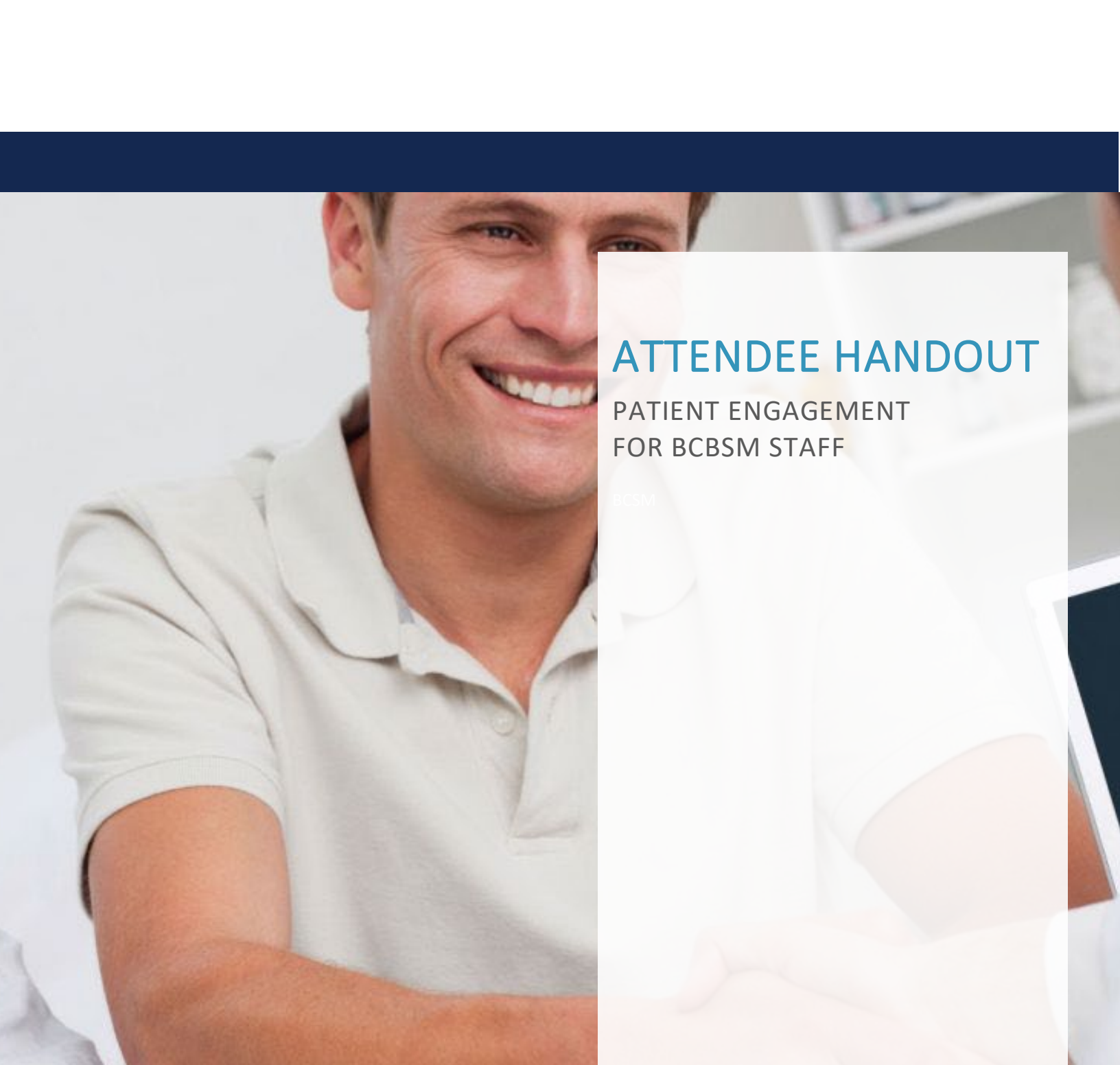




ATTENDEE HANDOUT

PATIENT ENGAGEMENT
FOR BCBSM STAFF

BCSM

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AGENDA

Topic	Speaker	Time	Objective	Approach
Welcome	Susan J. Vos BSN, RN, CCM Robin Schreur RN, BS, CCM	7:45 – 8:00 am (15 minutes)		Discussion
Spirit of MI	Susan J. Vos BSN, RN, CCM Robin Schreur RN, BS, CCM	8:00 am – 9:30 am (90 minutes)	Review the spirit and four processes of motivational interviewing	Didactic, role playing and the use of videos
15 Minute Break				
Motivational Interviewing Skills & Self-Management Support Overview	Susan J. Vos BSN, RN, CCM Robin Schreur RN, BS, CCM	9:45 – 12:00 pm (135 minutes)	Review skills of motivational interviewing to include Demonstrate of self-management action planning	Didactic, role playing and the use of videos
Lunch 30 minutes				
Breakout Sessions - Each small group rotates through each small group breakout.				
Simulation	Standardized Patients & Participants	Group 1: 12:30 – 1:10 pm Group 2: 1:10 - 1:50 Group 3: 1:50 - 2:30	Demonstrate application of motivational interviewing skills and development of self-management action plan	Telephonic interaction with standardized patient
Change Talk	Robin Schreur RN, BS, CCM	Group 2: 12:30 – 1:10 pm Group 3: 1:10 - 1:50 Group 1: 1:50 - 2:30	Refine knowledge and skills in eliciting change talk with patients	Didactic, role playing
Health Literacy	Susan J. Vos BSN, RN, CCM	Group 3: 12:30 – 1:10 pm Group 1: 1:10 - 1:50 Group 2: 1:50 - 2:30	Develop an awareness and understanding of the implications of health literacy and cultural and ethical considerations on patient goals and desires	Didactic, role playing and the use of videos
5 Minute Break				
Putting it all together	Susan J. Vos BSN, RN, CCM Robin Schreur RN, BS, CCM	2:35 – 3:00 (25 minutes)	Identify next steps and application within the practice	Discussion & Evaluations

ELEVATOR SPEECH

Acknowledge/Agenda: Hello (Patient Name)

My Name is (enter name)

I'm a (Nurse/SW/Pharmacist) with BCBSM. Is now a good time to talk? (Provide the time here).

If no – be respectful and set up another time.

If yes – proceed.

Describe your role from the benefit to the patient. (How does the member benefit from your services.)

Verification and Permission:

Before we get started to ensure I protect your health information: we need to verify your member Identification number.

For training purposes, to improve my skills, we ask permission to record this call. Do I have your permission to do that? Would it be ok if I took 10 minutes now to tell you more about that?

Member benefit/connections:

Describe how this service contributes to the patient improving their health.

