

## CASE 1 – ENGAGING – MR PLUM

### • OPENING THE AGENDA

#### Instructions for each page

- Fold this paper in half – so only those who need to see the right-hand side see it.
- EVERYONE reads this left-hand side.
- First trainee to do it as they would currently do it
- Replay and 2nd trainee to do it the suggested way (see right, that trainee allowed to read the right hand side.)
- Facilitator is the patient (allowed to read the right hand side.
- Compare the two ways – facilitator facilitates with notes on R hand side (and highlight key principles)

#### The Scenario

Mr Plum is a large man (BMI 40) comes in and you have spoken to him about what you might do to make his diabetes and BP better. But you need to talk about the elephant in the room – his weight (pun intended).

Have a go

Patient will start off by saying – okay doc, thanks for that. So I'll take that metformin tablet three times a day and I promise to take the blood pressure tablets as prescribed. See if you can broach the subject of his weight.

#### Facilitator Notes

If the trainee says

- *I'm worried about your weight. You're very/dangerously overweight*
- Bite back and say, "Don't you think I already know that?"
- *Before we go, can we talk about your weight...*
- be defensive and say "Err.. What about it?"
- *We need to talk about your weight*
- Be slightly annoyed and say "Look, with respect, I've spoken to other doctors about it and we don't get anywhere"
- *Do you know your weight is making your diabetes and BP worse or Do you realise the damage the weight is having on your health*
- Infuriatingly say, "Don't you think I know that?"

#### Good ways of approaching it

##### Key principle – tell the group

1. don't state the obvious – what patient knows.
2. Use softening phrases like "Would you mind if"

#### Trainee 2

- *Mr Plum, would you mind telling me how you feel about your weight? OR*
- *Before you go Mr Plum, would you mind telling me where you are at with your weight.*
- Patient to reply: *To be honest, I've tried so hard and failed each time that I've kind of almost given up. Other doctors have spoken about it before you and we never seem to succeed. So, I've kind of made up my mind, this is the shape I am.*

##### Key principle – tell the group

Also demonstrate the point that actually, you have a lot of information about the patient now that you didn't have with the previous approach. He seems stuck. He seems frustrated with all the failures. Currently, he is at the pre-contemplation phase – i.e. not even thinking about losing weight, and that helps us know what to do in MI terms – the next step is to simply create AMBIVALENCE and nothing more.

## CASE 2 – ENGAGING – MRS MISSER

### • OPENING THE AGENDA

#### Instructions

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#### The Scenario

*From the computer records you notice that Mrs Misser is not ordering her BP medication on a regular basis. And this is the reason why her BP is still high today and on her previous readings.*

*How would you approach her*

*Patient will start off by saying – Yeah, things are going well doctor. Thanks for asking. So, how's my BP today? Is it okay?*

*BP is 165/110 (previous 1m ago 160/105, 1m before that 168/100) – has been on current BP medication regime for 6m.*

#### Facilitator Notes

If the trainee says

- *Are you taking your medication as prescribed?*
- Say nicely *“Of course I am doctor”*
- *The computer tells me your not ordering your medication on time*
- be defensive and say *“Well, I don't know what you're computer is on about. All I know is that I take it.”*

#### Good ways of approaching it

##### Key principle – tell the group

1. when put on the spot – patients can react defensively or make up things! It is likely they will not tell you the truth.
2. So, instead, give them “permission” to be imperfect, and they'll be more open and honest.

#### Trainee 2

- *Mrs Misser, some of my patients often find it very difficult to take medication as regularly as prescribed. Is that something that happens with you?*
- Patient to reply: *To be honest, doctor, I'm a bit like that too. I just forget to be honest because I'm on 5 different tablets a day.*

##### Key principle – tell the group

See how the patient opens up? You now have some insight and a possible way in to help make concordance better. With the traditional approach, doctors just end up piling patients up with more tablets which they then don't take. On home visits, you will sometimes see drawer full of medications collected but never taken. Anyone have a parent, friend or relative like that?

### CASE 3 – ENGAGING – MR UBEY FORTY

- **ALLOWING THE PATIENT TO NATURALLY TELL THEIR STORY**
- **EMPATHISING**

#### Instructions

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#### The Scenario

Mr UB40 has come for an anxiety review and he continues to take anti-anxiety medication and is relatively stable. You know that work is good for mental health and you wonder if Mr Ubey Forty has considered finding work?

Have a go and approach the subject...

