

Linking Self Advocacy & Self-Management in MS to the MS Nurse Competency Document

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- None pertaining to this talk

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How well do **YOU** communicate, and self-manage when **YOU** are unwell?

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How well do YOU promote self-advocacy and self- management in MS?

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Self-Advocacy & Self-Management

Self-advocacy is **UNDERSTANDING** your own needs and **COMMUNICATING** them *effectively*

Self-management involves taking and **ACTIVE** role in your managing your condition

(Definitions from the MS Trust, MS Society, Mayo Clinic & AAN)

What is Self-Advocacy & Self-Management in MS?

Self-advocacy involves understanding your needs and communicating them effectively to obtain necessary resources, support, and care. For someone with MS, this means: (*MS Society, MS Trust, Mayo Clinic & AAN*)

Self-management involves taking an active role in managing your condition to improve quality of life and health outcomes. For MS, this includes: (*MS Society, MS Trust, Mayo Clinic & AAN*)

Education: Understanding your diagnosis, treatment options, and the progression of MS. Knowledge empowers you to make informed decisions about your health.

Medication Adherence: Taking medications as prescribed to manage symptoms and slow disease progression. This includes disease-modifying therapies (DMTs) and symptomatic treatments.

Communication: Clearly expressing your symptoms, concerns, and preferences to healthcare providers, caregivers, and support networks.

Lifestyle Modifications: Implementing changes to your daily routine to help manage MS symptoms. This can include diet, exercise, stress management, and sleep hygiene.

Rights: Knowing your rights in various settings, including the workplace, healthcare, and social services, and standing up for them

Monitoring Symptoms: Keeping track of your symptoms and any changes. This can help you and your healthcare team adjust your treatment plan as needed

Support Systems: Building a network of family, friends, support groups, and organizations that can provide assistance and advocacy when needed.

Physical Therapy and Rehabilitation: Engaging in physical therapy to maintain mobility, strength, and flexibility. Occupational therapy can also help with adapting daily activities.

Navigating Resources: Identifying and utilizing resources available for people with MS, such as financial assistance, adaptive devices, and legal support.

Mental Health: Addressing the emotional and psychological aspects of living with MS. This can involve counselling, support groups, and stress reduction techniques.

Preventive Care: Regularly seeing healthcare providers to monitor your health and prevent complications. This includes routine check-ups and screenings.



Let's shift gears and talk about the UK MS Nurse Competency Document

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or proficiency document in
your clinical practice**

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9 Core Competencies using Benner's Model from Novice to Competent to Expert

1. *Theory of multiple sclerosis*
2. Accountability and clinical governance
3. **Providing support and advice to people with multiple sclerosis and their carers**
4. *Symptoms management*
5. *Disease-modifying treatments*
6. Multidisciplinary team working
7. *Lifestyle, health and wellbeing*
8. Education and professional development
9. Research and audit

What is Benner's Novice to Expert Theory?

	Novice	Competent	Expert
Definition	The learner has had no previous experience to decide which tasks are most relevant to accomplish.	The learner has been on the job two or three years and is able to see actions in terms of goals or plans and works in an efficient and organized manner.	The learner grasps the situation and understand what needs to be accomplished beyond rules, guidelines, and maxims.
Potential strategies for skills and knowledge acquisition	Teach simple, objective concepts/attributes that are easily identified	Offer in-service education or opportunities	Provide opportunities for experts to share their skills and knowledge and also their analytical abilities to solve new situations

How do we link these with the MS Nurse Competency document

Competency 3: Providing support and advice to people with multiple sclerosis and their carers

	NOVICE	COMPETENT	EXPERT
Developing a therapeutic relationship	Establishes working and trusting therapeutic relationships with pwMS and their PSN by getting to know them, respecting their needs, goals and wishes, giving them undivided attention, and working to anticipate their needs and concerns, within the context of professional boundaries	Communicates, listens, questions and assesses effectively to develop a collaborative professional therapeutic relationship Uses skills and strategies to help pwMS manage symptoms and deal with emotional or psychological issues Is aware of what is needed to undertake difficult conversations with the pwMS and their PSN	Confidently undertakes difficult conversations with the pwMS and their PSN Displays competence in communicating with the pwMS in collaboration with other professionals to improve patient pathway and care
Patient education	Has a general understanding of the different types of MS and its symptoms, and uses this knowledge to educate pwMS and their PSN, at a level appropriate to the needs of the learner	Has a good understanding of MS and its symptoms, and educates pwMS and their PSN about complex aspects of the disease, tailoring the information to a level appropriate to the needs of the learner	Identifies and addresses gaps in the knowledge of the pwMS and their PSN at a detailed level, tailoring the information as appropriate Creates appropriate educational materials for use by pwMS and their PSN

You have bombarded us with so many words
Mavis..... How do we PRACTICALLY do this in
clinical practice?

**I AM GLAD YOU ASKED..... OVER TO
YOU.....**

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**How do we practically do
this in clinical practice? Any
suggestions?**

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How do we translate these concepts into clinical practice?