Describe how you are connected to services the patient receives (ER, hospitalizations, primary care physician, etc.)

Members role:

How does the patient partner with the CM'er to better their care? Describe how the patient will be an active participant.

Describe Expectations

Initially, we will review your conditions and explore how you are managing that. We will discuss opportunities for improvement that may be based on values such as blood sugars, blood pressure, weight...

I'd like to ask a few questions today to get us started. These questions are part of what we call an assessment.

Depending on our discussion, will determine how often we meet in the future.

Importantly, as we work together, it will be helpful for me to understand your goals. Some share participating with grandchildren, golfing with friends. What is your goal? "What one thing would you like to focus on?"

Questions/Closure

I'd like to follow up with you in 5-7 days to continue our discussion. What days and times work best for you?

SIMULATION INSTRUCTIONS

Welcome to Simulation

Housekeeping

Simulation Goal

The goal of simulation is to work with the patient to identify a self-management goal and create a self-management action plan to assist the patient with self-managing their diabetes.

- Practice using the self-management action plan provided.
- Participants are not required to provide counsel on medications or the patient's medical care plan.

Timing

- 10-minute group overview, prep, case review and Q&A
- 15-minute phone interactions with your patient.
- 5 minutes verbal feedback from your patient
- 5-10 minutes self-reflection/evaluation & reconnect to Zoom Audio
(If you are using your telephone for the audio portion of Zoom, you will need to disconnect and reconnect after you complete your simulation call)

Self-Evaluation

After you complete your simulation, please complete a self-evaluation at:

<https://www.surveymonkey.com/r/DZJ5KCC>

Simulation Call

Group	First Name	Last Name	SP Name	SP Phone



SELF-MANAGEMENT ACTION PLAN

Patient Name:				Date:				
Staff Name:			Staff Role:			Staff Contact Info:		
Goal: <i>What is something you WANT to work on?</i> 1. 2.								
Goal Description: <i>What am I going to do?</i>								
How:								
Where:								
When:				Frequency:				
How ready/confident am I to work on this goal? (Circle number below) Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready								
Challenges: <i>What are barriers that could get in the way & how will I overcome them?</i> 1. 2. 3.								
What Supports do I need? 1. 2. 3.								
Follow-up & Next Steps (Summary): 1. 2. 3.								

