

JAZZ IT UP
WITH INNOVATION
AND ENGAGEMENT

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Group Teaching Strategies

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Learning Objectives

- Understand how strategies for setting expectations and boundaries at the start of a DSME/T class lead to a constructive, collaborative learning environment.
- Discuss group dynamics, both constructive and challenging, and how motivational interviewing can be used to create positive outcomes for group cohesion and participant learning.
- Participate in group learning activities aimed at demonstrating evidence-based group teaching strategies.

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Overview

- Set group learning climate
 - Common group dynamic problems and why
 - How: strategies to address
- Communication strategies
 - Motivational Interviewing
 - Assertiveness
- General group teaching strategies **AADE15**

Group Climate Objectives

- Strive for members to:
 - Care
 - Understand, learn content
 - Disclose honestly
 - Feel productive
 - Encourage and support others
 - Feel safe

Wagner & Ingersoll (2013). *Motivational Interviewing In Groups*. New York: Guilford Press.

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Group Dynamics

- Challenge: balance group dynamics with:
 - Your own processing style
 - Your own biases
 - Your own agenda and righting reflex
 - Your desire to encourage all to participate
 - Your desire not appear to select 'favorites'
 - Your desire to help individuals progress

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Problematic Group Dynamics

- What are your experiences?
 - Think, Pair, Share group activity:
 - Think about your own most challenging group dynamic experience
 - Pair with a person next to you and briefly introduce yourselves (name, credentials, where from, practice setting)
 - Briefly tell each other your top 1 to 2 problematic group dynamic experiences (interruptive member, completely disengaged member, others); be prepared to briefly report
 - A few pairs will share with the entire group

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Problem Dynamics: Why?

- People fear *who* they don't know
- People fear *what* they don't know
 - Or what's expected of them
- Multiplied when in a group they don't know

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Problem Dynamics: Why?

- Out of fear/uncertainty:
 - May react more emotionally and less rationally
 - May react in self-serving ways
- Distracting, creates feelings of violation and/or disdain for some or all
- Can increase anxiety for some or all, which decreases ability to learn

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Problem Dynamics: What Can I Do?

- Prevent by taking charge of setting the tone and climate at the beginning
- Create group rapport before it creates itself

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How do I create positive group rapport?

- Ice breaker to diffuse fear of unknown others
- Staying appropriately assertive and honest during facilitation of the class/group
- Facilitate the group in setting Motivational Interviewing (MI)-based “rules” for engagement in the class/group before you start

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Start with an Ice Breaker

- Introductions (where feasible; name tags)
 - Self intro or pair interview and intro each other
- First and last name
- Where from originally and how long lived here
- Occupation, if relevant
- Interesting fact about themselves (e.g., hobby, interesting travel, embarrassing moment, brushes with famous people, family details –kids, twin, other)
 - Most people like to share and be funny, this eases social hesitations among individuals and group
- Brings relatable details and reduces fear of unknown

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Next, Your Hopes/Expectations

- Give that same icebreaker introduction for yourself
- Tell why you decided to become a diabetes educator
- Tell what your hope is for attendee outcomes
- Express your caring and concern for each member
- Give your overall philosophy for facilitating the group
 - “It is my hope that you each will help me insure that each member comes away from this experience feeling *encouraged* instead of *discouraged*.”

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Next, Set Expectations for the Process

- Tell them how the process will go, including guidelines for time (when they can expect this class to finish)
- Tell what to expect for time to ask questions
- Tell that your role is facilitator and that sometimes you will have to engage that role to bring the group on track or to include those who haven’t had a chance to give inputs or ask questions
- These simple expectations can reduce anxiety and bring security in their membership and role

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Next, Facilitate Participation in Setting Guidelines (rules)

- Lead discussion for agreed guidelines about:
 - Confidentiality
 - Respect for each other and no personal attacks or judgments
 - Time limits for inputs
 - Turn taking and interrupting
 - For Classes: Priority is focus on goal setting for the future rather than prior failures or problems (Change Talk)

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Motivational Interviewing (MI)

- Spirit of MI is critical with individuals AND groups
 - Collaboration
 - Evocation
 - Supporting autonomy
 - Caring, non-judgmental
 - Patient-centered, learner-centered
 - Active listening
 - Preserves patient ‘face’, or self-esteem (*very important in groups*)
 - Requires an ‘act of will’ for most

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Motivational Interviewing (MI)

Honesty & assertiveness = trustworthiness

- 'Your 10.0% A1C is a little high'
- Vs.
- 'Your A1C is 10.0% - this is high. The guidelines say it should be below 7.0% to reduce risk of complications. What are your thoughts about that?'

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MI Communication Skills

- Expressing early empathy
- Developing discrepancy
- Rolling with resistance
- Avoiding argumentation
- Supporting self-efficacy

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Motivational Interviewing Micro-Skills

- Establishing understanding of disease & risk susceptibility
- Supporting patient autonomy
 - Agenda-setting
 - Open-ended questions
 - Asking permission to give information/advice
- Engaging change talk
- Incremental goals and language

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Patient Autonomy: Agenda-Setting

- Maintains autonomy/choice for individuals OR for a group that votes/decides together
- Organizes the conversation structure

-To help bring down your blood sugar, we can talk about small changes you can make in the foods you eat, getting more activity into your daily routine, and taking medication. Which of these would you like to talk about first? [being active]

'Now that we've talked about being active, which of the other two topics would you like to talk about next?'

