health Boards:

Figure 1:



Evidence and Evaluation

Several evaluations have shown MECC to be a promising approach (Lawrence et al, 2016, Dewhirst & Speller, 2015, Nelson 2013) for increasing staff skills and confidence when having healthy conversations with patients.

A recent survey of Allied Health Professionals (AHPs) (Public Health England & Royal Society for Public Health, 2015) explored how AHPs participate in healthy conversations with their patients and found that;

- Almost 9 in 10 (87.6%) survey participants agree that their role should include an element of prevention
- Over three quarters (76.0%) agree that their role does provide opportunities for healthy conversations
- Over four fifths of participants (81.8%) said that health improvement or preventing ill health was already incorporated into their daily practice
- Almost one third (31%) would feel comfortable discussing areas of health that do not relate to the condition their client is receiving care for, although for a significant proportion (35%) this would depend on the topic
- Almost 9 in 10 (86%) members of the public who responded to the survey would trust such advice if it came from AHPs. This compares favourably with other professionals including doctors, nurses and pharmacists

The survey report also outlined findings from some of the barriers to implementing and industrialising MECC. These were broadly categorised as: confidence, time, context and signposting.

Local context

All 7 Public Health Teams/Health Boards in Wales are committed to delivering MECC. Approaches vary according to Health Board area with all including a training programme and associated strategy.

A national working group is led by Public Health Wales and provides an opportunity for local Leads to share best practice and offer advice and guidance.

An effort is being made by national Leads to coordinate an all Wales approach to MECC which includes a knowledge and skills framework, and evaluation framework (in development), and an E-Learning training package.

A MECC approach was initially explored in ABMU HB in July 2015. A small online snapshot survey was devised to explore staff opinions on their role in discussing healthy lifestyles with patients.

Results demonstrated that out of the 203 staff who responded:

- 168 saw health promotion as part of their role (83%)
- 174 felt comfortable discussing healthy living (86%)
- 136 would like to learn more (67%)

When asked what would make it easier for staff to discuss healthy living the following reasons were noted (in order of frequency highest to lowest):

- Signposting information
- Training
- More time
- Ongoing support
- Permission from management

Out of the 203 staff members who responded to the survey 67 (33%) belonged to Allied Health Professional (AHP) staff groups. This was the most highly represented staff group and responses echo that found in the AHP survey conducted by Public Health England and the Royal Society for Public Health (2015). For this reason it was felt that this group would be open to further work surrounding MECC.

In order to explore the feasibility of a MECC approach in ABMU HB a Train the Trainer pilot was developed with AHP Department Leads. The pilot aimed to deliver and test a MECC Level 1 training model.

2. Evaluation Methods

2.1 Objectives

Primary Objective

To trial a Level 1 Train the Trainer MECC programme with Allied Health Professionals.

Secondary Objective

To explore the beliefs and opinions of those trained in MECC on their role in discussing healthy lifestyles with patients.

2.2 Evaluation Questions

1. Does MECC Train the Trainer increase confidence to deliver MECC Training?
2. Does MECC Training increase:
 - knowledge about healthy lifestyles
 - confidence to discuss healthy lifestyles

3. Development of training programme

Training was developed using examples of programmes already in existence across Wales and focused on the ABMU HB Director of Public Health's 3 main priorities: smoking, obesity and vaccinations.

3.1 Learning Objectives

MECC training will help participants:

- Discuss healthy lifestyles as part of their everyday conversations with patients
- Offer basic information on common lifestyle topics including smoking, healthy eating, physical activity and vaccinations
- Signpost/refer patients to specialist support

Trainers were nominated by Leads in each AHP department. 11 trainers attended a 1 day training session which included a 2.5 hour MECC training and a further 2 hour Train the Trainer session.

The 2.5 hour MECC training session included:

- An introduction to the concept of MECC
- An update on key knowledge and guidelines
- Information regarding signposting and referral
- Scenario work surrounding the 'healthy chat'

The 2 hour Train the Trainer session included:

- Advice on planning and preparing for training sessions
- An opportunity to practice delivery
- Clarification of trainer role
- Suggestions and discussion surrounding embedding MECC within routine care

Trainers agreed to deliver at least 1 MECC training session to their colleagues in the 3 months following the training.

4. Training statistics

4.1 Trainers

Department	Number
Physiotherapy	3
Occupational Therapy	2
Speech and Language Therapy	2
Podiatry	2
Dietician	1
Orthoptics	1
Total	11

4.2 Health Board staff trained by Trainers

Department	Number of staff trained
Speech and Language Therapy	59
Podiatry	35
Orthoptics	11
Physiotherapy	11
Dietetics	12
Occupational Therapy	9
Smoking Cessation	1
Total	138

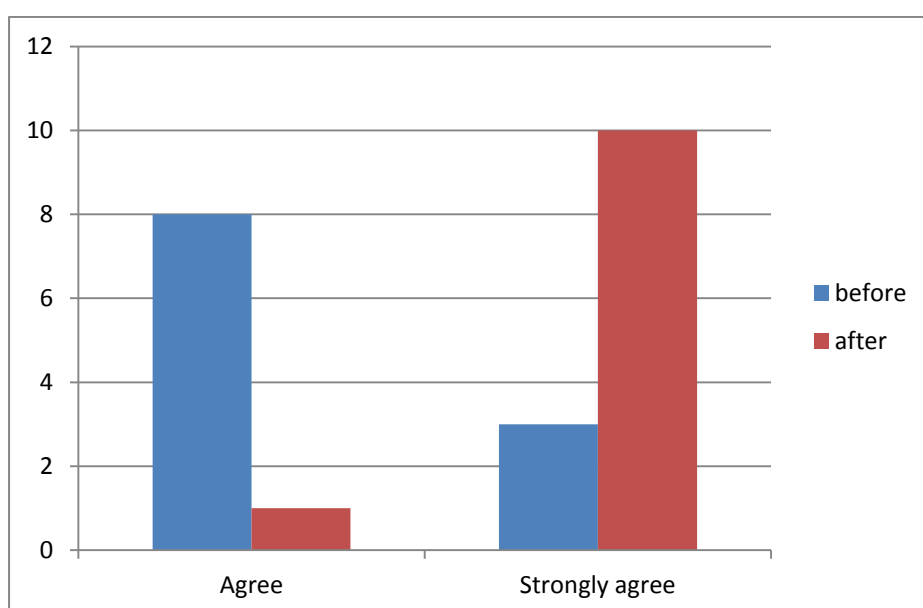
5. Results

Pre and Post Session Evaluation

Pre and Post Evaluation forms were completed by trainers and trainees (located in Appendix)

