FACILITATOR’S GUIDE

SESSION 4
October 11, 2013

Behavior Change: Understanding Your Patients’ Perspectives

Faculty notes: Dr. Ben Kligler

Learning Objectives:
1. Demonstrate the ability to elicit the patient’s perspective of a problem/need
2. Develop skills needed to provide a patient-centered and theoretically-grounded behavioral intervention to a patient to reduce health risk
3. Explore the utilization of social media and other digital technologies by patients and health care providers in communication and access to health care information.

Reading:

Resources:
1. Social Media Patient Interview Guide- M. McEvoy, C. Karkowsky and IMAP grant (attached)

Faculty preparation:
1. Read student essays (full decisional balance assignment in student guide)
2. Read required reading
3. Be prepared to participate in role-play as either yourself or a patient
4. Consider viewing YouTube video-Merlo Lab http://www.youtube.com/user/MerloLab

SUGGESTED SESSION ORGANIZATION
1:30 - 2:00   Debrief
2:00 – 2:15   Show and discuss YouTube video on Motivational interviewing
2:15 – 2:45   Role-plays
2:45 – 3:05   Debrief of role-plays/discussion of write-ups
Part 1: Debrief. During the debrief you will likely recognize that many of the topics of PDC are embedded within the stories of the student’s experiences. What are they choosing to bring to this part of PDC? Does it relate to the topics in our curriculum? Try to help the students make connections to themes from prior and future sessions.

Part 2: Skills Practice: Motivational Interviewing

The focus of our session is an introduction to the skill of eliciting the patient’s perspective. This skill was introduced to the students during ICM although they used a different set of readings. Today, we will use role-play to give the students the opportunity to practice this skill. Motivational Interviewing (MI) is introduced as an approach that preserves the patient’s autonomy and is primarily achieved through reflective listening—that is reflecting back what the patient is saying, rather than putting words into his/her mouth. Why MI? There is evidence from clinical trials such as the Dietary Modification arm of the Women’s Health Initiative (WHI) that motivational interviewing can be instrumental in achieving behavior change. The fat intake in the group that was offered MI in WHI, for example, was significantly less (2.6% fewer calories from fat, p<0.001) than that of the group that was provided with the non-MI approach. (Bowen, et al, 2002).

In might be helpful to give the students a brief didactic before they start in their role plays. The required reading by Rollnick et. al., talks about the challenge of motivational interviewing and focuses on the difference between the directing and guiding style of interview. The YouTube video clips on Motivational Interviewing illustrate how a guiding style differs from one that is directing. It is best to show the directing style first [http://www.youtube.com/user/MerloLab#p/u], then the guiding style. (The Ineffective Physician: Non-Motivational Approach – cue to 0:55 seconds- 4:10, at the end the effective physician is available) After the videos, you might be able to discuss student experiences with observing, doing, or possibly receiving MI. The Rollnick assignment also contrasts a guiding with a directing counseling approach and provides helpful statements to use during counseling. As the students have already learned during ICM, open-ended rather than close-ended questions permit the patient to express himself. For example how do the following differ? “Are you taking your blood pressure medication?” vs. “How is the medication going for you?” In the latter case the patient has more time to engage in discussion, rather than just answer yes/no. Examples such as this might provide a good starting point for discussion as well in preparing for the role play.

After an introduction we will practice this skill as a role-play:

LOGISTICS: Ask students to break into triads. Each student will alternate the role of (1) patient; (2) physician; (3) observer/note taker (using attached template).

(1) Patient: based on the students’ write-up, either a patient or his/her self.
(2) Physician: task is to help patient modify the behavior, making sure to reflect and touch on: confidence, ability and desire to change, and the costs and benefits of changing behavior.
(3) The “observer” will take notes, attempting to describe observed behavior, and will briefly interview the “patient” and the “physician” and record their feedback.

The logistics for this will require a multiple of 3 – but if this doesn’t work, a group of 4 could be created, with 2 observers. If it helps, the faculty member(s) could join a group.
The goal of the role-play is to help students develop the skills necessary to understand their patients’ perspective on behavior change, without judgment. The students should share with each other the behavior in question before starting the role-play and consider an appropriate setting for this exercise. The role-play focuses on information gathering, understanding, and communication, rather than "getting" the patient to change. Remind students to reflect patient statements frequently.

**Reflection in this context means simply saying back to the patient exactly what s/he said.** For example, if the patient says "smoking is something I enjoy, and I'm really not convinced that quitting is worth it," the doctor will say "so, smoking is something that you enjoy, and you're really not convinced that quitting is worth it." The deeper the reflection, the more likely the client’s thoughts are understood.

Reflection as it pertains to the students’ essays means explaining and understanding what they have learned. When we ask the students to reflect on their experiences, similarly the deeper the reflection, the more likely they are to understand and learn from their experience.

After the role play is complete, the observer should interview the “patient” and “physician” and share feedback. The process should take no more than 10 minutes per “patient” so the entire group can get done in 30 minutes. (You may also choose to do fewer) One major goal for the role-play is to practice reflections with patient. The patient should look for opportunities for the student who interviews them to reflect. During the feedback, students can give each other feedback on the reflections they did well, whether they were effective and whether there were missed opportunities. As a group, it would be useful to discuss what reflection "felt" like to the students. It may be that it felt "icky" (weird, contrived, uncomfortable, forced) to the students when they were in the doctor role, but felt good (validating) when they were in the patient role. If so (even for only some students) that distinction may be worthy of discussion.

After the role-plays are finished reconvene as a group and discuss. What went well, what less well? Discuss Rollnick’s article. How does the guiding style differ from the directed? When does it make sense to use a guiding approach? When directing?

Part 3: We introduced the Social media and digital resources interview guide to our students to try utilizing over the past few weeks- specifically during this sessions pre-assignment to help delve deeper into our patients perspective and utilization of digital resources.

Spend a few minutes collecting the students results of our patient populations utilization of social media and digital technology in the acquisition of health information, access to therapies and even techniques for behavior change.

Have your group analyze effective ways to incorporate the use of digital technologies to enhance patient care.

Part 4: **Preparation for Session #5** “Goals of Care. The importance of the patients perspective on the illness”- November 8, 2013.

Required reading: L Mueller. Monet Refuses the Operation
Prompt for pre-assignment to follow.
CHECKLIST FOR OBSERVER ROLE IN MOTIVATIONAL INTERVIEWING EXERCISE:

Instructions to Students:
Please break up into triads—one student will role play the patient (*the patient that student interviewed*), another student will be the interviewing physician, and another will be an observer. The observer will take notes on the interaction, with attention to how the physician used reflection, open-ended vs. closed-ended questions and other MI techniques; then he or she will interview the patient and the physician for their feedback regarding the interaction.

I. Observations:

II. Feedback from the Physician:
What did you do well?
What did you do less well?
What would you do differently if you were to do the interaction again?

III. Feedback from Patient:
OVERALL: in your role as the patient, discuss how you felt about the following statements:
This doctor really listened to me.

This doctor did equal amounts of guiding, instructing and directing.

This doctor was empathetic.

The interaction felt more like dancing than wrestling.