SP PACKET

ENGAGEMENT

JANUARY 17, 2024

Date

MI-CCSI
Center for Clinical Systems Improvement

CONTENTS

Engagement Training

Optimizing Self-Management Through Improved Patient Engagement

TRAINING AGENDA		
7:45	**8:00**	Arrival & Welcome
8:00	**9:30**	Review the spirit and four processes of motivational interviewing
9:30	**9:45**	Introduction
9:45	**10:00**	Break
10:00	**12:00**	Demonstrate the basic skills of motivational interviewing to include using patient language cues and the motivational interviewing process
12:00	**12:30**	Lunch
12:30	**1:15**	Group 1 – SIMULATION Group 2 –Change Talk Group 3 – Health Literacy
1:15	**2:00**	Group 1 – Health Literacy Group 2 – SIMULATION Group 3 –Change Talk
2:00	**2:45**	Group 1 –Change Talk Group 2 – Health Literacy Group 3 – SIMULATION
2:45	**3:00**	Break
3:00	**3:30**	Success Strategies; Wrap-up; Making a plan to apply new skill
3:30	**3:45**	Evaluation

Additional information

Engagement Training

Optimizing Self-Management Through Improved Patient Engagement

TELEPHONIC SIMULATION INSTRUCTIONS AND TIMING		
10	minutes	• SIM overview, instruction, and Q&A • Care Coordinator/Care Manager reviews case info • SIM Coordinator texts SPs that calls are coming
15	minutes	• SP interaction (SP keeps time)
10	minutes	• SP finishes competency checklist/ feedback form (prior to giving feedback) • Attendee fills out self-evaluation simultaneously
5	minutes	• SP provides feedback & reviews self-reflection

EACH ROUND - 40 MINUTES

STANDARD PATIENT CASE: DIABETES FOLLOW-UP INTERVIEW

OVERVIEW

Logistics: You (the patient) were referred to a care manager as your A1C did not go down after starting Lantus and you are scheduled to have a call today.

Emotional state: You (the patient) are **polite, cheerful, and cooperative but quiet and reserved.**

PATIENT HEALTH HISTORY

DOB: 1/19/19**

A1C (Labs)

- 6 months ago, was 7.0
- 3 months ago, was 10.0
- At this visit is 10.7

Medications

- Metformin: 1000mg twice a day with meals
- Lantus Insulin: 20 units at night
- Lisinopril: 10mg daily

PATIENT BACKGROUND

Medical Background

You are a **(**your age and gender)** with diabetes, type II, taking Metformin and Lantus for this condition. Your doctor is concerned since your A1c did not go down after starting Lantus. After discussing with you, it was realized that you discontinued the Metformin when you started on Insulin, and you did not have success in making changes to your diet and exercise as previously discussed and planned. He has now referred you to care management to prepare a self-management action plan.

You have health insurance with good coverage. You are financially stable.

You completed diabetic education when you were initially diagnosed approximately 15 years ago. For the most part, you have been able to follow a healthy diet and exercise regularly for quite some time, but that has become more difficult. You want to have a normal life without this disease. You counted carbs but found this very rigid and difficult to maintain on a long-term basis. You were confused when the doctor started the Lantus though and thought you did not have to take the Metformin orally while taking injections and think this may have contributed to your bad numbers today.

At your last visit, you discussed with the physician diet and exercise changes. You tried this on your own but were not successful. The doctor shared a new service in the office called care management. He explained the care management role, and he/she could offer support and assistance in what is called a self-management action plan. You are receptive to this but would like to hear more about the service.

Non-medical Background

You are polite, cheerful, and cooperative but quiet and reserved.

You have children who are very supportive, one daughter and two sons. Your daughter and you are very close.

In the past, you have been involved in water aerobics and enjoy that very much. You've also been thinking about taking up yoga and/or a spinning class.

If asked, you:

- Read books, play bridge with a group of friends, and are active in your church.
- You also enjoy spending time with your grandchildren.

THE CALL FROM CARE/CASE MANAGER

The goal of the discussion today is for the care manager to use a Self-Management Action Form to explore your "the patient" goals and actions for managing your illness.

1. If asked about your A1C and any suggestions to get it under control, respond:

   "That has been resolved and I thought today was about putting together a plan to improve your diabetes."

2. Follow the care manager/attendee's questions based on the form. If they are not using the self-management action form, provide a gentle reminder to do this. For example:

   "I have this form the provider gave me. Is that what you are using for this conversation?"

3. For the readiness ruler:

    a) **Respond with a 5.** The care manager/attendee should then ask why a 5 and not a lower number. Provide reasons you are at the higher number. Examples:

    - *"I have a yoga business near my home."*
    - *"I enjoy getting out and meeting new people"*

    b) The care manager/attendee should then ask, what will it take to get you to a higher number, such as a 7 or above? Provide ideas, for example:

    - *"Having a neighbor do the activity with me."*
    - *"Writing it on my schedule."*

    c) The care manager/attendee should then repeat the readiness ruler. **Now provide the number 8.**

4. The care manager/attendee should then make plans to follow up with you either in-person or with a telephone call.

5. You have reached the end of the self-management action plan.

SELF MANAGEMENT ACTION PLAN TEMPLATE

Patient Name:	**Date:**

Staff Name:	**Staff Role:**	**Staff Contact Info:**

Goal: *What is something you WANT to work on?*

1.

2.

Goal Description: *What am I going to do?*

How:

Where:

When:	**Frequency:**

How ready/confident am I to work on this goal? (Circle number below)

Not  Very

Ready 1 2 3 4 5 6 7 8 9 10 Ready

Challenges: *What are barriers that could get in the way & how will I overcome them?*

1.

2.

3.

What Supports do I need?

1.

2.

3.

