

Patient Engagement



Participation
from learners



Video

Agenda

Topic	Time
Introduction	15 minutes
The Why	30 minutes
The Spirit	30 minutes
OARS	45 minutes
Break	15 minutes
OARS	30 minutes
Change Talk	45 minutes
Lunch	30 minutes
MI Processes	60 minutes
Barriers/Health Literacy	45 minutes
Barriers/Culture and Language	30 minutes
Assumptions	15 minutes
Wrap-Up	15 minutes

Welcome!

House Keeping



Virtual Etiquette

Video and Audio:

- Unless distracting, please turn video ON. This is crucial for building trust and engagement.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- When possible, try to use good camera quality and sound.
- Adjust your camera if it is too high or low.

Meeting:

- Please hold off eating during the meeting as it can be distracting.
- Try not to multitask too much or make sure you're muted.

Environment:

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

Michigan Institute for Care Management and Transformation (MICMT)

Who We Are

Partnership between University of Michigan and BCBSM Physician Group Incentive Program (PGIP)

Goal of MICMT

To help **expand** the adoption of and access to **multidisciplinary care teams** providing **care management** to populations served by the physician community in order to **improve care coordination** and **outcomes** for patients with complex illness, emerging risk, and transitions of care.



Successful Completion of Patient Engagement includes:

- Attend the entire Patient Engagement course, **in-person or live virtual**
Attendance criteria:
 - If the Learner misses > 30 minutes; the Learner will not be counted as “attended” and will need to retake the course.
 - If the Learner misses < 30 minutes; the Learner will be counted as “attended”. The Learner will need to review the missed course content located here: <https://micmt-cares.org/training>
 - If course is virtual – must attend by audio and video/internet
- Complete the Michigan Institute for Care Management and Transformation (MICMT) Patient Engagement **post-test** and **evaluation**.
 - **Achieve a passing score on the post-test of 80% or greater. If needed, you may retake the post-test**
- Complete **simulation**.

You will have (5) business days to complete the post-test.

Patient Engagement

Lisa Nicolaou, Northern Physicians Organization

Jamie Mallory, Wexford PHO

Christen Walters, Integrated Health Partners

Erika Perpich, Olympia Medical

Lynn Klima, Cure Michigan

Ewa Matuszewski, MedNetOne/PTI

Curriculum developed in
partnership with:

Sarah Fraley, MICMT

Sue Vos, MiCCSI

Robin Schreur, MiCCSI

Tiffany Turner, Infinity Counseling

Ruth Clark, Integrated Health Partners



Infinity Consulting



Patient Engagement Curriculum Development

- Please provide the following as an appropriate reference if you use this material:
 - “Material based off of the Patient Engagement course developed through a collaborative effort by the following Michigan organizations: NPO, Wexford PHO, IHP, Olympia Medical, Cure Michigan, PTI, MICMT, MiCCSI, Spectrum Health, and Infinity Counseling.”
- Questions about using or replicating this curriculum should be sent to: micmt-requests@med.umich.edu. Please follow this link to apply to become an approved trainer for this curriculum: www.micmt-cares.org

Introductions



Please introduce yourself:

- Name
- Name of practice and where it's located
- What you “do” in your role
- The type of patient you enjoy working with and the type of patient that's a little frustrating

Objectives

- **Describe** the patient-centered approach of MI
- **Explain** the conversation style that is the Spirit of MI
- **Demonstrate** basic MI skills
- **Discuss** how to use patient language cues (change talk and resistance) in the application of MI skills
- **Explain** how to engage the patient in the four processes in MI necessary for health behavior change
- **Identify** barriers to patient engagement and behavior change
- **Identify** how to make cultural adaptations to MI

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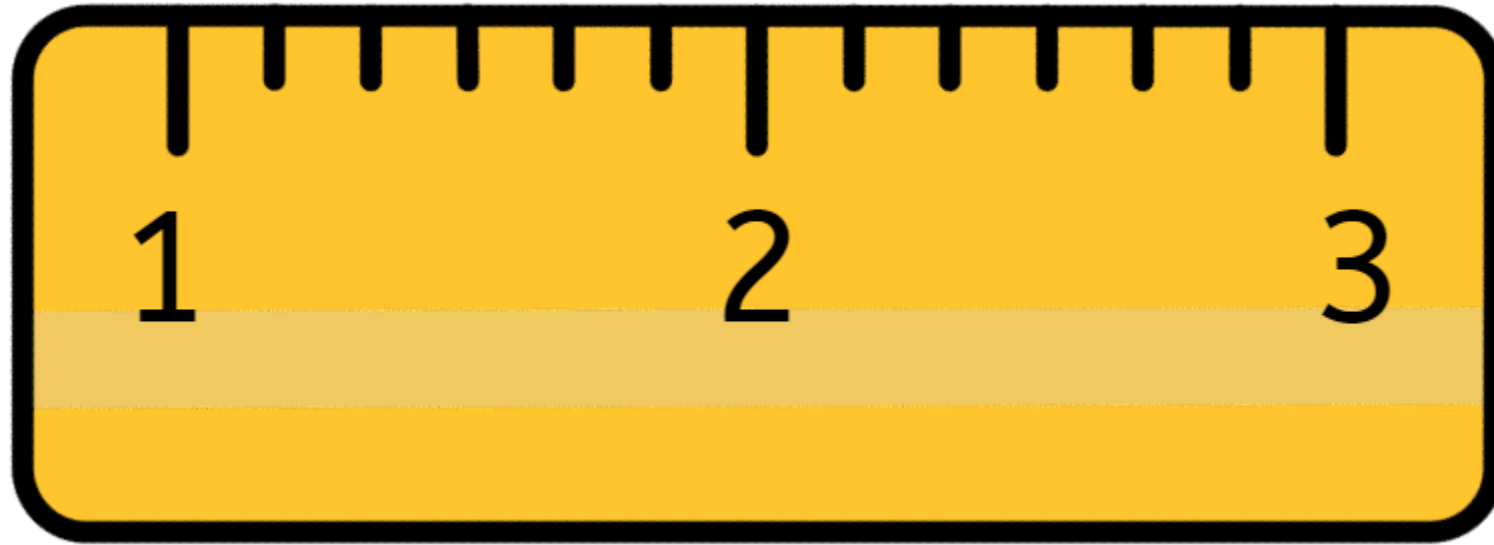
Objective

Describe the patient-centered approach of MI

A diagram consisting of six red arrows pointing towards the text 'Describe the patient-centered approach of MI'. The arrows are arranged in a circular pattern around the text, with three arrows pointing downwards from the top and three arrows pointing upwards from the bottom.

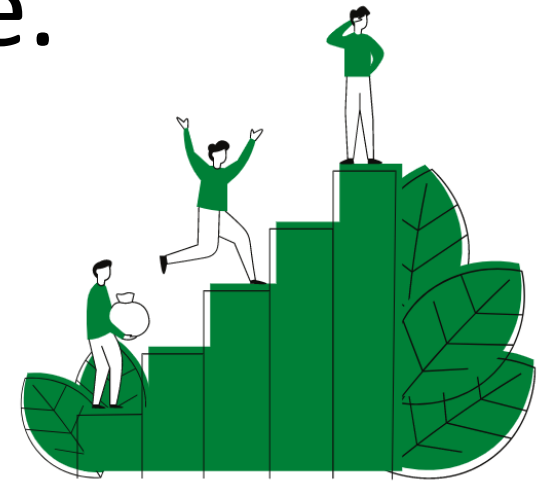
Motivational Interviewing Why

Ruler Assessment



Definition

Motivational interviewing is a **collaborative, person- centered, guiding** method designed to **elicit and strengthen motivation** for change.



Looking Through a New Lens

Standard Approach	Motivational Interviewing Approach
Focused on fixing the problem	Focused on the patient's concerns and perspectives
Paternalistic relationship	Egalitarian partnership
Confront, warn, persuade	Emphasizes personal choice
Ambivalence means that the patient is in denial	Ambivalence is a normal part of the change process
Goals are prescribed	Goals are collectively developed



Some practical advice

There's a time and place for everything!

- **Leading** is appropriate when...
- **Following** is good when...
- **Guiding** with MI is best when...

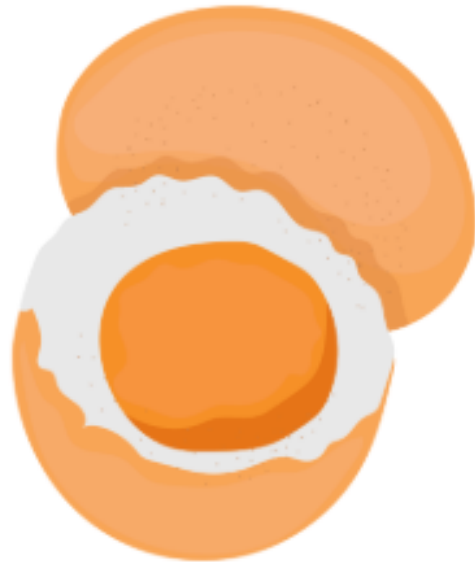


Mr. Smith's Brief Action Plan



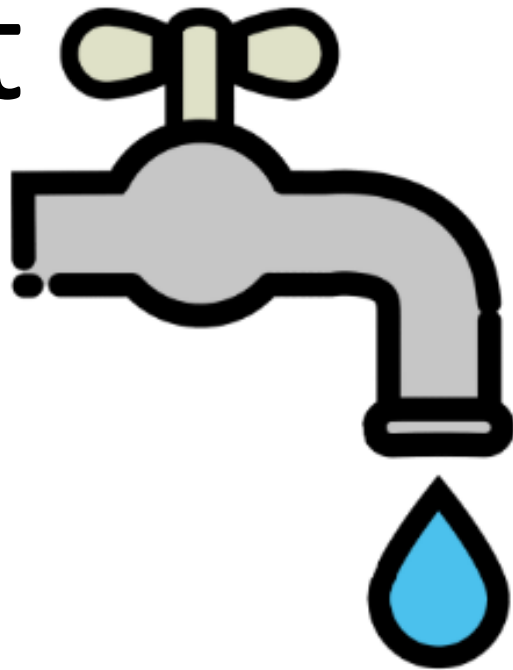
MI facilitates change by:

Helping a person **identify, consolidate, strengthen,**
and **act** upon their intrinsic motivation.



