

Chapter 1: Introduction

Screen 1

How do you approach patients who don't share your opinion? Can you remember a situation where you just couldn't get your patient to change their mind?

Today, we are going to discuss the landscape of antibiotic resistance in Oregon and how this topic can often lead to difficult conversations. We will discuss methods of communication to avoid pushback from patients and learn how to apply techniques used in motivational interviewing to reduce the unnecessary use of antibiotics.

Screen 2

Hi, my name is Alyssa and I'll be guiding you through today's lessons. I coordinate the Oregon Alliance Working for Antibiotic Resistance Education also known as AWARE. This is a state-wide coalition and our mission is to encourage the appropriate use of antibiotics with the aim of reducing the problem of antibiotic-resistant bacteria in Oregon. The AWARE coalition is made up of: health plans, clinician groups, community groups, state & county government, and educational institutions.

Screen 3

Let's begin the course. As you can see, today we will be learning about the problem of antibiotic resistance, how this topic can lead to difficult conversations, how motivational interviewing can be used to address difficult conversations and finally, we will be applying the motivational interviewing processes to real life scenarios. Click on chapter one to begin.

Screen 4

Chapter 1: Antibiotic Resistance. In this chapter we will discuss the problem of antibiotic resistance and look at local and national trends. Click on the forward arrow in the bottom right hand corner to continue.

Screen 5

CDC published a report in 2013 summarizing antibiotic resistance threats in the US. The report is a snapshot of the complex problem of antibiotic resistance today and the potentially catastrophic consequences of inaction. CDC estimates that over 2 million illnesses are caused each year in the US by antibiotic resistant infections resulting in 23,000 deaths annually.

Screen 6

Click on the images to learn more about antibiotic prescribing in the U.S. and the financial impact it has on our national economy.

Screen 7

Let's now review Oregon specific data. The information you see here was collected through the Oregon all payers all claims data base. It represents the proportion of patients diagnosed with these conditions who received an antibiotic prescription in 2013. The full report is available in the supplemental materials folder. As you will notice, with the exception of URI, or the cold, those younger than 17 are most likely to receive antibiotic treatment for these common conditions.

Screen 8

This slide shows the percentage of patients who received a narrow spectrum antibiotic vs. a broad spectrum antibiotic for each condition. We defined a narrow spectrum antibiotics as ampicillin, penicillin, amoxicillin and first generation cephalosporins. All other antibiotics are considered broad spectrum. All though patients treated for Acute Otitis Media and Pharyngitis tend to receive narrow spectrum antibiotics which is appropriate, the remaining three tend to receive broad spectrum antibiotics. This is especially concerning for Bronchitis and URI which rarely require antibiotic treatment at all.

Screen 9

In this figure, we compare the percentage of patients who filled an antibiotic prescription in Oregon, shown in purple, to the percentage of patients who would likely need an antibiotic, shown in black. All though the percentages are fairly close for acute otitis media and pharyngitis, patients with sinusitis, bronchitis and the common cold tend to receive antibiotics much more than they are needed with bronchitis being the most over treated in Oregon.

Screen 10

You've reached the end of chapter 1. Please complete this quiz

Screen 11

Click on Chapter 2 to continue

Chapter 2: Difficult Conversations

Screen 1

Chapter 2: Difficult Conversations. Now that you have a better idea of how often antibiotics are used unnecessarily in Oregon, you can see how difficult conversations might arise. It's likely that you have found yourself faced with a patient who wants or expects an antibiotic prescription and had to find a balance of using antibiotics appropriately and ensuring high patient satisfaction.

In this chapter, we'll discuss the realities of difficult conversations and some key principles and techniques for engaging patients. Our hope is that by using these techniques, you will be able to save antibiotics while preserving your relationship with patients.

Screen 2

"I realized that I was never going to get at the heart of the issue because these fears weren't so much about facts as they were about emotions. The fears themselves are contagious, and have their own emotional epidemiology"

This quote from Dr. Danielle Ofri gets to the heart of what we'll be discussing for the rest of the training. Separating fact and emotion is difficult when it comes to health and the health of our children. As health care providers, you play a unique and intimate role in people's lives. The techniques that we will present today are intended to help you effectively navigate sensitive and often emotional topics.

