Helping the Patient Make Healthy Fistula Choices

When the patient does not have a clue about the reasons why to obtain a fistula and does not any desire to know.

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Introduction

In order to help patients change their behaviors or their health-related choices, staff must refrain from viewing change as a single experience with only one possible outcome or result. What research shows is that change is usually a process. Change is like planting seeds. Each seed planted is a thought. The goal is that the newly planted thoughts will stimulate growth and development resulting in action. All the while keeping in mind that the planted seed may take a while to mature and bloom

What appears to be a major factor in helping patients change is the relationship that is established with the caregiver(s) surrounding the change process. Patients need to believe that the staff is concerned about them. Patients need to know that they are more than statistics and that staff consider and value the patient perspective as they plan for their treatment and care.

The *Motivational Interviewing Guidelines* used in this training tool stress the need for establishing a trusting relationship and a collaborative approach to problem solving and making health choices – whether it be obtaining a fistula, watching their diet, not skipping or cutting treatments, stopping illegal drugs, or stopping abuse of alcohol. It is only when the patient sees how this change will meet their needs or goals that change will really happen.

This training tool presents a client-centered approach, using the principles of *Motivational Interviewing*, to working with patients ***"where they are"*** rather than ***"where they should be."*** The purpose of this training tool is to help staff develop the skill and strategies needed to assist patients to make healthy choices. In order to help patients make healthy choices, staff must find out what factors motivate patients to change their health behaviors, provide information that will motivate them, and deliver it in a context which promotes change. This tool uses the case study approach to both present and illustrate opportunities for using *Motivational Interviewing* techniques in the dialysis setting.

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Motivational Interviewing acknowledges that patients may approach problem-solving with different levels of commitment toward making the necessary behavior changes that would assist them in reaching their goal.

Motivational Interviewing is a non-judgmental, non-confrontational, client-centered approach to counseling that attempts to explore the client's readiness for change and to identify and prompt strategies for change. It is most effective when used to provide feedback and to stimulate readiness for change in a spirit of collaboration and partnership with the client.

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The scenario offered in this booklet is specific to fistula choices but the tools presented are universal in helping patients make healthy choices.

This training tool is designed for all members of the dialysis healthcare team and can be used:

In-Service Notes
Take a few moments to ask participants their expectations for the training.

a) As an in-service in a group
[Refer to Appendix A, *In-Service Training,* and to the highlight boxes on the left for training tips and suggested activities].

b) As a self-training tool by an individual.

It is expected the individuals using this training tool would be able to:

- Identify and discuss the *Guidelines of Motivational Interviewing*
- Discuss the case study and suggest interactions that reflect the values of *Motivational Interviewing*
- Discuss the case study and identify interactions that do not reflect the values of *Motivational Interviewing*

Motivational Interviewing Guidelines

In-Service Notes
Start by asking participants what each guideline means to them and discuss within the group.

A. Take a realistic approach
B. Listen empathetically
C. Provide positive reinforcement
D. Roll with resistance
E. Talk less than your patient
F. Work as a team with your patient
G. Allow the patient to direct discussion
H. Emphasize the patient's personal strengths

Guidelines Explained

A. Take a realistic approach:

It is realistic to expect patients to have doubts and questions. Do not expect patients to immediately agree with your ideas.

Too often patients believe the staff wants to increase fistulas because: a) it means more money for the surgeon and facility; b) someone told them promoting fistulas was a part of their job. Patients need to know that having a fistula is about their needs and wellbeing and not the staff's needs. If the patient has not accepted the need for a fistula, he probably has what he believes are good reasons to refuse one. If the patient-staff relationship is based on respect and acceptance of the patient's right to choice and self-determination, then the patient's resistance to a fistula can be discerned.

When staff is able to see the issue from the patient's viewpoint, then staff can help them work through their objections. Staff can only understand the patient's individual viewpoint, if they listen and ask questions that will help them see the issue through the patient's eyes.

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Motivational Interviewing acknowledges that behavior change is not a single event. Even "aha" moments represent a process toward change. Usually the patient moves gradually from being uninterested (pre-contemplation stage) to considering a change (contemplation stage) to deciding and preparing (preparation stage) to making a change (action stage). Behavior change is not a linear event and most patients will find themselves going through the stages of change several times before the change becomes firmly established.

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B. Listen empathetically:

Listening empathetically goes beyond paying attention to what is being said. It requires the listener make an effort to understand the patient's point of view not only from what is being said, but how it is being said and most importantly what is being left unsaid. Most of us, even when we are paying attention, are actually thinking about what we want to say next or how we want to respond. Few of us are ever fully engaged in the listening process.