Approach

Deficit



Competence

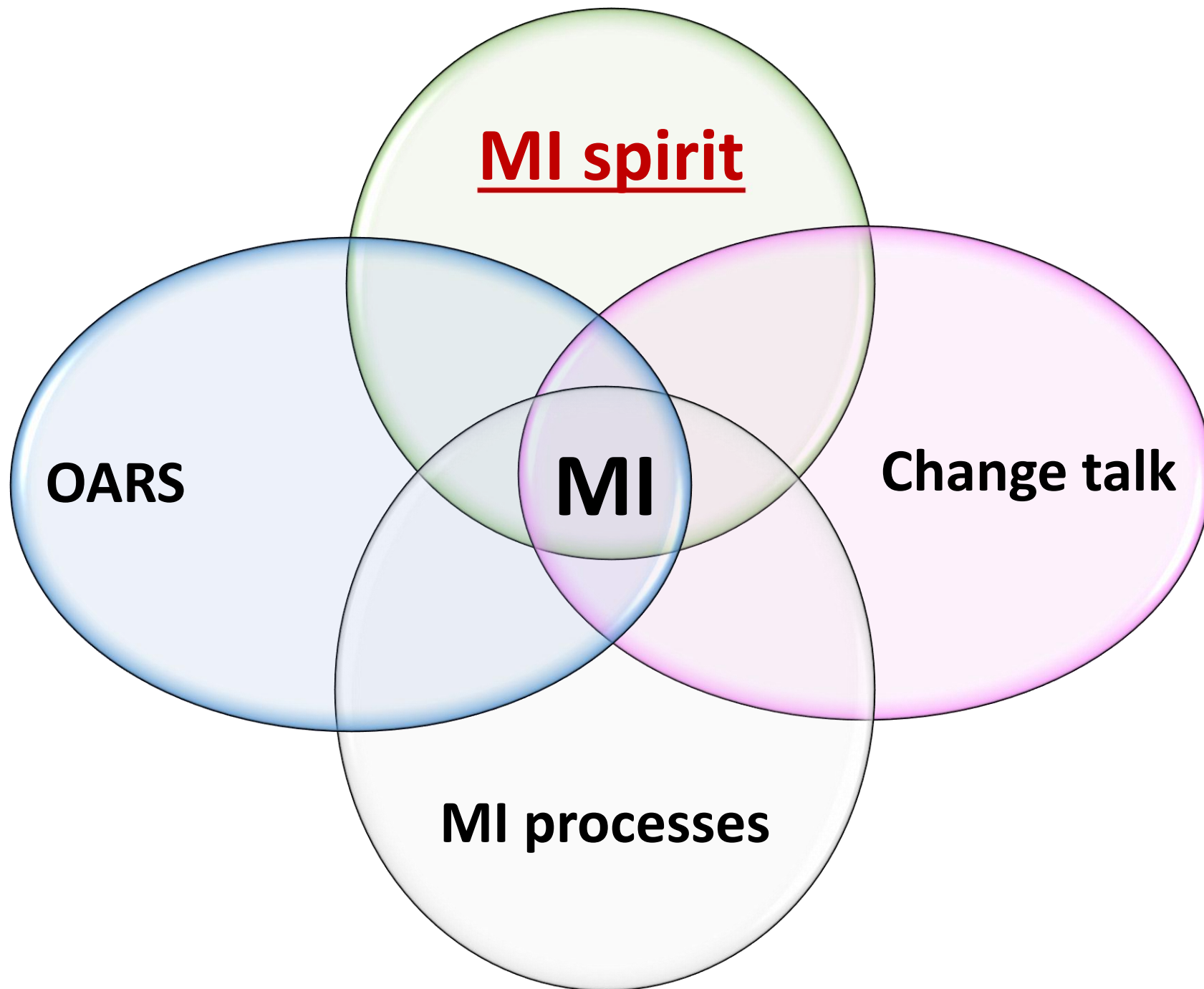




Key Takeaways

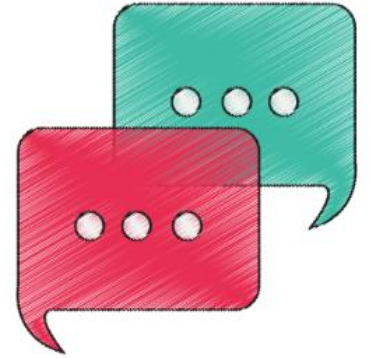
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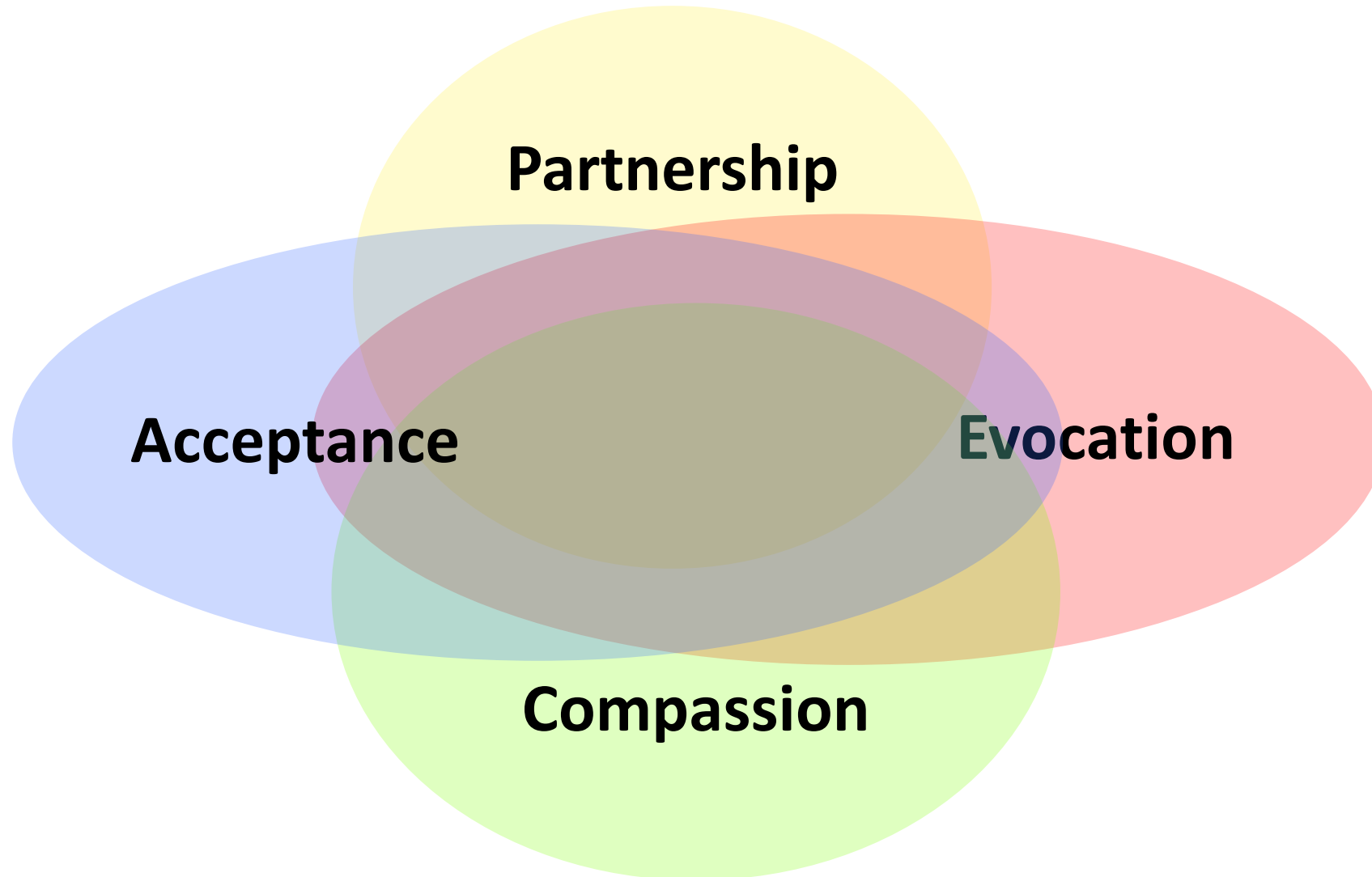
Objective

Explain the conversation style that
is the Spirit of MI



SPIRIT MI

Spirit of MI



Motivational Interviewing

Definitions

Evocation: the act of bringing something into the mind or memory.

Partnership: the state of being a partner.

Acceptance: the act of accepting something or someone.

Compassion: sympathetic consciousness of others' distress together with a desire to alleviate it.

Try This

Think of a patient who is described as “**Non-compliant**” by the care team.

Group: What are the characters of the patient that come to mind?



Your Turn

Close your eyes



Roll with Resistance

Resistance is what happens when we expect or push for change when the patient is not ready for that change.



Resistance often stems from fear of change.

How we as providers respond to patient resistance is a **big determining factor** in the **outcome of our interaction** with that patient and the **ability to help the patient** move toward behavior change.

Engaging

Relational foundation

Objective: establish a collaborative working relationship with the other person.

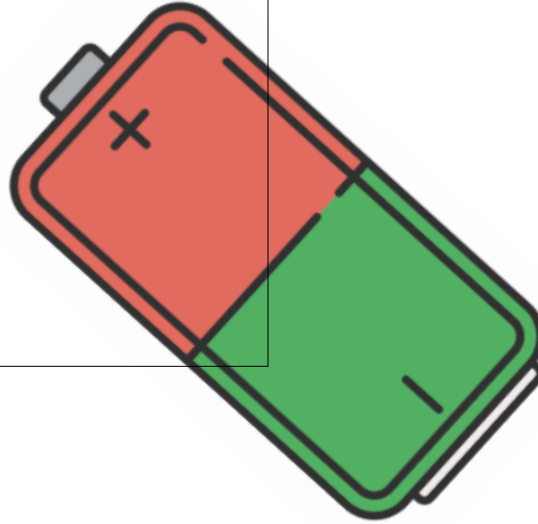
20% rule



Attitudes and Engagement

Not So Helpful Attitudes

- I'll **scare** you into change.
- I'll **get to the bottom** of this.
- You are **guilty**.
- **Overwhelmed**
- **I have a solution** – let me help.



Helpful Attitudes

- Curiosity
- Partnership
- Acceptance
- Evocative

Listening: Expressing Empathy



Deskercise



Using the Spirit of Motivational Interviewing during Engagement



From the other person's perspective:

- Do I feel **respected**?
- Does this person **listen to** and **understand me**?
- Do I **trust** this person?
- Do I **have a say** in what happens in our work together?