5.1 Trainers

1a. Knowledge about the factors that influence healthy lifestyles

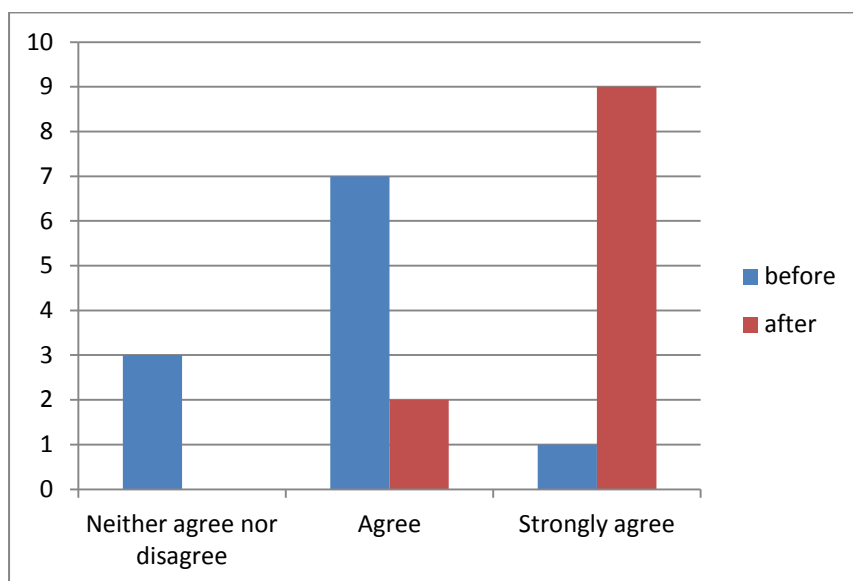


Before the training session 8 trainers *agreed* (73%) and 3 *strongly agreed* (27%) that they felt knowledgeable about the factors that influence healthy lifestyles.

After the training session 1 (9%) trainer *agreed* and 10 *strongly agreed* (91%) that they felt knowledgeable about the factors that influence healthy lifestyles.

An increase of 64% was seen between pre and post training sessions of those who *strongly agreed*.

1b. Knowledge about the effectiveness of promoting healthy lifestyles

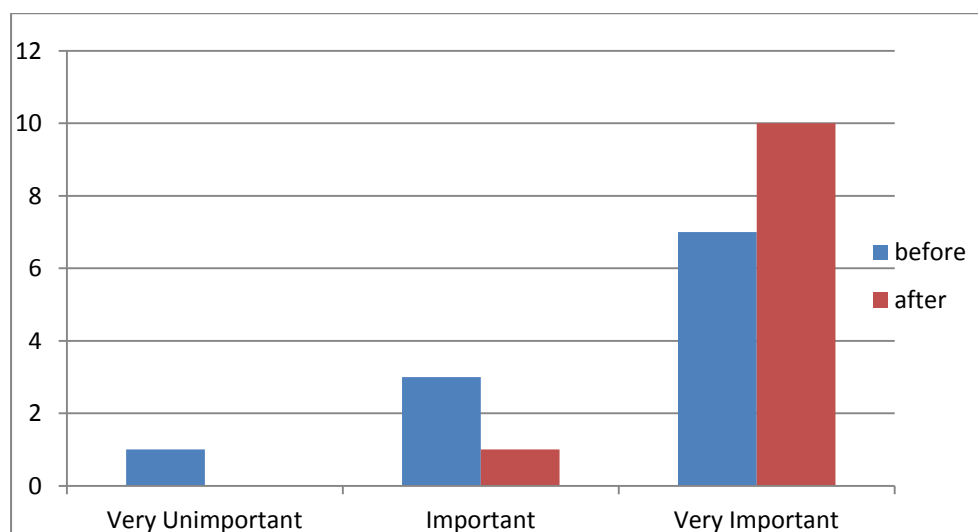


Before the training session 3 *neither agreed nor disagreed* (27%), 7 (64%) trainers *agreed*, and 1 *strongly agreed* (9%) that they felt knowledgeable about the effectiveness of promoting healthy lifestyles.

After the training session 2 (18%) trainers *agreed* and 9 *strongly agreed* (82%) that they felt knowledgeable about the effectiveness of promoting healthy lifestyles.

An increase of 73% was seen between pre and post training sessions of those who *strongly agreed*.

2. The importance of promoting healthy lifestyles

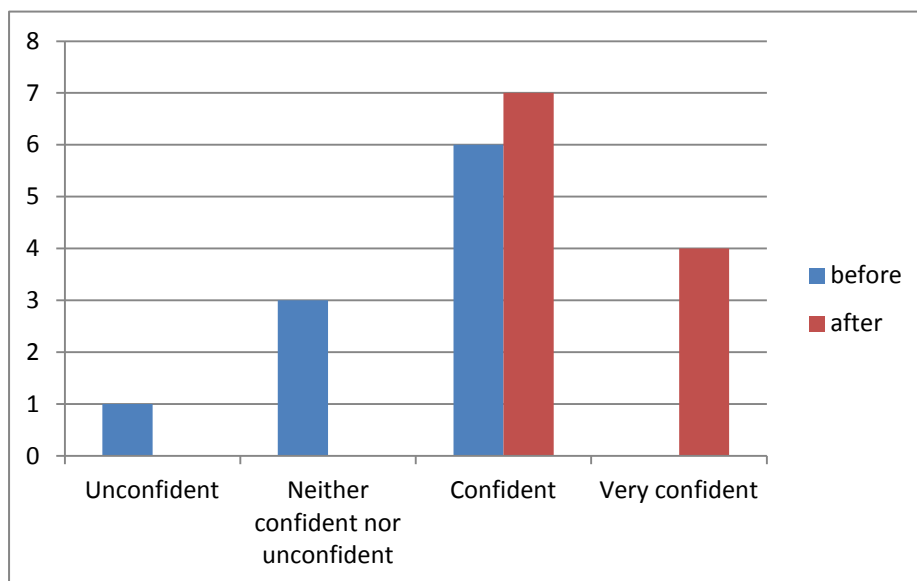


Before the training session 1 (9%) trainer thought it was *very unimportant*, 3 (27%) trainers thought it was *important* and 7 (64%) *very important* and to promote healthy lifestyles.

After the training session 1(9%) trainer thought it was *important* and 10 *very important* (91%) to promote healthy lifestyles.

An increase of 27% was seen between pre and post training sessions of those who thought it *very important*.