Screen 3

Difficult conversations arise because of human nature. Life experience, biases and expectations from both perspectives contribute to difficulties. It's important to recognize that each perspective is relevant and should be taken into consideration.

- Often, we enter conversations assuming they will be difficult and brace ourselves for resistance rather than assuming a common interest. Maybe you are about to meet with a patient who you know always requests an antibiotic. This expectation might cause you to start the appointment off on the defensive.
- When we try too hard to control the direction of a conversation, we don't always use the best listening skills. We may think we are listening, but in reality we're actually thinking about what we will say next – rather than listening to understand and empathize.
- Finally, we might not always overtly address core issues experienced by the patient – for example, perhaps your patient has had to take off of work to make it to this appointment and follow up appointments are difficult to arrange. This may lead the

patient to pushing for any kind of immediate fix that you might have. More than wanting the antibiotic specifically, they may actually be the most stressed about missed work. It's important to acknowledge these struggles to ensure that people feel heard and validated.

Screen 4

While we want to avoid bringing negative assumptions and attitudes into patient interactions, the reality is that difficult conversations are inevitable and the outcome is not guaranteed.

- Sometimes conversations will *end in resolution*.
- Sometimes they will *end in compromise*.
- Sometimes they will *just end*.

The techniques that we will go over today will help to influence the direction that a conversation takes so that even in the midst of controversy you can maintain positive rapport and develop a plan that sits well with both the provider and the patient. It's important as we dive deeper into this discussion that you keep in mind that these techniques can be very effective with some patients and might not work with others. It's important to not feel as though you have failed if you aren't able to change a person's mind.

Screen 5

I understand that many of the ideas that I'll present today might come off as a bit unrealistic. More often than not time is limited and incorporating all of what we will touch on simply isn't plausible in say, a 15 minute patient interaction. That said, I ask that you keep your mind open to these concepts. Much of what we'll discuss actually is too much to try to implement all at once. Overall, if you approach difficult conversations through the lens of motivational interviewing, I believe it will aid in building trusting relationships and barriers will be more easily broken down over time.

Screen 6

A key tool to use during a difficult conversation is to practice active listening. This is a way of listening and responding to another person that improves mutual understanding.

- If we focus our energy on truly hearing and understanding a patient's concerns, our response will be more likely to validate their concerns while guiding the conversation in a new direction.

- If we want to understand how people feel about issues that are important to them, it is important to avoid sharing our judgment until we fully understand their perspective. This will help to keep the lines of communication open.
- Allowing for comfortable silences to slow down the exchange gives the patient time to think as well as talk. Often, using silence effectively can allow for a greater depth of information and a more meaningful exchange.
- Finally, give your undivided attention to the speaker by being fully physically, emotionally and mentally engaged in the conversation.

Screen 7

This is the Chinese symbol for "listening" please take some time to click through the different elements of the symbol. This demonstrates that to truly listen, we need to use much more than just our ears.

Screen 8

Reflective listening can be a powerful tool in helping a patient feel heard and validated. It is a way to express empathy and demonstrate that we truly understand their concerns. When people feel heard and understood, they feel as though they are accepted as they are. This acceptance is a crucial element in facilitating a positive behavior change.

Screen 9

Let's review the three main types of reflection statements: Content, feeling and meaning. When making a content reflection, you demonstrate that you understand the concrete "what" of their concern. In a feeling reflection, you show that you get how the situation is impacting the patient emotionally even if it wasn't explicitly stated. Finally, a meaning reflection helps the patient see that you understand what it is that the patient really wants. For example, say you have a patient who has just made the following statement. "My son has been sick for days and I want an antibiotic so he can feel better."

A content reflection might be: "You feel that an antibiotic is the solution."

For a feeling reflection you could say: "You're worried about your son."

A meaning reflection: "You are wanting to take action."

Screen 10

An important part of using motivational interviewing is the ability to fully understand how prepared a patient is to make a change and understanding what it will take to help nudge them closer to making the change. The next two slides will introduce a couple of key behavior change models that you can keep in mind while assessing a patient's readiness to change

Screen 11

The Health belief model describes factors that lead people to make health behavior changes. For people to adopt recommended behaviors such as practicing self-care for a viral infection, the perceived threat of disease (and its severity) and benefits of action must outweigh the perceived barriers to action.

