

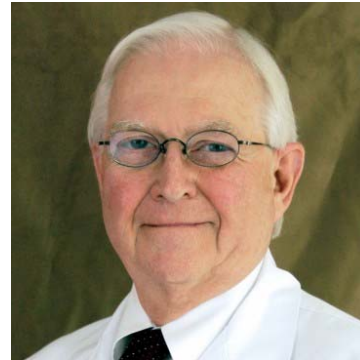


Helping Patients Change: Adherence with Healthcare Plans

Introduction



Barbara Lewis, MBA
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DocCom



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Professor of Medical Leadership at the
University of Oklahoma

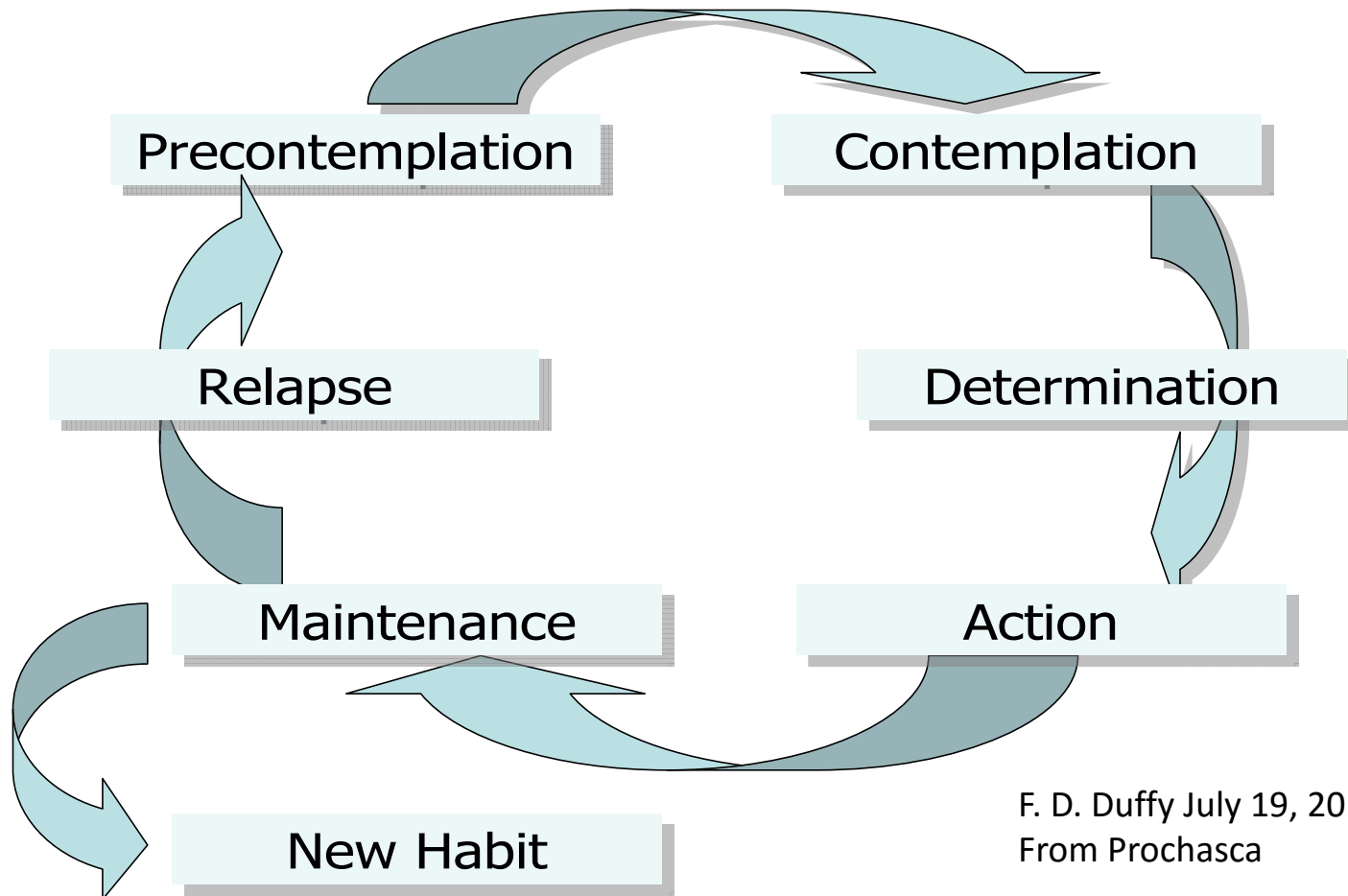
F. Daniel Duffy, MD, MACP, FAAPP

- Landgarten Professor of Medical Leadership at the University of Oklahoma – University of Tulsa School of Community Medicine
- Co-author of DocCom module 16, Promoting Adherence and Health Behavior Change
- Former EVP at ABIM
