



ATTENDEE HANDOUT

PATIENT ENGAGEMENT

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AGENDA

Total Credits
 Nursing: 6.25
 SW 5.5

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

ELEVATOR SPEECH

Acknowledge/Agenda: Hello (Patient Name)

Hello Mrs. Smith-what do you prefer I call you? (smile, eye contact, welcoming).

You have just seen Dr Jones because you've been to the Emergency room for your heart. What is your understanding of his concerns and why he referred you to me?

Permission/expected time

Would it be ok if I took 10 minutes now to tell you more about that?

Describe role

My name is Jane, and I am a nurse. They call me a nurse care manager and I work right here in your doctor's office.

Relationship to provider and team

I work with Dr Jones and his care team. Some of the care team works directly with you and others work behind the scenes for you. My job is to work with you between visits with Dr Jones. That way we can address your concerns sooner and get ahead of problems.

What the patient gains from your role

You might be wondering why you would want to do this. I hope to get to know you so that together we can discover ways that will help you feel better and manage the heart failure in ways that work for you in your everyday life.

The patient's role working with you

You have a part in this too. We will work as partners. You are the expert on your life so your input will be important. And I might have ideas to consider too. So, you will need to be honest with me. Also agree to participate with phone calls or visits and try things out to see what works for you.

What the patient can expect

The first visit is longer so I can get to know you better and we can begin our work together.
After that, contacts could be by phone, virtually or in person. They will be more frequent at first, like once a week and then stretch out longer as things stabilize. Altogether this often takes about 6-12 months.
There is a cost for this valued service. This is a covered benefit for many insurance companies. We do not know if your payer covers this. You can find out by calling your insurance by using the customer service number on the back of the card. We can assist with a call if needed or I can provide you with the billing codes.

Questions/Closure

What questions do you have? You don't have to decide now. You can think about it, and I can call you in a few days.

Thank you for taking the time to meet with me today. Is there anything else I can do you now? (provide contact information)

SIMULATION INSTRUCTIONS

Welcome to Simulation

Housekeeping

Simulation Goal

The goal of simulation is to work with the patient to identify a self-management goal and create a self-management action plan to assist the patient with self-managing their diabetes.

- Practice using the self-management action plan provided.
- Participants are not required to provide counsel on medications or the patient’s medical care plan.

Timing

- 10-minute group overview, prep, case review and Q&A
- 15-minute interactions with your patient.
- 5 minutes verbal feedback from your patient
- 5-10 minutes self-reflection/evaluation

Self-Evaluation

After you complete your simulation, please complete a self-evaluation at:

<https://www.surveymonkey.com/r/DZJ5KCC>

Simulation

Group	First Name	Last Name	SP Name

SELF-MANAGEMENT ACTION PLAN

Patient Name:		Date:	
Staff Name:	Staff Role:	Staff Contact Info:	
Goal: <i>What is something you WANT to work on?</i>			
1.			
2.			
Goal Description: <i>What am I going to do?</i>			
How:			
Where:			
When:		Frequency:	
How ready/confident am I to work on this goal? (Circle number below)			
Not		Very	
Ready		Ready	
1 2 3 4 5 6 7 8 9 10			
Challenges: <i>What are barriers that could get in the way & how will I overcome them?</i>			
1.			
2.			
3.			
What Supports do I need?			
1.			
2.			
3.			
Follow-up & Next Steps (Summary):			
1.			
2.			
3.			

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SIMULATION DOORWAY INFORMATION FACT SHEET

Patient Name	Mr./Mrs. _____ Jones		
Case Type	Diabetes	Referral Reason	Work with patient to create a self-management action plan

ACTIVE DIAGNOSIS:

Type II Diabetes
HTN-Hypertension

MEDICAL ASSESSMENT/PLAN

Type II Diabetes	<ul style="list-style-type: none"> • Refer to Care Coordinator/Care Manager for self-management support • Patient ready to work on a self-management action plan • Repeat A1c in 3 months from most recent visit • Patient to continue with medications and dosages as currently prescribed (Metformin & Lantus)
HTN	Controlled on Lisinopril (No changes)

INSTRUCTIONS/EDUCATION/OTHER INFORMATION

<p>Referral from Dr. Smith (PCP) following most recent visit for:</p> <ul style="list-style-type: none"> • Self-management support • Developing a self-management action plan

2024 Self-evaluation Patient Engagement Simulation

Post Simulation Self-Evaluation

Instructions: Complete this self-evaluation after completing your simulation interaction.

