



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Clinical Best Practice Guidelines

SEPTEMBER 2010

Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients



INTERNATIONAL AFFAIRS & PRACTICE GUIDELINES
TRANSFORMING NURSING THROUGH KNOWLEDGE

Summary of Recommendations

Practice Recommendations

5 A'S APPROACH		TYPE OF EVIDENCE ¹
1.0	Nurses utilize the "5 A's" behavioural change approach of assess, advise, agree, assist and arrange, to incorporate multiple self-management strategies when supporting clients with a chronic illness to assist in improved outcomes.	Ia
ASSESS		
1.1.a	Nurses establish rapport with clients and families.	III
1.1.b	Nurses screen for depression on initial assessment, at regular intervals and advocate for follow-up ⁶ treatment of depression.	Ib
1.1.c	Nurses establish a written agenda for appointments in collaboration with the client and family, which may include: <ul style="list-style-type: none"> ■ Reviewing clinical data ■ Discussing client's experiences with self-management ■ Medication administration ■ Barriers/stressors ■ Creating action plans ■ Client education 	IIb
1.1.d	Nurses consistently assess client's readiness for change to help determine strategies to assist client's readiness for change to help determine strategies to assist client with specific behaviours.	III
1.1.e	Nurses encourage clients to use health risk appraisal instruments; model use of such tools, and discuss the results of the risk assessment with them at regular follow up.	Ib
ADVISE		
1.2.a	Nurses combine effective behavioural, psychosocial strategies and self-management education processes as part of delivering self-management support.	Ia
1.2.b	Nurses utilize the "ask-tell-ask" (also known as "Elicit- Provide-Elicit") communication technique to ensure the client receives the information required or requested.	III
1.2.c	Nurses use the communication technique "Closing the Loop" ⁶ (also known as "teach back") to assess a client's understanding of information.	III
1.2.d	Nurses assist clients in using information from self-monitoring ⁶ techniques (e.g., glucose monitoring, home blood pressure monitoring) to manage their condition.	Ib
1.2.e	Nurses encourage clients to use monitoring methods (e.g., diaries, logs, personal health records) to monitor and track their health condition.	III

¹ See page 9 for an interpretation of evidence

AGREE		
1.3	Nurses collaborate with clients to: <ul style="list-style-type: none"> ■ Establish goals; ■ Develop action plans that enable achievement of goals; and ■ Monitor progress towards goals. 	Ia
ASSIST		
1.4.a	Nurses who are appropriately trained use motivational interviewing with their clients to allow clients to fully participate in identifying their desired behavioural changes.	Ia
1.4.b	Nurses teach and assist clients to use problem-solving ⁶ techniques.	Ia
1.4.c	Nurses are aware of community self-management programs in a variety of settings, and link clients to these programs through the provision of accurate information and relevant resources.	Ib
ARRANGE		
1.5	Nurses arrange regular and sustained follow-up for clients based on the client's preference and availability (e.g., telephone, email, regular appointments). Nurses and clients discuss and agree on the data/information that will be reviewed at each appointment.	Ia
INNOVATIVE DELIVERY MODELS		
2.0	Nurses use a variety of innovative, creative, and flexible modalities with clients when providing self-management support such as: <ol style="list-style-type: none"> a) Electronic support systems b) Printed materials c) Telephone contact d) Face-to-face interaction e) New and emerging modalities 	IIb
2.1	Nurses tailor the delivery of self-management support strategies to clients' culture, social and economic context across settings.	IIa
2.2	Nurses facilitate a collaborative practice team approach for effective self-management support.	Ib

Educational Recommendations

RECOMMENDATION		TYPE OF EVIDENCE
3.0	Nursing academic programs integrate principles of self-management support education throughout their core curriculum and in continuing education.	IV
3.1	Organizations provide self-management support education through a variety of ongoing professional development opportunities to support nurses in effectively developing skills in self-management support.	IV

Organization and Policy Recommendations

RECOMMENDATION		TYPE OF EVIDENCE
4.0	Organizations provide opportunities for nurses to take leadership roles in the provision of self-management support.	IV
4.1	Organizations integrate self-management support values and principles related to fostering client-centered care and therapeutic relationships in the delivery of care and services, through inclusion in strategic plans and organizational goals.	IV
4.2	Decision makers (Chief Executive Officers, Directors, Managers, Stakeholders) within organizations ensure adequate funding is available for self-management support initiatives such as technology to provide education to clients and nurses	IV
4.3	<p>Nursing best practice guidelines can be successfully implemented where there are adequate planning strategies, resources, organizational and administrative supports and appropriate facilitation of guideline uptake among clinicians. An effective organizational plan for implementation includes:</p> <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to implementation, taking into account local circumstances. ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Dedication of a qualified individual to provide the support needed for the education and implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. 	IV

Interpretation of Evidence

Types of Evidence

Ia	Evidence obtained from meta-analysis or systematic review of randomized controlled trials.
Ib	Evidence obtained from at least one randomized controlled trial.
IIa	Evidence obtained from at least one well-designed controlled study without randomization.
IIb	Evidence obtained from at least one other type of well-designed quasi- experimental study, without randomization.
III	Evidence obtained from well-designed, non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
IV	Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities



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*Made possible by financing from the
Ontario Ministry of Health and Long-Term Care*

*Developed in partnership with Health Canada,
Office of Nursing Policy*

ISBN-13: 978-0-920166-99-4
ISBN-10: 0-920166-99-7



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