- Director of the Oklahoma Primary Healthcare Improvement Cooperative and principal investigator of the Healthy Hearts for Oklahoma cooperative of the EvidenceNow program
- Helped form the American Academy on Physician and Patient (AAPP), fellow and past chair of the Board of Directors.

Learning Objectives

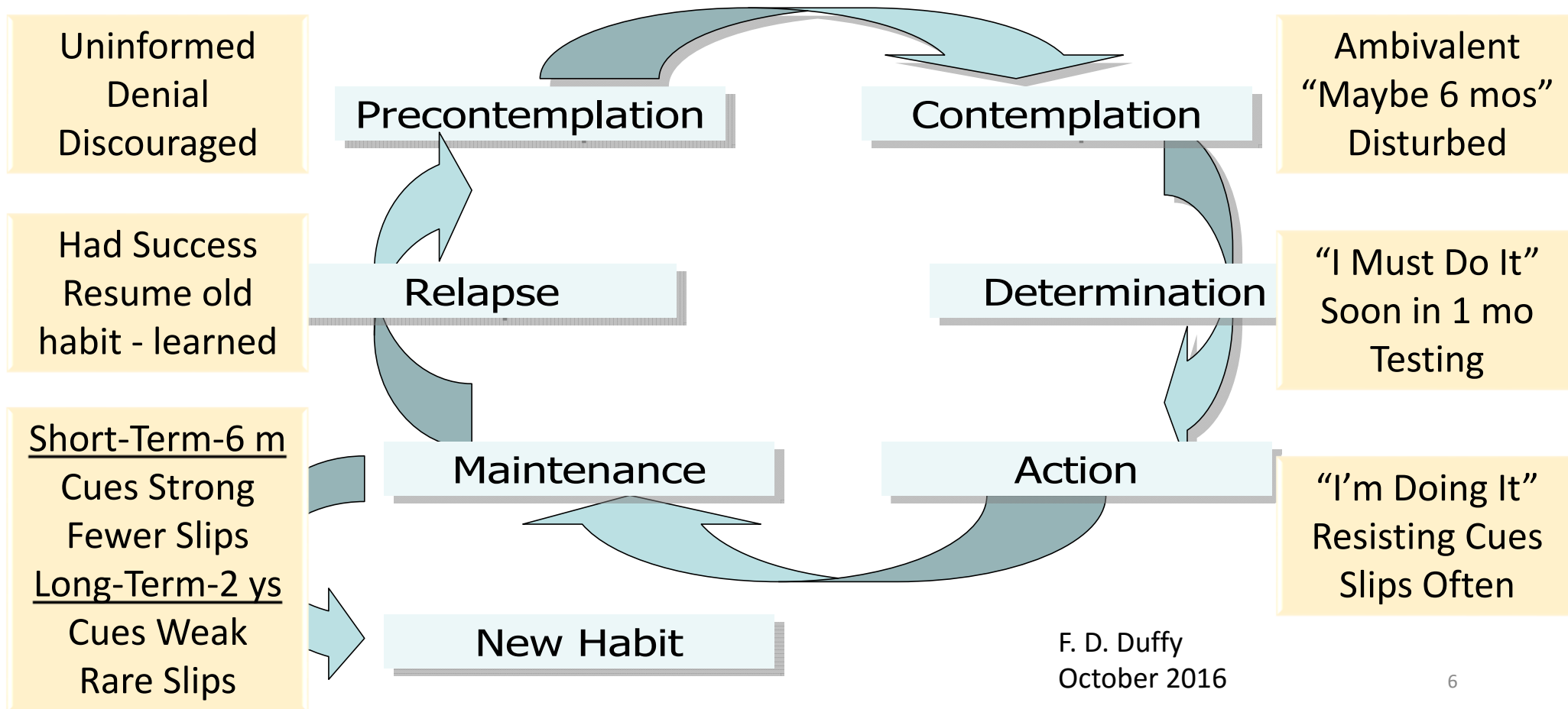
- Match MI skill to a stage of change
- Use MI micro skills and tools
 - Evoke “change talk”
 - Use *Importance/Confidence & Readiness Rulers*
 - Reduce “sustain talk”
 - Use *Decisional Balance*
 - Evoke internal motivation
 - Use *Reflective Listening (OARS)*