*** 1. Personal Information**

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credential	<input type="text"/>
Email	<input type="text"/>

ACTIVE LISTENING SKILLS

Open-Ended Questions:

2. What are one or two open-ended questions I used to draw out their insights, experience and/or thoughts around the change topic?

3. Did I happen to fall into a pattern of asking yes/no questions (i.e., question/answer trap)?

ACTIVE LISTENING SKILLS

Reflections:

4. What do I notice about my reflective listening? How well did I reflect back their values, wisdom, worries, insights, hopes, ideas, etc.?

5. How well did I leave 'space' for the person to respond?

INFORMATION EXCHANGE:

6. Using the readiness ruler, I evaluated the persons readiness for action planning.

7. To what extent did I remember to draw out the person's own ideas/thoughts before deciding whether to give advice or input?

8. To what extent did I encourage them to think through details and how to overcome potential barriers?

STRENGTHS & GOALS:

9. What do I feel are my greatest strengths with MI so far?

10. What are two small action steps I will focus on/try out in my work as I continue to build my skills?

11. Additional thoughts to reflect upon:

CHANGE TALK

Adapted from Berg-Smith Training and Consultation, 2009

ASK EVOCATIVE QUESTIONS

REASONS FOR CHANGE

What about the change is appealing to you?

If nothing changes, what might happen? What's at stake?

How has _____ stopped you from doing what you want to do?

What are some of your concerns about?

CHANGE IN THE ABSTRACT

If you wanted to, how would you do it?

If you were to try again, what might be the best way to do it?

So, let's pretend you were going to make this change. How might you go about it?

EXCEPTION QUESTION

How did you stop yourself for overeating on an occasion when you felt depressed?

What was going on when you kept food records consistently?

NOT READY FOR CHANGE

What might need to be to be different for you to think about changing?

What would need to happen for you to think about changing?

If you were to decide one day to change, how do you think you might do it?

What do you think is stopping you from putting _____ at the top of your list?

EXPLORE PROS AND CONS

What are some of the advantages for keeping things just the way they are?

What are some of your concerns about keeping things the way they are?

What do you like about _____?

On the other hand, what don't you like?

LOOK FORWARD:

*How would you like things to turn out for you? Where would you like to be?
Where are you now? Where would you like to be?
What would be the best results you could imagine if you made a change?
How might your life be different if you _____?*

QUERY EXTREMES

*What is worst thing that could happen if you stayed this way?
What are your worst fears about what might happen if you don't make a change?
What concerns you the most about _____?*

USE CHANGE RULERS

*How important is it to you to...? How confident are you...?
How ready are you? How interested are you...?*

Then –

*Tell me about why you chose _____?
Why an _____ and not a _____ (lower number)? [example, why a 4 and not a 1 or a 2?]
What would it take to get you to _____ (higher number)?*

EXPLORE GOALS & VALUES

*Help people identify their guiding values and longer-term goals.
Explore current behavior in the context of how it is supporting or getting in the way of those values and goals.*

MI GUIDES AND TOOLS: CROYLE & SAUNDERS

COMPLEX REFLECTIONS
AIM TO REFLECT:
AMBIVALENCE
RESISTANCE
CHANGE TALK

Type	Strategy	Statement	Reflection example
Reframe	Suggest a new way of looking at something that is more consistent with behavior change	I've tried so many times to change, and failed.	You're very persistent, even in the face of discouragement.
Amplification	Offer an exaggerated form of what the person said to allow them to look at the other side of ambivalence. Note: Empathy, not sarcasm ☺	My girlfriend is always blowing things out of proportion. I haven't ever been that bad.	It seems to you that she has no reason for concern.
Double-sided	Capture both sides of ambivalence. Note: connect with "and" not "but" & finish with the change talk	It's not possible that I had that much alcohol in my system. I drank more than I should have but it wasn't that bad.	So on the one hand, you're wondering how your BAC could have been that high and on the other hand, you recognize that you drank more than you should have.
Affective	Reflect feeling - either stated or implied.	I haven't had an HIV test in over a year, I guess maybe I've been avoiding it.	You're worried.
Metaphor	Use descriptive language that paints a picture for the other person.	I've been doing this forever. It doesn't seem like anyone cares anymore whether I get it done or not.	It's kind of like you're running a marathon with no one cheering you on.
Emphasizing choice	Point out individual choice and control.	I don't know if I have a problem with drinking or not. I am NOT going to AA.	You'd like to have some say in how you handle this.
Coming alongside	Take up the argument for no change to allow the other person to take up the argument for change.	I don't think this is going to work for me, either.	It's certainly possible that it won't work and so it might not be worth trying.
Continuing the paragraph	Venture the next sentence in the person's paragraph, instead of merely echoing the last one.	I am not so sure that this is the right thing. I know what's required of me and I am not sure that this is what I should be doing.	And yet, getting out from under this level of monitoring is important to you.