Spirit of Motivational Interviewing

Engagement Skill: Listening

EAR

EYES

UNDIVIDED
ATTENTION

HEART

MIND



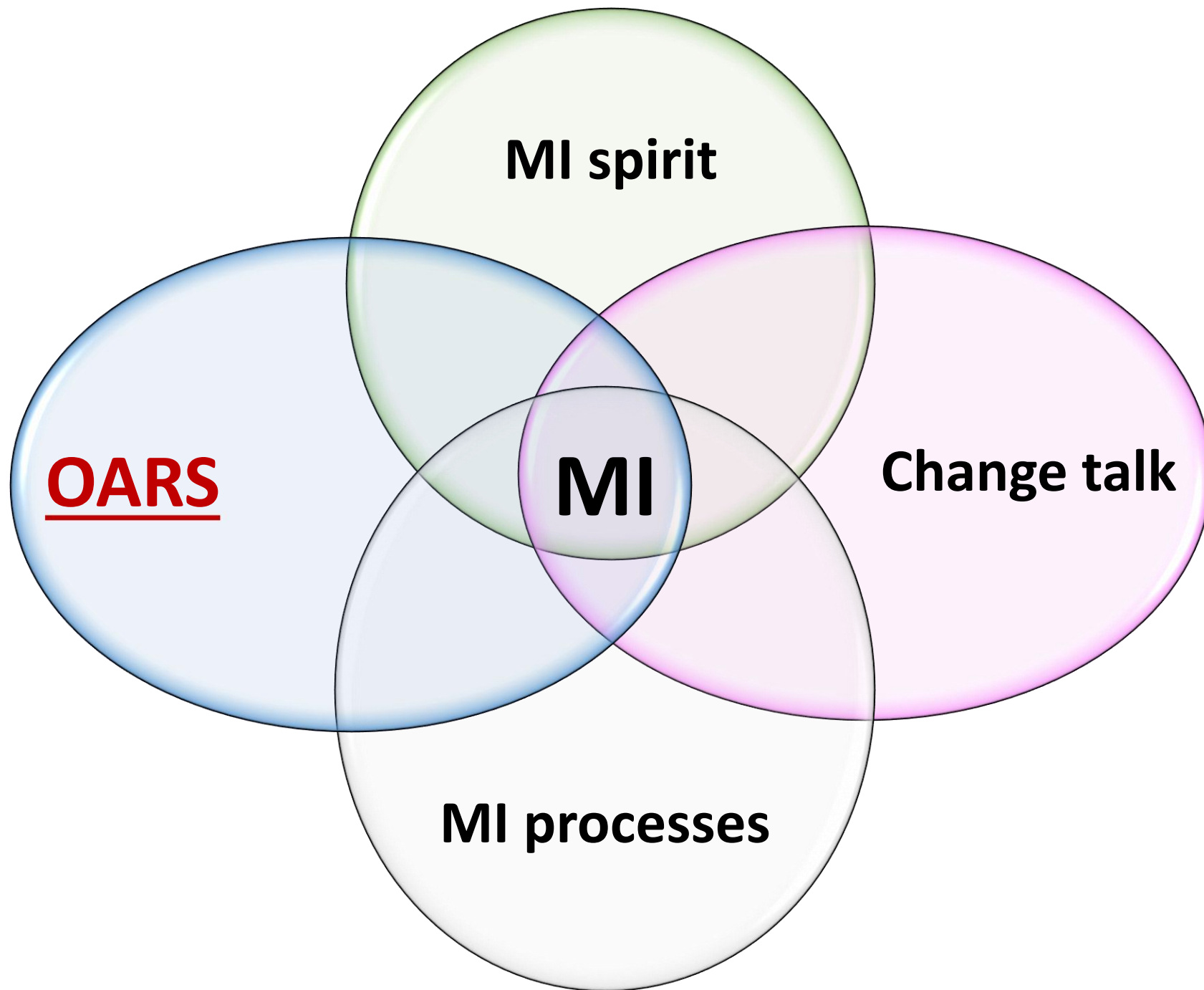
Professionals are experts in **diseases**.
Patients are experts about **their own lives**.



Key Takeaways

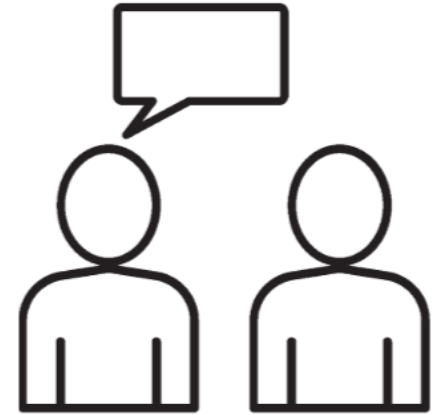
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Objective

Demonstrate basic MI skills



O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering



Open Ended Questions

- Many patients have never been asked how they **feel** about their health or what **they** would like to change.
- Asking questions can also **help us understand** why a patient may not be making progress.
- Questions help in the **engagement process**.



Open VS Closed Questions

When to use closed:

- Fact finding
- Confirming knowledge/understanding
- Limited patient response



When to use open:

- Exploring
- Encourage client to give voice to thoughts, feelings, experiences, opinions, values, and motivations

Closed VS Open Ended Questions

Exercise

- What has helped you to manage your stress?
- Do your knees hurt while walking?
- Have you ever tried quitting smoking?
- What are you currently doing to maintain your health?
- Do you check your blood sugar daily?
- Can you tell me more?
- What sorts of things are you eating these days?
- Are you exercising?
- How's your sleep?
- Have you taken any medicine?



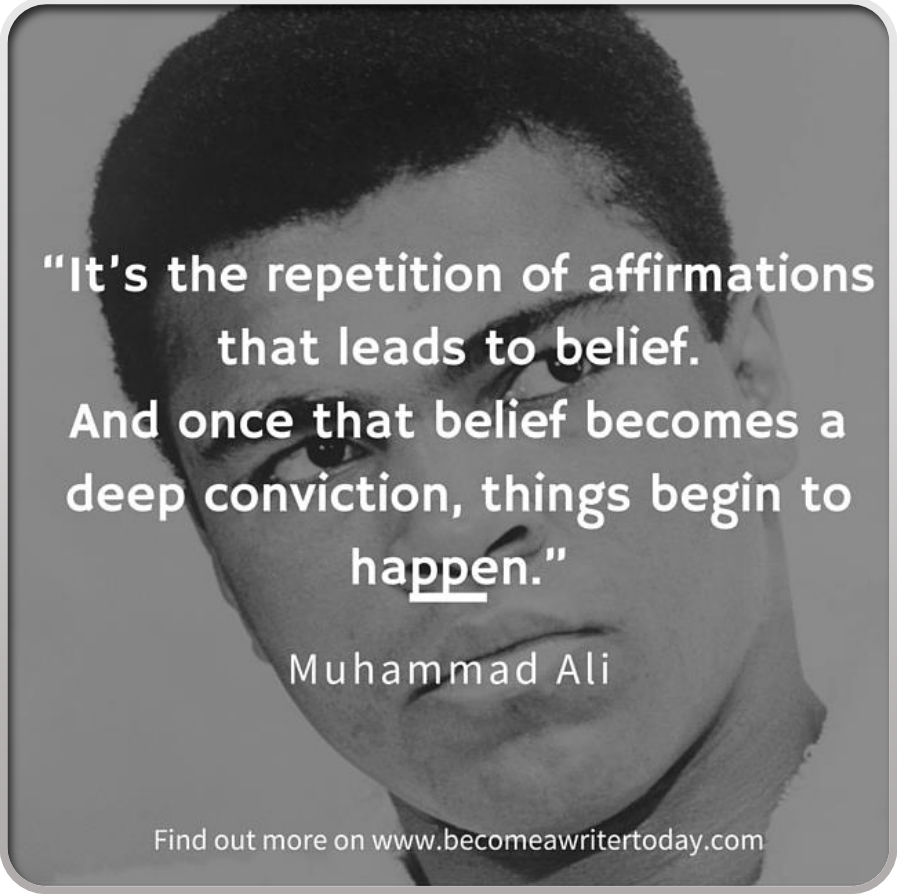
Open Ended Questions Activity

	Diabetes	Hypertension	Depression
WHEN			
WHO			
WHERE			
WHAT			
HOW			

Affirmations (O.A.R.S. +I)

Things to affirm:

- Strengths and attributes
- Past successes future hopes
- Struggles and desires
- Current or past efforts to improve things
- The humanity and character of patient



"It's the repetition of affirmations
that leads to belief.
And once that belief becomes a
deep conviction, things begin to
happen."

Muhammad Ali

Find out more on www.becomeawritertoday.com

Affirmations (O.A.R.S. +I)

- Most affirmations are reflections, but not all reflections are affirmations.
- Shy away from using the word "I" and focus on "you" language.

You've taken a big step today, and clearly have a lot of determination.

You are the kind of person who cares a lot about other people.

You must have a lot of courage to come in today, despite your strong reservations.



Reflections (O.A.R.S. +I)

Reflections have the effect of encouraging the other person to **elaborate, amplify, confirm, or correct.**

Listen to understand, not to respond.

Reflect Reflect Reflect

Reflect Reflect Reflect

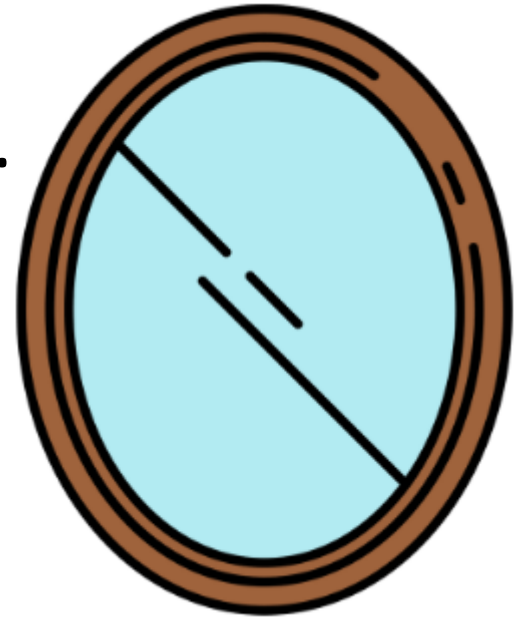
Forming a Reflection

- Best guess about what the person means.
- In general, reflection is shorter than client statement.
- Voice inflection goes down at the end.
- Things to reflect on:

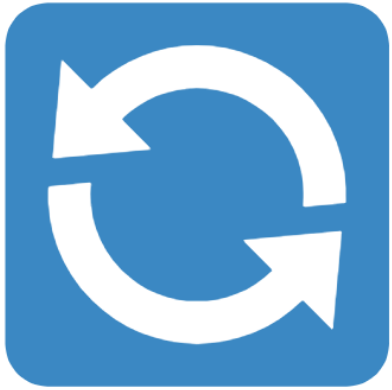
Strengths

Change Talk

Ambivalence



Levels of Reflection



Simple Reflection

- **Repeat**: uses same language
- **Rephrase**: uses new words
- Stabilizes conversation



Complex Reflection

- **Paraphrase**: best guess of unspoken meaning
- Moves conversation forward

Sample Reflections

Smoking helps relieve my stress.