Cycle of Change Stages



F. D. Duffy July 19, 2013
From Prochaska

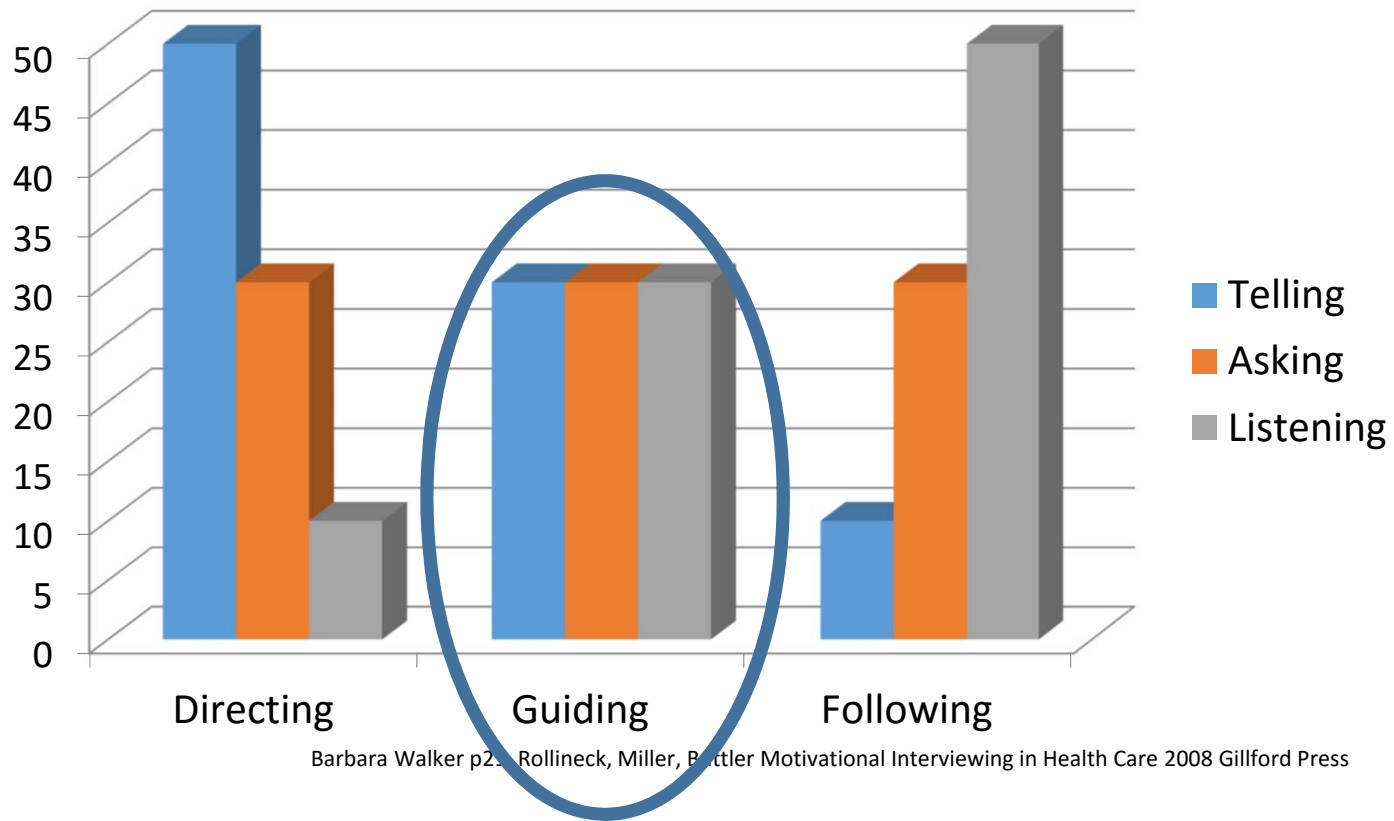
Features of Change Stages



Motivational Interviewing

- “...a client-centered, directive method for **enhancing intrinsic motivation** to change by exploring and resolving ambivalence.” (Miller & Rollnick, 2002, p. 25)
- ...designed to help stop addictive behavior
- ...attempts to:
 - Observe, respect, and not oppose **sustain talk**
 - Elicit, amplify and affirm **change talk**