3. Confidence to discuss healthy lifestyles

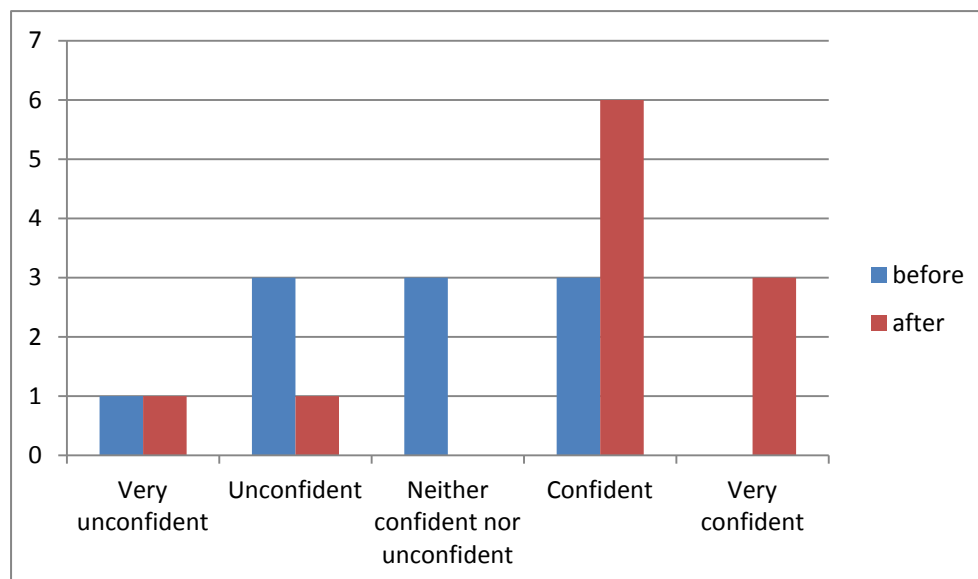


Before the training session 1 (9%) trainer felt *unconfident*, 3 (27%) felt *neither confident nor unconfident* and 6 (54 %) trainers felt *confident* in discussing healthy lifestyles.

After the training session 7 (64%) trainers felt *confident* and 4 (36%) felt *very confident* in discussing healthy lifestyles.

After the training 36% of trainers said they felt *very confident* in discussing healthy lifestyles in comparison to 0 before the training.

4. Confidence for delivering training to others surrounding healthy lifestyles

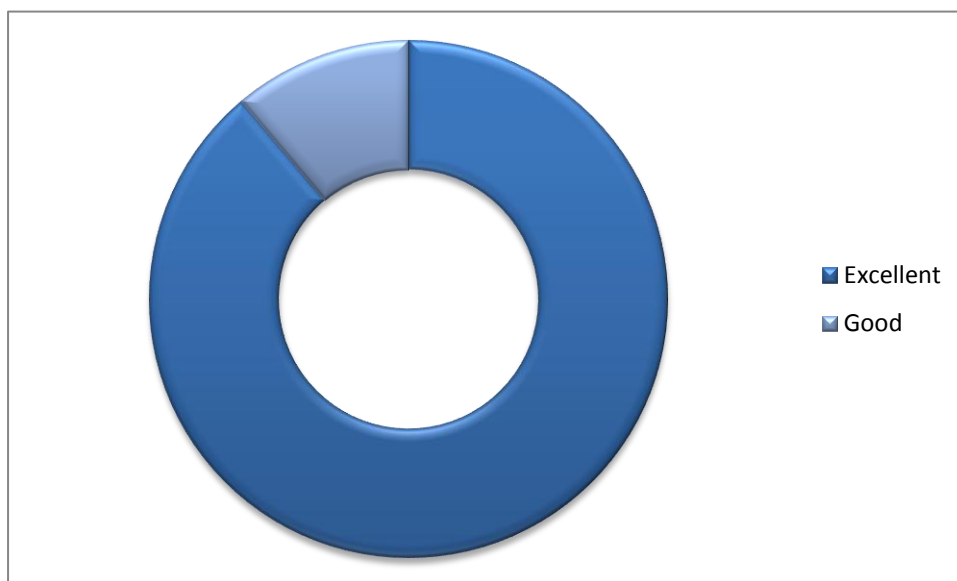


Before the training session, 1(10%) trainer felt *very unconfident*, 3 (30%) *unconfident*, 3 (30%) *neither confident nor unconfident* and 3 (30%) trainers felt *confident* in delivering training to others.

After the training session 1 (9%) trainer felt *very unconfident*, 1 (9%) *unconfident*, 6 (55%) trainers felt *confident* and 3 (27%) *very confident* in delivering training to others.

After the training an increase of 25% of trainers said they felt *confident* in delivering training to others.

5. What did you think of the training course?



All trainers rated the training as either good or excellent (8 Excellent, 1 Good)

6. Do you think you will be able to use the information learnt today?

All trainers said they would be able to use the information they had learnt.

5.1A. 1 month follow up

6 trainers completed the 1 month follow up evaluation questionnaire (Questionnaire included in Appendix)

1. Have you used the knowledge and skills gained from the training since you attended?

All 6 respondents said they had used the knowledge and skills gained from the training.

1. How have you used the knowledge and skills you gained?

- 2 trainers had delivered a MECC training session
- 1 had had a healthy chat with a patient

- 3 had done both

2. Is there anything that has helped you or that you've found particularly useful when delivering a MECC training session or when having a healthy chat?

- 2 trainers said that they found it helpful delivering a MECC session with a colleague

3. Do you feel like you need any further support to continue delivering MECC?

- None of the trainers required further support.

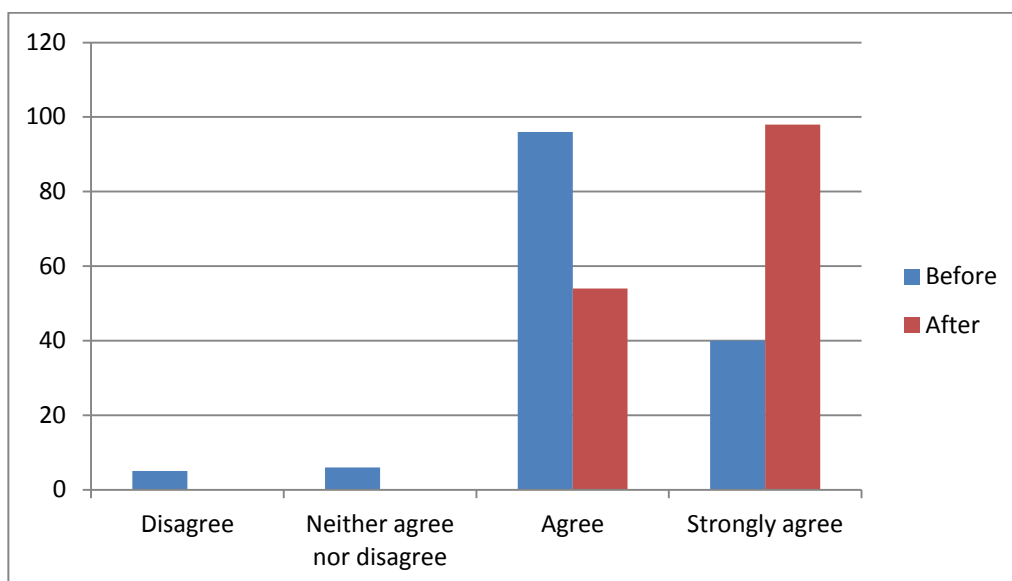
5.1B. 3 month follow up

4 trainers completed the 3 month follow up evaluation questionnaire (copy in Appendix);