One example is to tailor our clinic appointments considering points below especially at 1st contact in clinic:

Self-advocacy is UNDERSTANDING your own needs and COMMUNICATING them *effectively*

Education: What is MS? Progression of disease, Aging, etc.

Communication: channels with your MS team (email, telephone, letters, etc). How often and how long clinic appointments will be

Rights: workplace, legal, benefits, driving, insurance, etc

Support Systems: Building a network of family, friends, support groups, and organizations that can provide assistance and advocacy when needed.

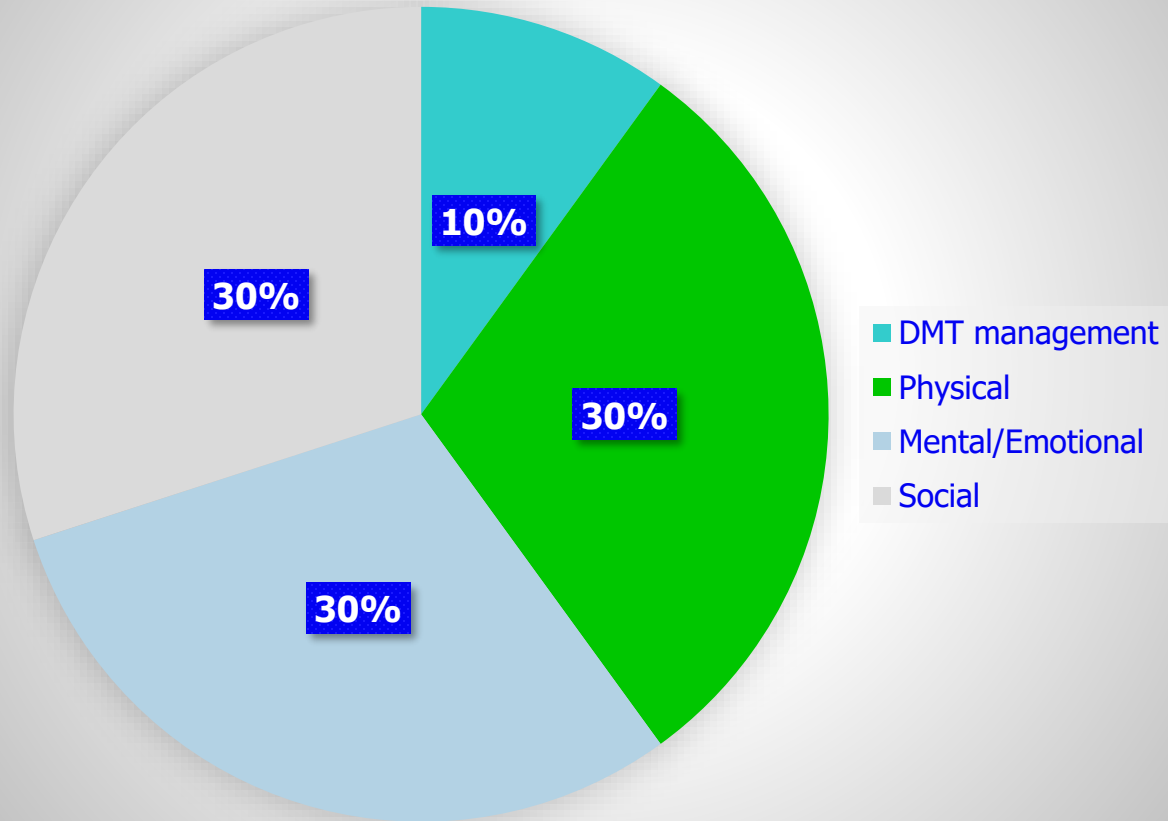
Navigating Resources: financial assistance, adaptive devices, other departments (self-referral or from the MS team), insurance, benefits, etc

Online resources: reputable websites and patient groups.

Promoting Self-Management

involves taking and **ACTIVE** role in your managing your condition

Living Well with MS



Physical	Mental/Emotional	Social/Economic Work/Education
Healthy diet	ACT- acceptance therapy	Supportive relationships
Exercising/ moving your body	Mindfulness/Meditation	Help when needed
Not Smoking/stopping smoking	Keeping the mind active and <u>slowwww</u> it down	Equality Act
Alcohol- Staying within weekly limits	MS education- how little or how much	Balance- hours
Vaccinations	Making the most of your health team and appointments	Having a break/holiday
Health Checks	Hobbies	Family planning
Managing symptoms	Being organised- proactively manage your MS.	
	Stress management	
Sleep		

How do we know how well we are promoting self-advocacy and self-management?

And.....

How do we know that we are meeting our competency as MS nurses?

I want to know too! Let's give ourselves some ideas

How do we know that we are meeting our competency as MS Nurses?

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A quote I say to patients,

“ MS health care professionals are experts in their speciality BUT you are the expert of YOU! We are part of your village, but you are the chief!”

Thank you!

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