A Care Manager's Guide to Effective Patient Interactions v2.2

Please ask yourself these questions and think the answers that follow:

"What might I need to do BEFORE and/or AFTER this patient interaction?"

Motivational Interviewing (MI) suggests that you may benefit from the following thoughts/behaviors:

- ☐ I have taken 2-4 deep breaths to center myself.
- ☐ I have reminded myself that my patient will always know themselves better than me.
- ☐ I have accepted that my patient makes every decision about their health, even if that means going against medical advice.
- ☐ I have committed to withholding judgement and control of my patient's choices in both word *& thought.*
- ☐ I accept it is not my job, or responsibility, to have all the answers to my patient's questions.
- ☐ I am grateful for the gift of coming alongside this unique human as they navigate their way through the maze of health-related behavior change.

"What may be helpful to keep in mind DURING this patient interaction?"

MI recommends that you set the following intentions:

I will listen to my patient empathically.

> I will not judge the things they say and do.

I will use my curiosity by asking my patient more open questions.

> I will not rush them by interrupting their silence too soon.

I will notice my patient's positive thoughts, words, and actions by pointing them out.

> I will not use the word "I" when describing them.

I will form reflections about what my patient has shared.

> I will not have a voice tone that conveys pressure, control or aim to fix.

I will consider *first* my patient's ideas and insights.

> I will not forget that collaboration is likely to include my professional advice.

I will remember that engaging with my patient is more art than science.

> I will not assume that every patient enjoys the same type of art.

I will practice my self-compassion.

> I will not expect that I'll never make mistakes.

I will continue developing my skills by getting feedback from a mentor!

MICMT
Michigan Institute for Care Management & Transformation

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"What may be helpful to say DURING this patient interaction?"

<u>MI invites you to ask more OPEN questions (who/what/where/when/why/how) such as:</u>

- "What brings you in to my (virtual) office today?"
- "Who will support your efforts to change?"
- "Where could you end up if you *don't* make this change"
- "How will your past change attempts help you now?"
- "Why do you desire this change?"
- "Who will benefit if you make this change?"
- "When will you know that change is needed in your life?"
- "What matters most to you?"
- "How would your life be different if you successfully made this change?"
- "Before we get started today, what questions do you have about our last session?"
- "How is your current plan working for you?"
- "If you are here because your doctor said, why do you think they wanted us to talk?"

<u>MI suggests that you recognize your patient's strengths/positives through affirmations:</u>

- "You know what you need to be your best self."
- "You said that well."
- "Coming in to speak with me today took real courage."
- "You noticed the warning signs and took action."
- "Keeping that food journal shows how committed you are to your health goals."
- "You are taking an active role in your healthcare decisions."
- "You've been through a lot, and yet, you are continuing to work on yourself."
- "You know what you need and what you don't need."
- "You really know what you stand for when it comes to your health."
- "You can see the possibility of a brighter future if you decide to make this change."

<u>MI recommends that you avoid falling into the most common care manager traps:</u>

1.) Time Trap → sounds like... "*I need to have you set an action goal before our time is up.*"

You may fall into this trap when *you* focus on a particular course of action too soon. The goal may feel urgent to you or your employer, but your patient does not yet share that urgency. Spend more time <u>engaging</u>.

2.) **Expert Trap** → sounds like... "*I know what you need to change AND how you should do it.*"

Consider letting your patient know early on that your intention is to <u>collaborate</u> with them, appreciating their individual strengths, wisdom, and self-direction by explicitly stating "you will always be the expert in you."

3.) Persuasion Trap → sounds like... "*I am here to convince you there is a problem that needs fixing.*"

Take steps to slow down, ask instead of telling, and <u>listen</u> well. Remember that people appreciate the freedom to decide for themselves. Consider asking what your client thinks would be best for them.

4.) Wandering Trap → sounds like... *"I will follow you wherever, even if it doesn't relate at all"*

If your conversations wander from topic to topic wherever the patient heads, it's probably time to <u>clarify</u> what you hope to do in this helping relationship. MI suggests that you and your patient follow the 'middle way' that is found between the extremes of directing and following.