Imagine that you have a patient who is requesting an antibiotic for bronchitis. To change the patient's mind, you would want to increase their perceived susceptibility of developing other symptoms like vomiting or diarrhea. You could also touch on the perceived seriousness of possibly developing an antibiotic resistant infection in the future. Seriousness and susceptibility contribute to the overall perceived threat of taking an antibiotic inappropriately.

You would then offer solutions such as practicing self-care at home. This will help the patient to see the benefits of using over the counter or natural methods to treat symptoms and help to break down barriers to using these techniques. Increasing benefits and decreasing barriers will contribute to an improved outcome expectation of the viral infection resolving on its own. With the increased threat of not changing and the improved outcome expectation of taking a different route, the patient has a renewed sense of self efficacy, or belief in their ability to change their behavior.

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Next is the stages of change model. While this model doesn't provide specific techniques to influence change, it is useful for identifying a patient's needs and expectations.

In adopting healthy behaviors or eliminating unhealthy ones such as requesting antibiotics when they are not needed, people progress through five levels related to their readiness to change—pre-contemplation, contemplation, preparation, action, maintenance and possibly relapse.

At each stage, different intervention strategies will help people progress to the next stage. Click through each stage to learn more.

Pre-contemplation is the first stage. At this point, the patient doesn't even know that there is another option. They truly believe an antibiotic is the only solution.

Contemplation. In this stage, they have an idea that there might be other options and they are open to suggestions.

Preparation. The patient is interested in pursuing other treatment methods and wants more information.

Action. The patient decides to go without antibiotics and treat symptoms using over the counter medications and self-care techniques.

Maintenance. The patient remembers your recommendations and uses them during future illnesses

Relapse. The patient becomes sick again and requests antibiotics rather than treating symptoms at home.

Keeping these stages in mind during patient interactions can be very useful in tailoring your message and guiding them through the stages at an appropriate pace.

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You've reached the end of chapter 2. Please complete this quiz.

Screen 14

Click on chapter 3 to continue

Chapter 3: Motivational Interviewing

Screen 1

Chapter 3: Motivational Interviewing.

In this chapter, we will dive into motivational interviewing. In particular, we'll talk about the spirit, principles and processes of motivational interviewing.

Screen 2

This model was developed by a former director for the CDC, Tom Freidman. It outlines factors that affect health. What we are talking about today has to do strictly with that top portion of the pyramid – counseling and education. I don't point this out to be a downer but to emphasize

that this is a very important aspect of health care and because it is so small, it is in our best interest to maximize our efforts.

Screen 3

Motivational interviewing is defined as “a client centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

Screen 4

Traditionally, motivational interviewing has been used to influence health behaviors such as tobacco cessation, managing chronic conditions, and weight loss.

This method of collaborative communication is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own

Screen 5

Motivational interviewing addresses ambivalence to change. Ambivalence is the state of having mixed feelings or contradictory ideas about something. For our purposes, we will be addressing situations where a patient who wants to be well requests or expects an inappropriate antibiotic treatment for their condition.

This conversational approach is designed to help people discover an interest to change by expressing in their own words their desire to change. It also helps people examine their ambivalence about the change and begin to develop a plan.

There are three main pieces to motivational interviewing – the spirit, key principles and MI processes. As we walk through these different pieces I encourage you to try not to get lost in the details. Try to consider motivational interviewing as a filter through which you communicate with patients rather than step by step plan or formula for patient interactions.

reasons for change within an atmosphere of acceptance and compassion.

Screen 6

The most important aspect of motivational interviewing is the spirit. As you approach difficult conversations, if you use the spirit as a lens through which communicate, you will be able to build more trusting relationships with your patient. This will ensure that the patient is willing to come back to you with question and it helps to keep the lines of communication open.

The spirit is broken down into four sections. All four are important when implementing motivational interviewing. Click on each section to learn more.

