

UVM Project ECHO: Current Topics in School Nursing

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Didactic presentation is recorded. Registered participants will receive the link.

Session Agenda

- Welcome Participants and Presenters
- Objectives
- Didactic Presentation (20-30 min)
 - Q&A
- Case presentation(s)
 - Clarifying questions
 - Discussion
 - Recommendations
 - Summary
- Closing Announcements



ECHO Model: All Teach, All Learn



Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key

Case-based learning

- 1-2 participant cases each session using provided template
- Contact Liz Manz to present a case



ECHO: Cohort-based learning

- Shared participant directory for additional networking
- Get to know others in the group
 - “Rename” your video
 - Write your name and organization into the chat
- Faculty presenters available for follow up questions



ECHO: Case-based learning

- Participants bring real world scenarios from their work
- Opportunity to receive input from peers and faculty
- Cases sometimes match the topic, but not necessary
- What makes a good case:
 - A complex situation where you would appreciate hearing new ideas
Question for the group may be: After trying many of the first-line strategies without success, what other things could be tried?
 - A common situation that could be discussed from various perspectives
The questions you pose could help you and others rethink assumptions or learn new strategies.



Series Objectives

Learning objectives for this ECHO series include the ability to:

- Implement the elements of Motivational Interviewing that are key to promoting behavior change
- Identify communication skills that facilitate collaboration with students and families
- Describe best practices in managing common health concerns, including tick bites and asthma
- Apply knowledge to support youth exploring gender identity
- Explain basic medical aspects of gender affirming care
- Develop strategies to respond to vaping among students

CMIE Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits.

UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to 1.5 Nursing Contact Hours.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Motivational Interviewing

Clara Keegan, MD

Associate Professor, Family Medicine
University of Vermont Medical Center

11/9/2022

Session Objectives

- Incorporate the “spirit of MI” into practice
- Implement the components of motivational interviewing that are key to behavior change

What is MI?

- An approach to help people change behavior
- Goal-oriented
- Collaborative
- Provider-facilitated
 - *Environment of acceptance and compassion*
- Patient-directed
 - *The change comes from within*





Activity #1: Not MI

- Ask lots of questions
- Give a solution
 - Tell them how to change
 - Try hard to convince and persuade them
- Warn them, point out risk
- Create an action plan
- Get a commitment

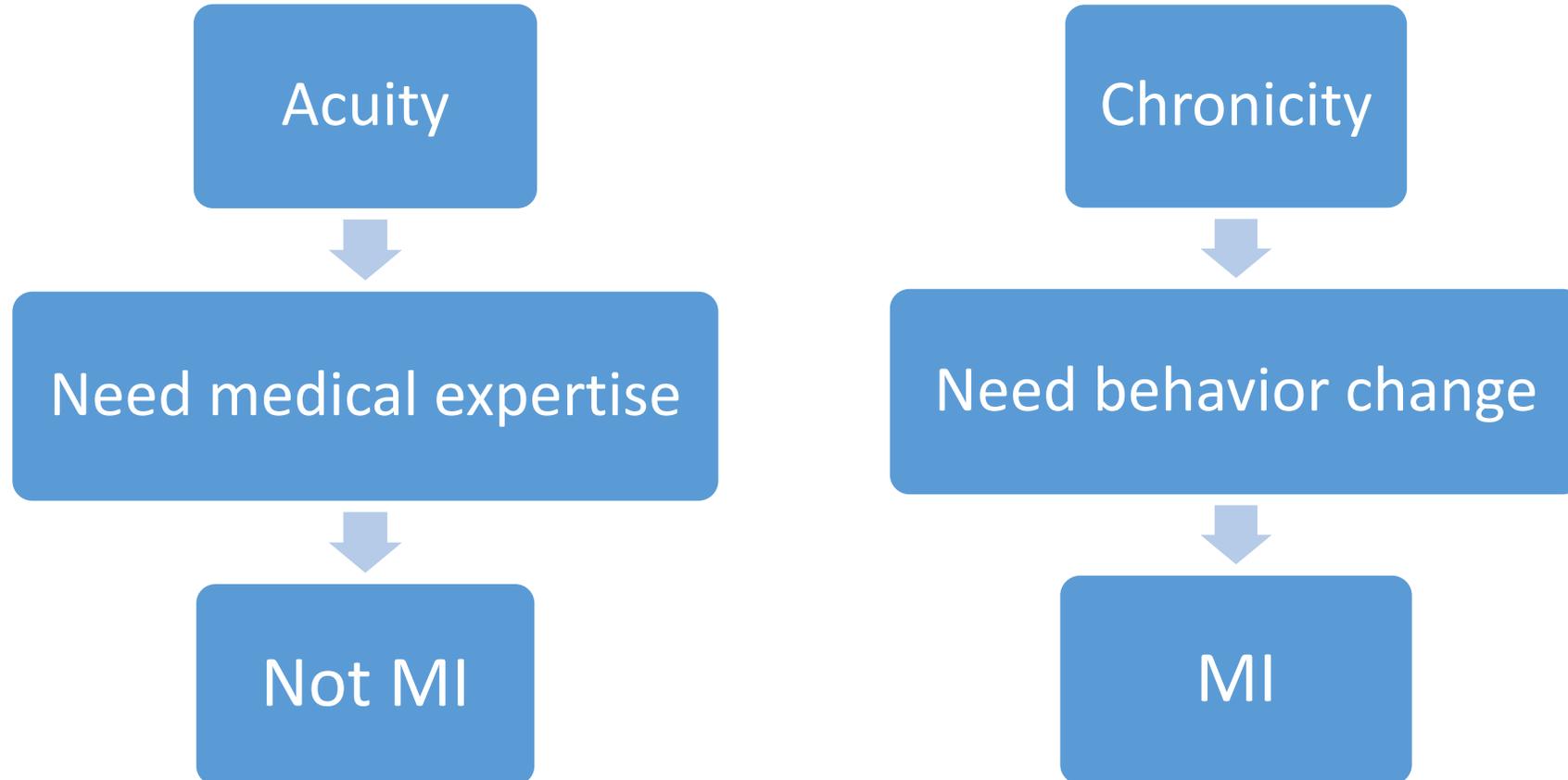
When don't we use MI?