- **Simple:** You're less stressed when you smoke.



Sample Reflections



No, I don't want to quit smoking.

- **Simple:** You're not ready to quit.

Sample Reflections

You don't know what it's like to quit smoking.

- **Simple:** Quitting is difficult for you.

Reflections Activity

(in the moment)

- “I’ve tried to quit smoking more times than I can remember.”
- “When I stop smoking I get crazy and restless.”
- “Thinking about quitting is easy. Doing it is another story.”
- I should quit for my children.”
- “How am I going to cope with cravings?”
- “I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”
- “It’s really hard to find time to exercise – and eat well – when I’ve got two little ones at home.”
- “My down-fall is fast food. I think I’m addicted to french-fries.”

Active Listening



Summaries



Focus on strengths and change talk

Offer summary then ask a follow-up question

- **Closed:** Did I get it all?
- **Open:** What – if anything – did I miss?

Use to transition into brief action planning

- **Offer** summary with follow-up question
- **Ask** “so what's your next step?”
- **Set** SMART goal

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Break

15 minutes



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How to Respond to a “No”

- **Mine for the strengths** (they showed up to an appointment, agreed to meet/talk, etc.)
- **Thank them**
- **Follow-up question** (i.e. “we have X amount of time together. What – if anything – would you like to talk about?”)



O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering



“We guide, they decide”

Information Offering (O.A.R.S. +I)

Explore: Ask what the client knows, has heard, or would like to know

Offer: With permission, offer information in a nonjudgmental way

Explore: Ask client about thoughts, feelings, and reactions to information



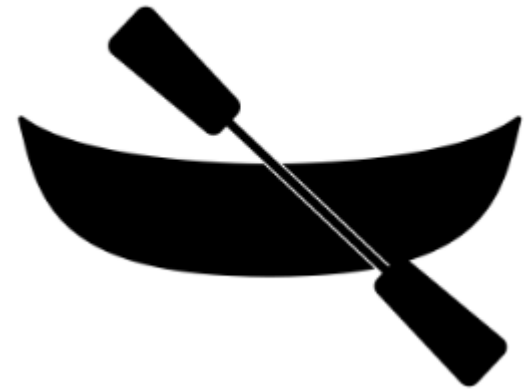
Readiness Ruler

Using a scale to determine:

- **Importance**
- **Readiness**
- **Confidence**



Putting OARS-I in the Water Activity

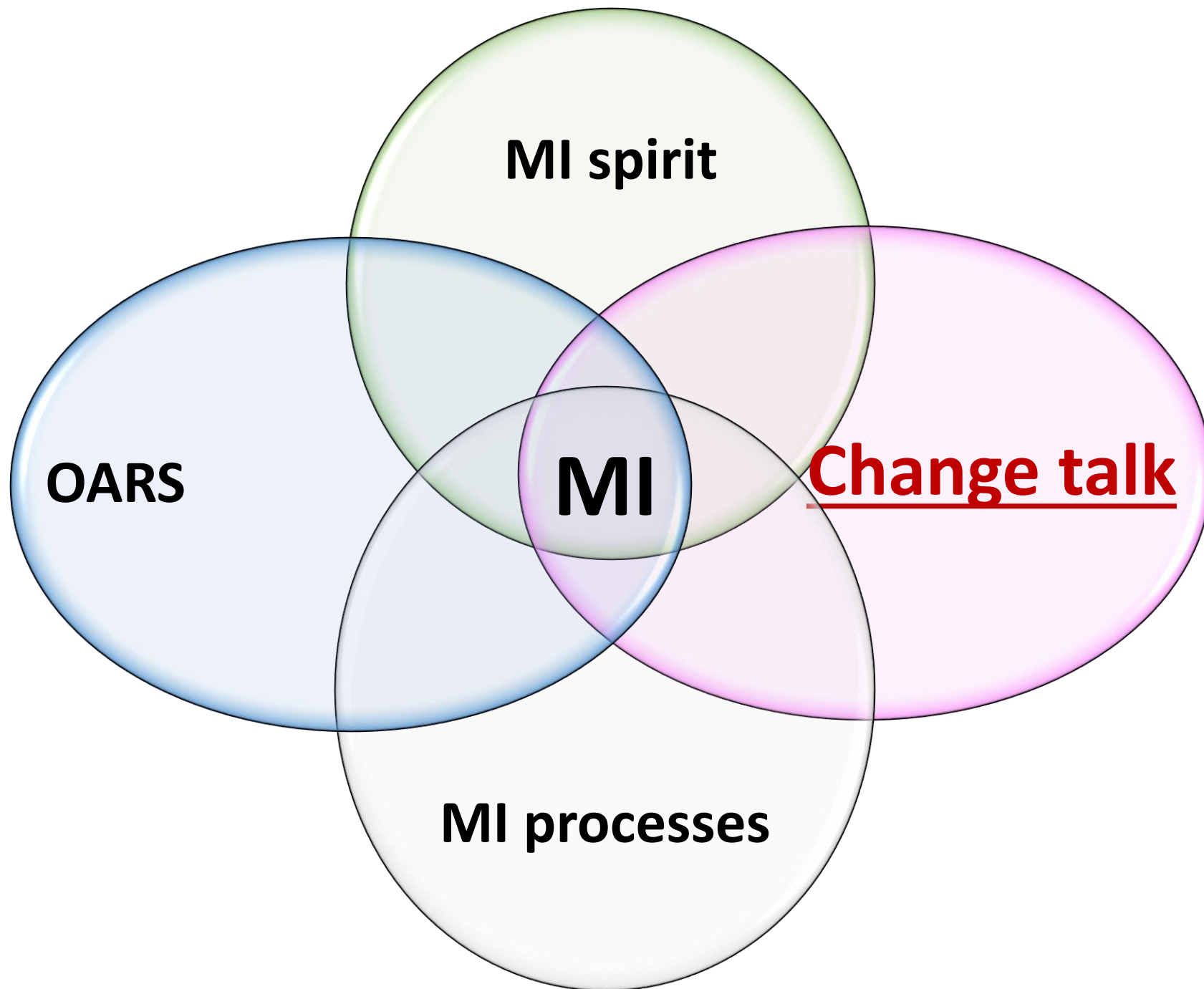




Key Takeaways

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Change Talk MI

Objective



Discuss how to use patient language cues (change talk and resistance) in the application of MI skills.



Change Talk

Any patient speech that favors movement toward a particular change goal.

Sustain Talk

Any patient speech that favors status quo rather than a movement toward a change goal.



Focusing for Change

Focus on the negative of continuing the status quo and positives of making change.

- **Step back** and ask for input
- **Consider** options
- **Share** information



Knowing what to listen for



Preparatory change talk

- Considering change
- Still some ambivalence



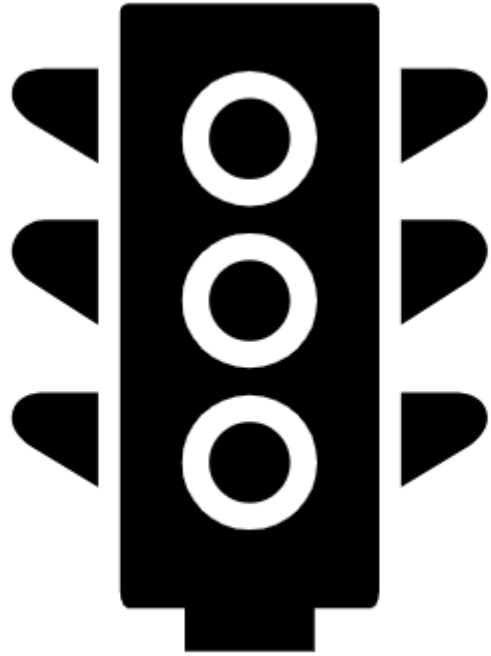
Desire

Ability

Reasons

Need

Mobilizing Change Talk



- Resolution of ambivalence
- Intention, decision, readiness

Commitment

Activation

Taking steps

Elevate Change Talk Minimize Sustain Talk



Responding to Change Talk

Reflection

“You don’t like the way this makes you feel sometimes, *and* you’re looking for ways you might change things.”

Elaboration

“What other concerns have you had about...? What other things have people told you about this? Tell me more about...”

Summarizing

“Let me see if I’ve got it so far...” (Summarize client statements, including ambivalence).

Affirming

“That sounds like a good idea.”

Clarifying Ambivalence

“What do you like about drinking... what is the other side, things you don’t like?” (Explore both sides).

Clarify Values

“Our children are really important to you”. (Help move beyond ambivalence, important aspects of tipping the decisional balance in favor of change.