Collaboration -

Motivation to change is generated by the patient and relies upon identifying and mobilizing the patient's values and goals to change behavior. Motivational interviewing is an active collaboration between two experts - A health care professional and the patient, the one true expert of their own needs and capacity.

Acceptance –

Acceptance doesn't necessarily mean that you as the provider approve of or agree with the patients' opinion. It means that you accept their opinion as being true for them at that point in time. It also means that you honestly pursue an effort to understand the patients' perspective while honoring their autonomy and capacity for self-direction. Acceptance involves seeking and acknowledging the patient's strengths and efforts.

Compassion -

To show compassion means to actively promote your patient's welfare and give priority to their needs. This attitude falls naturally into place when paired with collaboration and acceptance.

Evocation -

Evocation is involved in the spirit of motivational interviewing because it relies on the patient's own motivation and resources for change. The implicit message is that "You have what you need, let's work together to find it." Rather than "I have what you need and I'll tell you what you need to do."

Screen 7

The four key principles of motivational interviewing are to express empathy, develop discrepancy, roll with resistance and support self-efficacy. Motivational interviewing is about arranging conversations so that people talk themselves into change, based on their own values and interests. We are able to achieve this by practicing these four principles. Click on each one to learn more.

Express Empathy

Expressing empathy toward a participant shows acceptance and aids in building rapport. Acceptance enhances self-esteem and facilitates change. Skillful reflective listening is fundamental in expressing empathy.

Develop Discrepancy

Developing discrepancy enables your patient to see that their present situation does not necessarily fit into their values and what they would like in the future. Making important health behavior changes is motivated by a perceived discrepancy between present behavior and important personal goals and values.

Roll with Resistance

Rolling with resistance prevents a breakdown in communication between you and the patient. It allows the patient to explore their own ideas. When you sense resistance rising in a patient, avoid arguing or directly opposing resistance. You may offer new perspectives but ultimately, the patient is a primary resource in finding answers and solutions.

Support Self-efficacy

Self-efficacy is a crucial component to facilitating change. If a patient believes that they have the ability to change, the likelihood of change occurring is greatly increased.

This belief in the possibility of change is an important motivator. Additionally, your belief as a health care provider in the patient's ability to change can become a self-fulfilling prophecy.

Screen 8

One of the greatest challenges in successfully implementing motivational interviewing is learning how to navigate resistance. Resistance can and will happen. It can become problematic when the patient is pushed farther than they are ready to go, when they feel as though they are losing ownership over their health care decisions and they feel like they are being told what to do by health care providers. It's important to roll with this resistance to prevent a breakdown in communication. Sometimes you may feel extreme resistance so important recognize this early and to not push the conversation too far creating an end. I know they are overused phrases, but empathy and empowerment are key factors that can lessen resistance.

Phrases like:

“It sounds like many of us have been telling you what you should do like we’re not listening to what you would like to do for your child” can work well to allow the patient to regain some control and ease the tension in the conversation.

Screen 9

A useful approach to dealing with resistance is to simply prevent it by avoiding these common traps. Click through to learn more.

Question-Answer Trap

We may fall into the question and answer trap by asking a series of close ended or yes or no questions. This leaves the patient feeling like they are being drilled and removes their autonomy by showing that you are the leader of the conversation. Additionally, asking close ended questions generally elicits unhelpful responses.

To avoid this trap, ask open-ended questions and use reflective listening.

Premature Focus Trap

The premature focus trap is when we jump ahead of the patient by describing our own view of the problem and addressing the behavior that we feel needs to be changed rather than asking what the patient wants to discuss. This moves the conversation away from being patient centered and forces us to lose touch with the patient's perspective and goals, which can cause resistance.

To avoid this trap, start with an open-ended question about the patient's concerns and let that information guide the conversation. Using reflective listening can help to narrow in on the biggest concern for the patient.

Confrontation-Denial Trap

The confrontation-denial trap results when we present all the reasons why a change should occur and how that change would benefit the patient, without asking what the patient sees as possible benefits for change. If the patient feels no autonomy, they might respond more strongly with reasons why change is impossible or unnecessary, which can begin an even more challenging cycle of resistance.

