

# A Care Manager's Guide to Effective Patient Interactions<sup>v2.2</sup>

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.
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**“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!

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## **“What may be helpful to say *DURING* this patient interaction?”**

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

- “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?”

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

- “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.”

MI recommends that you avoid falling into the most common care manager traps:

### **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 engaging.

### **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 collaborate 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 listen 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 clarify 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.

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## **Reference:**

- Miller, E.R., & Rollnick, S (2023). Motivational Interviewing: Helping People Change and Grow (4<sup>th</sup> Ed.)
- National Institute of Diabetes and Digestive and Kidney Disease: Motivational Interviewing: Do's and Don'ts - [Motivational Interviewing: Do's and Don'ts - Blog - NIDDK](#)
- Motivational Interviewing Network Trainer – Michigan Based Certified Professional