Change Talk

Using Reflections

Complex

- Goes beyond what they said
- Aims to capture what they meant
- Deepens understanding
- Forward movement

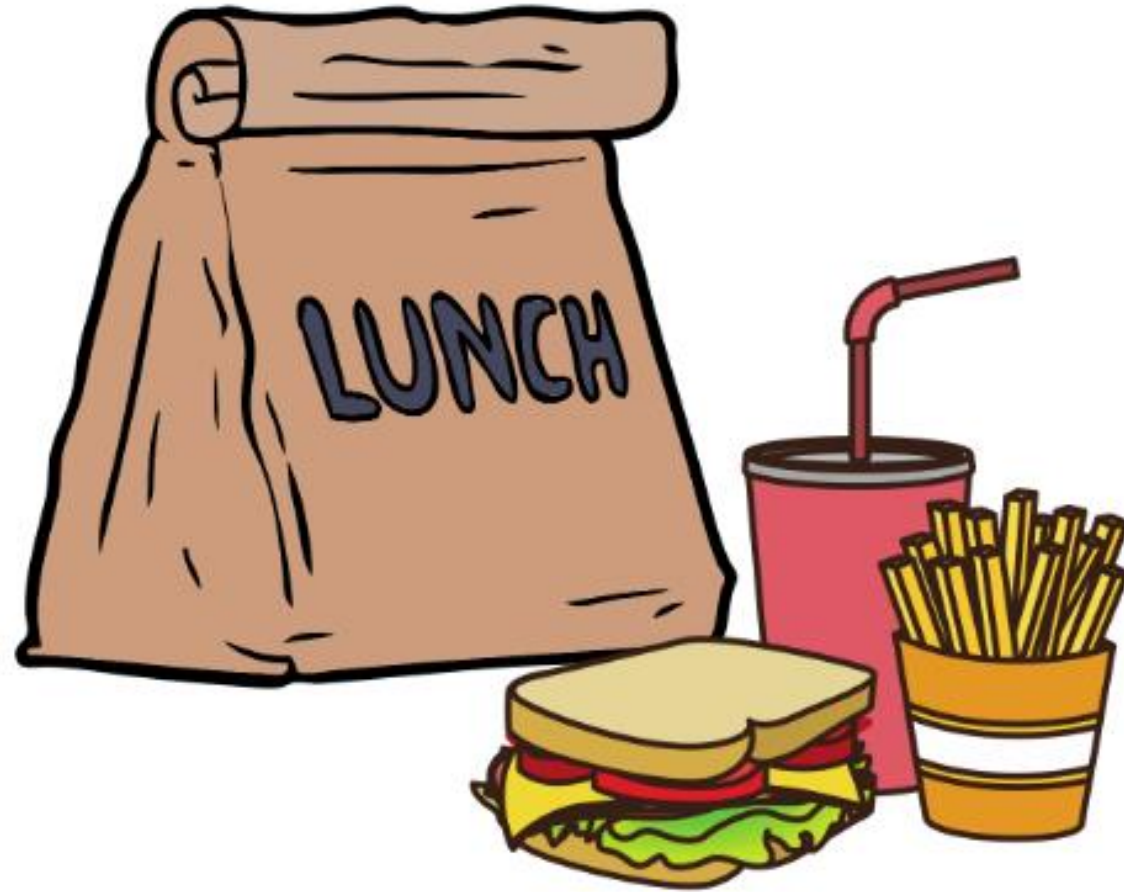




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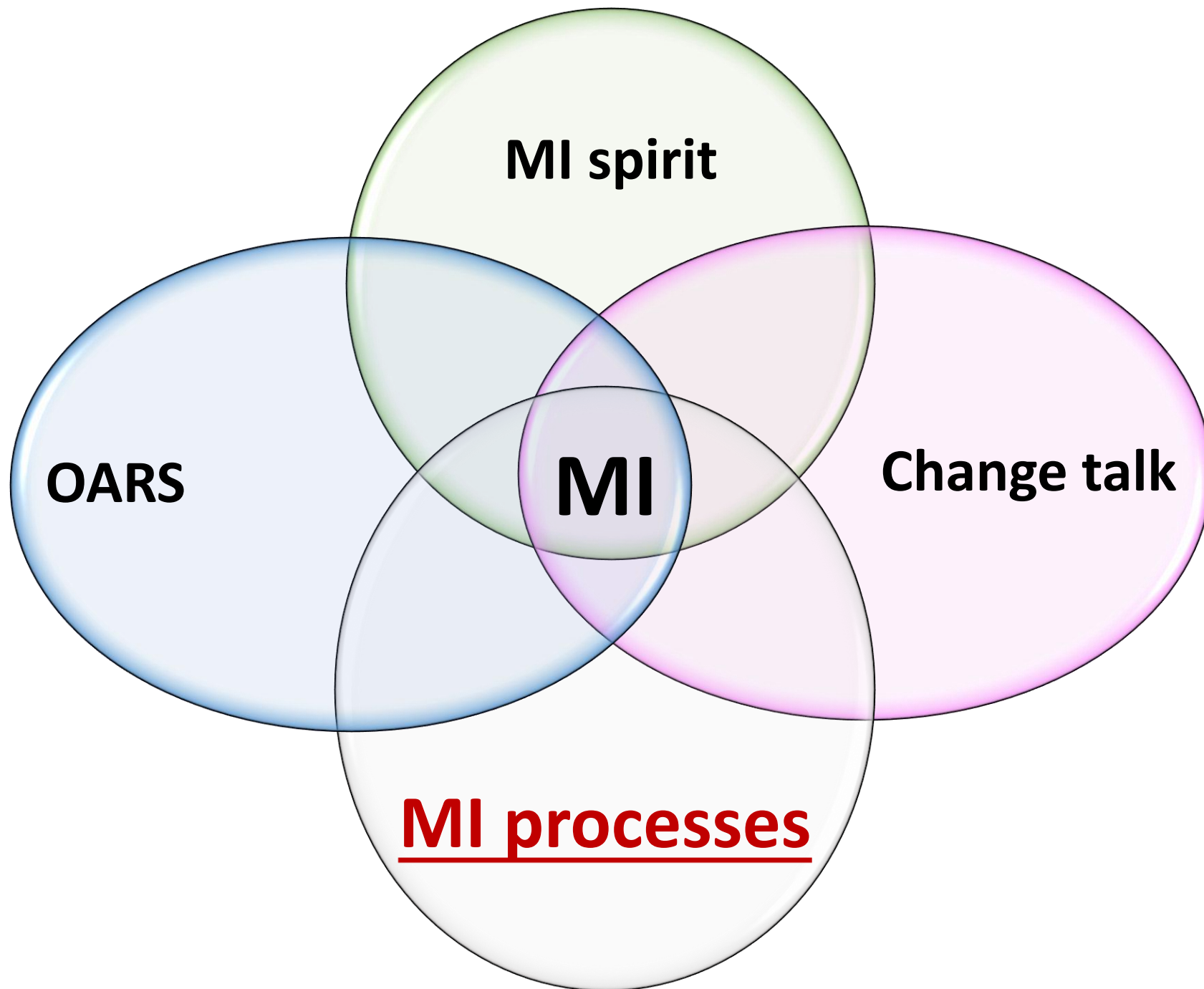
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Objective

Explain how to engage the patient in the four processes in MI necessary for health behavior change



MI Process



Four Fundamental Processes of MI

Engaging

Focusing

Evoking

Planning

Engaging

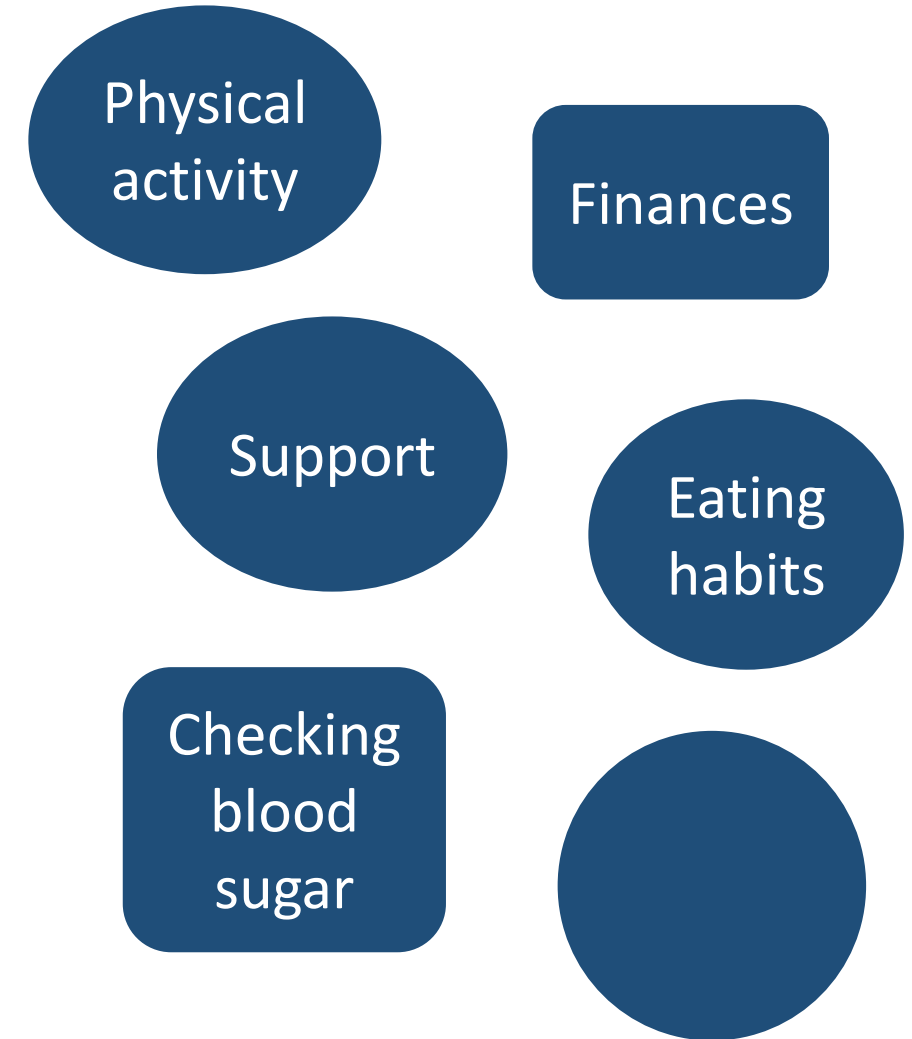
- Build rapport with the patient
- Open the conversation
- Style is key!
 - Warm and friendly
 - Support autonomy
 - Curious and open minded
 - Collaborative
 - Listen



Focus

We guide, they decide

- Negotiate the agenda and timeframe
- Target behavior (patient self-management goal) vs. outcome goal (doctor care plan)
- Circle chart
 - Blank
 - Pre-filled (SDoH images)
- Of the topics you identified, which might you want to talk about today?
- In the circles are some topics we might talk about today. They include... Which might you want to talk about today? Or is there something else?
- Why did you choose...?



Focus

What brings you here today?

What is going well for your health?

What are you currently doing to maintain your health?

What steps have you taken to better your situation?

What changes are you considering that might impact your health?

What do you already know that you could do to _____?

What have you heard about what you could do to _____?

If a friend of yours were facing something similar, what would you suggest they do?

Of all the things we've talked about today, which one would you like to start with?

Where would you like to start?

Evoke

- Most time in conversation spent exploring and building importance, confidence and motivation for behavior change.
- Patient makes argument for change.
- Style is key!
 - Curious and open-minded
 - Listening
 - Empathetic
 - Accepting and non-judgmental
 - Optimistic
 - Humble

“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”

– Pascal

Evoke

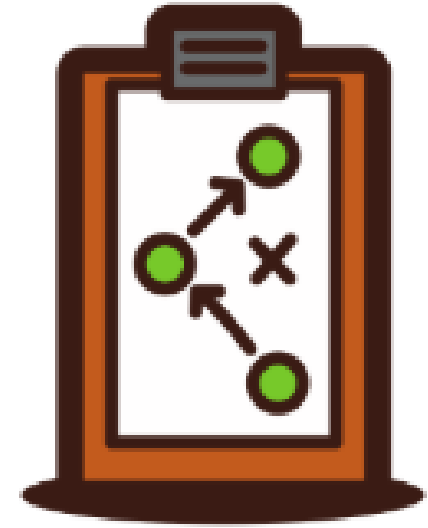
- What would be the benefits if you decide to make this change?
- How do you see your life being different if you decide to make this change?
- What are some reasons it's important to you to make this change?
- What are your motivations for making this change?