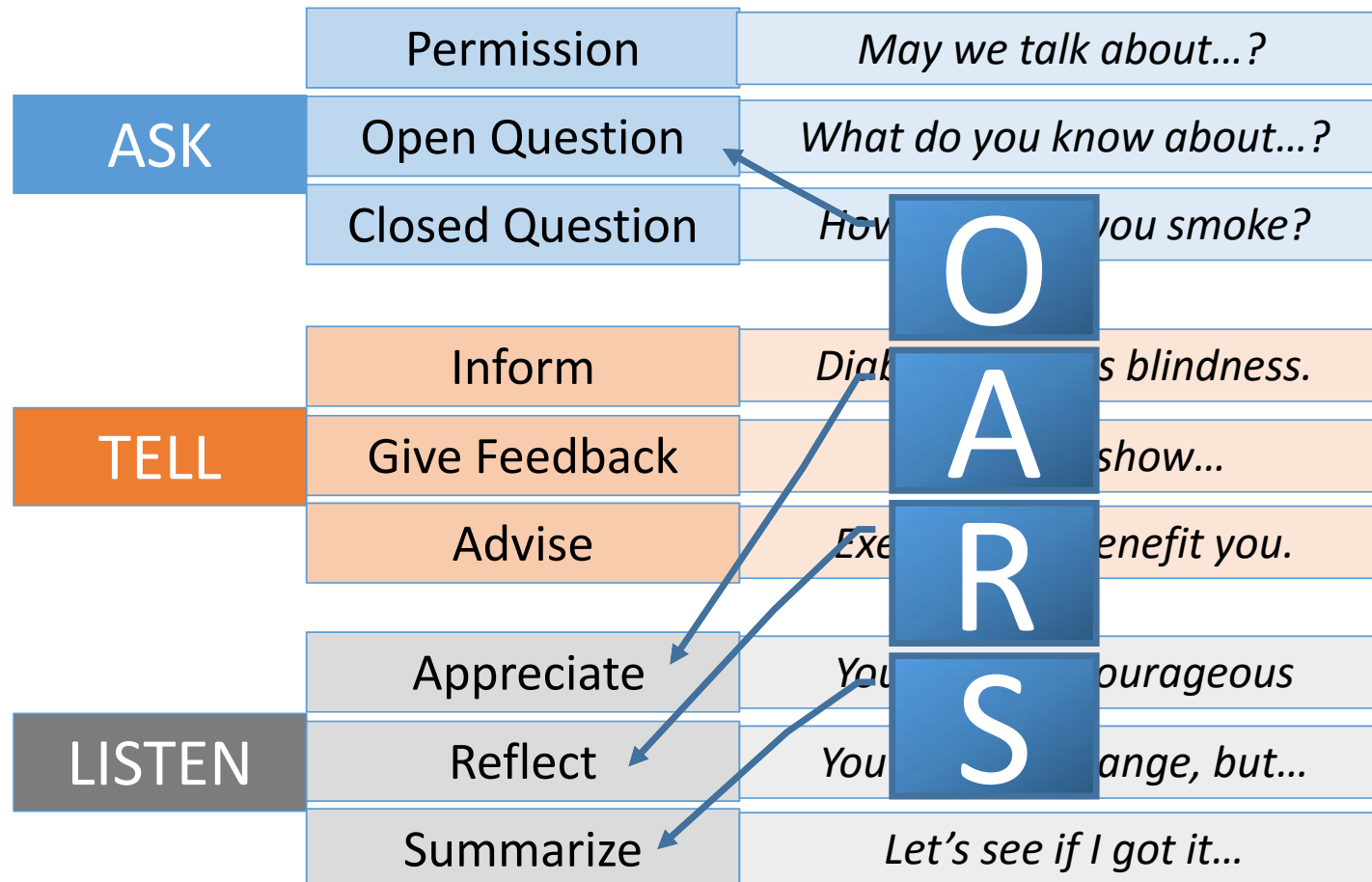
Interview Style and Skill



Motivational Interview Skills

ASK	Permission	<i>May we talk about...?</i>
	Open Question	<i>What do you know about...?</i>
	Closed Question	<i>How much do you smoke?</i>
TELL	Inform	<i>Diabetes causes blindness.</i>
	Give Feedback	<i>Your tests show...</i>
	Advise	<i>Exercise will benefit you.</i>
LISTEN	Appreciate	<i>You are very courageous</i>
	Reflect	<i>You want to change, but...</i>
	Summarize	<i>Let's see if I got it...</i>

Motivational Interview Skills



Ask Permission

- Demonstrate respect for autonomy
- Show desire for collaboration from the start
- Ask for permission before addressing target behavior
 - *Do you mind if we spend a few minutes today talking about your health and smoking?*
 - *If you don't mind, I would like to spend a little time today visiting about how Johnny's weight may affect his overall health.*

Avoid “Sustain Talk” or Evoking Resistance

- Confrontation
 - Avoid disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, moralizing, ridiculing, etc.
