

Living Life with Chronic Conditions

Leaders Training

AIM:

The aim of the training is to equip health professionals and community members with the knowledge & skills to run the Living Life with Chronic Conditions course. The workshop is conducted over 3 days and is run by two Master Trainers who are experienced in conducting the course in the community. Participants undertaking the training will be given the skills to run the client course with their own client group. The Living Life with Chronic Conditions course is not disease specific and covers subjects including:

- ❖ Techniques to deal with problems such as frustration, fatigue, pain and isolation
- ❖ Appropriate exercise for maintaining and improving strength, flexibility and endurance
- ❖ Appropriate use of medications
- ❖ Communicating effectively with family, friends and health professionals
- ❖ Nutrition
- ❖ Managing depression
- ❖ Relaxation & stress management
- ❖ Use of community resources.

DELIVERY:

- Workshop is delivered over 3 days. The 3 day workshop includes provision for 'practical' sessions for leading the workshop, thus providing an opportunity to put theory from Day 1 & 2 into practice.
- A comprehensive manual is provided to all participants.

CONTACT:

For further information or to book training for yourself or organisation, please contact the Health Partners team on 9458 0505.

BACKGROUND:

Living Life with Chronic Conditions course

The Division of Family and Community Medicine in the Department of Medicine at Stanford University received a five year research grant from the Federal Agency for Health Care Research and Policy and the State of California Tobacco-Related Research Project. The purpose of the research was to develop and evaluate, through a randomised controlled trial, a community based self management Course that assists people with chronic illness. The study was completed in 1996.

The research project had several investigators: Halsted Holman, M.D, Stanford Professor of Medicine; Kate Lorig, Dr P.H., Stanford Associate Research Professor of Medicine; David Sobel, M.D., Regional Director of Patient Education for the Northern California Kaiser Permanente Medical Care Program; Albert Bandura, Ph.D., Stanford Professor of Psychology; and Byron Brown, Jr., Ph.D., Stanford University, School of Medicine. The

Course was written by Dr Lorig, Virginia Gonzalez, M.P.H., and Diana Laurent, M.P.H., all of the Stanford Patient Education Research Centre. Ms Gonzalez and Ms Laurent also served as integral members of the research team.

The course process was based on investigators' experience and others with self efficacy, the confidence one has that he or she can master a new skill or affect one's own health.

The content of the course was the result of focus groups with people living with chronic disease where participants discussed topics that were most important for them.

How was the Course evaluated?

Over 1,200 people with heart disease, lung disease, stroke or arthritis participated in a randomised controlled test of the Course and were followed for up to three years. Changes monitored included health status (disability, social/role limitations, pain and physical discomfort, energy/fatigue, shortness of breath, psychological well-being/distress, depression, health distress, self-rated general health), health care utilisation (visits to physicians, visits to emergency department, hospital stays, and nights in hospital), self-efficacy (confidence to perform self management behaviours, confidence to manage disease in general, confidence to achieve outcomes), and self management behaviours (exercise, cognitive symptom management, mental stress management/relaxation, use of community resources, communication with physician, and advance directives)*. The results were published in 'Medical Care', 37(1):5-14, 1999.

What were the results?

Participants in the Course, when compared to those who did not participate, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability and social/role activities limitations. Participants also spent less days in hospital with a trend toward fewer outpatient visits. These data yield a cost to savings ratio of approximately 1:10 with many of these results persisting for as long as three years.