MI Process

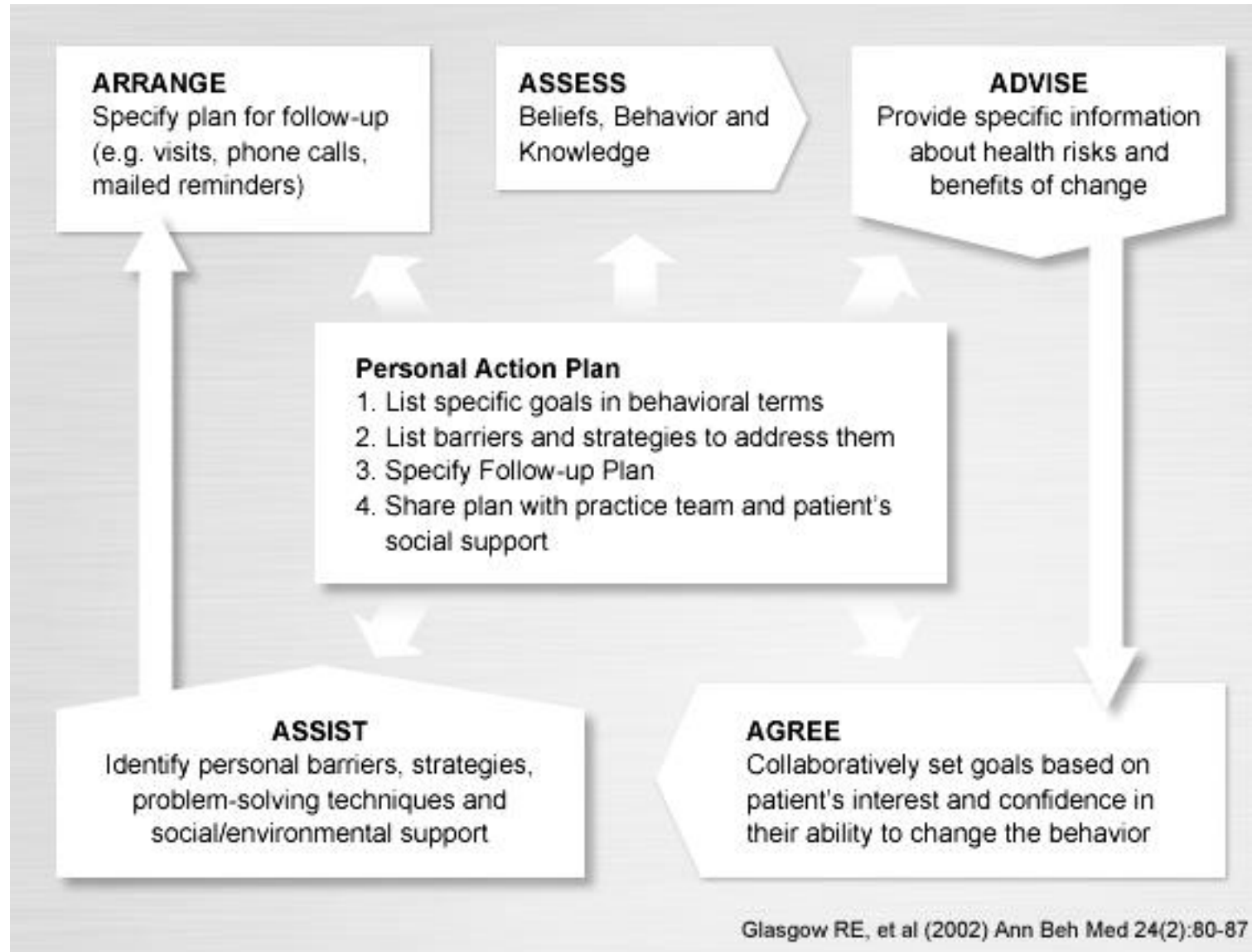


Planning

- Collaboratively developing a specific change plan that a patient is willing to implement.
- Use SMART



The 5 As of Self-Management Behavior Change



Planning

S

- **Specific:** What? Where? When?

M

- **Measureable:** How often? How much?

A

- **Achievable:** Does this seem doable?

R

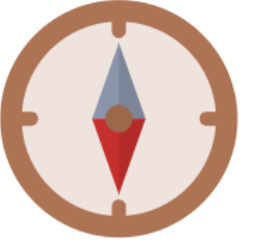
- **Relevant:** How practical is this to do now?

T

- **Time bound:** Start date? Goal length?

Planning

What's your next step?
Where do you go from here?



- **Problem Solving**

- What potential barriers do you see that might hinder you from achieving your goal?
- What have you thought of that might help you to overcome any potential barriers?

- **Confidence Ruler**

- What makes you a ____ and not a ____?
- What – if anything – would help you feel more confident?

- **Teach back**

- We covered a lot of information today and I'd like to make sure I've got everything. So tell me again what your plan is.

- **Confirm commitment**

- Is this what you are going to do?

ACTION PLANS

40% of people are **not** ready to make an action plan.



Sometimes the goal is basic:
**Goal: working with my care
team member**



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Potential Barriers to Patient Engagement and Behavior Change



Health Literacy

“The degree to which individuals have the capacity to **obtain, process, and understand** basic health information and services needed to **make** appropriate health **decisions.**”

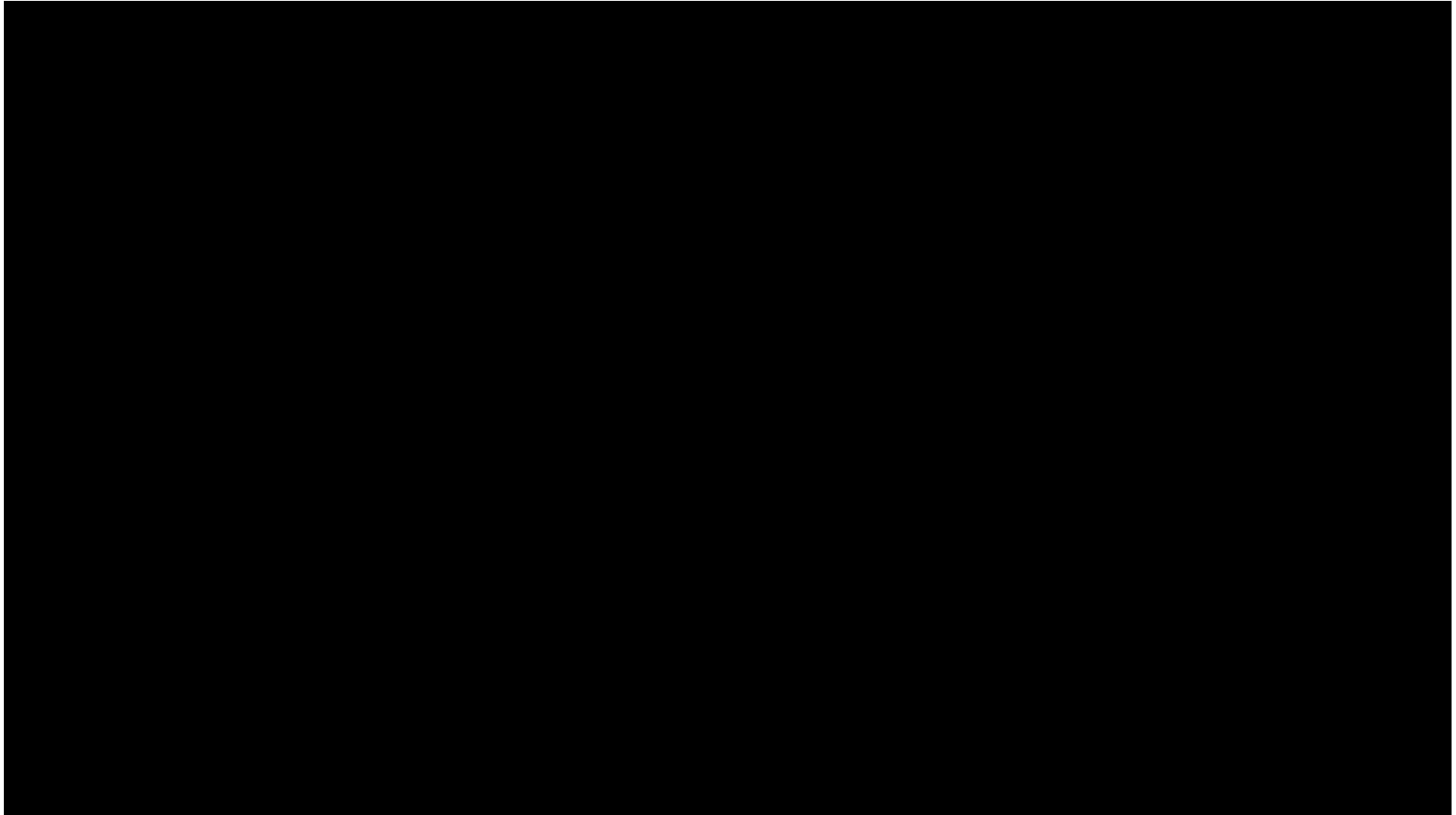
- Ratzan and Parker, 2000 / Healthy People 2010

Objective:

Identify barriers to patient engagement and behavior change.



Health Literacy – AMA



Health Literacy



A **patient's ability** to obtain, understand and act on health information.



A **provider's capacity** to communicate clearly, educate about health and empower their patients.



Impact on Self-Management

21% of the U.S. adults read **below the 9th grade level.**

- Impacts
- Reading prescription labels
- Finding their way in a health care system
- Fully understanding written materials.

Functional Health Literacy

Literacy is not only about reading and writing.

- **Listening** for understanding
- **Evaluating** if the message sent was the same as it was received
- **Speaking**
- The ability to **ask questions**



**GNINAEELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht
epat sdaeh dna natpac revenehw uoy eciton na noitalumucca fo
tsud dna nworb-der edixo selcitrapp. Esu a nottoc baws denetsiom
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pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil
gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.**

Why are patients at risk?



Reliance on the written
word for patient
instruction



Increasingly complex
healthcare system

More medications

More tests and procedures

Growing self-care requirements

Esoteric language

Who is at risk?