 - Turns conversation into a wrestling match
- Advising (without permission)
 - Language usually includes words such as: should, why don't you, consider, try, how about, etc.
- Over-directing
 - Commands, orders, imperatives
 - You should, you must, etc.

Evoke “Change Talk” with Open, Orienting Questions

- Open Questions
- Scaled questions with follow-up, *“Why?” and “What would it take?”*
 - **Readiness** to change
 - **Importance** of making change
 - **Confidence** of being able to change
- Values clarification questions, *“What do you like about?” and “What worries you?”*
 - Ambivalence
 - Tipping the balance to action

Importance – Confidence Ruler

How Important is it for you to (new behavior)?

Not At All Convinced Totally Convinced

0 1 2 3 4 5 6 7 8 9 10

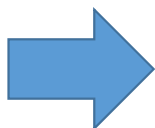
How confident are you that you will (change to new behavior)?

Not At All Confident Totally Confident

0 1 2 3 4 5 6 7 8 9 10

Why “4”? Why not “6”?

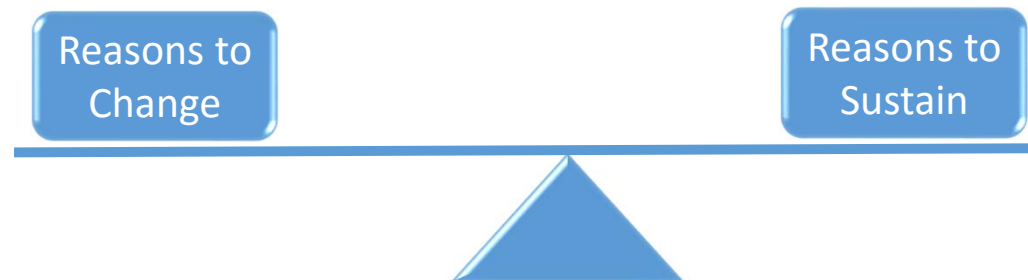
What would it take to move from a “5” to an “8”?



