Integrating TCN strategies thru Active Learning: Health Belief Models & Motivational Interviewing

Mr. P, a 60-year-old African-American divorced male, arrives in the ER “not feeling well”.

**History:**
He avoids regular health care because “I am fine” and “doesn’t help me anyway”.

**Social:**
- He works full time and states he has an active social life including a new companion who has a history of multiple hospitalizations for CHF. They like to dance and go out to the movies. He is currently homebound due to difficulty walking.

**Patient Work Up:**
- Admission blood work revealed an elevated cholesterol, triglycerides & a blood sugar of 358. Mr. P states that he is not taking any medications or following a diet plan.
- Physical exam reveals pain and discoloration on several of his toes.

**Treatment:**
- Medications are ordered and dietary changes recommended.

**Disposition:**
During the review of discharge instructions, Mr. P states, “I have to make some changes”. Visiting nurse service is ordered to instruct the client on his new treatment regime and to assess his foot status.

**Sample In-class Discussion and Responses from a Team to the Following Questions:**

1. **Evaluate Mr. P’s readiness to act based on the health belief model.**
Based on the health belief model, Mr. P shows signs that he has readiness to act in regards to taking charge of his healthcare. The very fact that he states: “I have to make some changes” exemplifies that he is open to patient education and suggestions. This is a direct “cue to action” and Mr. P may be motivated by the perceived severity of his health condition. This is very important in order to deliver crucial patient teaching as a healthcare professional.

2. **How might Mr. P’s level of “readiness for change” differ now from 6 months ago?**
As the perceived severity has increased since his visit to the healthcare setting, Mr. P’s readiness and perceived benefits for change has increased. He might not have previously perceived his condition to be that bad. Furthermore, 6 months ago, Mr. P might have had perceived barriers to
his healthcare noted by his statement, “doesn’t help me anyway”. Exploring why he felt this and breaking down those barriers is the first step in taking control of his health.

3. **Identify Mr. P’s current stage of change based on the Transtheoretical Model.**
   According to the Transtheoretical Model, Mr. P seems to be at the stage of contemplation.

4. **Discuss the choice of stage made and record ways to support him in this stage.**
   This is our chosen stage as Mr. P is “getting ready” to take action but he has not quite prepared for the change just yet. Ways to support him include using motivational interviewing techniques starting with open-ended questions to assess what he already knows, assess cultural influences on his diet, what are barriers to his improving his health exist, educating him on the gaps of knowledge in a non-judgmental way and using teach-back to assess understanding.

5. **List the open-ended questions that your team develops.**
   - How many times do you eat per day?
   - What do you typically eat in a meal?
   - Whom do you have to call-on, as a supportive person, if you need help?
   - How do you feel about your current health? What would you like to improve?
   - How do you feel about making changes in your lifestyle?

**Reflections of students completing the activity:**

- Being prepared in knowing what type of care and education you want to share with the patient is essential in this circumstance. Home health visits are very personal and being as prepared and knowledgeable about the patient as possible helps to build trust. From this trust, a good working healthcare relationship can be manifested. It promotes creating goals that are client centered and will, hopefully, motivate change based on the client’s cultural considerations and consideration of social determinants of health. The main thing that we took away from this assignment is that it is important to phrase questions appropriately. The healthcare provider might be tempted to ask simple yes and no questions in order to get a direct answer, but when helping people in regards to planning and client centered teaching it is important to get the best scope of the everyday reality of the patient. It may be more difficult in the short term to learn how to ask the right and intuitive questions, but the information gathered from the patient is invaluable in providing excellent patient care. The kind of impression the health care provider makes on the client is influenced by the way he or she is able to communicate with them. Sometimes what may appear to be the smallest change in a medication or diet regimen to a nurse could actually be overwhelming in many ways to a client. As health care providers, we have to recognize this and learn how to provide intuitive care that is unique to each and every patient.

**Note:** Students complete this assignment in class after related didactic content is presented. The teams can be from two to eight students of their own choosing. The completion of a set number of in-class activities (3 before midterm and 3 before final) results in a grade allocation based on
completion. One team will present their responses to the class so students are diligent to complete thoughtfully as they never know which team will be picked. The students upload their completed activity online with all their names on the document by the end of the class.