

Welcome!

Housekeeping



Participation
from learners



Video

Virtual Etiquette

Video and Audio:

- Unless distracting, please turn video ON. This helps promote networking and interaction.
- 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:

- 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 Center for Clinical Systems Improvement (Mi-CCSI)

Who We Are

Regional Non-profit Quality Improvement Consortium

What We Do

Mi-CCSI works with stakeholders to:

- Facilitate training and implementation....
- Promote best practice sharing,
- Strengthen measurement and analysis

Mission

Mi-CCSI Partners to Better Care
We do so through...

- Evidence-based Trainings
- Sustainable Training Impact
- Collaborative and Customized Approaches
- Engaging Heart and Mind
- Enhanced Body Mind Spirit
Patient Focus

Vision

Mi-CCSI leads healthcare transformation through collaboration

Agenda

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

Competencies We Will Cover Today

B	D	E	F	G
Skill Priority Indicators H=high priority M=moderate or significant L=low or minor		Competency Rating Scoring Indicators		
		Rating Scale: 1= Not at all, 2=Infrequent, 3= Adequate, 4= Good, 5= Very Good		
Priority Rating	Category	SP Competency Rating	SP Written or Verbal Feedback	Attendee Competency Rating of Self
	Engage through Acknowledgment:			
H	Acknowledged while greeting when entering the exam room (smile, eye contact, hello, etc.)			
H	Acknowledged using patient/family name as appropriate – (engaging with the patient)			
	Introduction:			
H	Introduces self and purpose of the call.			
H	Describes Role			
M	Identifies agency and physician they are working with and relationship to provider			
M	Highlighting the value of self and the team/clinical provider/organization/ personal experience/training/skill set, etc.			
M	Inquire on the patient's understanding on the referral reason to care coordinator			
H	Review agenda or reason for visit with patient and obtain agreement			
H	Ask permission for today's discussion			
	Duration:			
H	Gave time expectation for today's discussion			

B	D	E	F	G	H
H	Ask permission for today's discussion				
	Duration:				
H	Gave time expectation for today's discussion				
	Assessing:				
H	The patient's desire and choice to participate in self-management				
M	Attendee inquires why patient would like to make changes to his/her health				
H	See patient's permission before offering information or advice.				
M	Provides information or advice that is sensitive to client concerns and understanding.				
H	Setting a goal based on the patient's ideas (<i>asking versus telling</i>) SMART Goal				
M	Uses a range of open-ended questions (cannot be answered with yes, no, maybe)				
H	Affirmations: Uses words that recognize the patient's strengths & abilities (determined, persevere, persistent)				
H	The patient's confidence and/or readiness were evaluated				
	Acceptance: Engagement that demonstrates respect and unconditional positive regard:				
M	Friendly tone of voice				
M	- Pace of Speech				
M	- Use of Plain Language				
L	- Appropriate use of inflection on keywords (<i>teamwork, timely service, respectful, manage pain, understand side effects, etc.</i>)				
H	- Active listening (<i>nodding, no interrupting, confirmed what they heard customer say, etc.</i>)				



Event: Patient Engagement. A virtual live activity including didactic, role play and simulation practice.

Criteria for Successful Completion: Attending the session in full and completing an evaluation are requirements for this educational activity. Participants are required to attend and complete all didactic, participate in activities, to include a simulation, and complete an evaluation to receive credit.

“This nursing continuing professional development activity was approved by the Wisconsin Nurses Association, an accreditor approved by the American Nurses Credentialing Center’s Commission on Accreditation.”

No one with the ability to control content of this educational activity has a relevant financial relationship with an ineligible company.

Successful Completion of Patient Engagement includes:

- 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**
- **Complete and submit the MICCSI Evaluation**

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

The background of the slide is a dense, overlapping collage of colorful sticky notes. The colors include shades of blue, green, yellow, pink, and purple. Each sticky note features a large, bold, black question mark. The notes are scattered across the entire frame, creating a textured and busy visual effect.

MI Quiz

Objectives

- **Describe** the patient-centered approach of Motivational Interviewing (MI) that promotes Patient Engagement (PE)
- **Explain** how MI is a “way of being” with patients as they consider behavior change & growth
- **Demonstrate** basic MI skills
- **Discuss** how to use patient language cues to inform use of MI skills
- **Explain** how the 4 tasks of MI are necessary to promote behavior change & growth
- **Identify** barriers that challenge use of MI skills in clinical practice
- **Identify** how to make cultural adaptations to MI



Using the poll, please tell us about yourself:

- Name
- What do you do in your role?
- Experience with MI?



Self Assessment

0

LEAST

5

10

MOST

MI CONFIDENCE



Learning Outcomes

Participants will be able to explain at least one patient engagement approach in talking with patients about their health.

Explain how MI is a “way of being” with patients as they consider behavior change & growth

Objectives for this section



- **Describe** the patient-centered approach of Motivational Interviewing (MI) that promotes Patient Engagement (PE)
- **Explain** how MI is a “way of being” with patients as they consider behavior change & growth

What is Patient Engagement?

A growing body of evidence shows that people with higher patient activation (i.e., the knowledge, skills, and confidence to become actively engaged in their health care) have better health outcomes



Motivational Interviewing Definition

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

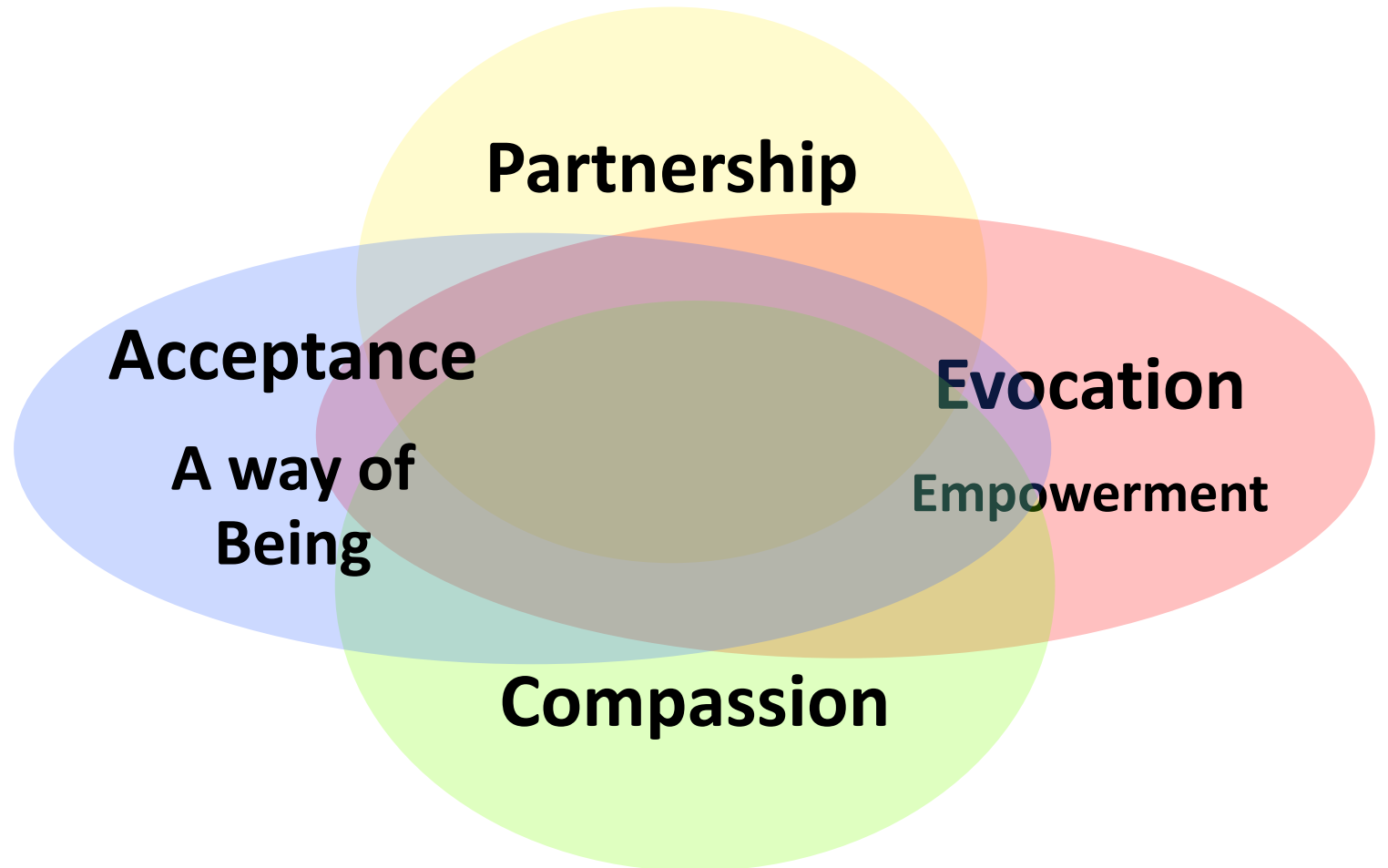
New Definition: Motivational Interviewing is a **particular way of talking** with people **about change and growth** to **strengthen their own motivation** and commitment.



Spirit of MI

Today's session will be spent reviewing how the **components of motivational interviewing all work together** to help foster effective patient engagement

If you begin with an intention to correct someone, you have lost the path.
4th Edition: MI
Helping People Change and Grow.