Importance/Confidence Score	Stage of Change
0-2 on either	Pre-Contemplation
3-7 on either or both	Contemplation
< 7 on either	Not motivated to change
8-10 on Conviction	Determination
9-10 on Confidence	Action or Maintenance

Contemplation to Action – Elicit Change Talk

- Amplify ***ambivalence*** about changing behavior
 - “Like about?” – “Worry about?” current behavior
 - “Like about?” – “Worry about?” new behavior
- Elicit enough discomfort to tip balance from internal debate to action
- Help patient argue for change
- Roll with resistance



Decisional Balance		
	Reasons Not To Change	Reasons To Change
Sustain What I'm Doing	What do you LIKE about your current habit?	What WORRIES you about your current habit?
Change to a New Behavior/Habit	What WORRIES you about adopting a new habit?	What do you LIKE about the idea of adopting the new habit?

Use Empathic, Reflective Listening

- Respond with reflective statements
 - Restate, rephrase, use metaphor, summarize
 - Try to reflect patient's true meaning
- Build rapport
- Enact collaboration, empathy, understanding
- Support autonomy, self-expression

Not all reflections are equal

- Simple reflections
 - Conveys understanding, but little added meaning
 - Demonstrates that “I’m listening”
- Complex reflections
 - Adds meaning or emphasis,
 - Verbalizes affect or emotion
 - Elucidates themes or connections
 - Summarizes
 - Demonstrates that “I understand”

Other MI Skills

- Advise and educate, *with permission!*
 - Explicitly ask permission
 - *Do you mind if I share with you some information...*
 - Give permission to disregard
 - *I'm not sure if this would work for you or not, but my advice would be to...*
- Collaborate on solutions or plans
 - Offer a menu of options for addressing the problem
 - Explore patient's ideas for "goodness of fit" or "next steps"

Other MI Skills (cont.)

- Affirm and support patient's autonomy
 - Reinforce good choices or ideas with praise and encouragement
 - Make statements of compassion or empathy
- Emphasize choice, autonomy, or control
 - Explicitly respect the patient's choice
 - *It is up to you, nobody can make this decision for you.*
 - *You know yourself better than anyone.*
 - *I may not agree with your choice, but I support your right to make it.*

Did We Reach Our Objectives?

- Describe the cycle of change
- Contrast motivational interviewing with usual medical interviewing
- Demonstrate MI micro skills and use of tools
 - Evoke “change talk”
 - Use *Importance/Confidence & Readiness Rulers*
 - Tip ambivalence reducing “sustain talk”
 - Use *Decisional Balance*
 - Evoke internal motivation
 - Use *Reflective Listening (OARS)*



More Information



Includes a Facilitator Guide for Faculty



Evidence-Based Importance of Communication Skills

- Improve medical outcomes
- Decrease malpractice claims
- Enhance physician/provider satisfaction
- Improve patient satisfaction scores
 - HCAHPS surveys mandated by the government if hospital receives Medicare funds from the government
 - Analysis demonstrates that 2 communication dimensions drive scores



DocCom Overview

- Module authors - leading faculty
- 42 multimedia-rich interactive on-line modules (~1 hr in length)
- > 40 CME/MOC credits
- >400 videos realistic interviews (loved by learners)
- Annotated interactive videos
- Faculty Resources
 - Assignments
 - Assessment questions – essay & MCQs
 - Grading matrix
 - Resources
 - Curriculum guides for faculty.



Sample Module



- MODULE 33 WELCOME
 - Rationale
 - Patient's View
 - Doctor's View
 - Questions
 - Key Concepts
 - Learning goals
- INTRODUCTION
- 6 STEPS: NEWS & SUPPORT
 - Advance Planning
 - What is known?
 - What want to know?
 - Sharing information
 - Respond to emotions
 - Plan and follow up
- SPECIFIC TOPICS
 - Clinician self reflection
 - Family won't tell
 - Language barriers
 - Telling a prognosis
 - Phone notifying of death
 - [Saying I'm sorry](#)
 - Hopes and wishes
- VIDEO: You have cancer
- VIDEO: Treatment fails
- CONCLUSION
- BEHAVIOR CHECKLIST
- REFERENCES

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This demo version does neither contain assessment questions nor allows facilitation of learning groups by the sophisticated DocCom Learning Manage System. If you're interested in DocCom, please see <http://aachonline.org> for a trial



- Consistent format across modules
- Rationale
- Key concepts
- Learning goals
- Content
- Videos interspersed
- Behavior checklist
- References

Welcome to DocCom DEMO Module 33: "Delivering Bad News"

D., Carly Dennis M.D., Anthony Caprio M.D., Catherine Gracey M.D.