SIMULATION DOORWAY INFORMATION FACT SHEET

Patient Name	Mr./Mrs. _____ Jones		
Case Type	Diabetes	Reason	Work with patient to create a self-management action plan

ACTIVE DIAGNOSIS:

Type II Diabetes
HTN-Hypertension

MEDICAL ASSESSMENT/PLAN

Type II Diabetes	• Refer to for self-management support • Patient ready to work on a self-management action plan • Repeat A1c in 3 months from most recent visit • Patient to continue with medications and dosages as currently prescribed (Metformin & Lantus)
HTN	Controlled on Lisinopril (No changes)

INSTRUCTIONS/EDUCATION/OTHER INFORMATION

Patient identified from database systems to address: • Self-management support • Developing a self-management action plan
--

SIMULATION SELF EVALUATION TOOL

Skill Priority Indicators H = high priority M = moderate/significant L = low or minor		Competency Rating Scoring Indicators Rating Scale: 1= Not at all, 2=Infrequent, 3= Adequate, 4= Good, 5= Very Good		
Priority Rating	Category	Supervisor Competency Rating	Written or Verbal Feedback	BCBSM CM'er Competency Rating of Self
Engage through Acknowledgment:				
H	Acknowledged the member when telephonically outreaching (positive attitude)			
H	Acknowledged using member/family name as appropriate – (engaging with the member)			
Introduction:				
H	Introduces self and purpose of the call.			
H	Describes the BCBSM CM Role			
M	Identifies BCBSM, and shares the conversation may be recorded for training purposes			
M	Highlighting the value of the BCBSM care manager role to include the resources through their health insurance coverage			
H	Ask permission to continue with today's discussion			
Duration:				
H	Gave time expectation for today's call			
Assessing:				
H	The member's desire and value to participate in ongoing case management and self- management planning			
M	BCBSM CM'er explores with the patient why member would like to make changes to his/her health			
H	Seek member's permission before offering information or advice			
M	Provides information or advice that is sensitive to the members concerns and understanding			
H	Setting a goal based on the member's ideas (asking versus telling) SMART Goal			
M	Uses a range of open-ended questions (cannot be answered with yes, no, maybe)			
H	Affirmations: Uses words that recognize the member's strengths & abilities (determined, persevere, persistent)			
H	The member's confidence and/or readiness were evaluated (use of the readiness scale)			
Acceptance: Engagement that demonstrates respect and unconditional positive regard:				
M	Friendly tone of voice			
M	Pace of Speech			
M	Use of Plain Language			

Priority Rating	Category	Supervisor Competency Rating	Written or Verbal Feedback	BCBSM CM'er Competency Rating of Self
L	Appropriate use of inflection on keywords (<i>teamwork, timely service, respectful, manage pain, understand side effects, etc.</i>)			
H	Active listening (<i>use of reflections, no interrupting, confirmed what they heard the member say, etc.</i>)			
M	Appropriate phone etiquette (<i>no sighing, etc.</i>)			
L	Limited multitasking: BCBSM CM'er present and attentive (response such as "tell me more" "go on")			
H	Empathy: The BCBSM CM'er expressed compassion and empathy by listening and understanding the member's feelings & perspective			
H	Uses verbal sympathetic, or understanding comments			
H	Viewed the member as the expert upon themselves with ability to follow the plan			
H	Emphasizes the member's freedom of choice, autonomy, and personal responsibility			
H	Reflection: Repeats the member's comments and ideas back to convey understanding			
Planning				
H	A summary of the encounter was provided, ambivalence acknowledged, and the plan reviewed			
H	The BCBSM CM'er relayed and confirmed the next step with the member – (set up follow up phone call)			
Closure				
M	Demonstrated respect by thanking the member and showed appreciation (i.e., thank you for trust, for letting me serve you, ask if there's anything you can do before ending the call, provide contact information if applicable, etc.)			
Attendees Participation and Response Feedback:				
M	The BCBSM CM'er was engaged in the feedback and coaching session			
M	The supervisor identifies three things they did well and one opportunity to improve			
M	The BCBSM CM'er identifies two action steps to increase their skill with the improvement opportunity that they identified			

CHANGE TALK STRATEGIES

Adapted from Berg-Smith Training and Consultation, 2009

ASK EVOCATIVE QUESTIONS

REASONS FOR CHANGE

What about the change is appealing to you?
If nothing changes, what might happen? What's at stake?
How has _____ stopped you from doing what you want to do?
What are some of your concerns about?

CHANGE IN THE ABSTRACT

If you wanted to, how would you do it?
If you were to try again, what might be the best way to do it?
So, let's pretend you were going to make this change. How might you go about it?

EXCEPTION QUESTION

How did you stop yourself for overeating on an occasion when you felt depressed?
What was going on when you kept food records consistently?

NOT READY FOR CHANGE

What might need to be to be different for you to think about changing?
What would need to happen for you to think about changing?
If you were to decide one day to change, how do you think you might do it?
What do you think is stopping you from putting _____ at the top of your list?