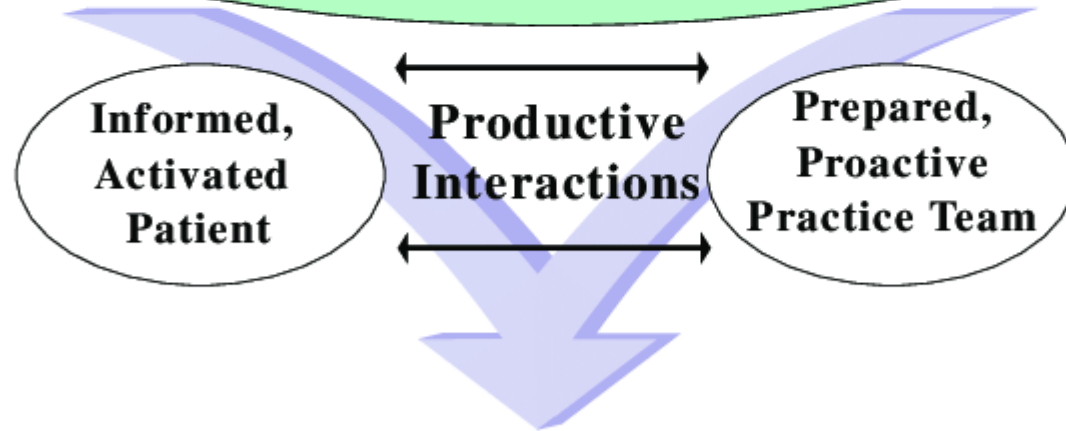
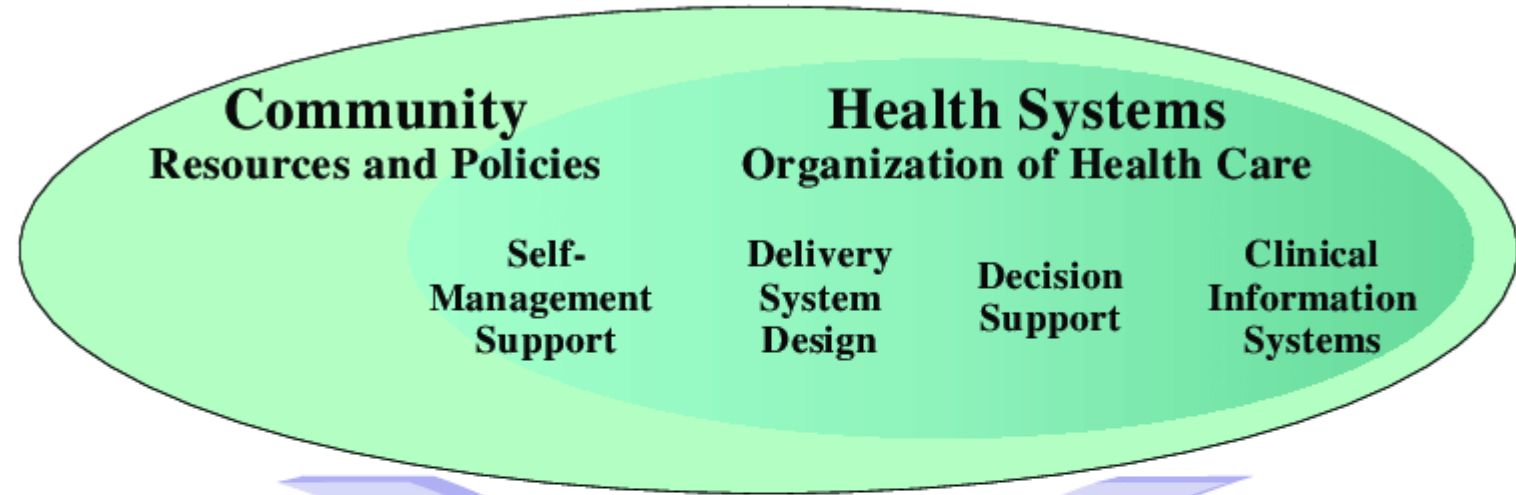


Dr. Miller and the tour guide analogy



The Chronic Care Model

Why MI?



Improved Outcomes

Looking Through a New Lens

Standard Approach	MI Approach
Focused on fixing problems	Focused on patient concerns and perspectives
Paternalistic relationship	Egalitarian partnership
Confront, warn, persuade	Emphasizes personal choice
Ambivalence means the patient is in denial	Ambivalence is normal and is a sign that change may occur
Goals are prescribed	Goals are collectively developed

Some practical advice



MI is a *way of partnering with the patient. It's not for all situations.*



- **Leading...**
- **Following...**
- **Guiding...**

Directing Style	Guiding Style	Following Style
Administer	Accompany	Allow
Manage	Assist	Be with
Take charge	Collaborate	Listen
Tell	Encourage	Understand
Conduct	Kindle	Value
Decide	Offer	Observe
Lead	Support	Go along with

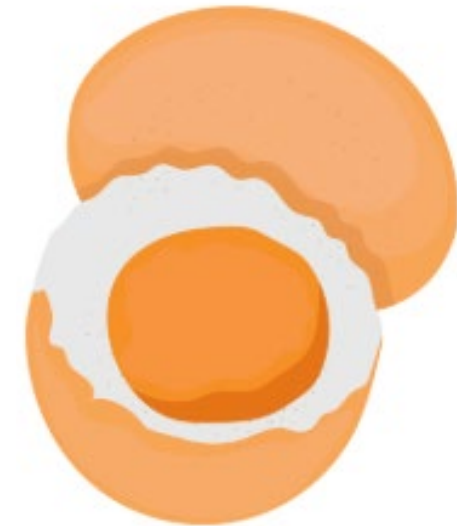
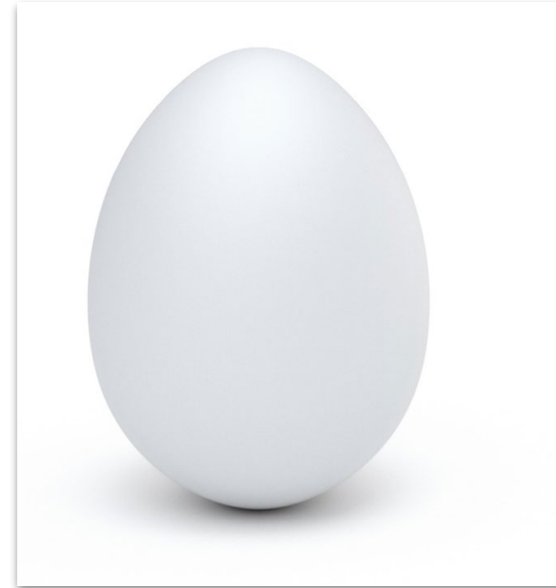




You are a midwife, assisting at someone else's birth. Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the mother is helped, yet still free and in charge. When the baby is born, the mother will rightly say, "We did it ourselves!"

- LAO TZU, Tao Te Ching

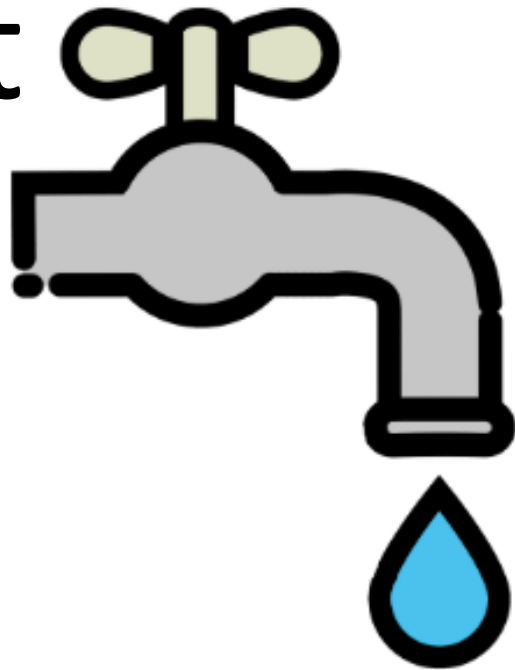
What is needed
for an egg to
transform into a
baby chick?



MI facilitates change by helping a person identify,
consolidate, strengthen and act upon **their intrinsic
motivation**

Approach

Deficit



Competence



Try This

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

Group Discussion:

What characteristics come to mind?



Your Turn

Close your eyes...



MI Spirit Definitions

(From 4th edit MI Book, "Helping people Change and Grow")