MOTIVATIONAL INTERVIEWING REFLECTIONS

Read the statements below and write down three different responses to each item. Each should emphasize a different aspect of the statement.

Example:

It's been fun, but something has got to give. I just can't go on like this anymore.

1. You've enjoyed yourself.
 2. You're worried about what might happen.
 3. It's time for a change.
-

Harold: *I know I could do some things differently, but if she would just back off, then the situation would be a whole lot less tense. Then these things wouldn't happen.*

- 1.
- 2.
- 3.

Kelly: *I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work except having a couple of drinks.*

- 1.
- 2.
- 3.

Michelle: So, I'm not too worried but it's been over a year since I've had an HIV test.

- 1.
- 2.
- 3.

David: I know I'm not perfect, but why do they always tell me what to do. I'm not 12 years old!

- 1.
- 2.
- 3.

WHERE NEXT PLAN

1. Word storm the situations where you will use motivational skills in your specialist role

2. What are the benefits of using motivational skills?

a. The benefits for me are.....

b. The benefits for the team/agency are.....

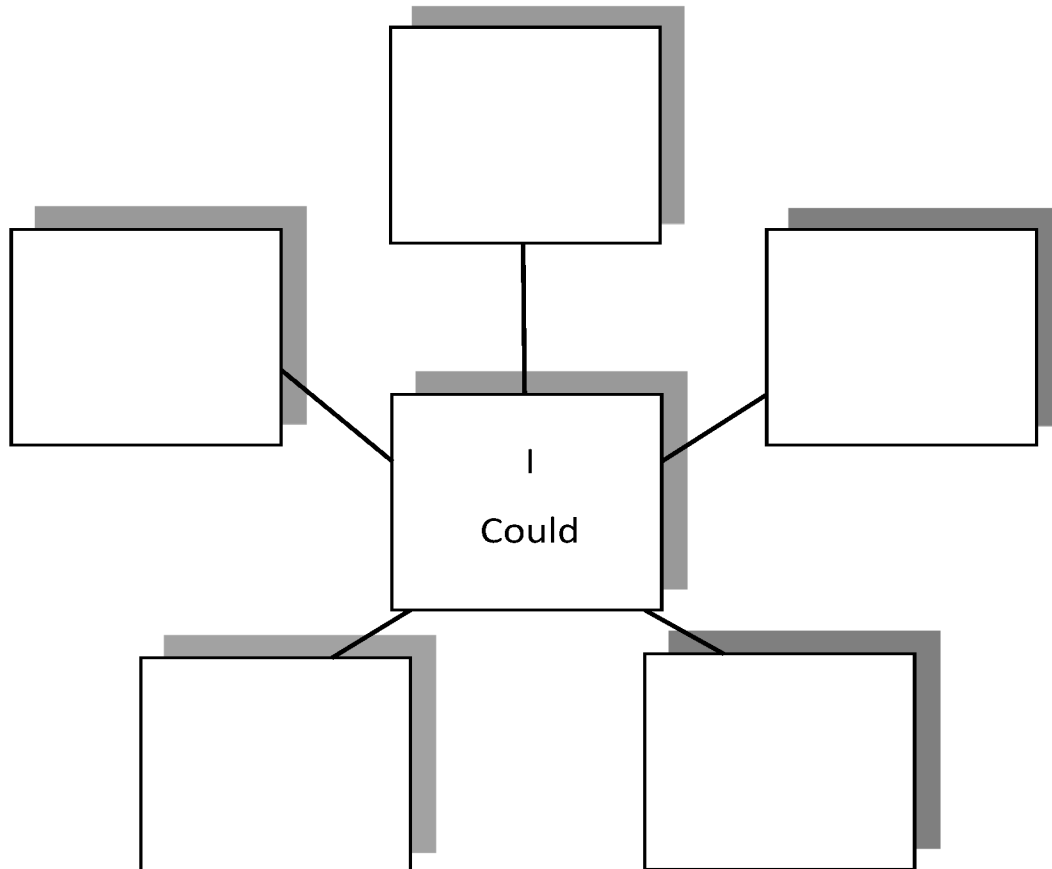
c. The benefits for the service user are.....