EXPLORE PROS AND CONS

What are some of the advantages for keeping things just the way they are?
What are some of your concerns about keeping things the way they are?
What do you like about _____?
On the other hand, what don't you like?

LOOK FORWARD:

How would you like things to turn out for you? Where would you like to be?
Where are you now? Where would you like to be?
What would be the best results you could imagine if you made a change?
How might your life be different if you _____?

QUERY EXTREMES

What is worst thing that could happen if you stayed this way?
What are your worst fears about what might happen if you don't make a change?
What concerns you the most about _____?

USE CHANGE RULERS

<i>How important is it to you to...?</i>	<i>How confident are you...?</i>
<i>How ready are you?</i>	<i>How interested are you...?</i>

Then –

Tell me about why you chose _____?
Why an _____ and not a _____ (lower number)? [example, why a 4 and not a 1 or a 2?]
What would it take to get you to _____ (higher number)?

EXPLORE GOALS & VALUES

Help people identify their guiding values and longer-term goals.
Explore current behavior in the context of how it is supporting or getting in the way of those values and goals.

MI GUIDES AND TOOLS: CROYLE & SAUNDERS

COMPLEX REFLECTIONS

AIM TO REFLECT: AMBIVALENCE RESISTANCE CHANGE TALK

Type	Strategy	Statement	Reflection example
Reframe	Suggest a new way of looking at something that is more consistent with behavior change	I've tried so many times to change, and failed.	You're very persistent, even in the face of discouragement.
Amplification	Offer an exaggerated form of what the person said to allow them to look at the other side of ambivalence. Note: Empathy, not sarcasm 😊	My girlfriend is always blowing things out of proportion. I haven't ever been that bad.	It seems to you that she has no reason for concern.
Double-sided	Capture both sides of ambivalence. Note: connect with "and" not "but" & finish with the change talk	It's not possible that I had that much alcohol in my system. I drank more than I should have but it wasn't that bad.	So on the one hand, you're wondering how your BAC could have been that high and on the other hand, you recognize that you drank more than you should have.
Affective	Reflect feeling - either stated or implied.	I haven't had an HIV test in over a year, I guess maybe I've been avoiding it.	You're worried.
Metaphor	Use descriptive language that paints a picture for the other person.	I've been doing this forever. It doesn't seem like anyone cares anymore whether I get it done or not.	It's kind of like you're running a marathon with no one cheering you on.
Emphasizing choice	Point out individual choice and control.	I don't know if I have a problem with drinking or not. I am NOT going to AA.	You'd like to have some say in how you handle this.
Coming alongside	Take up the argument for no change to allow the other person to take up the argument for change.	I don't think this is going to work for me, either.	It's certainly possible that it won't work and so it might not be worth trying.
Continuing the paragraph	Venture the next sentence in the person's paragraph, instead of merely echoing the last one.	I am not so sure that this is the right thing. I know what's required of me and I am not sure that this is what I should be doing.	And yet, getting out from under this level of monitoring is important to you.

MOTIVATIONAL INTERVIEWING REFLECTIONS

Read the statements below and write down three different responses to each item. Each should emphasize a different aspect of the statement.

Example:

It's been fun, but something has got to give. I just can't go on like this anymore.

1. You've enjoyed yourself.
 2. You're worried about what might happen.
 3. It's time for a change.
-

Harold: *I know I could do some things differently, but if she would just back off, then the situation would be a whole lot less tense. Then these things wouldn't happen.*

- 1.
- 2.
- 3.

Kelly: *I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work except having a couple of drinks.*

- 1.
- 2.
- 3.

Michelle: So, I'm not too worried but it's been over a year since I've had an HIV test.

- 1.
- 2.
- 3.

David: I know I'm not perfect, but why do they always tell me what to do. I'm not 12 years old!

- 1.
- 2.
- 3.

WHERE NEXT PLAN

1. Word storm the situations where you will use motivational skills in your specialist role
2. What are the benefits of using motivational skills?
 - a. The benefits for me are.....
 - b. The benefits for the team/agency are.....
 - c. The benefits for the service user are.....
3. What are the barriers to using the skills?
4. How will you overcome these barriers?
5. Who else can help?

A huge thank you for participating in the training program!

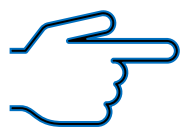
Your commitment to your professional development is truly commendable

and directly contributes to the exceptional support you provide to your patients and their families, and your care teams.

Keep the momentum going!

We invite you to explore MI-CCSI's other great training options on our website

and continue your journey of growth and excellence.



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Wishing you continued success!

The MI-CCSI Team and Education Partners