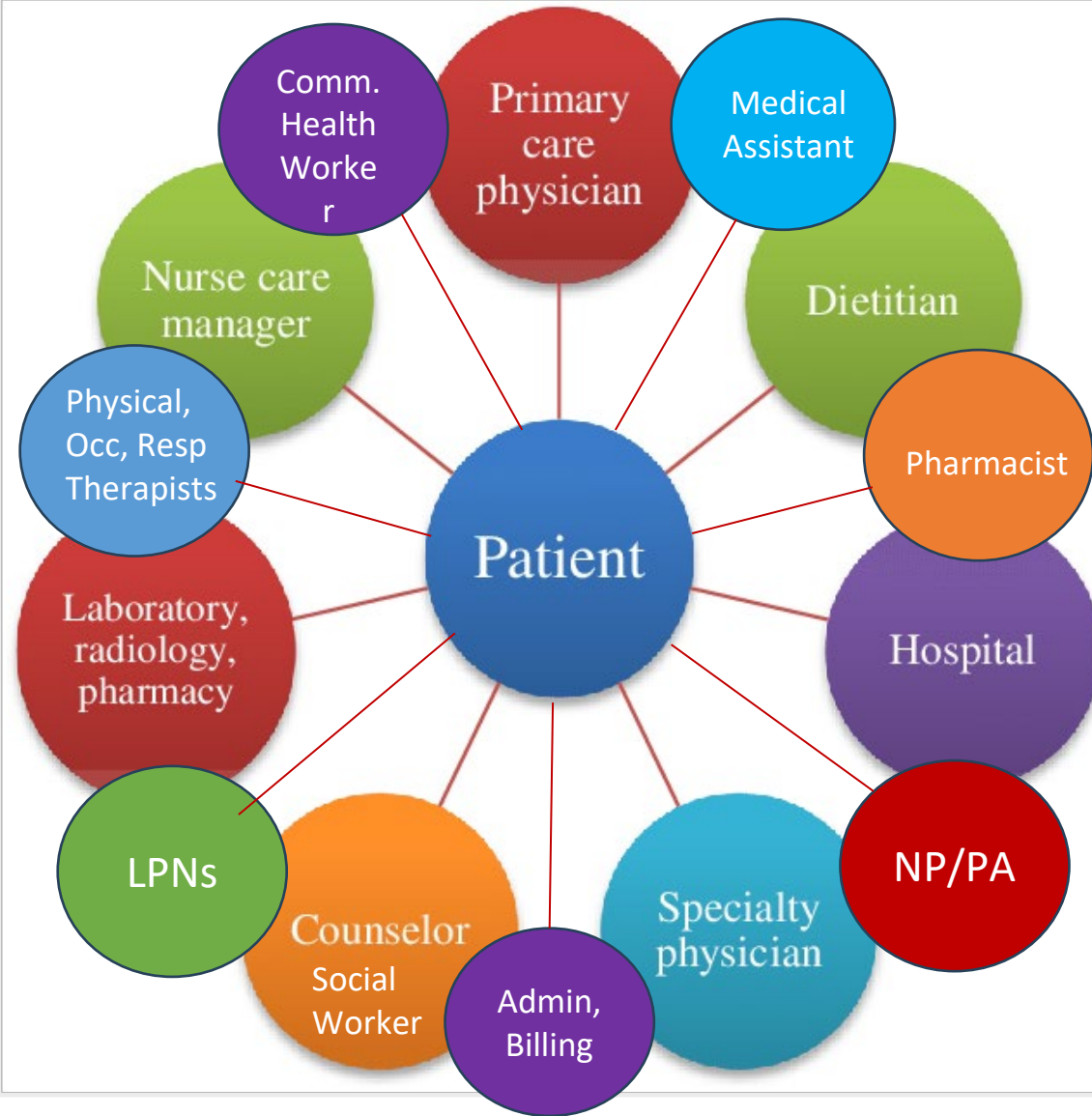
Partnership: functioning as a partner or companion, collaborating with the person's own expertise

Acceptance: nonjudgmental understanding of people as they are, including accurate empathy

Compassion: benevolent intention toward the person's well-being; sees the suffering of others and has a desire to help

Empowerment (changed from Evocation): helping people realize and utilize their own strengths and abilities

**MI Spirit
promotes
patient
centered
care**





MI Center
for Change

Applying the Spirit of Motivational Interviewing to Change



Hillary Bolter

LCSW, LCAS, MINT Member

Attitudes and Engagement

Not So Helpful Statements

Care Manager:

- “I’ll scare you into change.”
- “I’ll get to the bottom of this.”
- “You are guilty.”
- “I have your solution – I will help.”
- “I am overwhelmed.”

Helpful Attitudes

- Curiosity
- Partnership
- Radical acceptance
- Empowering
- Empathy-driven

What is Empathy?



Empathic Listening

- Listen actively and empathically with the only intent of gaining a deeper understanding of the person's experience.
- Note: Clinicians *role* is to listen and understand, not offer their perspective



How could we show our patients that we are listening empathically?

EAR

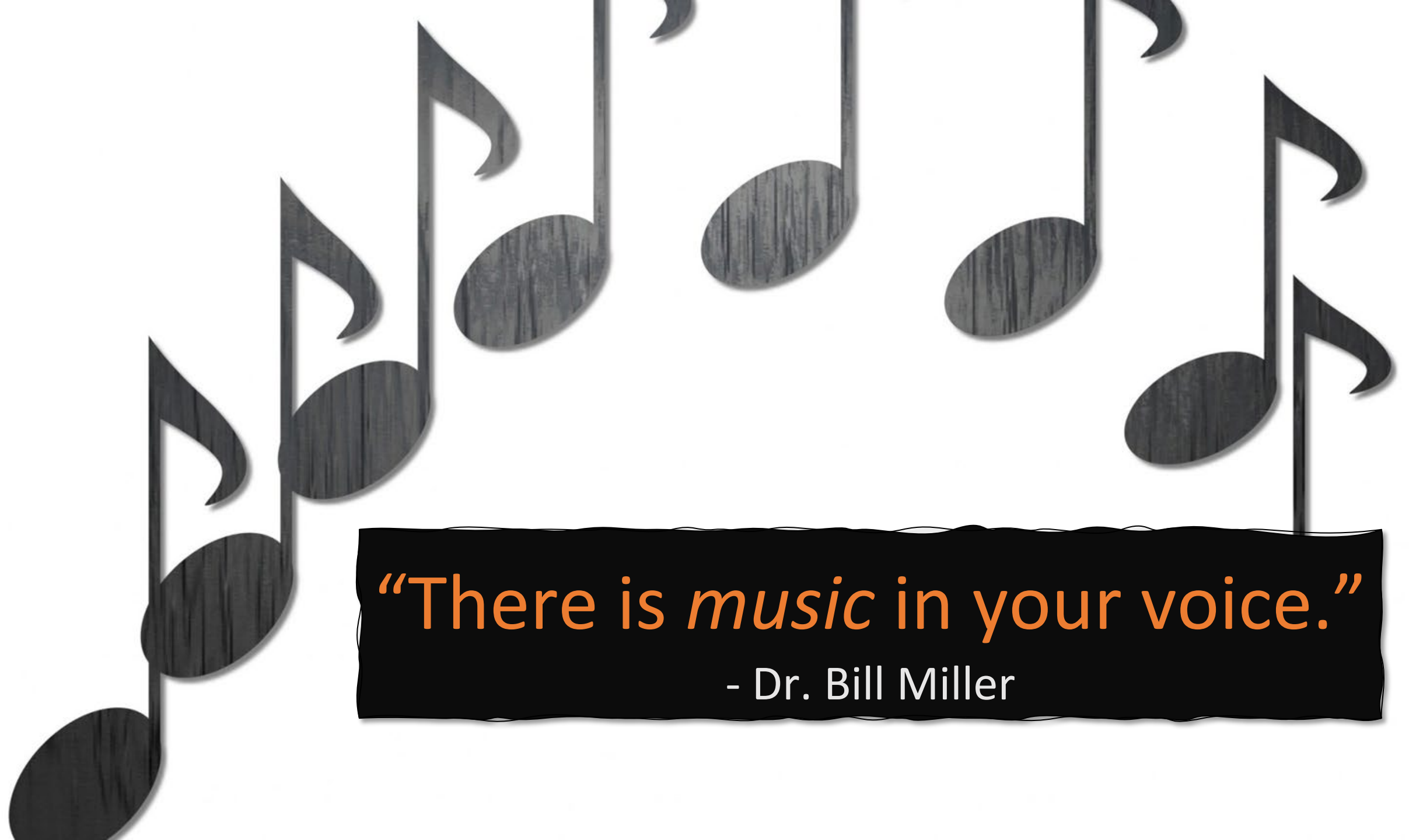
聽

EYES

UNDIVIDED
ATTENTION

Mind

HEART



“There is *music* in your voice.”

- Dr. Bill Miller



Remember:
**Professionals are experts
in diseases.**
**Patients are experts in
themselves.**

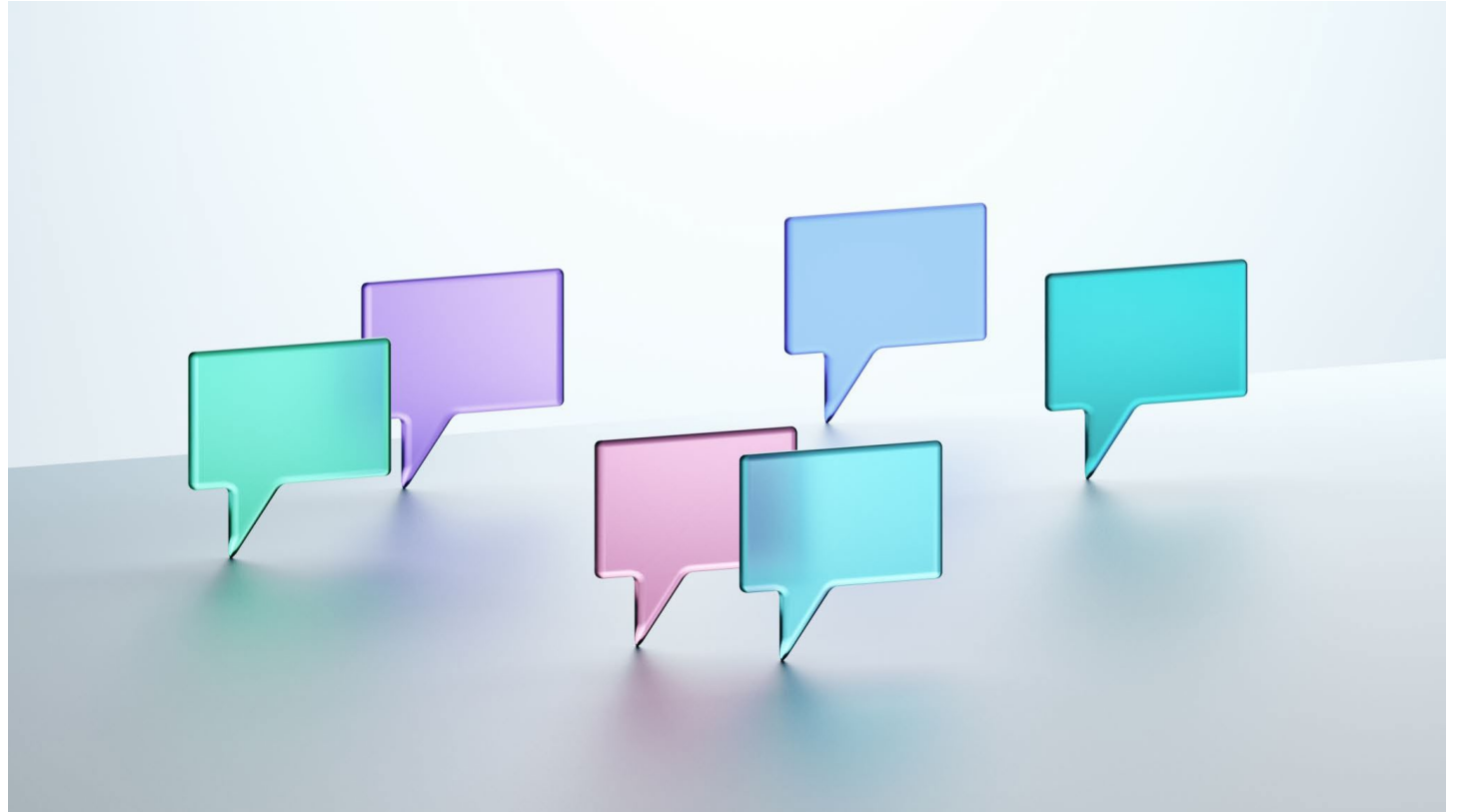
Taking Pause Here

**Having heard all of this:
How might the MI Spirit change the way you approach
patients who have been inappropriately labeled as “non-
compliant”?**