- Elderly
- Ethnic and racial minorities
- Limited education
- Immigrants
- Low socioeconomic status
- People with chronic disease



Case Study Discussion

- Jonathan is a 14-year-old adolescent recently discharged from a mental health unit. This was his fourth admission over an 18-month period. His mother assumed responsibility for seeing that he took his medications as directed. His mother knew the names of his medications and faithfully monitored his taking of them. But Jonathan's behavior began to deteriorate again.
- At one of Jonathan's follow-up visits, the nurse asked him to show her the meds he was on, and how he was taking them. It turned out that Jonathan's mother couldn't read, got the meds mixed up, and was administering the daily med three times a day, and the TID medication once daily.

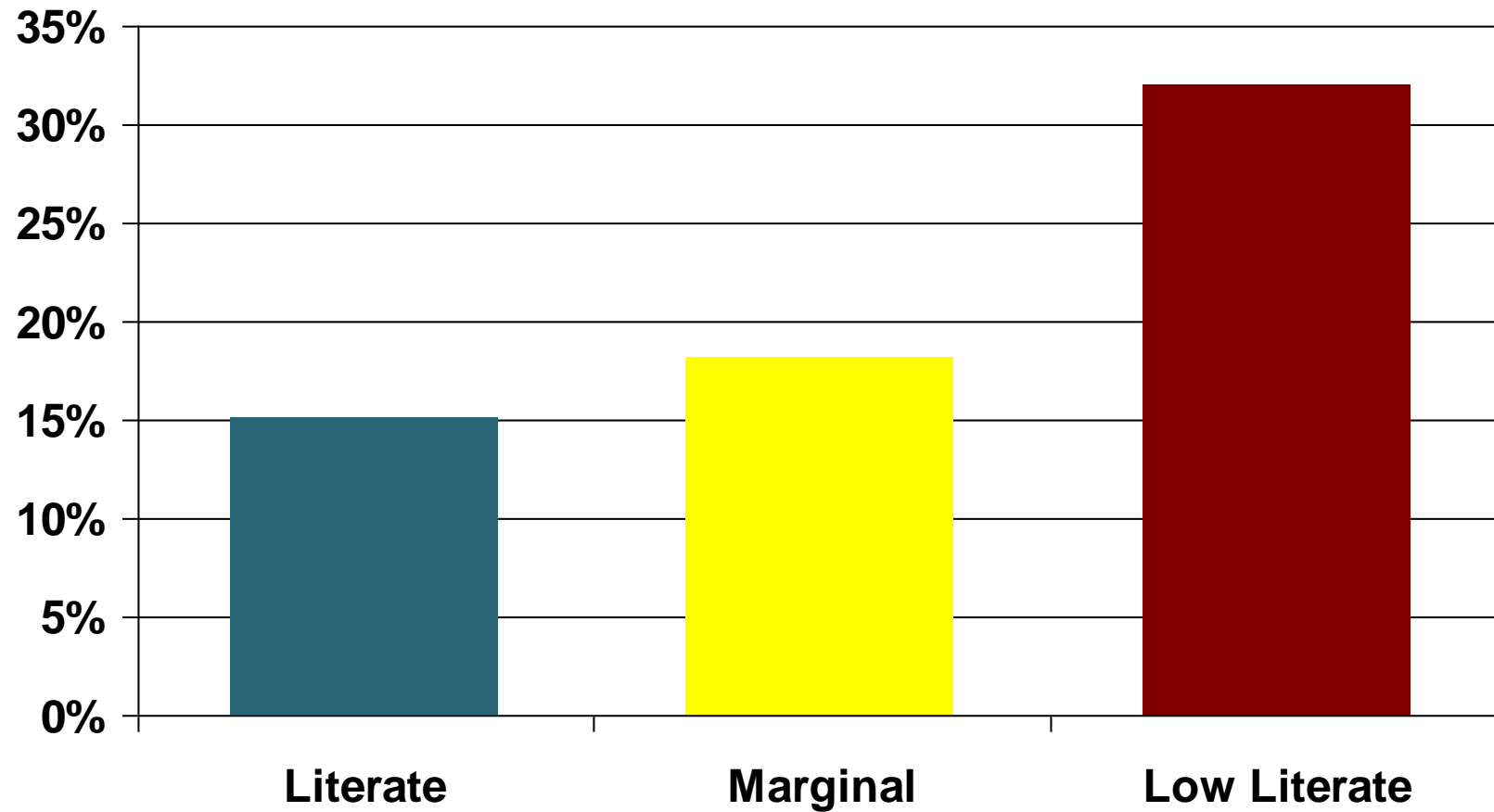
Economic Impact



Low health literacy
increases US
health care costs
by **\$50 billion**

**\$73
billion
annually***

Low Literacy Leads to Re-hospitalization



Recognizing the Red Flags



Making Excuses



**Perceived
Resistance**



**Frequently Missed
Appointments, Tests**



Has No Questions



**Non-adherent with
meds or treatment**

Creating a Shame Free Experience

Convey an attitude of helpfulness, caring and respect – by all staff

- Ask questions to help patients open up
- Listen
- Encourage patients to ask questions
- SMILE 😊

Provide assistance confidentially



Strategy:

Improve interpersonal communication

Slow down

- Take your time

Use plain, non-medical language

- “Living room” language



Strategy:

Improve interpersonal communication

Use analogies and pictures

- Charts
- Models
- Diagrams

Limit to most important concepts

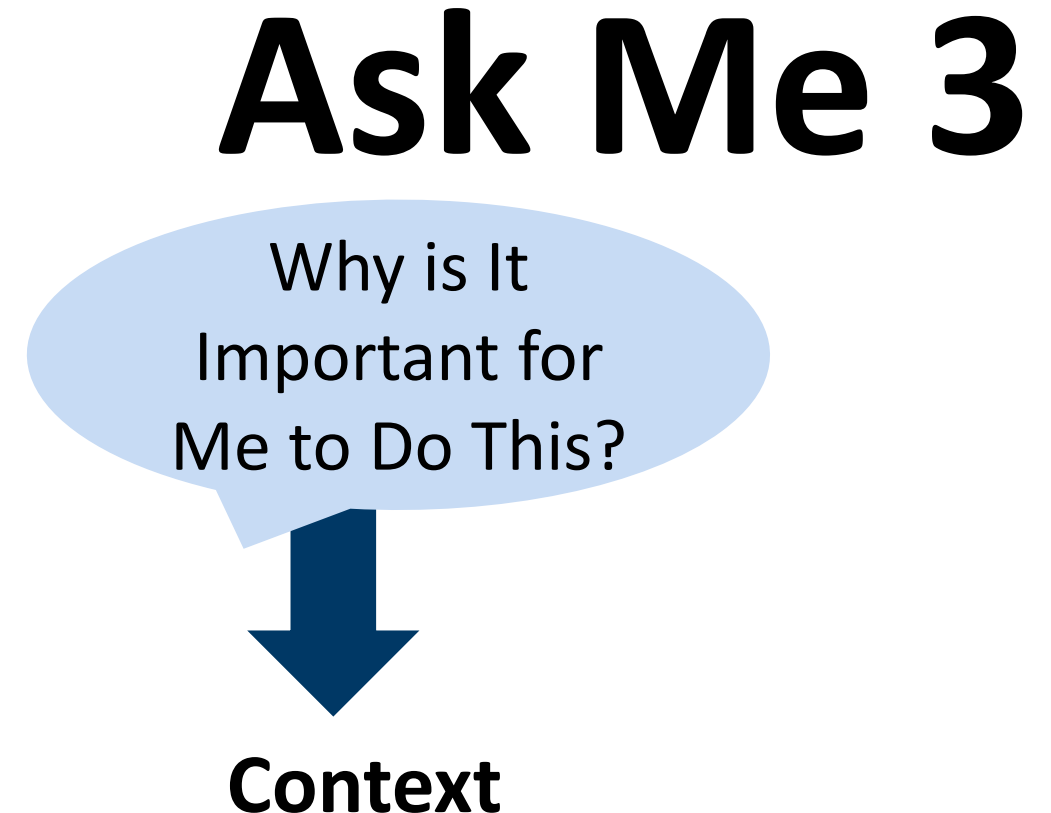
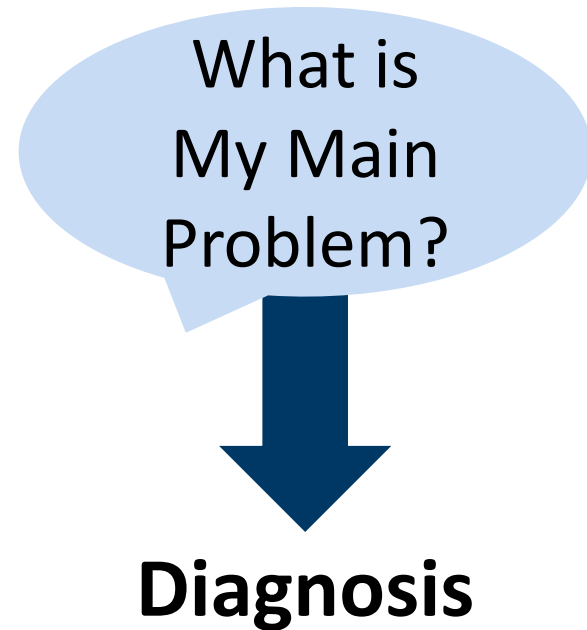
- Focus on 1-3 key messages

Repeat them



Strategy:

Empower patients



Strategy:

Use teach-back method

Asking patients to demonstrate understanding:

- What will you tell your spouse about your condition?
- I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did?
- Show me what you would do.

Chunk and check:

- Summarize and check for understanding throughout, don't wait until the end.

Do NOT ask...

- Do you understand?