3. What are the barriers to using the skills?

4. How will you overcome these barriers?

5. Who else can help?

6. What are options for your next steps?



7. Which option will you select for your next step? (Consider the advantages and disadvantages of a couple of options if helpful.)

8. What specifically will you do by when?

By..... I will

.....

9. How confident are you that you will do this?

0 1 2 3 4 5 6 7 8 9 10

How would you approach this patient?

What are some barriers or challenges that get in the way of effective patient and family engagement with this patient (your perspective)?

What additional information would you need from your assessment?

What would be your priorities/recommendations for engagement?

POST-TRAINING CREDIT REQUIREMENTS

Please read carefully to ensure you complete all post-training requirements.

1. For this training, **Continuing Education (CE/CME) are provided through Mi-CCSI.**
 - a. After the training, you will complete the course evaluation at:
[https:// www.surveymonkey.com/r/ENG-2024](https://www.surveymonkey.com/r/ENG-2024).
 - b. Once you complete the evaluation, you will submit and you will be redirected to a webpage to save or print your continuing education certificate.
 - c. Please retain a copy of your certificate for future reference. You will not be able to return to the webpage after you leave.
 - d. Questions regarding the training or CE/CME – contact Amy Wales at amy.wales@miccsi.org

2. For **BCBSM PDCM training requirements**, post-training posttest and evaluation must be completed in the MICMT portal to meet the BCBSM Longitudinal Learning Credits.
 - a. Within 24 hours, (for those attending this training to meet the BCBSM PDCM Program requirements), your names and emails will be submitted to MICMT.
 - i. You will receive an email with a link to the MICMT evaluation and post-test.
 - ii. As a reminder, completion of the MICMT evaluation and posttest is **required** to meet the BCBSM PDCM training requirements.
 1. A score of 80% or greater is required to meet the expectations.
 2. If you do not receive an 80%, you can retake the posttest.
 3. The evaluation and posttest must be completed within **5 business days** of attending the training.
 4. Upon completion, you will receive a certificate of completion. This is proof of successful completion of the training and will be used to confirm that you have met the training requirements for the BCBSM PDCM program.
 5. The continuing education (CE/CME) information is on the certificate from Mi- CCSI.
 - b. Questions regarding the post-training requirements for the BCBSM PDCM Program – contact MICMT at micmt-requests@med.umich.edu.
 - c. Refer to the MICMT screenshots and instructions on the following pages to complete your posttest & evaluation.

MICMT APPROVED TRAININGS:

Completing the Evaluation and Post-Test

In order to receive credit (BCBSM PDCM Learning Credits) and training reimbursement dollars for eligible MICMT trainings, a learner **must complete** both the evaluation and test. If the learner does not complete both, credit and reimbursements cannot be provided.

There are two ways to complete the evaluation and post-test following the completion of the course:

- 1) Learner will receive a link within 24 hours following the training. Please be sure to check junk and spam folders. Click **Link** located in the e-mail.



- 2) Learner will be redirected to the **Evaluation**. If the learner is **not logged in**, they will be required to login:

Log in

Username*

Enter your Michigan Institute for Care Management and Transformation username. If you have forgotten your username, please submit a support request.

Password*

Enter the password that accompanies your username. If you have forgotten your password, you may request a reset link.

[Log in](#)

[Create new account](#)

[Reset your password](#)

Log in
Create New Account

3) If the learner is **logged in**/once logged in, they will complete the **Evaluation**. At the end of the evaluation, there will be a prompt to submit responses.

Please complete the following course evaluation as part of your MICMT Introduction to Team-Based Care completion requirements.

I attest to attending this entire session/event*

Overall, this was a high-quality event.*

Strongly Agree Agree Neutral Disagree Strongly Disagree

The event met the learning objectives.*

Strongly Agree Agree Neutral Disagree Strongly Disagree

The event met the learning outcome.*

Strongly Agree Agree Neutral Disagree Strongly Disagree

Program Effectiveness:

I learned something that I can apply to my job.*

Strongly Agree Agree Neutral Disagree

Strongly Disagree

I will be able to advance my practice using the knowledge obtained from this learning activity.*



4) After responses have been submitted, learners will be required to select their **CE Credit or Certificate of Completion**, following by the **Test**.