- All 4 said they had used their MECC skills
- 3 had delivered a MECC training session and had had a healthy chat with a patient
- 1 had not delivered training but had had a healthy chat

5.2 Health Board Staff

1a. Knowledge about the factors that influence healthy lifestyles

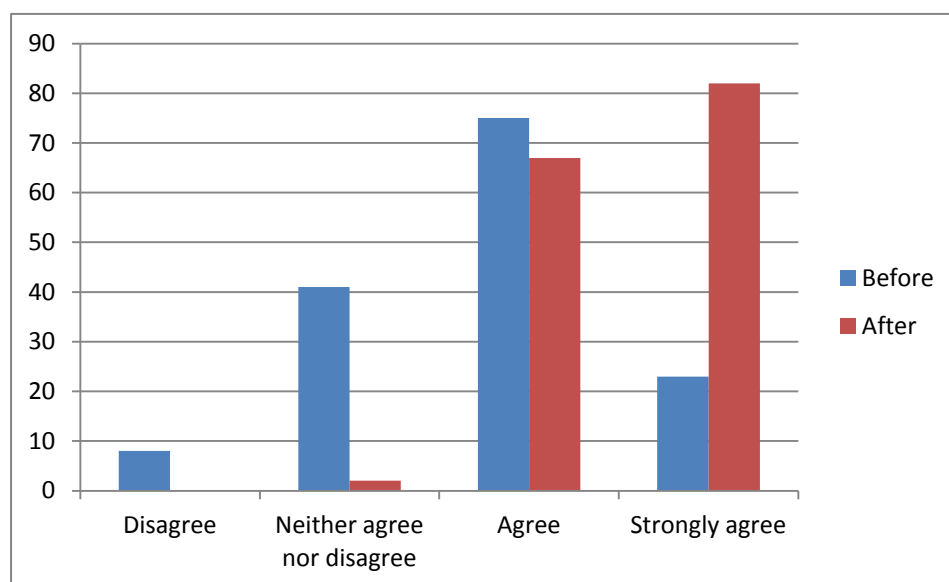


Before the training 97 (66%) participants *agreed* and 40 (27%) *strongly agreed* that they felt knowledgeable about the factors that influence healthy lifestyles.

After the training 100% *agreed strongly agreed* that they felt knowledgeable about the factors that influence healthy lifestyles.

After the training an increase of 37% was seen in those that said they *strongly agreed*.

1b. Knowledge about the effectiveness of promoting healthy lifestyles

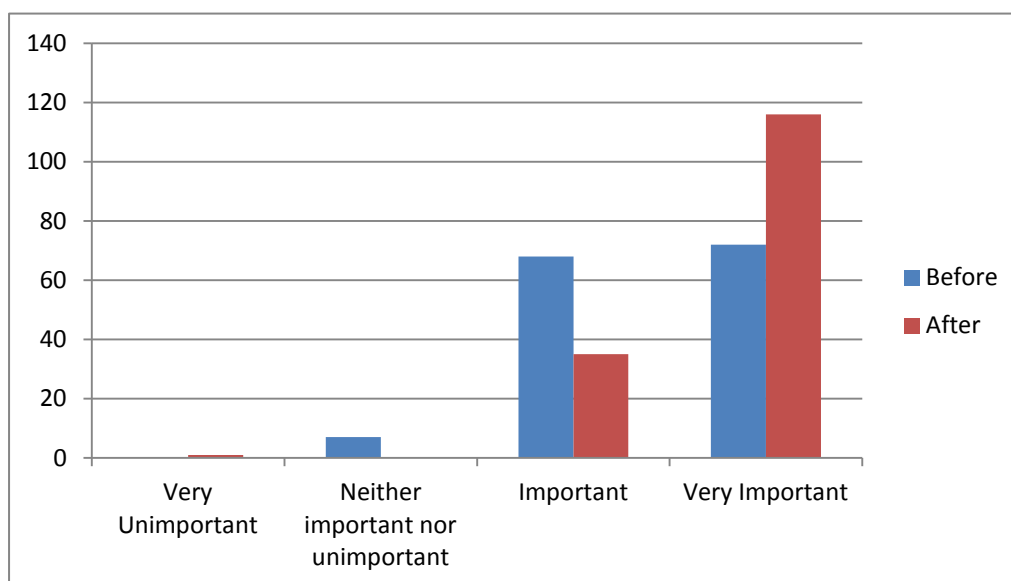


Before the training session 75 (51%) participants *agreed*, 23 (16%) *strongly agreed*, 41 (28%) *neither agreed nor disagreed* and 8 (5%) *disagreed* that they felt knowledgeable about the effectiveness of promoting healthy lifestyles.

After the training session 67 (44%) participants *agreed*, 82 (54%) *strongly agreed* and 2 (1%) *neither agreed nor disagreed* that they felt knowledgeable about the effectiveness of promoting healthy lifestyles.

After the training an increase of 38% was seen in those that said they *strongly agreed*.

2. Importance of promoting healthy lifestyles

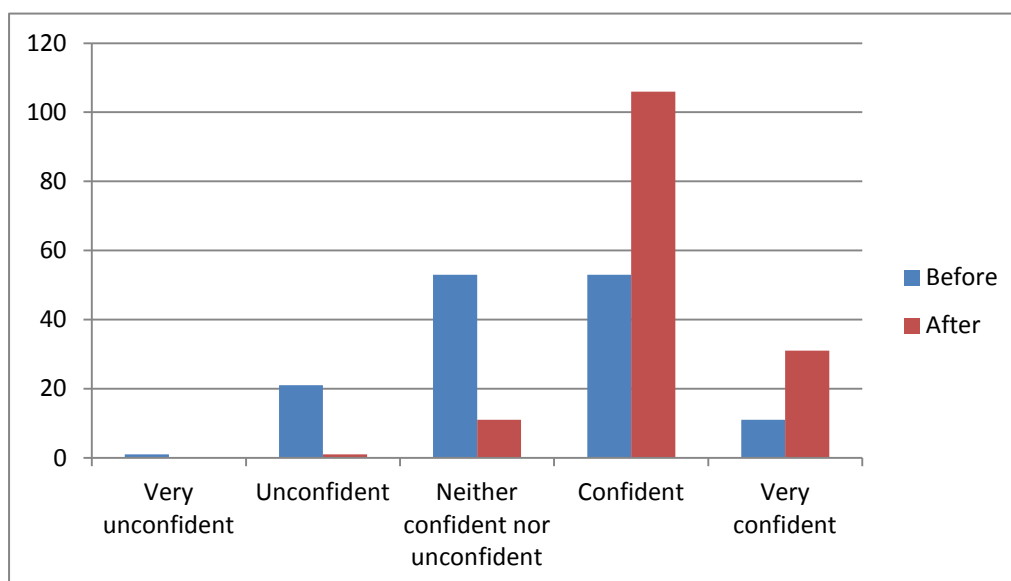


Before the training session 7 (5%) participants thought it was *neither important nor unimportant*, 68 (46%) thought it was *important*, 72 (49%) *very important* and to promote healthy lifestyles.