“Understanding is a two-way street.”
-Eleanor Roosevelt

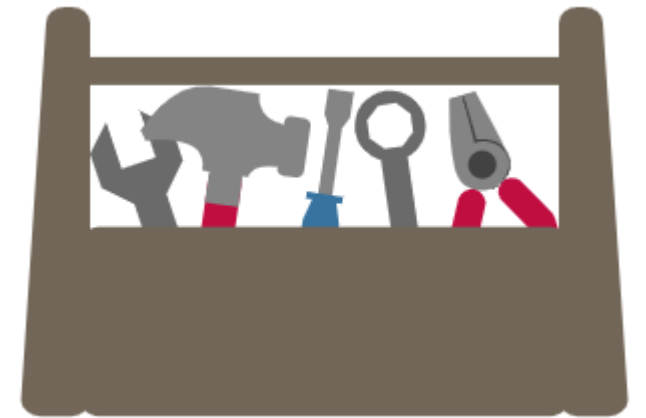


Strategy:

Identify Assessment and Support Tools

Tips

- Medi-Babble Application (<http://medibabble.com/>)
- Living Room Language Dictionary (see hand out)





Key Takeaways

Agenda

Topic	Time
Introduction	15 minutes
The Why	30 minutes
The Spirit	30 minutes
OARS	45 minutes
Break	15 minutes
OARS	30 minutes
Change Talk	45 minutes
Lunch	30 minutes
MI Processes	60 minutes
Barriers/Health Literacy	45 minutes
Barriers/Culture and Language	30 minutes
Assumptions	15 minutes
Wrap-Up	15 minutes

Motivational Interviewing and Culture

Objective

Identify how to make cultural adaptations to MI



Background

- Studies from the United States have shown that when compared with European-Americans, **racial, ethnic minorities and other cultural minorities are often less likely to utilize mental health services.**
- Culturally adapted **Motivational Interviewing is still emerging**, and virtually all efforts have been conducted within the Latino American and American Indian populations.
- Motivational Interviewing has been **tested extensively and utilized among the Native American community** in New Mexico.

Basic Definition of Culture

- **Culture** is a system of beliefs, values, and assumptions about life that guide behavior and are shared by a group of people.
- It includes **customs**, **language**, and **material artifacts** which are transmitted from generation to generation, rarely with explicit instruction.

Group Activity:

Everyone Has a Culture and Everyone Is Different

- Think about what **language you speak** at home.
- Think about what **food you eat**.
- Identify the **music you listen to** most often.
- In your family, what is **considered polite** and what is **considered rude**?
- What **manners have you been taught**? (Think about behavior toward a healthcare professional, spiritual leader or an elder.)



Cultural Adaptation of MI

- Care team members should inquire about the **cultural values and beliefs of the patient** (such as personability, respect, and trust), which could influence communication.
- Identify the **areas of conflict or mismatch** between the intervention and the patient.
- Modify the intervention to become **compatible with a person's culture**, often by changing the language, content, concepts, goals, and/or methods.
- Rather than pathologizing cultures for their shame-inducing tendencies, **recognize the strength and resilience** that these cultures provide.

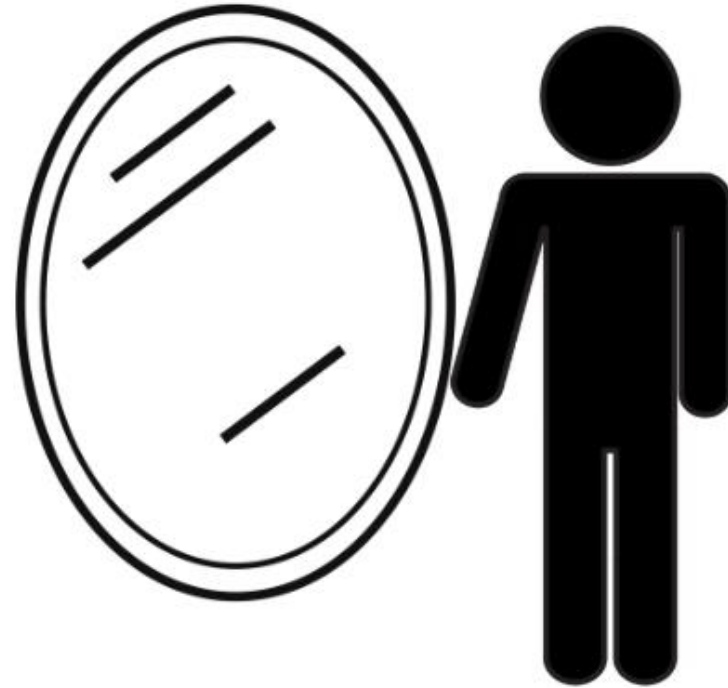
End-Result of Cultural Adaptation

Intervention that is more natural or familiar intellectually and emotionally accessible to the patient may result in **enhanced efficacy, satisfaction, and retention.**



Self-Awareness

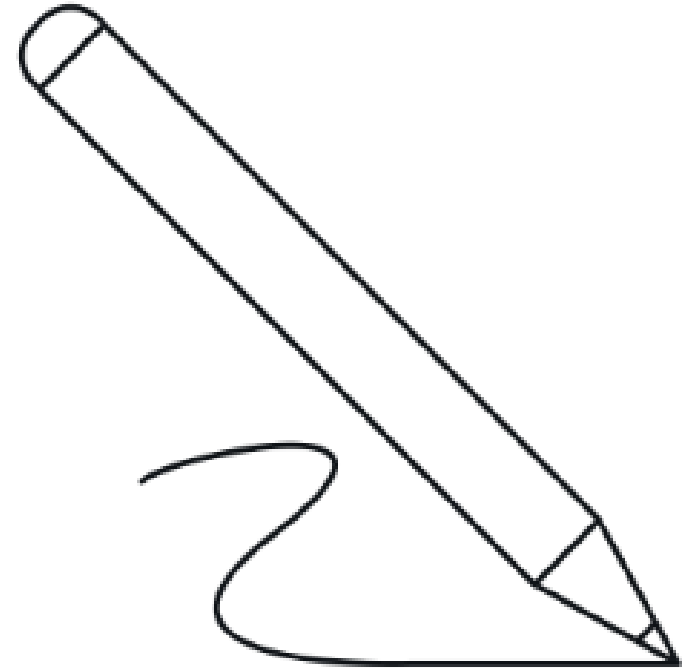
Care team members should be aware of their **own values and biases**, and how these may **influence perceptions** of the patient, the patient's need, while addressing the issue.



Assumptions about self-care can cause harm.

Tips...

- Have the care team member disclose more personal information
- Inquire about ethnic background (i.e. identity, language, spirituality, and ties to the community)
- Avoid stereotypes
- Acknowledge historical traumas and losses (including discrimination)
- Exhibit greater cultural competence about celebrations, ceremonies, and traditions



Tips...

- **Reflect** on biases
- **Focus** on strengths
- **Use** humor
- **Use** metaphors, myths, and storytelling
- **Ask** the patient about potential solutions to their own problems



Key Takeaways

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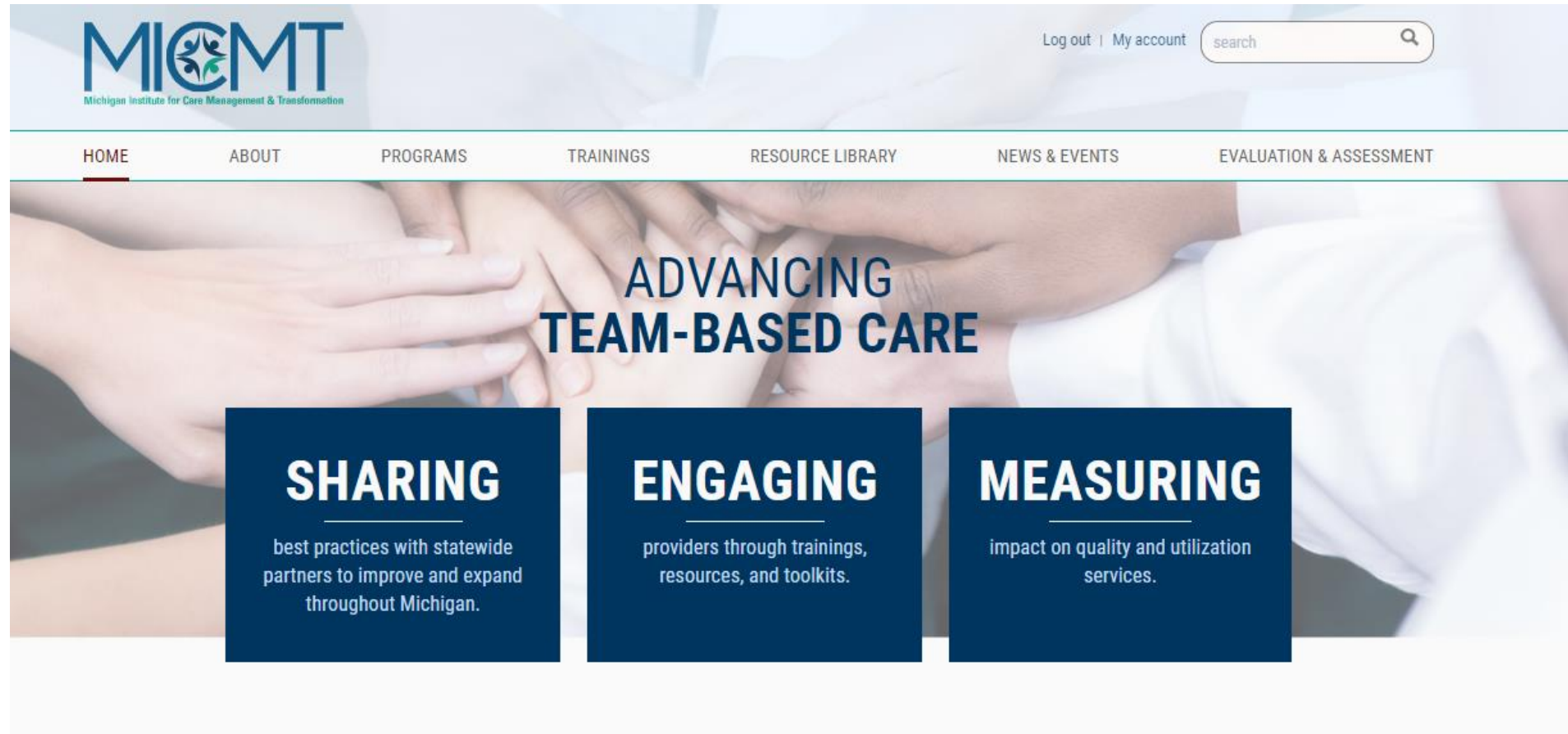
Reminder: Successful Completion of Patient Engagement includes:

- Completion of the one day **in-person/virtual training**.
- Completion of the Michigan Institute for Care Management and Transformation (MICMT) **post-test** and **evaluation**.
- Achieve a **passing score** on the post-test of **80% of greater**.
*If needed, you may retake the post-test.
- Complete **simulation**.

You will have (5) business days to complete the post-test.

MICMT Resources

<https://micmt-cares.org/>



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- <http://www.improvingchroniccare.org/index.php?p=Presentations & Slides&s=397>
- Centre for Collaboration Motivation and Innovation – <https://centrecmi.ca/brief-action-planning/>