



ATTENDEE HANDOUT

BCBSM STAFF
SELF-MANAGEMENT SUPPORT:
PATIENT ENGAGEMENT

Revision Date: 05.16.25

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AGENDA

Total Credits

Nursing: 6.25

SW 5.5

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

Ambivalence is normal.

Intent: This exercise is to help you understand the normalcy of ambivalence.

NO CHANGE	
Pros	Cons
CHANGE	
Cons	Pros

ELEVATOR SPEECH

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?

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 interactions with your patient.
- 5 minutes verbal feedback from your patient
- 5-10 minutes self-reflection/evaluation

Self-Evaluation

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

<https://www.surveymonkey.com/r/2025-sim-SELF>

Simulation

Group	First Name	Last Name	SP Name

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.			

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SIMULATION DOORWAY INFORMATION FACT SHEET

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

INSTRUCTIONS/EDUCATION/OTHER INFORMATION

Based on the risk stratification, the client has been receiving care management and is ready to create a self-management action plan.

SIMULATION SELF EVALUATION TOOL


2025 Self-evaluation Patient Engagement Simulation

Post Simulation Self-Evaluation

Instructions: Complete this self-evaluation after completing your simulation interaction.

*** 1. Personal Information**

First Name	
Last Name	
Credential	
Email	

ACTIVE LISTENING SKILLS

Open-Ended Questions:

2. What are one or two open-ended questions I used to draw out their insights, experience and/or thoughts around the change topic?

3. Did I happen to fall into a pattern of asking yes/no questions (i.e., question/answer trap)?

ACTIVE LISTENING SKILLS

Reflections:

4. What do I notice about my reflective listening? How well did I reflect back their values, wisdom, worries, insights, hopes, ideas, etc.?

5. How well did I leave 'space' for the person to respond?

INFORMATION EXCHANGE:

6. Using the readiness ruler, I evaluated the persons readiness for action planning.

7. To what extent did I remember to draw out the person's own ideas/thoughts before deciding whether to give advice or input?

8. To what extent did I encourage them to think through details and how to overcome potential barriers?

STRENGTHS & GOALS:

9. What do I feel are my greatest strengths with MI so far?

10. What are two small action steps I will focus on/try out in my work as I continue to build my skills?

11. Additional thoughts to reflect upon:

CHANGE TALK

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

How important is it to you to...?

How confident are you...?

How ready are you?

How interested are you...?

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.

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.

MI GUIDES AND TOOLS: CROYLE & SAUNDERS

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.*

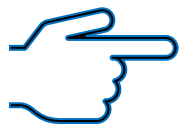
- 1.
- 2.
- 3.

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.



Please read carefully to ensure you complete all post-training requirements.

1. For this training, Continuing Education (CE/CME) is provided through MI-CCSI.
 - a. After the training, you will complete the evaluation found in the Self-Management Support: Patient Engagement course curriculum in the **MI-CCSI Learning** online learning management system:
<https://www.miccsi-learning.org/>
 - b. Once you complete the evaluation, you will view your continuing education certificate by clicking the link (<https://www.miccsi-learning.org/#/transcript>). From the certificates page, you can view and print your certificate for your records.
 - c. A copy of your certificate will be maintained in your transcripts in the learning management system and can always be accessed by visiting the URL above. You must also retain a copy of your certificate for your license renewal and proof of training completion.
 - d. Questions regarding the training or CE/CME – contact Amy Wales at amy.wales@miccsi.org

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 in our learning management system and continue your journey of growth and excellence.



<https://www.miccsi-learning.org/>

Wishing you continued success!

The MI-CCSI Team and Education Partners