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Facilitator Guide of this module for DocCom Residency Doctoring Curriculum

Credits:

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Patients: Robyn George (Patient), Frank Gallagher (Husband)

Clinician on camera: [Timothy Quill M.D.](#)

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Video Camera, Light and Sound: [George Zeiset B.A.](#)

Video Assoc. Director: [Dennis Novack M.D.](#)

Version History:
4.1 - 5/6/2014 - Revision by Timothy Quill, et. al.
3.0 - 2/7/2012 - Enhanced with HTML5 code and MP4 videos
2.1 - 1/21/2010 - Revision by Timothy Quill, et. al.
2.0 - 7/20/2009 - upgrade to DocCom Version 4.0
1.0 - 7/13/2006

DEMO Module 33: **Delivery of Bad News** - by Timothy Quill MD, Anthony Caprio MD, Catherine Gracey MD, Margaret Seaver MD



Annotated Video Examples

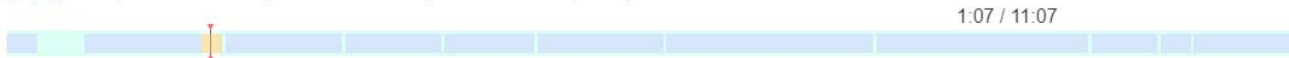


- MODULE 33 WELCOME
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- ▶ VIDEO: You have cancer
- ▶ VIDEO: Treatment fails
- CONCLUSION
- BEHAVIOR CHECKLIST
- REFERENCES



▶ 01:07 / 11:07 play | pause | back 5 seconds | full screen - change video rate: 1x | 1.4x | 1.8x


- greet** verbal and nonverbal
- ask: what do you know?**
- ask: do you want to know?** Are you ready for news?
- tell: news** direct words; self-reflection; warning
- name, legitimize emotion**
- tell: news** direct words; attentive listening
- ask: what do you want to know?**
- attentive listening**
- reflection** both events and emotions
- tell: potential plans** takes charge
- I wish it were different** shares distress
- legitimize anger, sadness** supports husband and wife
- tell: news** direct; and supportive nonverbals
- allows interruption** supportive nonverbal
- attentive listening** "am I going to die?"
- tell: prognosis** gives range
- balance truth with compassion** do not give false hope
- tell: potential plans**
- partnership** explore together
- tell: advise** explore options





Empathy Understanding


Hello, Christof Daetwyler 1 ASSIGNMENT MY PROFILE GRADING RESOURCES Survey / Log Out / Help



- MODULE 6 WELCOME
- Rationale
- Patient's View
- Doctor's View
- Questions
- Key Concepts
- Learning goals
- INTRODUCTION
- RELATIONSHIP SKILLS
 - Attentiveness
 - Empathy
 - Respect
 - Support
 - Partnership
- WATCH BEHAVIORS
- TEST UNDERSTANDING
- BEHAVIOR CHECKLIST
- References
- CME INFORMATION
- ASSESSMENT QUESTIONS

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06 2 MediocreBuildRelationship



1:05 / 3:39

play | pause | back 5 seconds

Please click the pink button "missed opportunity for empathic comment" whenever Dr. Bird does not act on opportunities to provide empathic comments. You may submit a free video comment where you demonstrate how to do a better job (use mobile device to capture/upload directly)!

missed opportunity for empathic comment
(6: ✓✓✓✓✓_)

special buttons:
write your comment here and click button below to place it at current time


add a free-text comment

add a video comment

#	✓	✗	not found	score %	score n
1	6	0	0	100%	24
actual	4	0	2	67%	16

You have 4 of 5 attempts available:

submit this attempt! cancel this attempt



1:05 / 3:39

06: Build the Relationship - by Julian Bird MD and Steven Cole MD

prev home next



Facial Recognition

https://webcampus.drexelmed.edu/doccom/user/individual_login_2.asp

Hello, Barbara Lewis

MY PROFILE GRADING RESOURCES Survey / Log Out / Help

Please click the appropriate button below when an image with a woman expressing an emotion is shown. The first run gives you 5 seconds per image, then 3, then 2 seconds. Good luck!