After the training session 35 (23%) participants thought it was *important*, 116 (76%) *very important* and 1 (1%) *very unimportant* to promote healthy lifestyles.

After the training an increase of 27% was seen in those that thought it was *very important*.

3. Confidence to discuss healthy lifestyles

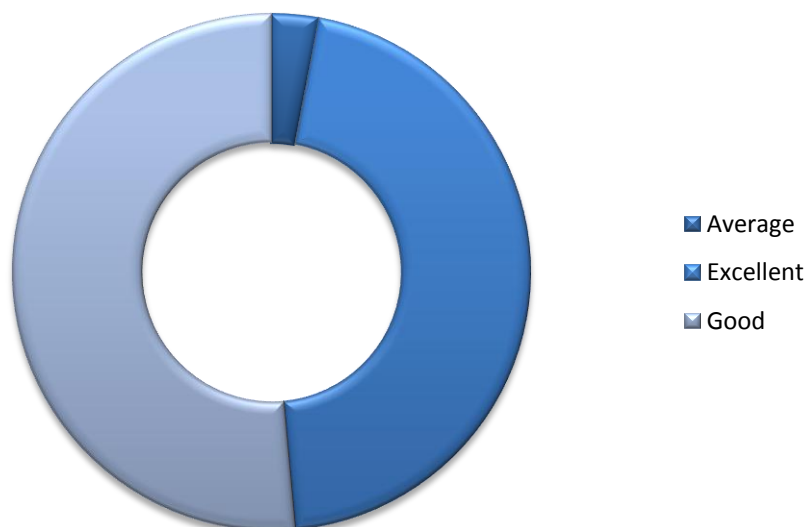


Before the training session 1 (1%) participant felt *very unconfident*, 21 (15%) *unconfident*, 53 (38%) *neither confident nor unconfident*, 53 (38%) *confident* and 11 (8%) *very confident* and in discussing healthy lifestyles.

After the training session 1 (1%) participant felt *unconfident*, 11 (7%) *neither confident nor unconfident*, 106 (71%) felt *confident* and 31(21%) *very confident* in discussing healthy lifestyles.

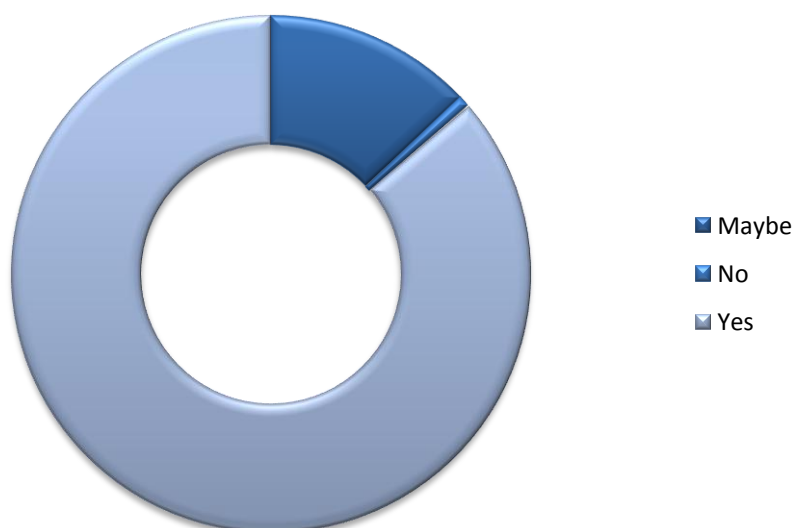
After the training an increase of 46% was seen in those that felt *confident* or *very confident*.

4. What did you think of the training course?



71 rated the training as good, 63 as excellent and 4 as average.

5. Do you think you will be able to use the information learnt today?



119 said that they would be able to use the information they had learnt, 18 said 'Maybe' and 1 said 'No'.

5.2a Follow up evaluation

Only a very small number of HB staff responded to the 1 month and 3 month evaluation questionnaires. There were not sufficient numbers to report.

5.3 Interviews

Semi-structured interviews (Interview Schedule located in Appendix) were conducted with 6 individuals; 5 trainers and 1 trainee (HB staff).

Interviews were thematically analysed. The following themes were found:

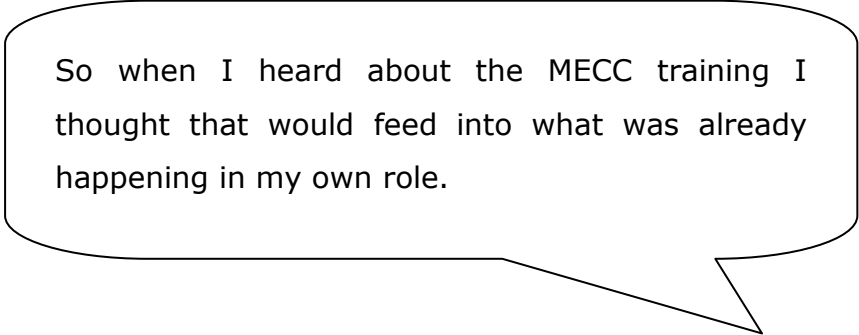
1. Health promotion as part of existing staff role	
Subtheme 1	Embedding into usual care
Subtheme 2	Reminders/Prompts

2. Links to other Health Board Initiatives	
Subtheme 1	Co-Production
Subtheme 2	Values Programme
Subtheme 3	Inclusion of other topic areas

3. MECC as a positive approach	
Subtheme 1	Making a difference
Subtheme 2	Importance of follow up
Subtheme 3	Appropriateness of conversation

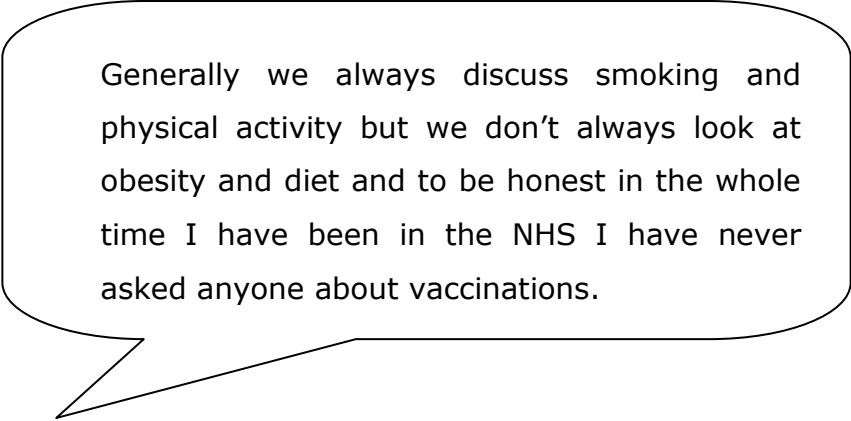
1. Health promotion as part of existing staff role

Many of the participants felt that health promotion was already part of their current role.