Change Talk, Sustain Talk Decoded



Objective



Discuss how to identify language cues to help in the application of MI Skills



GOAL of MI

Find and
Strengthen
Change
Talk

What is Change Talk?



Any patient speech that favors movement toward a particular change goal, including ambivalence



What is Ambivalence?

“the simultaneous presence of competing motivations for and against change.”

– Miller & Rollnick, 2023

DARN-CATS

Tuning in to Change Talk



DARN

Considering change, ambivalent

D- Desire

“I want to lose some weight...”

“I wish I exercised more...”

A – Ability

“ I may be able to lose weight...”

R – Reasons

“I might sleep better if I ate well.”

“Eating less fast food would help me control my diabetes.”

“I would probably have more energy if I took a walk more often.”

Preparatory

N – Need

“I need to...”

“I have to...”

“I must...”

“I’ve got to...”

“I can’t keep on like this.”

“Something has to change.”

CATS

Dedicated to change in the future

Mobilizing

C – Commitment

“I will...”

“I guarantee...”

“I swear...”

“I promise...”

“I give you my word.”



This Photo by Unknown Author is licensed under [CC BY](#)

CATS

Almost there language...

A- Activation

“I’m willing to...”

“I am ready to...”

“I am prepared to...”



CATS

Already making healthful changes, goal to maintain/improve upon them



TS – Taking Steps

“I bought some athletic shoes so I can exercise.”

“This week, I didn’t snack in the evening.”

“I went to a support group meeting yesterday.”

“I planned 3 lunches for the week ahead.”

What is Sustain Talk?

Any patient speech that favors status quo (i.e. no behavior change) rather than a movement toward a change goal.



Activity – 4 Quadrants

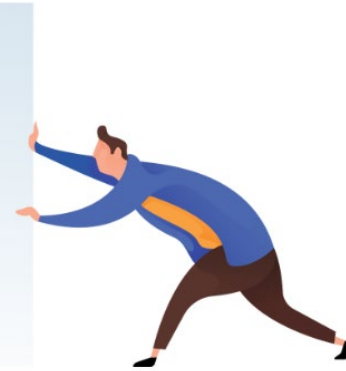
Ambivalence is normal.

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

NO CHANGE	
Pros	Cons
CHANGE	
Cons	Pros

Supporting Autonomy

There will likely be push back when we (as healthcare professionals) expect or push for change when the patient is not ready.



“Only *you* can decide if now is the time for change.”

Jane Doe, RN

How we respond to patient statements can drastically impact the outcome of the interactions we have with our patient, including our ability to help the patient move forward toward behavior change.

What is Discord?



Topical

-- related to WHAT is being discussed

Relational

-- related to HOW it is being discussed

Signs of Discord:

- The client may interrupt you.
- The client seems distracted (looking at watch, cell phone, etc.).
- The client may get defensive.
- The client may sigh loudly/deeply.

Diffusing Discord

- Reflect the discordant statement:
Care Manager: “You don’t like this idea.”
- Reflect the tone you are hearing:
Care Manager: “You’re not happy about...”
- Reflect and normalize ambivalence:
Care Manager:
“You like the way you eat right now, and you know eating differently would be helpful to you. Mixed feelings about change is normal.”
- Acknowledge the discord:
Care Manager:
“We seem to be arguing...”
“I’ve gotten us off track here...”

“You’re the one in charge.”

“It’s your
choice if
you change
or stay the
same.”

Elevate Change Talk

Soften Sustain Talk

Diffuse Discord



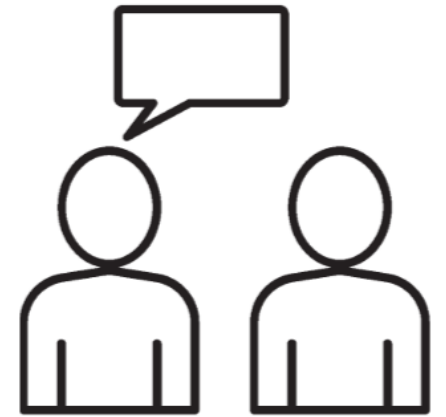
Break

10 minutes



Objective

- Demonstrate basic MI skills
- Demonstrate basic MI skills Open-ended Questions and Affirmations
- Demonstrate Basic MI Skills of Reflections, Summaries and Information offering.



O.A.R.S + I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

Information Offering



“We guide, they decide”

Open Questions (O.A.R.S. +I)

- Help providers get to know their patients individually
 - ✓ Values/preferences
 - ✓ Motivation to change
 - ✓ Supports that help change
 - ✓ Barriers/obstacles
- Many patients have never been asked how they *feel* about their health or what *they* would like to change

Answer will **NOT** be YES or NO

Closed vs Open 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 vs Closed Questions

When to use closed:

- Fact finding
- Providing information with permission for knowledge gaps



When to use open:

- Engaging, exploring, focusing, evoking, planning
- Inviting patient thoughts, feelings, experiences, opinions, values, and motivations
- Brief Action Planning

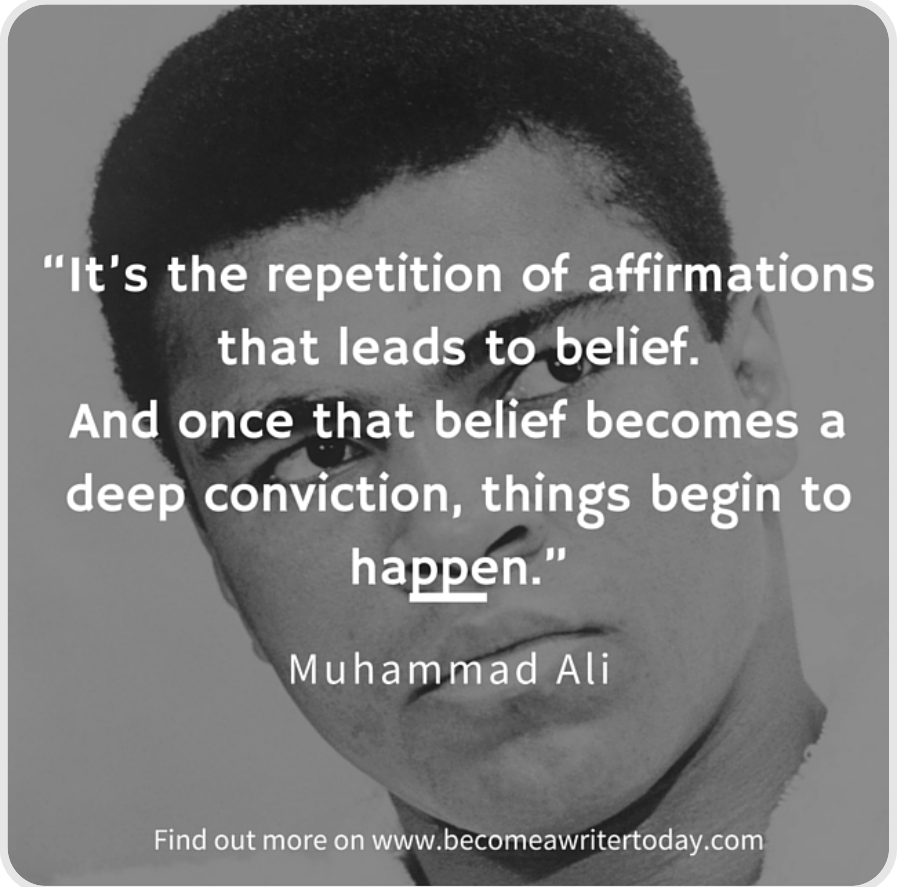
WHEN			
WHO			
WHERE			
WHAT			
HOW			



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

Things to genuinely affirm:

- Strengths and attributes
- Past successes, future hopes and desires
- Honesty about struggles with change
- 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

Focus on “YOU” instead of “I” statements



— Why Affirm?