Patient will start off by saying – *So yeah, things are pretty good at the moment. So I just carry on with these tablets and book a review appointment in 6 months. Is that me done then doctor?*

#### Facilitator Notes

If the trainee says

- *I want to talk about work*
- Bite back and say, “What about it?”
- *Have you thought about returning to work?*
- be defensive and say “Err.. Well I have tried you know. Even the job centre just wants me to claim benefits than look”.
- *We need to talk about your weight*
- Be slightly annoyed and say “Look, with respect, I’ve spoken to other doctors about it and we don’t get anywhere”
- *Do you know your weight is making your diabetes and BP worse or Do you realise the damage the wieght is having on your health*
- Infuriatingly say, “Don’t you think I know that?”

#### Good ways of approaching it

##### Key principle – tell the group

1. Be neutral and ask for thoughts *around* work rather than *returning* to work. It’s less inflammatory.
2. Again, use softening phrases like “Would you mind if”

#### Trainee 2

- *Dr: Mr Ubey Forty, before you go, would you mind sharing me about your thoughts around work.*
- Patient to reply: *To be honest, I’ve tried so hard and failed so many times that I’ve kind of almost given up. I’ve had 5 jobs now and eventually they all lay me off because of time off with anxiety.*
- *Dr: That must be difficult. I like thw way you keep trying though. That shows you have spirit.*
- *Pt: Can you see why I have almost given up?*
- *Dr: Of course I can.*

##### Key principle – tell the group

Can you see there is less micro-aggressions and more conversation.

And don’t forget to empathise.

Refer to MINDMAP 1 – ENGAGING – and review what has been covered (the yellow filled boxes only)

## CASE 4 – EVOKING – MR UBEY FORTY

### • ELICIT-PROVIDE-ELICIT

#### Instructions

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#### The Scenario

*We are going to continue with Mr UB40 has come in for an anxiety review and is relatively stable. You've just asked about his thoughts around work and he obviously isn't keen.*

*You know from research that work is good for mental health. And it might help him with his anxiety – you really believe this. So, the information you want him provide him with is that work is good for him and will help with his anxiety.*

*How will you do this?*

- Patient to start by saying: *To be honest, I've tried so hard and failed so many times that I've kind of almost given up. I've had 5 jobs now and eventually they all lay me off because of time off with anxiety.*
- Dr: *That must be difficult. I like thw way you keep trying though. That shows you have spirit.*
- Pt: *Can you see why I have almost given up?*
- Dr: *Of course I can.*
- *Now explain work is good for mental health.*

#### Facilitator Notes

If the trainee says

- *The thing is, work is good for your mental health*
- Bite back and say, *"But what can I do. It's not like as if I aint trying. Five jobs, and they all sacked me. What do you want me to do?"*
- *Work will help improve your anxiety. So why not give it another go?*
- Be slightly annoyed and say *"Look, with respect, I've tried and tried. It's not as if I am not lazy layabout you know"*

#### Good ways of approaching it

##### Key principle – tell the group

1. Elicit=Provide-Elicit.
2. We have already done the first ELICIT. So let's now provide information, and then seek their views again afterwards.

#### Trainee 2

- *Mr Plum, is it okay if I provide you with some information and then explore some more of your thoughts after?*
- *Pt: Of course*
- *Dr: The reason why I ask about work is because the research shows that work can be good for your mental health. And that actually staying at home can make it worse. Having heard that, I'd be keen to hear what you make of it?*
- *Patient to reply: Well after my big breakdown, they would not let me go back to work and the dole centre just kept telling me to go onto ESA benefits. To be honest, I am proper fed up of staying at home and I can feel sometimes my anxiety climbing. That's why I sometimes go around the block when its quiet. I just get a bit scared with people. And I would love to have a job but I am scared.*

##### Key principle – tell the group

Remember, when providing information, don't vomit it onto the patient. Instead, seek permission. Try and do this with most of your information giving and it will become natural.

## CASE 5 – EVOKING – MR UBEY FORTY

- **RAPPORT BUILDING**
- **EMPATHISING**
- **REFLECTIVE SUMMARIES**
- **BUILD THE PATIENT UP**

### Instructions

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### The Scenario

*We are going to continue with Mr UB40 has come in for an anxiety review and is relatively stable. So you've just shared with what the research says about work and mental health. He is going to share some delicate stuff with you.*

*At appropriate and natural points, see if you can do some reflective summaries with him – if you don't feel skilled enough, just stick to paraphrasing – restating what he says in a concise way. Also build them up in a natural and genuine way where possible.*

*Have a go...*

- Patient to start by saying: *Well after my big breakdown, they would not let me go back to work and the dole centre just kept telling me to go onto ESA benefits. To be honest, I am proper fed up of staying at home and I can feel sometimes my anxiety climbing. That's why I sometimes go around the block when its quiet. I just get a bit scared with people. And I would love to have a job but I am scared.*

### Facilitator Notes

- *Just see how this goes.... Then compare with the good approach below.*

### Good ways of approaching it

#### **Key principle – tell the group**

1. Any empathising and empowering the patient has to be genuine. If not, don't do it! Patients can spot disingenuity a mile off!

