

Training motivated general practitioners and nurses as a key strategy in the iterative implementation of the Beveu Menys programme

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Introduction

The Beveu Menys or Drink Less programme seeks to incorporate brief interventions on alcohol into healthcare professionals' daily practice through training of alcohol referents in each of the 358 primary healthcare centres (PHC) in Catalonia. The implementation has been carried out in two different phases.

In the first dissemination phase of the programme (2002-2005), the professionals of the centres of the Drug Addiction Network trained 98% of the Primary Healthcare centres (340 centres). The main results obtained were: an increase of 10 points in the percentage of screening in PHC, a sustained increase in referrals to specialized care of the most serious cases and the possibility to continue with the iterative process of implementation with the design of the second phase (2006-2010) (1-2).

In the second phase the Network of Referents on Alcohol (XaROH) is being created, consisting of family doctors and Primary Healthcare nurses who act as trainers and referents on alcohol in the primary care teams of which they are members. This process is designed and coordinated in alliance with the Catalan Society of Family and Community Medicine (CAMFiC) and the Association of Family and Community Nursing of Catalonia (AIFiCC).

In this poster we describe the principles and the design of the current strategy for the implementation of the programme, its evolution and future lines of development.

Methods

In this second phase, the programme seeks to identify and train two referents in each of the 358 primary healthcare centres in Catalonia. The training plan consists of imparting 34 train-the-trainers courses throughout the territory, grouping together the referents of a particular zone in a single 8-hour training course. In figure 1 you can find the educational objectives of the training-the-trainers course. The trainers are members of the CAMFiC and AIFiCC alcohol working group, this being an interdisciplinary group formed by physicians and PHC nurses. Once trained, the referents will have to train their colleagues in the respective centres, with the support of the specialists of the Drug Addiction Attention and Follow-up Centres (CAS), in a 3-hour course. The referents receive ongoing training and support from the management team in order to carry out their work.

Figure 1. Educational objectives of the course

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| 1 To raise the referent's awareness of alcohol as a significant public health problem and as a risk factor for individual and collective health. | 2 To teach the referent to use the materials of the Drink-Less programme. |
| 3 To guarantee that the referent acquires knowledge about alcohol and the problems it causes, how to detect them and intervene in practice. | 4 To ensure that the referent knows how to transit the information received to his or her team |

Results

During the first half of 2009, 9 training-the-trainers courses have been conducted with the incorporation of 170 new referents into the programme. See figure 2 for the distribution in the whole territory of Catalonia. In figure 3 you can see the evolution in the identification of referents. It is anticipated that 8 courses will be held per month during the second half of the year. The current level of implementation is 48.6%, which corresponds to a total of 174 PHC centres trained (Figure 2).

Fig 2. Members of the Network of Referents on Alcohol

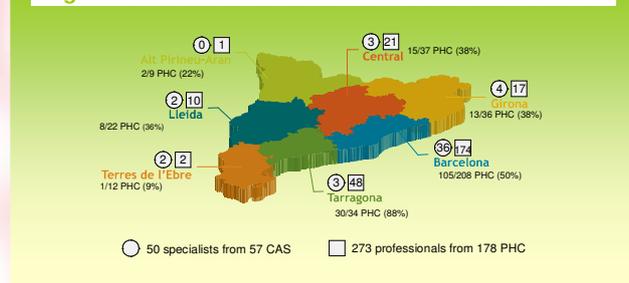


Fig 3. Evolution in the identification of referents 2009

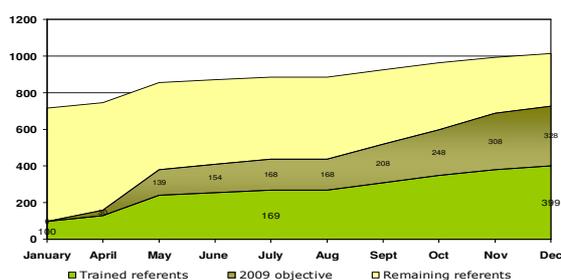
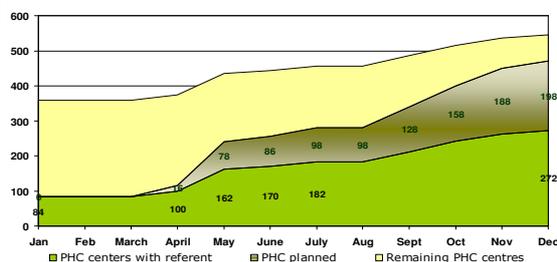


Fig 4. Evolution in the implementation 2009



Conclusion

The implementation of a programme is slow and requires an iterative process in which the participation of all the stakeholders is essential. The work carried out to date has facilitated the incorporation of the scientific societies of PHC in Catalonia into the programme and allows us to give it a new impetus through work between peers. In this phase the introduction of alcohol objectives for professionals and primary healthcare centres and the improvement, the support to primary care and the adaptation of the materials to the needs of the professionals in the consulting room are fundamental.

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