1. Promotes a positive tone for the appointment
2. Enhances acute and chronic self-efficacy
3. Reinforces beneficial behaviors
4. Decreases perceived threat from provider
5. Fosters a deeper engagement/alliance
6. Promotes more change talk

Affirmations – Simple and Complex

****We use affirmations to recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how large or small.**

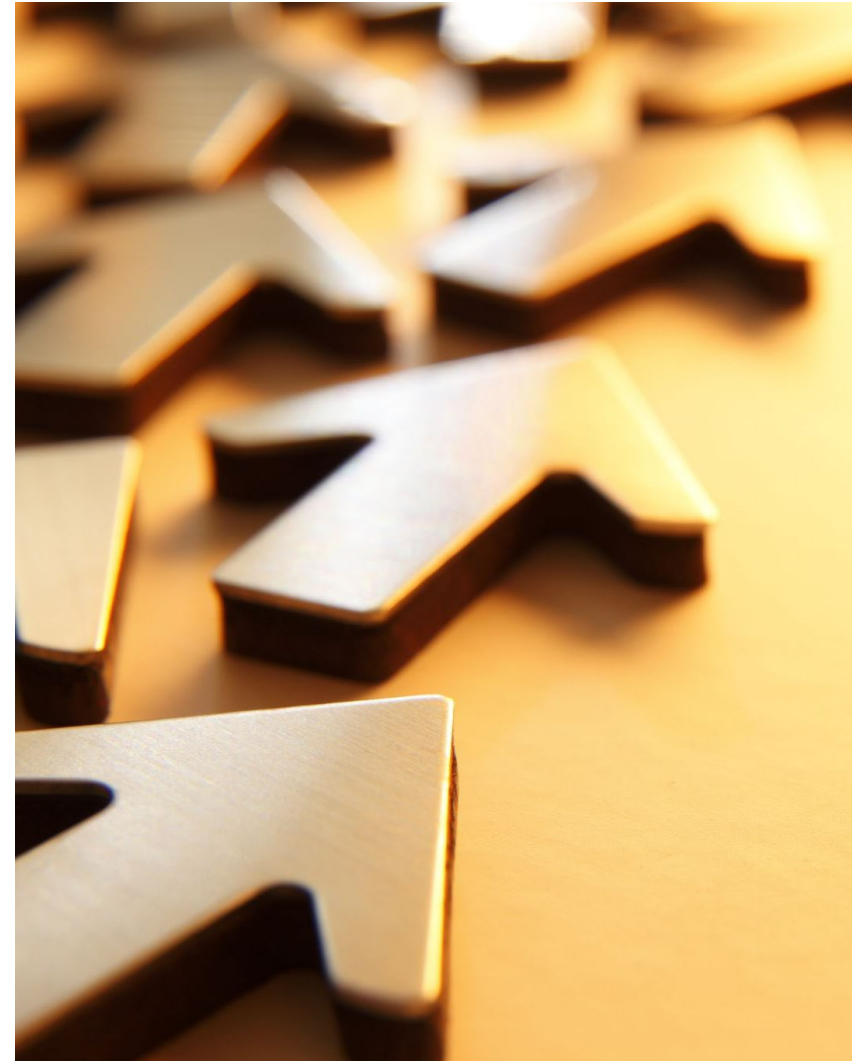
Affirmations build confidence in one's ability to change.

Simple focuses on an enduring positive attribute. Put simply it is recognizing a specific positive action, statement, effort, or intention.

Example: You decided to come to today's appointment even though you are feeling tired.

Complex is simple plus it infers or calls out an enduring positive attribute.

Example: You decided to come to today's appointment even though you are feeling tired, which show your commitment to improving your health.



Characteristics of successful "changers"

(excerpt from Molly Kellogg, RD, LCSW website)

- Adaptable
- Brave
- Committed
- Dedicated
- Determined
- Focused
- Goal oriented
- Knowledgeable
- Honest
- Open
- Organized
- Persistent
- Realistic
- Resilient
- Strong
- Thoughtful
- Thorough
- Unstoppable

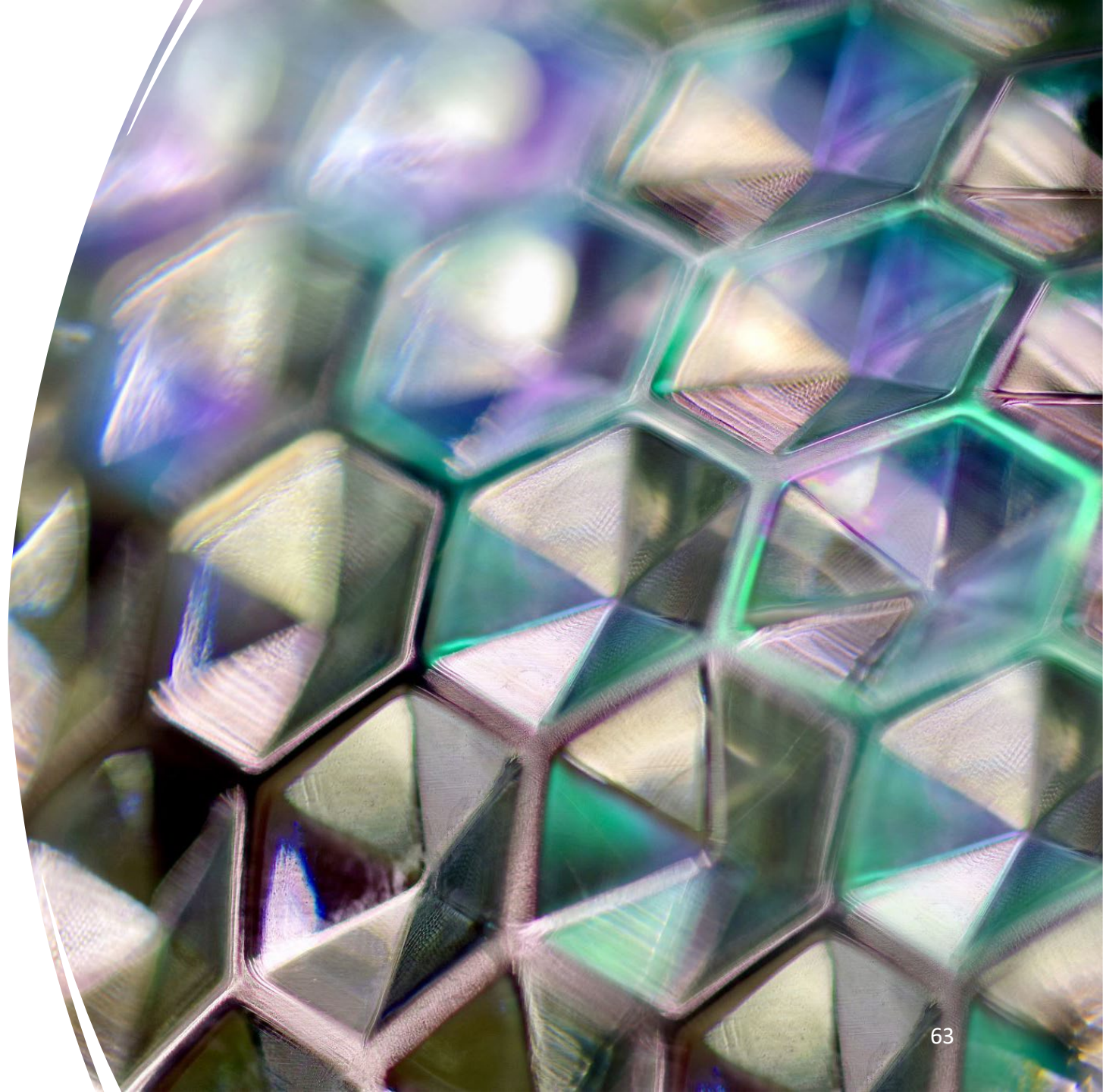
Why Affirm?

Affirmation builds confidence and self-respect, and lets individuals know they are OK.

After someone is affirmed they are more able to hear the education you want to share.

Your belief in the participant's ability to change can influence outcome.

Reflections



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
- Most of the time, do not reflect on sustain talk or discord
- In general, reflection is shorter than client statement
- Voice inflection goes down at the end

Things to specifically reflect on:

Strengths

Change Talk

Ambivalence

Simple Reflection

“stays fairly close to what the person said with potential focus on only a part of what as said”

- **Repeat**: uses same language/**Rephrase**: uses new words
- Stabilizes conversation; starting point



Complex Reflection

“makes a bit of a guess about what the person means; not a leap, but a possible extension of what the person said.”

- Moves conversation forward
- Best formed with context; more advanced



Sample Reflections

“Smoking helps relieve my stress”

Simple

You have stress

Complex

It's important for you to have ways to cope with your stress.



Sample Reflections

I'm really struggling with loosing weight, and I'm frustrated that my blood sugars are high.

Simple: You want to lose weight.

Complex: Your health has you concerned.



Sample Reflections – With Discord

Simple:

You aren't interested in quitting smoking.

Complex:

You have no desire to quit smoking right now.

"No, I don't want to quit smoking."

What is this statement reflecting from the patient?

Discord!




Responding to the discord

You have choice in this matter.

You don't appreciate being pushed into making a change.

This Addresses the discord and places emphasis on autonomy or choice.

The background features a large, abstract, irregular shape in a medium grey color. This shape is positioned on the right side of the page, extending from the top right towards the bottom left. The rest of the page is white. The text is centered within the grey area.

Demonstration, Practice in Breakouts

- “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’ve tried eating less, but I think I’m addicted to french-fries.”

Active Listening



Activity

5 Questions Activity

Set up:

- Volunteer to be the patient
- Volunteer goes into a breakout room, all others remain to hear the instructions

Approach 1:

- **Patient perspective**
- **Observations**

Approach 2:

- **Patient perspective**
- **Observations**



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



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

Example

“Let me stop and summarize what we’ve just talked about.

You’re not sure that you want to be here today and you really only came because your partner insisted on it.

At the same time, you’ve had some nagging thoughts of your own about what’s been happening, including how much you’ve been using recently, the change in your physical health and your missed work.

Did I miss anything? I’m wondering what you make of all those things.”



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

Offer: with permission, brainstorm together!