Again, facilitating and an open conversation with the patient will help you to learn what is important to the patient to get "buy-in" for why the change is important. From there, you can encourage the patient to develop an argument for change independently.

Expert Trap

The expert trap occurs when you know that you have the answers needed to help the patient change, and you give recommendations, advice, or direction without the patient asking for it.

Remember that the patient is the expert of how the change will work based on their personal situation.

To avoid this trap, give the patient the chance to talk through their views, goals, and possible solutions. Ask for permission to give recommendations or advice, when appropriate. This will strengthen patient commitment and internal motivation to change.

Screen 10

Finally, I'd like to introduce the 4 basic processes of motivational interviewing.

The four basic MI processes are:

1. Engaging – Engaging involves empathetic listening and building rapport
2. Focusing – Focusing is where we target change by using a following and guiding approach
3. Evoking – Evoking helps the patient develop their own ideas for how a change might come about
4. Planning – and finally, we make a plan for how the change will actually be implemented.

In the final chapter of this training, we'll go over each of these processes in more detail.

Screen 11

You've reached the end of Chapter 3. Please complete this quiz.

Screen 12

Click on chapter 4 to complete the final chapter of the training

Chapter 4: Applying the Processes

Screen 1

Chapter 4: Applying the processes. Congratulations, you have made it to the final chapter of the training. Near the end of chapter three, we learned that the 4 main processes of motivational interviewing are: engaging, focusing, evoking and planning. In this chapter, we provide tools and examples of how to incorporate these processes into patient interactions.

Screen 2

Oregon AWARE has an ongoing partnership with Oregon Health and Sciences University and Oregon State University that includes an elective course entitled Antibiotics and Public Health. In 2016, the student projects were to develop and film demonstrations of the 4 processes of motivational interviewing. Special thanks to all who participated in providing the following portion of the training! At this time, please open the supplemental materials folder and have the 4 handouts available to follow along. As we dive into these four processes I want to remind you again not to get wrapped up in the details and the steps. These processes are very fluid and have many overlapping principles. Think of each process as a tool that will aid you in facilitating a productive patient interaction

Screen 3

The first process of motivational interviewing is engage which involves building a relational foundation with your patient. By establishing a helpful connection and working relationship you will naturally diffuse power dynamics and create a safe and comfortable environment for the patient.

Through developing a relational foundation, you will in effect establish rapport and build trust with you patient which is essential to ensuring that when differing opinions arise, they will be offset by a foundation of trust.

Keep in mind as you aim to build a trusting relationship with your patient that you must orient yourself to their concerns and help them to understand your role and function as a partner helping them achieve optimal health.

Finally, promote mutual buy-in. The patient must feel ownership and autonomy when it comes to making health care decisions. This is a crucial element in avoiding resistance when the times comes to make a plan.

Screen 4

To aid in effectively engaging a patient throughout any give interaction, please take a look at the OARS tool. OARS stands for Open-ended questions, Affirmations, Reflective Listening and

Summaries. The following video will illustrate a how these communication techniques can be incorporated into a patient interaction.

Screen 5

Video

Screen 6

The second process is focus. The goal is to develop and maintain a strategic focus for the conversation by targeting change through a collaborative conversation. The key in this phase is to guide the patient through the stages of change by allowing them to identify where they might like more information. This is a good time to allow questions to come up and offer information as it is solicited. Reflective listening can also be very useful in this phase.

The idea is to help your patient discover the information that they need by using a following and guiding approach vs directing the conversation. Allowing this process to happen organically increases the likelihood that they will be receptive to the information rather than being hardened to it.

Another way to think of this is to take an ask vs tell approach. This technique helps you to draw information out rather than imposing ideas. No matter what reasons the provider might offer to convince the patient of the need to change – lasting change is more likely to occur when the patient discovers their own reasons.

Screen 7

To aid in focusing a conversation, consider using the Elicit-Provide-Elicit technique. The provider begins by Eliciting permission to explore the patients prior knowledge, and clarify information needs add gaps.

Next, the provider asks the patient whether they would like more information. In this phase, it is important to prioritize, be clear, support autonomy, and provide information in a neutral manner.

Finally, the provider should elicit the patients' interpretation, understanding or response to the information.