### Trainee 2

- *Pt: Well after my big breakdown, they would not let me go back to work and the dole centre just kept telling me to go onto ESA benefits.*  
*To be honest, I am proper fed up of staying at home and I can feel sometimes my anxiety climbing. That's why I sometimes go around the block when its quiet. I just get a bit scared with people. And I would love to have a job but I am scared.*
- *Dr: Thanks for sharing that with me and being open and honest. I appreciate that. I do like the way though you are still taking control of your life even by simple things like going around the block for a walk*
- *Pt: Yeah, and I have to admit it helps.*
- *Dr: Great. You also said you get scared with people?*
- *Pt: Yeah, that's why I'm a bit scared of work too. I'm worried that people will judge me. I have dyslexia you see and then they will think that I'm stupid. But also, I'm scared of failing in front of them. I mean I do want a job, but these things puts me off.*
- *Dr: So with having dyslexia you feel others see you as stupid?*
- *Pt: Yeah*
- *Dr: Well this might surprise you about dyslexia. Would you like to hear it?*
- *Pt: go on*
- *Dr: Quite a few doctors have dyslexia.*
- *Pt: really?*
- *Dr: Yeah. See dyslexia doesn't mean you're stupid. It just means you have a different way of looking at things than other people.*
- *Pt: I've always thought inside myself that I have a good brain.*
- *Dr: Well you do. You also said, whilst you're scared of letting people down, deep inside you really would like a job.*
- *Dr: Yeah I would, but not only that. Even if I try, every time I go into the job centre, they just tell me to get a doctor's note and I don't think they're keen for helping me get a job either.*
- *Dr: That's awful that they don't help you. So people who are meant to help you can't even be bothered even though deep inside you want a job.*
- *Pt: Yeah, but you know what doctor, I care less about other people's opinions these days. It's time for just me.*
- *Dr: Well, that's a good attitude. I like the way you really seem to believe in yourself again. Again, the research shows people who believe in themselves and care less about what other people think do quite well. I'm quite impressed by you and think you will do well. You're obviously a fighter.*
- *Thanks, I appreciate that doc. I really do.*

#### **Key principle – tell the group**

Reflective summaries become easier and easier the more you practice. Do it several times in a consultation. You might want to consider doing it with family, friends and patients (stops arguments as people feel listened to and understood).

## CASE 6 – EVOKING – MR UBEY FORTY

- **DECISIONAL BALANCE**
- **ADV vs DISADV**
- **“ON THE ONE HAND”**

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### The Scenario

We are going to continue with Mr UB40 has come in for an anxiety review and is relatively stable. So you've just shared with what the research says about work and mental health. And he is now ambivalent or thinking about work.

See if you can move him from ambivalence to a more definitive decision by looking at the pros and cons of staying the same vs changing. Also see if you can use “on the one hand” statements where the patient shows you ambivalence.

Have a go...

- Pt starts by saying: Yeah, but you know what doctor, I care less about other people's opinions these days. It's time for just me.
- Dr: Well, that's a good attitude. I like the way you really seem to believe in yourself again. Again, the research shows people who believe in themselves and care less about what other people think do quite well. I'm quite impressed by you and think you will do well. You're obviously a fighter.
- Thanks, I appreciate that doc. I really do.

### Facilitator Notes

- Just see how this goes.... Then compare with the good approach below.

### Good ways of approaching it

#### Key principle – tell the group

1. Remember to look at the pros AND cons of staying the same
2. Then look at the pros and cons of changing
3. And then summarise the discussion concisely