- anger (3: __)
- confusion (3: __)
- withdrawal (3: __)
- fear (3: __)
- grief (3: __)
- safe (3: __)

#	✓	✗	not found	score %	score n
actual	0	0	18	0%	0

You have 3 of 3 attempts available:

submit this attempt cancel this attempt

0.26 / 1:38

play | pause | back 5 seconds - change video rate: 1x | 1.4x | 1.8x

0.26 / 1:38



Resources



Facilitator Guide

FACILITATOR NOTES

Session 2: Personal Attitudes Toward Illness, Vulnerability and Death
Practicing the HPI

Date: Tuesday 9/17 & Thursday 9/19
Time: 2:00 – 4:00 PM
Location: Queen Lane Seminar Rooms (SPs during the second hour)

Objectives:

1. Explore feelings and thoughts in relation to beginning dissection.
2. Expand understanding of how personal attitudes toward illness, vulnerability and death might affect patient care.
3. Review the elements of the opening of an interview and eliciting an HPI.
4. Understand using facilitation skills to elicit a patient's history.
5. Understand the importance and techniques of eliciting patient concerns, beliefs, fears and hidden agendas.
6. Understand what is meant by professionalism and how this session promotes self-reflection as a necessary and healthy habit for professional development.

DocCom Assignment: **Module 08** Gather Information
Read the module. No need to complete multiple-choice or discussion questions.

Reading and Writing Assignment: **Read:** Coulehan, J. *Cadaver Stories*, Medical Encounter, 14-18. (1994 Fall) and Melinda Moritz, *Honorable Names*. Also, please read the definition on Professionalism.

Write: A brief piece that expresses your reactions to beginning dissection. This can be a creative piece – a story or poem, or simply your feelings and thoughts. Describe how your awareness of your own feelings and thoughts relates to your professional development as defined in the ABIM definition of professionalism. Bring this with you to the session and be prepared to share with your group members.

Discussion: (60 minutes) **Clinical Framework Issues:**

- Further thoughts from last session.
- Reactions to dissecting a cadaver and sharing of written reflections.
- Practice the skills of eliciting an HPI with a standardized patient.
- Include attention to the use of facilitation skills, especially attentive silence, and eliciting the patient's concerns.

Standardized Patient Small Group Exercise: (45 minutes)

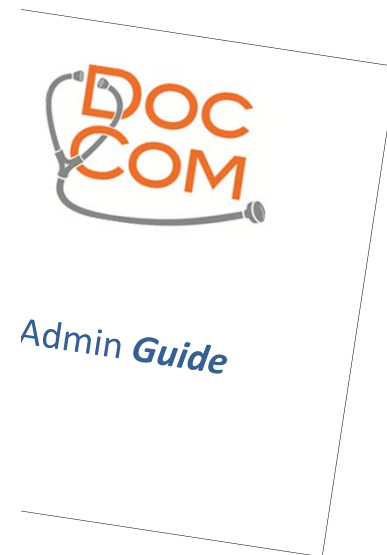
Wrap-up: (15 minutes)

Personal Awareness: Topics for Reflection

What did we learn today? Topics for next session.

What were your apprehensions about dissection? Did the "Cadaver Stories" reflect how you felt when beginning your dissection? Has the prospect of, or experience with dissection, caused you to reflect on your own attitudes about death and dying? How do you feel dissecting a cadaver will influence your attitudes toward death and dying, and your abilities to work with patients with these issues? (Some feel that dissection is the first step in physicians' increasing familiarity with death, which may lead to becoming distant or insensitive in dealing with the issues of death and dying.) How might your personal experiences with loss and grief affect your ability to work with dying patients? If you were dying, what do you think you would want and need from your physician?

Syllabi



Admin Guide



For more information:

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