Follow-up & Next Steps (Summary):

1.

2.

3.

SELF MANAGEMENT ACTION PLAN COMPLETED EXAMPLE

Patient Name: SP First Name	**Date:**	
Staff Name: Betty Care Manager	**Staff Role:** Care Coordinator or Mgr.	**Staff Contact Info:** 555-555-5555

Goal: *What is something you WANT to work on?*

1. Improve my diabetes-by exercising more
2.

Goal Description: *What am I going to do?*

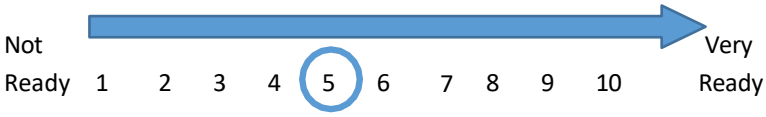
I would like to take yoga

How: Join a class

Where: In the strip mall near my house

When: After work	**Frequency:** 3x per week – M-W-F

How ready/confident am I to work on this goal? (Circle number below)



Challenges: *What are barriers that could get in the way & how will I overcome them?*

1. Cost of class
2. If I am sick or had a bad day with my blood sugars
3. If my daughter needs me to take care of care of the kids

What Supports do I need?

1. Co-worker encouragement
2. I've seen some deals on Groupon for Yoga – I'll look for an inexpensive offering
3. Encouragement from family, friends, provider

Follow-up & Next Steps (Summary):

1. Review Groupon options
2. Sign-up for classes within the next week
3. CM or CC to call in 2 weeks to check on progress and review

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2022 Engagement Training Simulation Competency Assessment & Feedback

1. Attendee Information

First name

Last name

* 2. Attendee Type

- Nurse
- Medical Assistant (MA)
- Social Worker
- Nurse Practitioner or Physician Assistant (NP/PA)
- Pharmacist
- Other

Other (please specify)

* 3. SP Name

- Cara
- Joan
- Cathie
- Kay
- Cherie
- Nancy
- Cindy
- Pauline
- Darlene
- Pete
- Gayle
- Theresa
- Ginny
- Tom
- Jeff
- Amy
- Jim
- Other (please specify)

1

* 4. Training Date

- ◯ JANUARY 14
- ◯ FEBRUARY 25
- ◯ MARCH 3
- ◯ MARCH 7
- ◯ MARCH 9
- ◯ MARCH 11
- ◯ MARCH 14
- ◯ APRIL 15
- ◯ MAY 13
- ◯ JUNE 10
- ◯ JULY 15
- ◯ AUGUST 5
- ◯ SEPTEMBER 23
- ◯ OCTOBER 21
- ◯ NOVEMBER 11
- ◯ DECEMBER 16
- ◯ Other (please specify)

* 5. ***ENGAGE THROUGH ACKNOWLEDGEMENT:***

Rate the following items on a scale of 1-5 (where 1=not at all and 5=very good).

	Yes	No	Somewhat/At times	N/A
Acknowledged while greeting (smile, eye contact, hello, etc.) & using patient/family name as appropriate (engaging) [H]	◯	◯	◯	◯

* 6. ***INTRODUCTION:***

Rate the following items on a scale of 1-5 (where 1=not at all and 5=very good).

	Yes	No	Somewhat/At times	N/A
Introduces self and purpose of the call. Ask for permission/setting time duration & inquiring on patient's understanding [H]	◯	◯	◯	◯
Describes Role [H]	◯	◯	◯	◯
Identifies physician they are working with and relationship to provider [M]	◯	◯	◯	◯

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* 7. ***ASSESSING:***

Rate the following items on a scale of 1-5 (where 1=not at all and 5=very good).

	Yes	No	Somewhat/At times	N/A
Attendee inquires on the patient's interest in making changes.				
Seek patient's ideas to improve their health.				
Attendee uses the self-management tool to explore the patient's ideas for the (SMART) goal				
Uses a range of open-ended questions (cannot be answered with yes, no, maybe)				
Affirmations: Uses words that recognize the patient's strengths & abilities (determined, persevere, persistent).				
TUsing the readiness ruler, the patient's confidence and/or readiness were evaluated. (Going down and then up from the number provided by the patient).				

	Yes	No	Somewhat/At times	N/A
Friendly tone of voice				

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	Yes	No	Somewhat/At times	N/A
Easy pace of speech based on patient's pace				
Uses plain language & not medical jargon				
Active listening *(no interrupting, confirmed what they heard individual say, etc.).*				
Limited multitasking: communicator present and attentive.				
Empathy: The attendee expressed compassion and empathy by listening and understanding the patient's feelings & perspective.				
Viewed the patient as the expert upon themselves with ability to follow the plan & emphasizes client's freedom of choice, autonomy and personal responsibility				
Was present – felt listened to and viewed as a relevant team member.				
Reflection: Repeats the patient's comments and ideas back to convey understanding.				

* 10. ***PLANNING:***

Respond with the best fit for the interaction.

	Yes	No	Somewhat/At times	
The attendee relayed and confirmed the next step with the patient – *set up follow up appointment (in-person or phone call)* [H]				
CLOSURE:				
Demonstrated respect by thanking the patient and showed appreciation (i.e., thank you for trust, for letting me serve you, ask if there's anything you can do before leaving, provide business card if applicable, etc.)				

Attendees Participation and Response Feedback:

* 11. The attendee was engaged in the simulation activity.

Yes	No	Somewhat/At times	

* 12. Standard Patient identifies two things the attendee did well and one opportunity to improve

1.

2.

Opportunity for Improvement

13. Ask the attendee identifies to identify two action steps they will commit to that will increase their skill with the improvement opportunity that they identified.

1.

2.

14. Any additional SP Written Feedback

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