### Trainee 2

- Dr: So where are you at the moment in your head about work? You feel like looking or still not ready quite yet? It's okay not to be ready.
- Pt: I'm thinking about looking again. Before I thought What's the point? I will let people down. Get panic attacks. Then lose my job. But Im also thinking I don't care if I get the sack, at least I get money until then.
- Dr: So lets say in terms of jobs, you stayed as you are. What are the benefits of staying at home all the time?
- Pt: other than not having to face people, I suppose there isn't much else.
- Dr: And what are the downsides of staying at home all the time.
- Pt: Well, like you said, my anxiety can get worse and I often feel that, which is why I have to get out the house. And I suppose I can't be just stuck indoors forever.
- Dr: And what are the downsides if you did manage to get a job in 2 weeks
- Pt: Well, I'd be a bit scared of failing people or them looking at me stupid. But like I said, sod them, and possible having to get up early (patient & doctor laugh)
- Dr: And the benefits if you did now have a job?
- Patient: Well other than being good for me mentally as you said, I do actually want to start earning money for myself. I don't want people to think that I'm a layabout cos I am not.
- Dr: So it seems on the one hand whilst you don't have to face people by staying at home, staying there makes your anxiety worse. And also that whilst you are scared of getting a job because of people and what they might think, at the end of the day you know it will be good for you mentally and it would make you feel proud to have earned your own money.
- Pt: Yeah it would actually. But the first thing I really need to do is open a bank account.
- Dr: Wow – you're really thinking about this aren't you?

#### Key principle – tell the group

Remember, you don't have to do all that we have done so far in one consultation. Brief intervention works too! Doing it in a bitty incomplete way or doing it in a bit by bit complete way also has works!



## CASE 7 – EVOKING – MR UBEY FORTY

### • IMPORTANCE/CONFIDENCE SCALES

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#### The Scenario

We are going to continue with Mr UB40 has come in for an anxiety review and is relatively stable. It looks like your changing him from a state of not wanting to work, to now possibly looking for work.

See if you can strengthen his tentative light desire to work by using the importance and confidence rating scales.

Have a go...

- Dr to start by saying: So it seems on the one hand whilst you don't have to face people at home, staying there makes your anxiety worse. And also that whilst your scared of getting a job because of people and what they might think, at the end of the day you know it will be good for you mentally and it would make you feel proud to have earned your own money.
- Pt: Yeah it would actually. But the first thing I really need to do is open a bank account.
- Dr: Wow – you're really thinking about this aren't you?
- Over to you

#### Facilitator Notes

- Just see how this goes.... Then compare with the good approach below.

#### Good ways of approaching it

##### Key principle – tell the group

- Remember, the discussion about “why the score is not LOWER” will help patients talk more positively about their own reasons for wanting to change.

#### Trainee 2

- Dr: So, on a scale of 1 to 10 where 10 is very important and 1 is not important, how important do you now feel it is to get a job for you?
- Pt: I'd say about an 9. Like I said, this is about me now not them.
- Dr: Wow. I didn't expect that number to be so high. How come it isn't lower like a 3 or a 4
- Pt: Well, I am going mad sitting at home. The walking is okay but I need to do more. Like you said, my anxiety can get worse and I wanna get out of this rut. And the money is important. That would give me a lot of respect for myself. And I wanna shock people.
- Dr: Oh so being stuck at home really makes it worse and you recognise that. So you need something to get you out.
- Yes, I mean I go to my mums a lot because she can't get to the shops but that's about it.
- Dr: I see. So here's another 1-10 scale for you. How confident do you feel that you can do this? 10 being very confident and 1 being little confidence.
- Pt: For that one I would say a 5
- Dr: And why is that not lower like a 2 or a 3?
- Patient: Because although I'm scared and scared of failure, that's no reason not to try. And I am better than before. I feel I am confident enough to at least try,
- Dr: I have to admit, I'm impressed that you actually seem so geared up. Getting a job is very important to you because it will help with the anxiety and give you money, both of which will help with self-respect and confidence.
- Pt: Yeah. Before I was worried about letting the people who hired my down but I know I'll give it everything I got and I should not feel guilty for that.
- Dr: And you're right. There's no need to feel guilty when you know you're giving everything you've got. You're doing the best you can and that's all that matters no matter what others think.
- Pt: Yeah, that's what I'm trying to say.
- Dr: That's good thinking.
- Pt: Thanks
- Dr: So, as a result of our discussion today, is there anything you might consider doing next week or the week after that you aren't doing at the moment to make the job thing come true? It doesn't have to be a big thing. Might be some small next step to getting you closer to what you want.
- Pt: Well I am 29 and I always said to myself I would be back in work before I turned 30. At the moment I need to renew my ID so I can set up a bank account.
- Dr: That's clearly a very good practical thing to do. So after that what might be the next little step to get you closer to that job?
- Pt: I don't know, probably sit down and figure out what type of job I want to do.

##### Key principle – tell the group

If you had asked “why isn't it any higher”, this encourages negative talk like “because I cant” or “I havent got”. So to start with stick with “Why isn't it lower” questions. **Can you also spot the natural points of confidence boosting and showing you believe in them. Don't underestimate the power of the doctor on the patient.**