- Acute chest pain
- Sickle cell crisis
- Trauma
- Admission H&P
- Procedural consent

When do we use MI?

- Addiction
 - tobacco, alcohol, drugs
- Obesity
- Chronic pain
- Irritable bowel syndrome

What's the difference?



Chronicity

- Trauma leads to hypervigilance
 - Constantly seeking out undivided attention and safety
- Demonstrate “I am here for you.”
- Listen for the story of why they want to change and **meet them at their dreams**

The Spirit of MI

- Partnership
 - Collaboration, come alongside
- Acceptance
 - Autonomy, the ability to choose
- Compassion
 - Empathic reflection
- Evocation
 - Listen & elicit change talk

MI Spirit: Partnership

- Who is the expert?
- Dancing rather than wrestling

MI Spirit: Acceptance

- Honor each person's absolute worth and potential as a human being
- Recognize and support the person's irrevocable autonomy to choose his or her own way
- Seek through accurate empathy to understand the other's perspective
- Affirm the person's strengths and efforts

MI Spirit: Compassion

- A deliberate commitment to pursue the welfare and best interests of the other party

MI Spirit: Evocation

- The patient already has the knowledge and wisdom needed to make the change.
- The provider's role is to evoke this knowledge and strengthen the motivation to change.

Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.

The Core Skills of MI

- Open-Ended Questions
- Affirming
- Reflective Listening
- Summarizing
- Informing and Advising

- All judgment is violent
 - Fight, flight, or fade away
- Be conscious of how words land
 - “But” can feel judgmental
 - “And” - “on the other hand” - “at the same time”

MI Skills: Open-Ended Questions

- Invite the patient to elaborate
- Focus on understanding the patient's perspective and building a relationship
 - Not about information gathering

MI Skills: Affirmations

- Watch for strengths, skills, positive intentions
- Act as a mirror so the patient can see themselves as a person of worth, the same way you do
- Build confidence in ability to change
- Congruent, genuine, specific

Affirming Statements

- “Thanks for coming on time today.”
- “You’ve been through more than most people your age. You have a lot of resilience.”
- “I can tell that you worked really hard on this.”

MI Skills: Reflective Listening

- Another way to mirror back the patient's statements, sometimes offering perspective he/she might not have considered
- Keeps the patient engaged and talking
- Selective – reflect back what you want them to hear (change talk, not sustain talk)

Types of Reflections

- Simple
 - Repeating, rephrasing
 - Stay close to the content
- Complex
 - Amplification
 - Double-sided reflection
 - Paraphrase, test the meaning
- Deep
 - Emphasize the emotional aspect

MI Skills: Summarizing

- Pull together everything that has been said
- Suggest connections between this session and past sessions
- Show the patient you have been engaged and listening
- Provide an opportunity for correction, expansion, filling in gaps





Activity #2: Taste of MI

- Don't try to persuade or fix. Don't offer advice.
- Ask these questions one at a time, and listen carefully to the responses:
 - Why would you want to make this change?
 - If you did decide to make this change, how might you go about it in order to succeed?
 - What are the three best reasons for you to do it?
 - How important would you say it is for you to make this change, on a scale from 0 to 10?
- Give back a short summary of the motivations for change.
- Ask one final question and listen with interest:
 - So, what do you think you'll do?

Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Summary

- One thing you liked
- One thing you learned
- One thing you relearned
- One thing you are willing to try

Reference

- Motivational Interviewing: Helping People Change, 3rd ed. Miller WR, Rollnick S. 2013: Guilford Press, New York.

Resources

- UMass Center for Integrated Primary Care
 - Dan Mullin, PsyD
 - <http://www.umassmed.edu/cipc/>
- Health Education & Training Institute
 - Stephen Andrew, LCSW, LADC
 - <http://www.hetimaine.org/>

Case Presentation



DO NOT INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

Case Presentation

Participant presents the case and poses the question(s) for the group



Clarifying questions about the case from group to case presenter



Ideas, suggestions, recommendations from participants



Ideas, suggestions, recommendations from ECHO faculty team



Full group discussion



Summary and wrap-up by facilitator



Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
 - For the use of registered participants only
- Please complete evaluation survey after each session
- CE information and QR Code will be sent once evaluation is received
- Please contact us with any questions, concerns, or suggestions:
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