How to handle a “No”



- **Mine for the strengths**

(they showed up to the appointment, agreed to meet/talk, etc.)

- **Thank them, affirm honesty**

- **Follow-up question, offer to end appointment**

“We have (X) amount of time together today. What – if anything – would you like to talk about?”

"I respect your wishes so much that we can end the visit if you prefer. How should we proceed?"

O.A.R.S +I Review

Open Ended Questions

Affirmations

Reflective Listening

Summaries

Information Offering



“We guide, they decide”



Key Takeaways

9:55 – 10:55



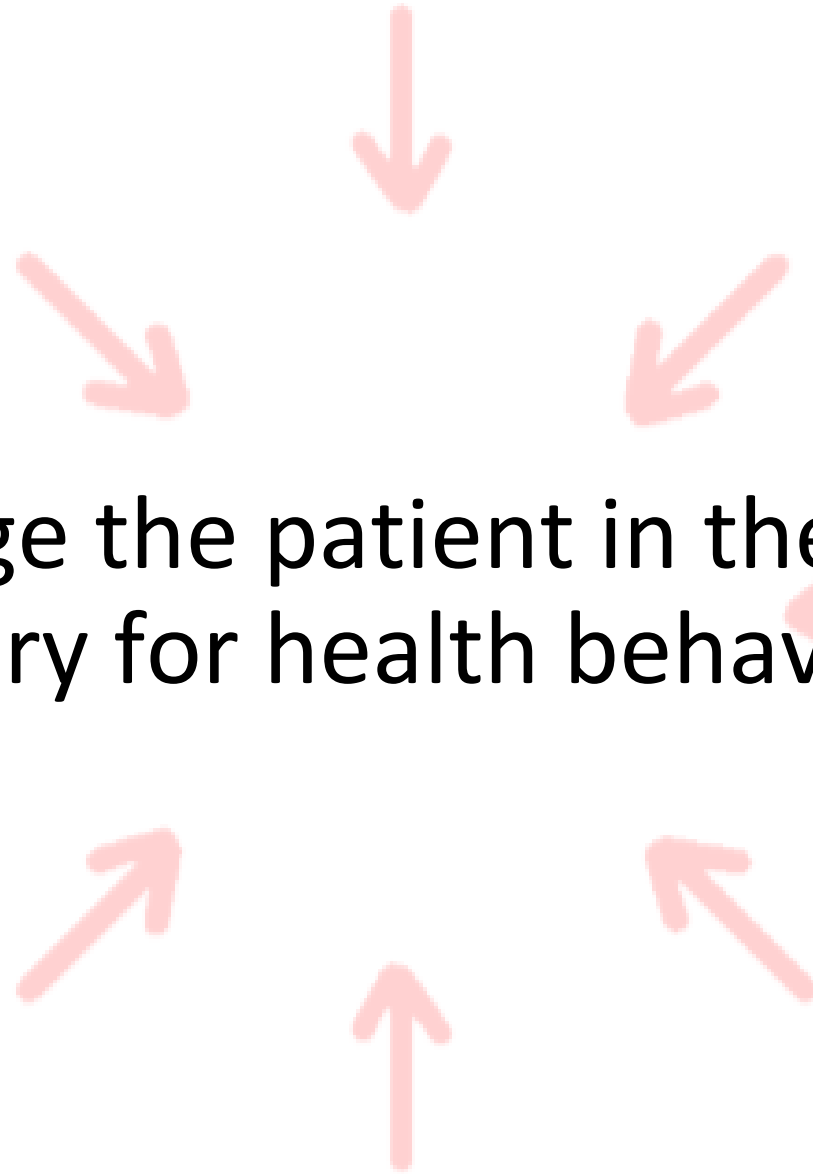
Break

5 minutes



Objective

Explain how to engage the patient in the 4 MI task that are necessary for health behavior



PLAN – EVOKE – FOCUS - ENGAGE



Engaging

Relational foundation

Aims to establish and *maintain* a collaborative working relationship with the other person.

20% rule



ACTION PLANS

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



Sometimes the GOAL is basic:
“I will work with my care manager.”

Planning- How will you get there?

- Collaboratively develop a specific change plan that a patient chooses/wants to implement
- Use SMART to guide goal setting process

Planning

S

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

M

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

A

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

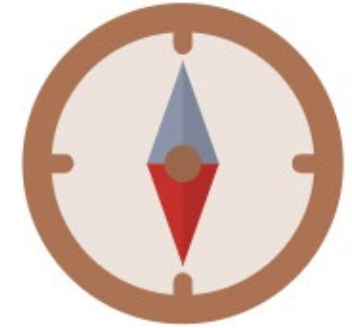
R

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

T

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

Planning Questions



What's your next step?

Where do you go from here?

Problem Solving

What could get in the way of your successfully achieving this goal?

What kinds of things may help you to overcome these potential barriers?

Ruler Questions

What makes you a ___ and not a ___?

What – if anything – would help you feel more _____?

Teach back

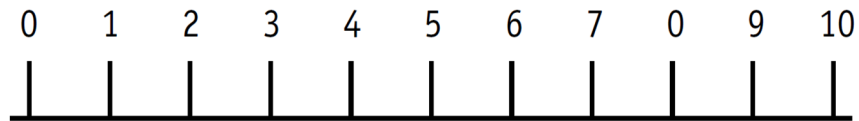
We covered a lot of information today and I'd like to make sure I've got everything.

What will be your goal/action plan/intention between now and our next follow up?

Assessing Readiness – Volunteer Please

Below, mark where you are now on this line that measures your change in _____.

Are you not prepared to change, already changing or somewhere in the middle?



Consider asking:
Why a (number provided)
and not (number lower)?

We ask the lower number
to promote the patients
own reasons and to
encourage “change talk”



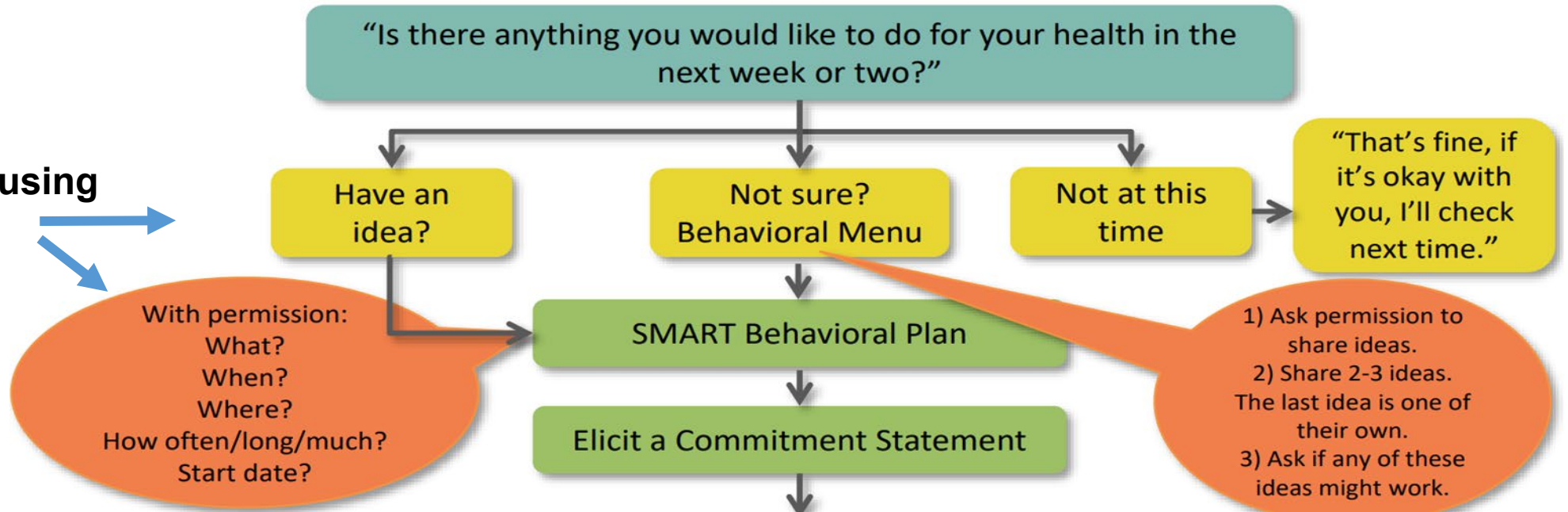
Putting it together

Checking up on the self management action plan

From CMMI, the Self-management action plan is referenced as the Brief Action Plan