So when I heard about the MECC training I thought that would feed into what was already happening in my own role.

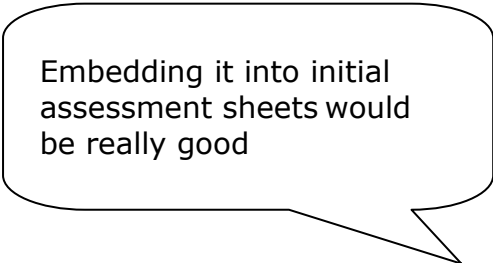
The topic of vaccinations (one of the priority areas) however was not commonly discussed with patients.



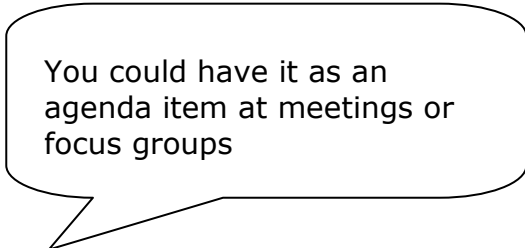
Generally we always discuss smoking and physical activity but we don't always look at obesity and diet and to be honest in the whole time I have been in the NHS I have never asked anyone about vaccinations.

Subtheme 1. Embedding into usual care

Interviewees were asked how they thought MECC could be embedded into usual care. Many of the suggestions surrounded adapting current paperwork and discussing at meetings.



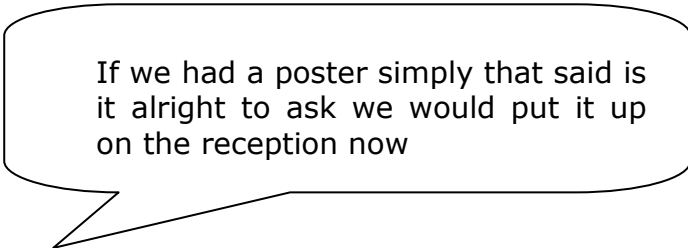
Embedding it into initial assessment sheets would be really good



You could have it as an agenda item at meetings or focus groups

Subtheme 2. Reminders/Prompts

Interviewees felt that reminders or prompts would be useful for both staff and patients to raise awareness of MECC and to remind staff to use their MECC skills.

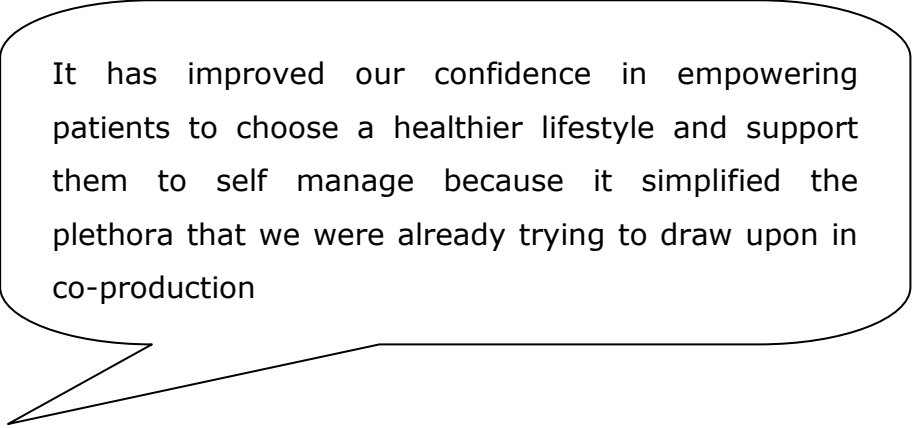


If we had a poster simply that said is it alright to ask we would put it up on the reception now

2. Links to other Health Board Initiatives

Subtheme 1. Co-Production

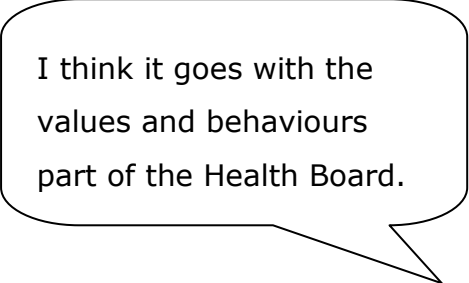
Many of those interviewed had already completed Co-production training and found that the two programmes completed each other well.



It has improved our confidence in empowering patients to choose a healthier lifestyle and support them to self manage because it simplified the plethora that we were already trying to draw upon in co-production

Subtheme 2. Values Programme

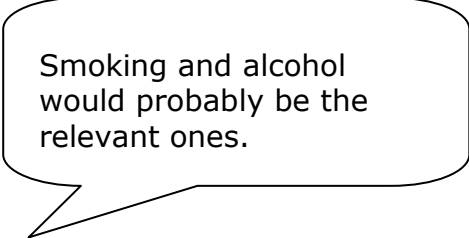
All Health Board staff are required to attend training for the Values Programme and to ensure they work according to the principles. Many of the interviewees noted the link between MECC and the programme.



I think it goes with the values and behaviours part of the Health Board.

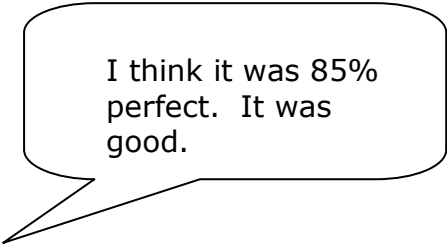
Subtheme 3. Include other topic areas

Interviewees suggested that the topics covered as part of MECC training be extended to include alcohol.



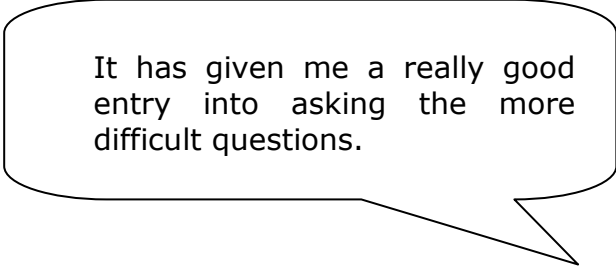
Smoking and alcohol would probably be the relevant ones.