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Patient-Autonomy: Open-ended Questions

- To get group input ('What are some things you can do to make small changes in the foods you eat?')
- To explore ('Tell me what you know...' vs 'Do you know?') (What are your thoughts about walking to get activity in your routine?)
- Prevents persons feeling judged or interrogated (vs. 'Did you try this?' 'Have you thought about trying walking?' 'Do you know...?')

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Patient Autonomy: Asking Permission to Give Information

- Avoid advising and 'fixing'
 - Ask permission if you need to give information "May I make a suggestion?"
 - "I'd like to share some things with you about the risks, if that's okay with you."
- Avoid arguing the other's point of view (when they argue or defend, they are reinforcing why not to change) ("we believe what we hear ourselves say...")

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Patient Autonomy: Asking Permission to Give Information or Advice*

- 1. Ask what they know
- 2. Affirm that
- 3. Ask permission to fill in the blanks
- 4. Give the information/advice about disease and/or treatment and/or changes needed
- [To group], what are some things you can think of to do to remember to take your medicine? [group will hopefully share ideas, or may have minimal ideas]
- *May I share with you some things other patients have said help them to remember?

*Treatment for the Righting Reflex

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Change Talk (“We believe what we hear ourselves say.”)

- **IMPORTANT** strategy: predicts action, is at the core of deciding to change. Stated intention predicts change. (Miller & Rose, 2009)
 - “What do you see as the benefits (Pros) of changing?”
 - “What would you *like* about your life if this changed?”
 - “What would you like to change in order to reach your long-term vision for getting your diabetes under control?”
 - “When you were successful at this target behavior before, what were the things you were doing that got you there?”
 - “How ready are you to change?”
 - “How important is the change to you?”
 - “How confident are you that you can change?”
- **IMPORTANT**: support self-efficacy of change talk when you hear it
 - “That’s great that you know quitting smoking is important.”

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Eliciting Change Talk

- **Desire**: “What do you wish to achieve by taking your medication as prescribed?”
- **Ability**: “What is possible? What can or could you do? What are you able to do?”
- **Reason**: “Why would you make this change? What could be some specific benefits? What risks would you like to decrease?”
- **Need**: “How important is this change? How much do you need to do it?”

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Readiness Ruler (verbal or visual) (OR, Importance, Confidence)

- “On a scale of 1 to 10, with 1 being not at all and 10 being completely, how **ready** are you to cut down on salt to reduce your blood pressure?” [7]
- 1. “Okay, a 7, that’s great! Why a 7 and not a 1?” (Identify motivators and support SE that it’s a 7 and not a 1)
- 2. “What would have to happen for it to be a 8 or 9?”
 - Change Talk, motivators, incremental expectations

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Goal Setting in a Group Class: Strategies with the Rulers

- Make a scale (1 – 10) on a wall poster
 - Have attendees put a sticker on their number
 - Optimal once rapport is established
- Have attendees privately write a number on paper and seal it in envelope on first day; open to discuss as those behavior topics are addressed

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Incremental Goals

- **Self-efficacy building via small successes**
 - Success in small things can progressively build confidence towards bigger change
- Avoiding use of BIG words like ‘diet’ and ‘exercise’ and ‘quitting’ (smoking)
- Instead: ‘small changes in some of the foods you eat,’ ‘getting more activity into your routine,’ ‘cutting back on the number of cigarettes per day,’ ‘cutting one soda out of your daily routine for the next week and see how that goes’

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Staying Assertive

- You've told them up front that:
 - 1) you have a set amount of time for this session/class
 - 2) it is your job to facilitate
- 'Okay, my role as facilitator requires that I steer the conversation back around to...'
- 'I'm going to engage my role as facilitator, and if you don't mind, let's get input from ...'
- Being honest and direct, eye contact
- Learn their names if feasible and use them

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Closing the Session/Class

- Summarize what general topics/goals were discussed
- Ask if any need clarification
- If time, ask for perspectives on how it went
- If time, ask for strengths/areas for improvement for next time
- Potentially asking each member to briefly tell one thing they will do before next time (change talk)
- Acknowledge/affirm accomplishments of the group as a whole (and individuals if you have time)
 - Warm voice tone, eye contact with each

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General Group Teaching Strategies

- Be aware of differences in literacy level, health literacy level, duration of disease (experience)
- Think, Pair Share
- Small teams with parts to complete
 - Cooperative learning
- Shared questions answered

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Think, Pair, Share Discussion Activity

- Present the task/problem to think about
- Pair: self-select or assign
 - To match competence/experience level?
 - To place a 'tutor' with a 'novice' for peer teaching?
- Share: a few or all pairs share with group
- Can be done with minimal planning

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Small Teams (e.g., n = 4), Cooperative Learning

- Self-select or assign interdependent teams and roles
- How many?
 - Three (3) can be problematic if one member is competitive; more than four (4) allows some to hide or disengage
- Each team completes a portion of a learning activity and contributes it to the group
- This strategy is well-suited to a class with members of diverse range of ability/knowledge

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Shared Questions Answered

- Pairs or teams each generate a question they hope to have answered, pool of questions
- Teams draw a question (not theirs) and work together to generate an answer
- Teams present the answer to the large group
 - Facilitator gives feedback: strengths & additional information

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Logistics for Learning Groups

- Circles or small tables rather than rows
- Name tags or place cards - familiarity
- Give feedback to group about how well they're doing in working together – look for positive things to say
- Can vary groups if teaching is didactic; keep same group if skills development/performance
- Plan ahead to avoid disorganization, but flex if needed

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Questions

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