<https://centrecmi.ca/brief-action-planning/>

Creating the plan using
SMART GOALS



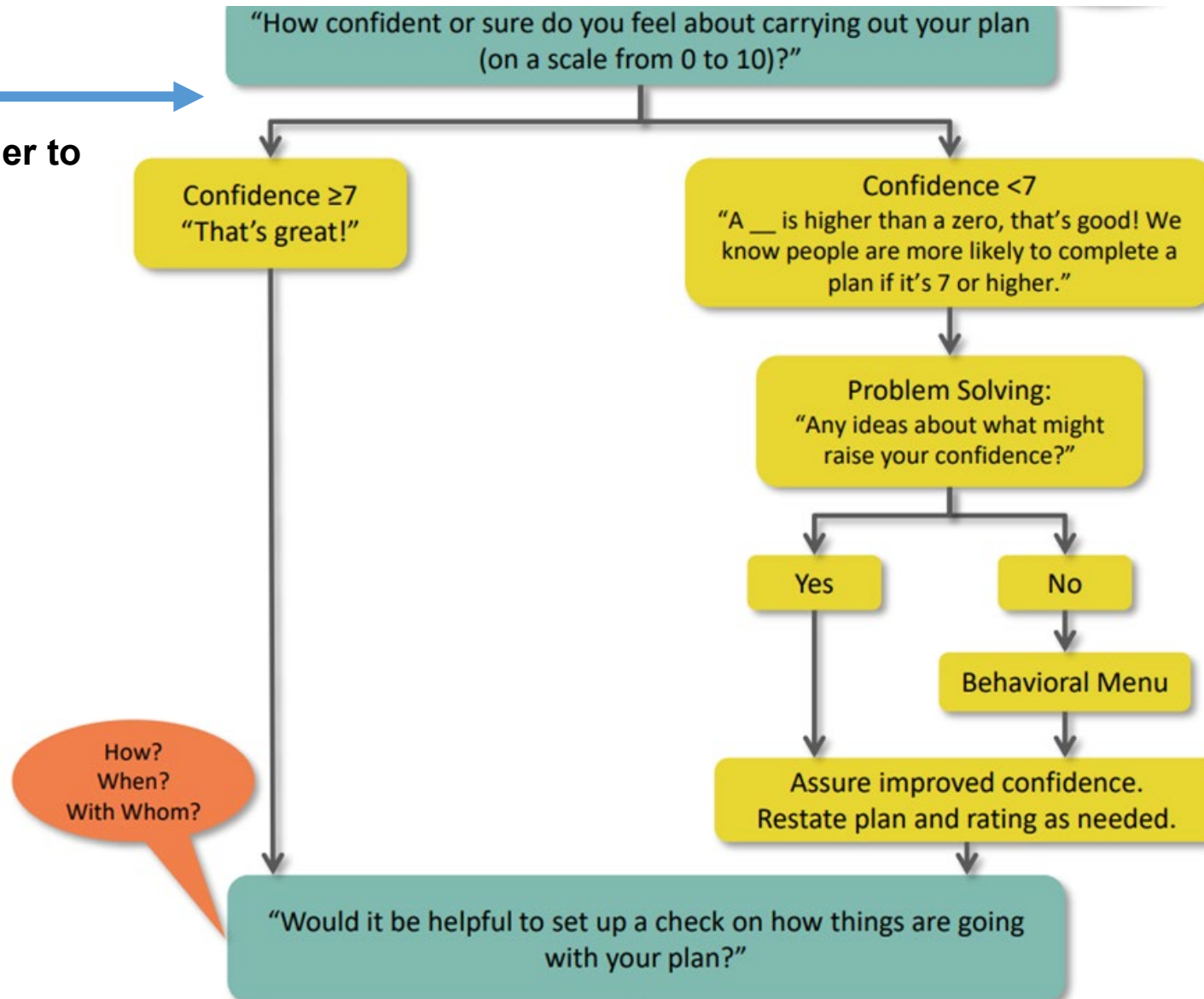
Have the patient state the plan outloud. ... “So I have it right, what is the plan?”

Use the readiness ruler to Establish:

Readiness

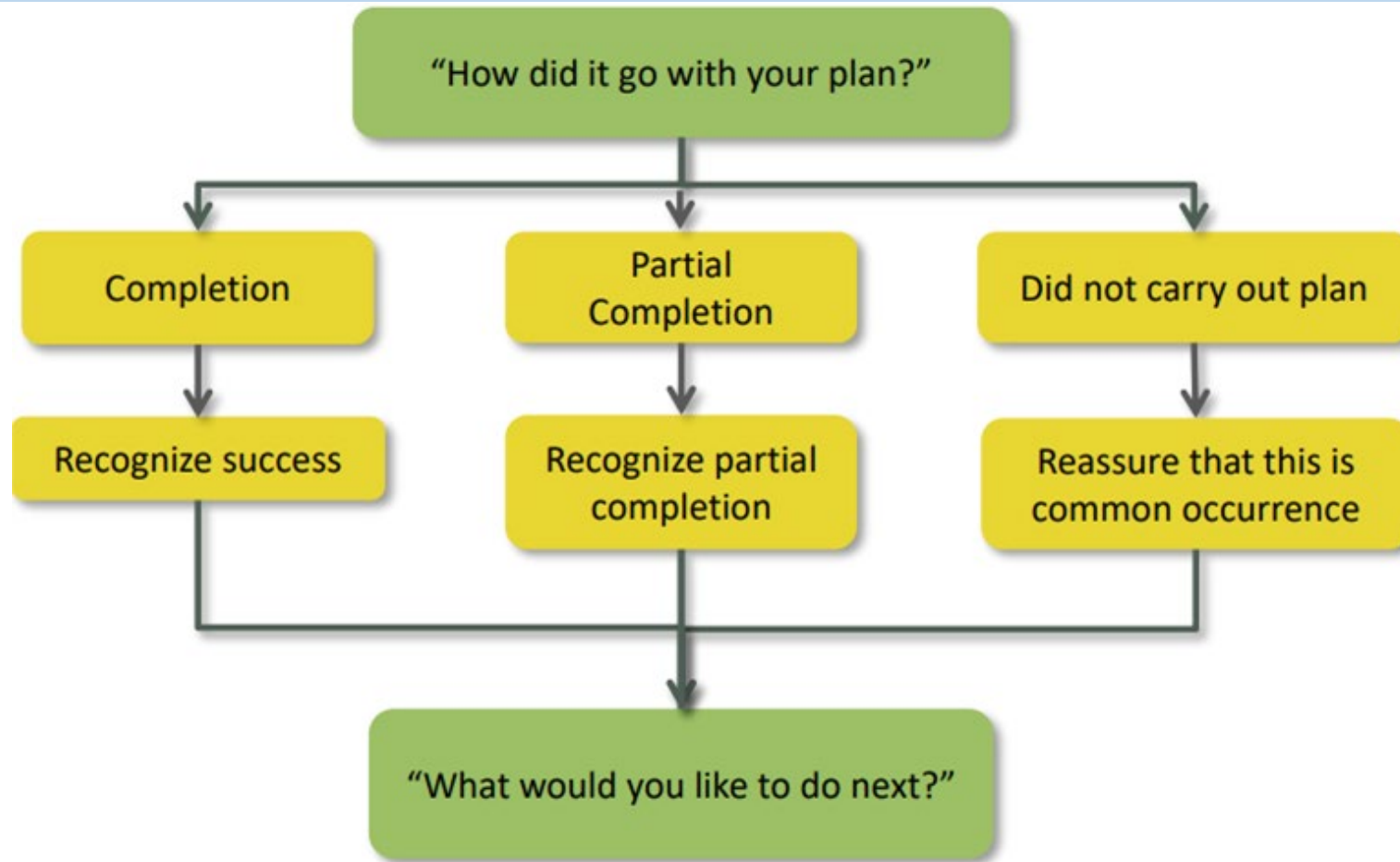
Confidence

Importance



Checking up on the self management action plan

From CMMI, the Self-management action plan is referenced as the Brief Action Plan

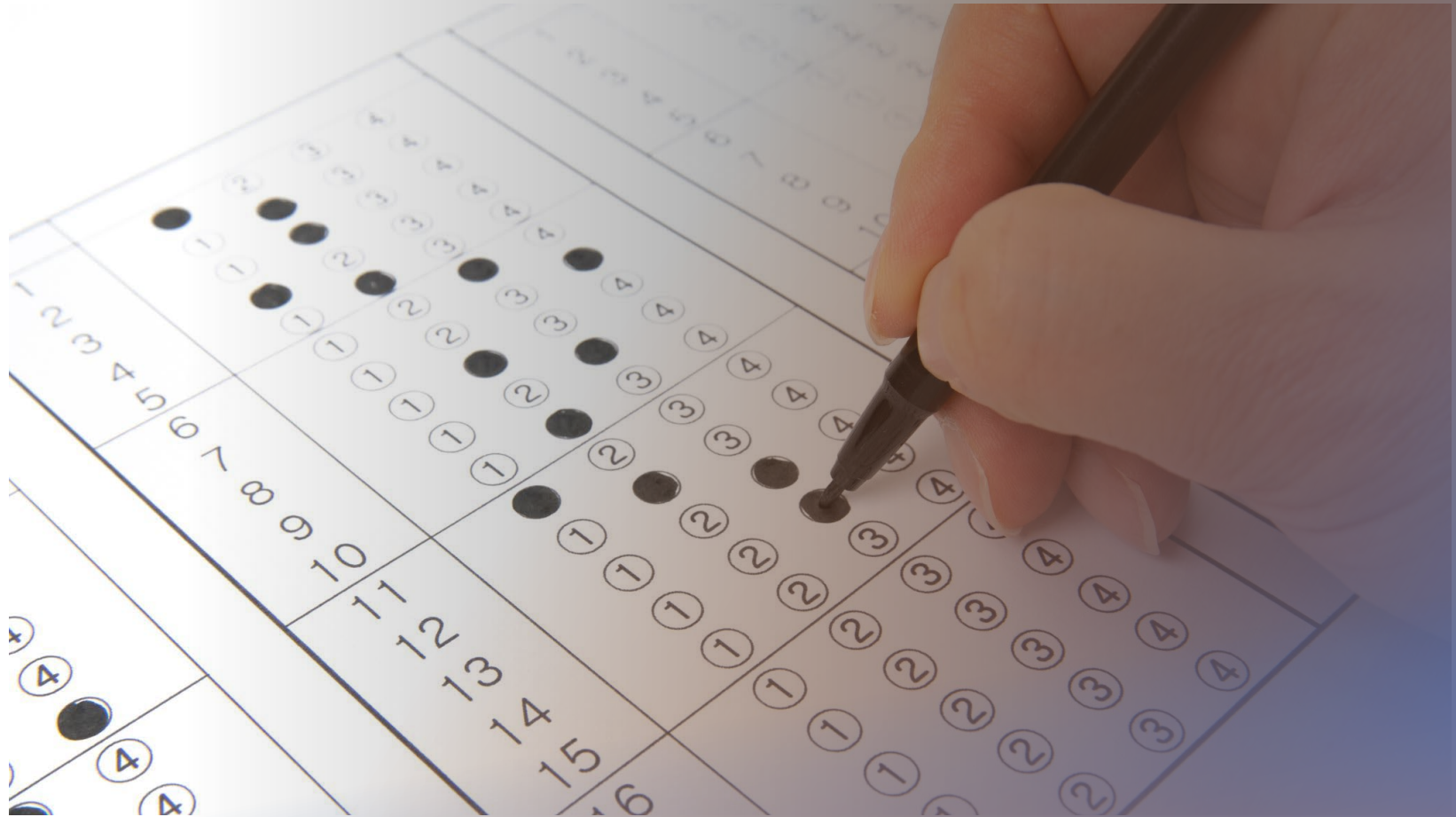




Self-management Action Planning Demonstration with MI Skills

- Patient engagement was consistent throughout
- Fostered autonomy (MI Spirit strong)
- Showed use of OARS
- Elicited change talk about personal health goals which align with medical goals
- Used techniques to set a timeframe for follow up

Simulation Standard Patient Assessment Self-assessment





Key Takeaways

LUNCH TIME – ENJOY!