3. MECC as a positive approach



I think it was 85% perfect. It was good.

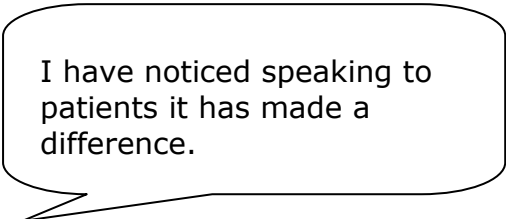
Overall, the training was rated positively by trainees as was overall MECC approach.



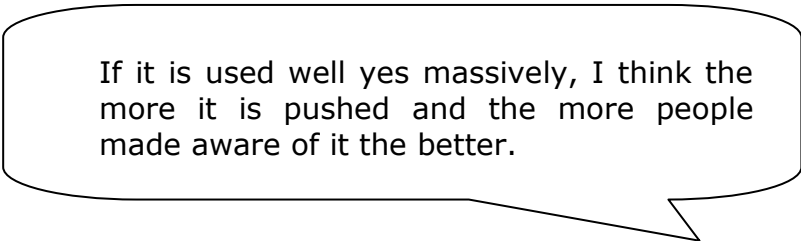
It has given me a really good entry into asking the more difficult questions.

Subtheme 1. Making a difference

Interviewees were asked if they thought that MECC would make a difference to patients. Most interviewees thought that MECC could make a difference to patients if it was delivered in the correct way.



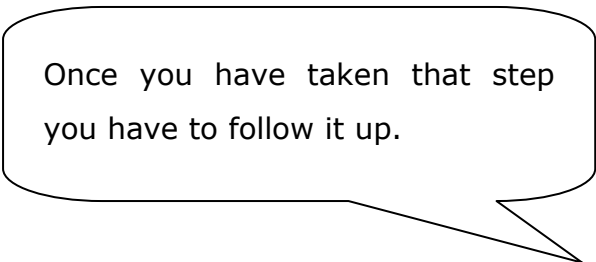
I have noticed speaking to patients it has made a difference.



If it is used well yes massively, I think the more it is pushed and the more people made aware of it the better.

Subtheme 2. Importance of follow up

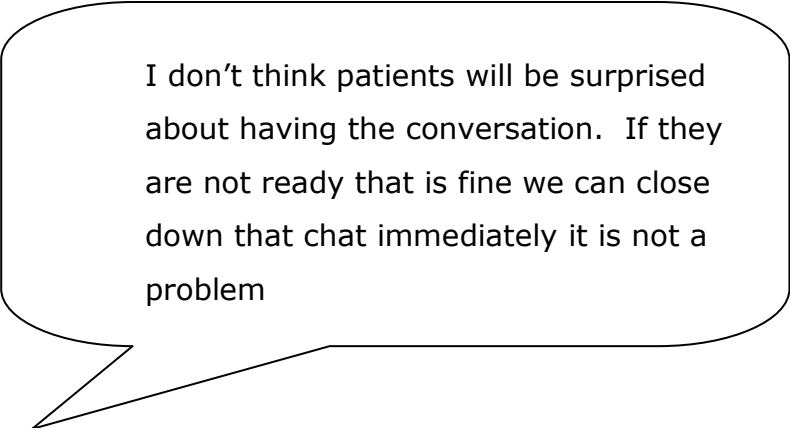
The importance of following up the conversation/ signposting patients correctly was referenced by several interviewees. It was felt that this would ensure continuity of care and that the patient felt looked after.



Once you have taken that step you have to follow it up.

Subtheme 3. Appropriateness of conversation

Interviewees discussed two aspects of appropriateness of the conversation; how patients might react and what to do if they were not ready to have the discussion. It was felt by most that patients would not be surprised at being asked about their lifestyle and that it was ok to end the conversation if the patient was not ready.



I don't think patients will be surprised about having the conversation. If they are not ready that is fine we can close down that chat immediately it is not a problem

6. Discussion

Evaluation Questions:

1. Does MECC Train the Trainer increase confidence to deliver MECC Training?

Yes, after the training an increase of 25% was seen in the number of trainers who felt confident in delivering training to others

After the training a decrease of 21% was seen in the number of trainers of who said they felt *unconfident* in delivering training to others (3 pre-training versus 1 post training).

Trainers also commented during interviews on the training they had already conducted:

"We were really pleased about the way it all went. I think it is all about having the correct resources at the ready."

"It was a really good experience (delivering training)"

It was noted that those that delivered training edited the training programme to suit their needs. For example, some trainers greatly reduced the length of the training session by cutting sections out.

Whilst this was not recommended it was felt by some trainers that the training was too long and that staff already had some of the skills covered.

"2 ½ hours for me is basically all afternoon how are we going to get so many people to do it all in one go"

In future, if a further Train the Trainer model was to be employed a quality assurance mechanism would need to be put in place to ensure consistency of delivery. The importance of flexibility and individual department skills and needs should also be considered. Senior management approval for release of staff to attend full training session would be required.

2. Does MECC Training increase:

- Knowledge about healthy lifestyles

Yes, an increase was seen (post-training) in those that felt knowledgeable about discussing healthy lifestyles and about the effectiveness of promoting healthy lifestyles.

93% of those trained already felt they were knowledgeable about healthy lifestyles before the training. Responses show that after the training 100% of those trained felt knowledgeable about healthy lifestyles.

- Confidence to discuss healthy lifestyles

Yes, an increase was seen (post-training) in those that felt confident to discuss healthy lifestyles.

Around half (46%) of those trained felt confident before the training, demonstrating that there are some staff who are already comfortable when discussing healthy lifestyles. The number of those who felt confident doubled after the training session (92%).

- These results are in line with other evaluations across Wales. Cardiff and Vale Public Health team conduct a similar evaluation with those completing MECC training and found that overall both knowledge of and confidence to discuss healthy lifestyles increased after training.

7. Conclusion

Overall, MECC training increased;

- Confidence to deliver MECC training to others
- Knowledge about healthy lifestyles
- Confidence to discuss health lifestyles

The MECC approach was viewed positively by those trained and links to existing Health Board programmes such as Co-Production and the Values Programme.

Most of those trained had also attended the Co-Production training and referenced the similarities between the two training programmes and how well they complemented each other.

The majority of staff already have some knowledge of healthy lifestyles and some discuss related topics with their patients. Knowledge and skills in this area appear varied.

With so many staff already having knowledge of healthy lifestyles, MECC training offers the opportunity to refine and update this knowledge and increase confidence when having related discussions with patients.

