SP PACKET

SELF-MANAGEMENT - PATIENT ENGAGEMENT

VERSION: MAY 2025

Date

MI-CCSI
Center for Clinical Systems Improvement

CONTENTS

Self-Management-Patient Engagement Training

TRAINING AGENDA

Topic		Time & Credit		
8 am	Introduction	15 minutes	0.0 Credit	
8:15 – 9:45	Connection between PE, MI, and the MI Spirit Change Talk, Sustain Talk Decoded	90 minutes	1.5 Credit N and SW	
9:45 – 9:55	**Break**	**10 minutes**		
9:55-10:55	OARS + 1	60 minutes	1.0 Credit N and SW	
10:55 – 11:00	**Break**	**5 minutes**		
11:00 – 11:30	Planning and Self-management Action Planning	30 minutes	.5 Credit N and SW	
11:30 – 12	**Lunch**	**30 minutes**		
12- 2:15	Rotating Breakouts			
12- 12:45	Putting MI into practice within the 4 tasks	45 minutes	.75 nursing	.5 SW
12:45 – 1:30	Potential Barriers and Cultural Adaptions(provider and patient)	45 minutes	.75 nursing	.5 SW
1:30 – 2:15	Simulation	45 minutes	.75 nursing	.5 SW
2:15 – 2:45	Problem-solving MI Barriers Activity	30 minutes	.5 nursing	.5 N and SW
2:45 – 3:15	Wrap Up	30 minutes	Evaluation Q&A	.5 N and SW

Additional information

Self-Management – Patient Engagement Training

VIRTUAL (ZOOM) SIMULATION INSTRUCTIONS AND TIMING		
10	minutes	• SIM overview, instruction, and Q&A • Care Coordinator/Care Manager reviews case info • SIM Coordinator texts SPs that attendees will be moving into breakout room
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: CHRONIC DISEASE

OVERVIEW

Logistics: You (the patient) were referred to a care manager from Dr. Smith (PCP) following most recent visit. Care manager is to provide self-management support and assist with developing a self-management action plan.

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

PATIENT HEALTH HISTORY

DOB: 1/19/19**

You have a chronic disease that you are struggling to control.

PATIENT BACKGROUND

Medical Background

You are a **(**your age and gender)** with a chronic condition that is not well controlled. Your physician, Dr. Smith, has referred you to care management to prepare a self-management action plan.

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 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 lab results 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 my *chronic condition*."*

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 that Dr. Smith 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

BCBSM STAFF ELEVATOR SPEECH EXAMPLE

Acknowledge/Agenda: Hello (Client 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

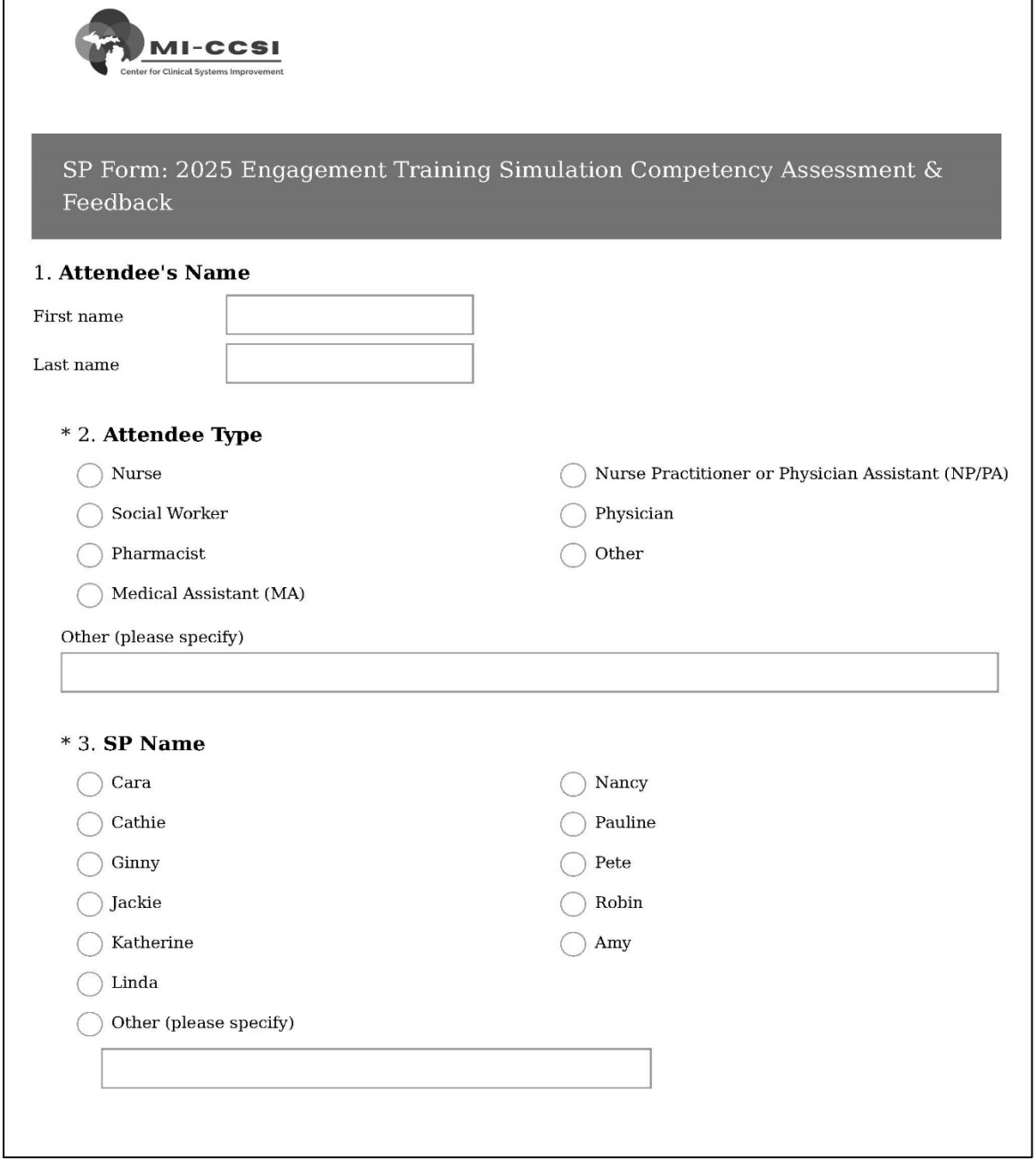
	Initially, we will review your conditions and explore how you are managing that. We will discuss opportunities for improvement that may be based on values such as blood sugars, blood pressure, weight... I'd like to ask a few questions today to get us started. These questions are part of what we call 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?