11:30 – 12 noon



Afternoon Breakouts

- Simulation – Creating a self-management action plan
- Health literacy, literacy, and cultural aspects
- Advanced skill development with an emphasis on reflections
- Problem-solving implementing motivational interviewing into daily work

Motivational Interviewing in Healthcare





**What from today
can you start using
on Tuesday?**

**What will you
remember most
about today's
training?**

**Who else on your
team would benefit
from MI training
concepts?**

**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.

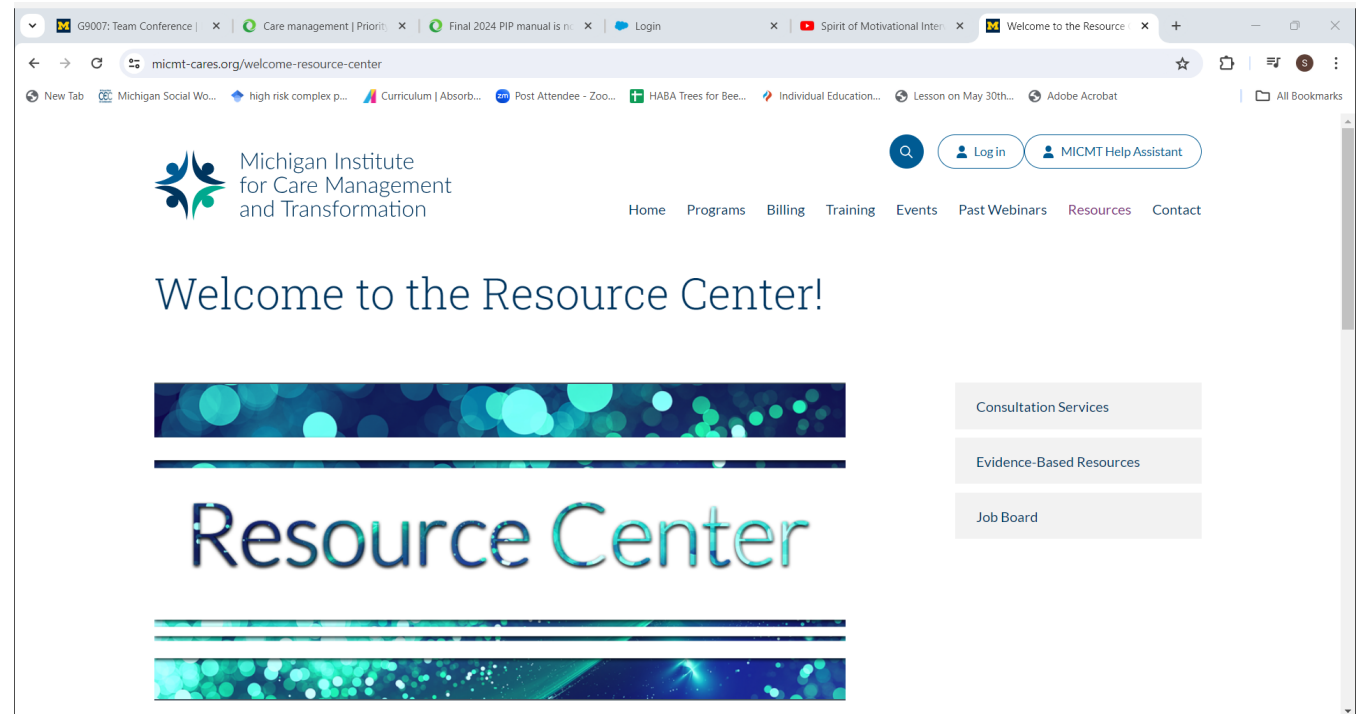
Tips for Successful Completion

Tips for Success:

- At the conclusion of this training, you will receive a post-event email **within 24 hours** with links to the evaluation and post-test on your user dashboard.
- If you do not receive the post-event email notification, please [login](#) to access your user dashboard to find the evaluation and post-test links.
 - If you cannot find your User Dashboard, click on "My Account" in the top-right corner if you are [logged-in](#).
- If you do not see the links to your evaluation and post-test directly under your recent training event please [submit a ticket](#) ASAP, as you only have 5-business days to complete these requirements.
- **PLEASE NOTE:** The evaluation and post-test will become available after the official end time published for this event. Any attempts made prior to the published end time will generate an "Access Denied" message.
- [How To: Completing Evaluation and Post-Test](#) (Detailed Instructions PDF).

MICMT Resources

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



References

- Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Helping People Change*. 3rd ed. Guilford Press, 2013.
- Patient Engagement: Technical Series on Safer Primary Care. Geneva: World Health Organization; 2016. Licence: CC BY-NC-SA 3.0 IGO.
- Higgins T, Larson E, Schnall R. Unraveling the meaning of patient engagement: A concept analysis. *Patient Educ Couns*. 2017 Jan;100(1):30-36. doi: 10.1016/j.pec.2016.09.002. Epub 2016 Sep 3. PMID: 27665500.
- American Medical Association Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs. Health literacy. Report of the council on scientific affairs. *Journal of the American Medical Association*. 1999;281:552–557.
- Arnold, E., Boggs, K. *Interpersonal Relationships: Professional Communication Skills for Nurses*. Retrieved from <https://pageburstls.elsevier.com/#/books/9780323242813/>
- Culture and Motivational Interviewing, [Patient Educ Couns. 2016 Nov; 99\(11\): 1914–1919.](#)
- Fiscella K, Franks P, Doescher MP, Saver BG. Disparities in health care by race, ethnicity, and language among the insured: findings from a national sample. *Medical Care* 2002;40:52-9.
- Green, S.D. et al . (2012). Processes of self-management in chronic illness. *J Nurs Scholarsh.*, 44(2) 136-144
- Kumpfer KL, Alvarado R, Smith P, & Bellamy N (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science*, 3(3), 241–246
- Marks R. Ethics and patient education: health literacy and cultural dilemmas. *Health Promot Pract*. 2009;10(3):328–332.
- <https://centrecmi.ca/wp-content/uploads/2017/08/Gutnick2014BAPevidenceJCOM.pdf>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8834767/>
- <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08527-9#:~:text=It%20is%20estimated%20that%20inadequate,personal%20healthcare%20expenditures%20%5B26%5D.>
- [Effects of motivational interviewing-based adherence therapy for schizophrenia spectrum disorders: a randomized controlled trial | Trials | Full Text \(biomedcentral.com\)](#)

References

- Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing, helping people change*, third edition. New York, New York: Guilford Press
- Parker R, Ratzan S, Lurie N. Health illiteracy: a policy challenge for advancing high-quality health care. *Health Aff (Millwood)*. 2003;22(4):147–153.
- Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational interviewing in healthcare*. New York, New York: Guilford Press
- Wagner, E., MD *Redesigning Chronic Illness Care: The Chronic Care Model*, accessed through http://www.improvingchroniccare.org/index.php?p=Presentations_&Slides&s=397
- Wagner EH, Davis C, Schaefer J, Von Korff M, Austin B. A survey of leading chronic disease management programs: Are they consistent with the literature? *Managed Care Quarterly*. 1999; 7(3):56-66
- M.I.N.T workbook-Motivational Interviewing An Introduction-Steven Malcolm-Berg Smith, A.I.M for Change (Awakening Inner Motivation), Berg-Smith Training and Consultation, 2019, Adapted from Miller and Rollnick, 1991-2019
- <https://healthydebate.ca/opinions/patients-as-experts> The risk of equating “lived experience “ with patient expertise, Frank Gavin 2/13/19
- <https://healthydebate.ca/opinions/patients-as-experts> The risk of equating “lived experience “ with patient expertise, Frank Gavin 2/13/19
- <https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/MIRollingwithResistance.pdf>
- http://www.improvingchroniccare.org/index.php?p=Presentations_&Slides&s=397
- Centre for Collaboration Motivation and Innovation – <https://centrecmi.ca/brief-action-planning/>
- [Nurse Educators Integrating Social Justice in the BSN Curriculum for the Forensic Nursing Field \(duq.edu\)](#)
- <https://www.usatoday.com/story/news/education/2023/09/09/literacy-levels-in-the-us/70799429007/>
- <https://www.linkedin.com/advice/3/how-can-mi-used-improve-health-literacy>
- https://www.youtube.com/watch?v=ZsX0ha_rIBg
- <https://www.youtube.com/watch?app=desktop&v=1iSuZngvCpY> -- what is SDOH?
- <https://www.youtube.com/watch?v=9rfmfsMMeEU> -- SDOH video
- <https://www.youtube.com/watch?v=G7BCjypiCEs> -- SDOH MI case study example