8. Limitations

- Training was adapted by some trainers to meet department needs. In the future, to ensure consistency and quality assurance, an agreement surrounding content and format of training programmes should be set prior to delivery.
- The pilot focused on testing the feasibility of a Train the Trainer programme and the opinions of staff on their role in discussing healthy lifestyles with patients. It did not look at the potential impact these discussions could have on the patient behaviour.
- Future work surrounding MECC should focus on the patient journey and the impact MECC may have on their health behaviour. Some departments who were involved in the pilot have already expressed an interest in collecting such information. Examples include; exploring number of MECC conversations had by those trained, number of referrals made, number of patients making positive changes i.e. quitting smoking.

9. Recommendations

- That the Executive Board consider plans for long term roll out of MECC training to all staff groups
- That the roll out of MECC training is integrated with a Co-Production approach and includes a mechanism for ensuring MECC is embedded within usual care

A further Board paper outlining the options for long term roll out to wider workforce will follow.

10. References

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Appendix 1

Pre and Post Training Evaluation Questionnaire Trainers

Pre Session Survey

Please answer each question by ticking the relevant box

1. I feel knowledgeable about

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) The factors that influence healthy lifestyles					
b) The effectiveness of promoting health lifestyles					

2. I feel that it is important to promote healthy lifestyles

Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant

3. I feel confident about discussing healthy lifestyles

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

4. I feel confident delivering training to others surrounding healthy lifestyles

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

Post Session Survey

Please answer each question by ticking the relevant box

1. I feel knowledgeable about

	Strongly agree	Agree	Neither agree not disagree	Disagree	Strongly disagree
a) The factors that influence healthy lifestyles					
b) The effectiveness of promoting health lifestyles					

2. I feel that it is important to promote healthy lifestyles

Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant

3. I feel confident about discussing healthy lifestyles

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

4. I feel confident delivering training to others surrounding healthy lifestyles

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

Any other comments

Post Session Evaluation Continued

1. What did you think of the training course?

Excellent Good Average Poor

2. What part of the training did you find most useful?

3. What part did you find the least useful?

4. Do you think you will be able to use the information learnt today?

Yes No Maybe Not sure

If no, maybe or not sure, can you provide further details?

.....
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.....

5. What specific things will you do in your work as a result of the training?

6. Do you feel you need any further support?

If yes, please explain below

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.....

Thank you

Appendix 2

Pre and Post Evaluation Questionnaire Staff

Pre Session Survey

Please answer each question by ticking the relevant box

1. I feel knowledgeable about

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) The factors that influence healthy lifestyles					
b) The effectiveness of promoting healthy lifestyles					

2. I feel that it is important to promote healthy lifestyles

Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant

3. I feel confident about discussing healthy lifestyles

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

Post Session Survey

Please answer each question by ticking the relevant box

1. I feel knowledgeable about

	Strongly agree	Agree	Neither agree not disagree	Disagree	Strongly disagree
a) The factors that influence healthy lifestyles					
b) The effectiveness of promoting healthy lifestyles					

2. I feel that it is important to promote healthy lifestyles

Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant

3. I feel confident about discussing healthy lifestyles

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

4. Any other comments

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Post Session Continued

5. What did you think of the training course?

Excellent Good Average Poor

6. What part of the training did you find most useful?

7. What part did you find the least useful?

8. Do you think you will be able to use the information learnt today?

Yes No Maybe Not sure

If no, maybe or not sure, can you provide further details?

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9. What specific things will you do in your work as a result of the training?

10. Do you feel you need any further training to help you 'Make Every Contact Count'?

Appendix 3

1 month Evaluation Questionnaire Trainers

1. Have you used the knowledge and skills gained from the training since you attended?

Please delete as appropriate: Yes No

2. How have you used the knowledge and skills you gained?

Please highlight:

- Delivered a MECC training session
- Had a 'healthy chat' with a patient
- Other

If you chose 'Other' please elaborate:

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3. If you have not used your MECC skills, what are the reasons for this?

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4. Is there anything that has helped you or that you've found particularly useful when delivering a MECC training session or when having a healthy chat?

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5. Have you used any of the resources you received as part of the training? If yes, which ones?

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6. Do you feel like you need any further support to continue delivering MECC?

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Appendix 4

3 month Evaluation Questionnaire Trainers

1. Have you used the knowledge and skills gained from the training since you attended?

Please delete as appropriate: YES NO

2. How have you used the knowledge and skills you gained?

Please highlight:

- Delivered a MECC training session
- Had a 'healthy chat' with a patient
- Other

If you chose 'Other' please elaborate:

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3. If you have not used your MECC skills, what are the reasons for this?

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4. Is there anything that has helped you or that you've found particularly useful when delivering a MECC training session or when having a healthy chat?

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5. Have you used any of the resources you received as part of the training? If yes, which ones?

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6. What steps have you taken to embed MECC within your team/Department?

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7. Do you feel like you need any further support to continue delivering MECC?

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Appendix 5

Post Training Interview Schedule Train the Trainer

Introduction

Thank you for agreeing to talk to me.

I would like to ask you about your views on MECC training and to discuss with you whether you have made any changes in your practice.

Views about MECC training

1. Can you tell me your overall views about the relevance of the MECC training for you?
2. What were the key learning points for you?
3. Was there anything in particular that you found really useful?
4. How did this training complement other training your have undertaken?
5. Were there any improvements you could suggest?
 - a. Delivery
 - b. Content
6. Is there anything that wasn't covered that you would have liked to be covered?

7. Have you delivered any MECC training sessions to others?

8. Can you tell me about this?

What went well?

What went less well?

Implementation of MECC

For you

Now I want to ask you about whether you have had any opportunity to put into practice anything you have learnt as a result of participating in MECC training.

9. Have you had an opportunity to have any 'healthy chats' with your patients or changed the way you talk about behaviour change with your patients?

10. If yes can you tell me about this?

Who was this with?

How did this chat come about?

How did the patient respond?

Would you try this again?

11. Since your MECC training have you ever felt you wanted to discuss a persons' lifestyle with them but not done so?

Can you tell me about this?

12. What do you think would help you bring up the issue of healthy behaviours / behaviour change?

13. What are your feelings about talking to patients about their lifestyle? Do you feel any differently since the training?

14. How could you be further supported in implementing MECC / having health behaviour change conversations?

15. Do you feel you need any further training / information / skills /resources to help you to discuss behaviour change with patients?

16. How do you think MECC can be embedded/made usual practice in your department?

17. Have you made any steps towards this?

For AHP/ health service

18. Are there any other health professions or other professions who could benefit from MECC training?

19. Do you think MECC will make a difference to patients?

20. Do you believe having a healthy chat works / will work? Could there be any negative consequences brought about by MECC training / healthy chats with patients?

Summing Up

That is all I wanted to discuss today.

21. Is there anything else you wanted to add or any questions you wanted to ask.

Thank you so much for your time it is really useful to gain your feedback on the MECC training and your views about behaviour change in general. I will be putting together a report following the analysis of these interviews which will be made available to you. Please do contact me if you would like to discuss anything.