EVALUATION

Survey Monkey Evaluation/Feedback Link: https://www.surveymonkey.com/r/2025-SIM-SP



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SP Form: 2025 Engagement Training Simulation Competency Assessment & Feedback

1. **Attendee's Name**

First name

Last name

* 2. **Attendee Type**

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

Other (please specify)

* 3. **SP Name**

- ◯ Cara
- ◯ Nancy
- ◯ Cathie
- ◯ Pauline
- ◯ Ginny
- ◯ Pete
- ◯ Jackie
- ◯ Robin
- ◯ Katherine
- ◯ Amy
- ◯ Linda
- ◯ Other (please specify)

* 4. **Training Date**

- ◯ JANUARY 24
- ◯ FEBRUARY 20
- ◯ MARCH 13
- ◯ APRIL 17
- ◯ MAY 22
- ◯ JUNE 13
- ◯ JULY 18
- ◯ AUGUST 14
- ◯ SEPTEMBER 26
- ◯ OCTOBER 24
- ◯ NOVEMBER 20
- ◯ DECEMBER 12
- ◯ Other (please specify)

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

Rate the following questions with yes - no - somewhat.

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

* 6. ***INTRODUCTION:***

Rate the following items using yes - no - somewhat.

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

* 7. ***ASSESSING:***

Rate the following items with yes - no - somewhat.

	Yes	No	Somewhat/At times
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 to create a SMART goal.	○	○	○
Uses a range of open-ended questions (a question that cannot be answered with yes, no, maybe)	○	○	○
Affirmations: Uses words that recognize the patient's strengths & abilities (determined, persistent).	○	○	○
Used the readiness ruler to evaluate the patient's confidence and/or readiness. (Going down in number then up in number from the number provided by the patient).	○	○	○

* 8. ***ACCEPTANCE: ENGAGEMENT THAT DEMONSTRATES RESPECT & UNCONDITIONAL POSITIVE REGARD:***

Rate the following items with yes - no - somewhat.

	Yes	No	Somewhat/At times
Friendly tone of voice.	◯	◯	◯
Easy pace of speech based on patient's pace.	◯	◯	◯
Uses plain language & not medical jargon.	◯	◯	◯
Active listening: Examples include *nodding, 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 patient'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.	◯	◯	◯

* 9. ***PLANNING:***

Rate the following items with yes - no - somewhat

	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)* .	○	○	○
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:

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

Yes	No	Somewhat/At times
○	○	○

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

1. _____

2. _____

Opportunity for Improvement _____

12. **Attendee identifies two action steps they will commit to that will increase their skill with the improvement opportunity that they identified from above.**

1. _____

2. _____

13. **Any additional SP Written Feedback not included in the above questions.**

_____