Using the Elicit-Provide-Elicit technique helps to gently guide the conversation toward change by empowering the patient have ownership over the information they receive.

This is a technique that can be very useful but of course not in every situation. As you can imagine and have likely experienced, there will be patients who are set on their decision and will refuse when asked if they would like more information. This might be a good time to go back and ask more open ended question about beliefs, fears and sources of information.

Let's watch and example how this tool might be implemented into a patient interaction.

Screen 8

Video

Screen 9

The third process is evoking. With a working relationship under way and a clear focus established, the stage is set to evoke and strengthen the patients' motivation for change.

This is your opportunity to observe what the patient might be missing in their logic. The challenge here is to clarify your position without minimizing the patients concerns. Approach these gaps by exploring how the patient has come to feel the way that they do, address ambivalence and help the patient discover what a change might look like for them and how they can make that change happen by identifying and minimizing barriers and making a plan.

Screen 10

To aid in evoking and strengthening motivation for change please take a look at the rulers tool. The use of the rulers tool encourages patients to think critically about their motivation, goals and ideas and can be very useful in helping them progress to the next stage of change.

As health care providers, I'm sure you're familiar with using the ruler to gauge where a patient is at. This tool is typically used to measure pain but this version is adapted to measure importance, confidence, commitment and readiness to making a change in their approach to health. This is an adaptation of MI – tailored to brief encounters and this tool is intended to help you quickly guide your patient along change continuum.

The next video illustrates how this tool can be used naturally in a conversation and how it can be used to identify and resolve ambivalence and identify barriers to change.

Screen 11

Video

Screen 12

The last process is planning. This is the time to begin brainstorming solutions. Ask the patient what they think might work and build on their suggestions together. If at any point the conversation becomes tense, just go back to inquiry and ensure that the patient feels validated and they will likely be more willing to engage.

Planning can take different shapes depending how the conversation has gone. It's important to work with the patient to develop a commitment to making a behavior change and sticking to it. Be realistic and don't underestimate the value of discussing concrete steps by focusing on "the how". A change may involve making a plan for how the patient intends to practice self-care techniques, or exploration of the wait and see method for antibiotic prescribing which will be demonstrated in the following video.

This can be a useful time to collaborate on incremental goals and ensure that the patient feels fully capable to move forward with the plan that you have built together. Finally, as your plan unfolds, be sure that you include adequate structure, accountability and benchmarks. Make sure the patient has access to the things that they will require such as a local pharmacy for over the counter medications, support in the home or written recommendations for natural remedies.

Screen 13

To help in considering the various complexities of making an effective plan with a patient, please refer to the SIMPLE planning tool. Let's watch the video so see how this tool can be used to develop an accessible and useful plan with a patient.

Screen 14

Video

Screen 15

You've reached the end of the training, please complete this final quiz

Screen 16

Congratulations, you have made it to the end of the training. I hope you have learned some new tools to take into your next difficult conversation and that these skills will lead to more appropriate antibiotic prescribing in your practice. Here are a few final thoughts on using motivational interviewing skills. Remember to always keep the conversation patient centered by keeping the elements of the spirit of motivational interviewing at the center of your patient interactions. A crucial piece of being successful in encouraging your patients to have a positive

change in behavior is to maintain a neutral and nonjudgmental tone and attitude as the patient expresses their concerns and desires. Along those lines, remember never to minimize a patient's concerns or severity of symptoms. A patient never has just a virus but they may be experiencing a very nasty virus which unfortunately cannot be treated by an antibiotic. Keep in mind the stage of change that the patient is at. This will help you to tailor the conversation appropriately. Finally, don't expect success every time. There will always be situations in which a patient is not receptive to these techniques. It's important not to feel as though you have failed if you are unable to have an entirely conflict free patient interaction. Just remember to maintain neutrality and try again next time.

Screen 17

Please take a few moments to complete a brief evaluation.

Screen 18

Thank you for completing this training. I hope you will be able to use motivational interviewing skills in the future when you encounter difficult conversations with patients. If you would like to receive CME credit for completing this training, please click the button below to send an email to Oregon AWARE. Be sure to include the name that you used when completing the quiz questions and we will reply within two business days.