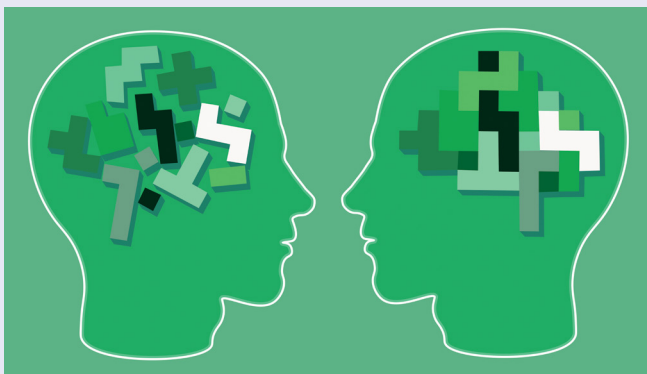


Behaviour Change: Five Things you Probably Suspected, but Weren't Sure About...



1. We all learn differently.

Yup, we know you know this, but it is reassuring to know that there is a significant body of research and literature addressing the range of stimuli that support effective teaching and learning. At the Porterhouse Medical Group, we particularly like the behaviouralism/cognitivism/constructivism model, which we incorporate whenever possible into our solutions.

Behaviouralism: "I want to acquire knowledge and be rewarded for doing so"

Cognitivism: "I want to learn rules and learn how to apply them"

Constructivism: "I want to solve problems and take responsibility for my own learning"

2. Context is everything.

Again, not earth-shattering insight, but important nonetheless. Think back to the last five times you went out to eat; you probably went to different types of restaurant, depending on whether it was for lunch or dinner, whether you were alone or with company, or whether it was a special occasion or not. During each of these different occasions, the context drove your decision-making process – your budget for a lunch-time meal would have been different to your budget for an evening meal with your partner and so on. In the same vein, the effectiveness of communication and educational programmes is context specific – one size doesn't fit all.

3. Triggering behaviour change is complex.

You don't say! Academic investigation and experimentation have supported the refinement of models of behaviour change, the most notable of which is the COM-B model, which posits that behaviour occurs as an interaction between three necessary conditions: capability, opportunity and motivation. The Theoretical Domains Framework provides a pragmatic adaptation of these models to enable us to understand and intervene in human behaviour in relation to disease and associated modalities.

4. If you don't measure it, you can't improve it.

With apologies to Peter Drucker for rephrasing. Many of the channels used to communicate to healthcare professionals and, indeed, the type of content generated for these channels are the result of habit. It's the usual way of doing things. "We've always been to this conference," but unless you measure the impact of a given educational intervention, how do you know if it still achieves the original objectives? Or, indeed, the return on investment (ROI)? Does behaviour change need to start closer to home?

5. Not all metrics are the same.

Developing and implementing robust measurement systems should evolve around a thorough evaluation of the field of behaviour change and the involvement of experienced practitioners. Any evidence based tool designed to measure the impact of educational interventions and communication programmes should also capture data from participants in an accessible, yet granular format. Moreover, the outputs should highlight any changes in an easy to action format.



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