Welcome to the Introduction to Team Based Care Post-test. The time to take the test is approximately 10-15 minutes. This Post-Test has a maximum score of 20 points, and you will need at least 16 points (80% or greater) to pass. At the end of the test, you will be able to see your correct and incorrect responses. If your score is less than 16 points (80%), you may retake the test. If you have questions, please contact micmt-requests@med.umich.edu.

Test Submission

CE credit or Certificate of Completion

Name on Certificate*

Linny West

Organization

Type of CE Credit or Certification*

Please only choose Certificate of Completion if you do not also need a CE, as a CE will also qualify as a Certificate of Completion. Only one certificate is necessary.

- Select -

Course Date*

I attest that I attended the Introduction to Team Based Care course on the date listed below.

07/28/2024

Click the "next" button to begin the test.

Welcome to the Introduction to Team Based Care Post-test. The time to take the test is approximately 10-15 minutes. This Post-Test has a maximum score of 20 points, and you will need at least 16 points (80% or greater) to pass. At the end of the test, you will be able to see your correct and incorrect responses. If your score is less than 16 points (80%), you may retake the test. If you have questions, please contact micmt-requests@med.umich.edu.

Test Submission

The team-based care model is derived from the chronic care model and patient-centered medical home model of care.*

True False

Defining team structures and roles can improve teamwork and communication.*

True False

What are some communication tools used to help improve a team's ability to provide patient-centered care?*

a. Standing Orders/Agreements
b. SBAR (Situation, Background, Assessment, Recommendation)
c. Ad hoc conversations
d. Clear patient encounter documentation with Electronic Health Record (EHR)
e. All of the above

e a and b b, c and d c

To ensure an individual's message has been understood, which communication tool would be used?*

- 5) After successful completion of both **Evaluation** and **Test**, the learner will have a certificate populate on their dashboard. If a certificate does not populate, the learner did not successfully complete the evaluation and/or test.



The other way to access the **Evaluation** and **Test** is directly from the dashboard:

- 1) Login <https://micmt-cares.org/user/login>

Username*

Enter your Michigan Institute for Care Management and Transformation username. If you have forgotten your username, please submit a support request.

Password*

Enter the password that accompanies your username. If you have forgotten your password, you may request a reset link.

Log in
Create New Account

- 2) Under Tests, locate the training. Complete **Evaluation** first, followed by **Test**

Tests	
<p>Patient Engagement APR 22, 8:30AM - APR 22, 11:30AM Trainer(s): Credit Hours: 4.00 BCBSM PDCM Learning Credits: Evaluation Form Take Test</p>	<p>MAT Orientation APR 22, 1:00PM - APR 22, 4:00PM Trainer(s): Credit Hours: 4.00 BCBSM PDCM Learning Credits: Evaluation Form Take Test</p>
<p>Introduction to Palliative Care MAY 1, 9:00AM - MAY 1, 12:00PM Trainer(s): Credit Hours: 4.00 BCBSM PDCM Learning Credits: Evaluation Form Take Test</p>	<p>Introduction to Specialty Team Based Care MAY 5, 9:00AM - MAY 5, 12:00PM Trainer(s): Credit Hours: 4.00 BCBSM PDCM Learning Credits: Evaluation Form Take Test</p>

Tips and Tricks:

- 1) **The links aren't working. What should I do?**
 - a. Make sure you're using Google Chrome or Firefox; Internet Explorer is not compatible to the website.
 - b. Contact micmt-requests@med.umich.edu

- 2) **I am getting an "Accessed Denied" message when trying to complete the test.**
 - a. You will need to complete the evaluation first. If you try to take the test first, it will not allow you to.
 - b. Make sure you are logged into your account when you attempt to access the evaluation and test.

- 3) **How do I know if I already completed the evaluation or test?**
 - a. You will receive the following message if you try to retake the evaluation. You can retake the test multiple times.



You have already evaluated this course. If you need to receive your certificate or credit, please take the course test.

- 4) **How do I know if I successfully completed both?**
 - a. You will be able to see a certificate on your dashboard.

- 5) **I've never logged into the website before. What should I do?**
 - a. Contact micmt-requests@med.umich.edu

- 6) **Any questions or technical issues?**
 - a. Contact micmt-requests@med.umich.edu

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