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Listening empathetically requires communication techniques, such as:

- *paraphrasing what has been heard,*
- *asking probing questions,*
- *providing feedback on what has been said,*
- *looking for non-verbal cues.*

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When listening to a patient speak, acknowledge the concerns they may be presenting, such as, a) being asked to learn about one more thing, b) having one more surgery, c) being uncomfortable with the changes to their body and d) being afraid of needles or being stuck. This approach lets the patient know that you are listening.

A patient may express a fear verbally using such words as, "concern," "scared," "worried," and "nervous." Sometimes what a patient says may not be congruent with what they are feeling. For example, an angry outburst may actually be masking fear or anxiety. Fears may also be expressed nonverbally. Nonverbal clues could include: a) tone of voice, b) body language, and c) eye contact or lack of it.

Too often in a rush to reassure the patient, a staff member may say, "You are in good hands," or "There is nothing to worry about." Instead reflect back what you are hearing or observing. Use "I" statements such as, "What I am hearing is that needles make you uncomfortable. Can you tell me a little more about that?" In this way, the staff member can both affirm the patient's point of view and attempt to explore the underlying factors in the concerns expressed.

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What We Say, Do and Mean:

Communication is not limited to words. Being able to "read" the shrugs, nods, and smiles that often occur in a face-to-face meeting will increase the understanding of what is being said or being left unsaid. It will also allow the listener to evaluate and to match the body language with the words being spoken.

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Recognizing and understanding any fears the patient may have will help staff to clarifying if the patient is thinking logically or emotionally. Understanding the patient's thinking process will help the staff member determine approaches that remove obstacles to understanding and accepting information.

[See Appendix B for points on *Logical and Emotional Decision-Making.*]

C. Provide positive reinforcement:

In-Service Notes
Ask participants how they use positive reinforcement and discuss within the group.

Since change is a process, be sure to acknowledge the small steps that patients may make toward accepting something new like an arteriovenous fistula (AVF). For example, if a patient is willing to read some educational material or reveal his fear of needles, offer some praise and affirm that step. It may be appropriate to end on that positive note and wait to build on that success at a later time. Remember to commend patients, in general (for example, when fluid overload is reduced, when at least one lab factor improves, when they come in on time.).
The positive reinforcement patients receive in one area will carry over into other areas. Positive reinforcement also helps to create self-esteem in patients which, in turn, will help to cement a positive patient-staff relationship.

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Accentuate the Positive

There is convincing evidence that people with high self-esteem are happier, as well as more likely to undertake difficult tasks. The easiest way to begin to build self-esteem in a patient is through the use of continual positive reinforcement.

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D. Roll with any resistance:

In-Service Notes
Ask participants how well they adapt to change and discuss within the group.

It is natural for patients to resist change and even though it may be inevitable, it is not always easy or comfortable. Staff may see resistance as defiance or stubbornness. Actually, the patient may simply have another point of view or may not be ready to tackle something new. Avoid argument and direct confrontation. If the patient says, "Yes, but…," it probably means that he feels a need to defend his position. Listen and acknowledge his point of view. If he thinks that you hear him, he may be more willing to hear you. Do not get into an argument trying to persuade him or poke holes in his reasoning. Consider changing direction or stepping back and trying to listen more effectively. Express empathy by remaining nonjudgmental and respectful. Encourage the patient to talk and stay actively involved in the discussion.

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Open-Ended Questions:

- *encourage patients to talk about what is important to them.*
- *invite patients to "tell their story" in their own words.*
- *require staff to be ready and willing to listen to the response.*

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E. Talk less than your patient:

It may be tempting and it may seem simpler to supply the patient with all of the "answers" needed to make the "right" treatment choices and to have the patient just say, "Yes" or "No" according to staff prescription. In fact, a patient who has had little experience with a collaborative approach to decision making, may expect staff ("the experts") to tell him what to do.

One tell-tale sign that staff is taking on the greater role in the decision-making process is that the staff member is doing most of the talking.

Avoid these pitfalls by asking more open-ended questions than close-ended questions, not being afraid to endure silences and allowing the process to take as long or to proceed as slowly as needed.

F. Work as a team:

In-Service Notes
Ask participants how they define teamwork and discuss within the group.

The staff should work as team. Maybe another team member has clues to understanding the patient that you have missed. Maybe another team member has heard the patient discuss something that can point out the patient's strengths, lead to an area for positive reinforcement or explain what topics immediately provoke anger from a patient. As a team, discuss the patient's treatment options. If there is disagreement about options and treatment choices, resolve them as a team and present a unified plan of care.

When presenting options for treatment choices, staff should have a plan and determine what activities will be used to engage the patient in the decision-making process. For example instead of "presenting the facts" of AVF benefits regarding rates of infection, staff could provide a video of patients talking about their experiences with an AVF. In a later discussion, the patient could be asked to share what conclusions they drew from the materials. Working as a team and presenting a united staff perspective and approach will reinforce patient confidence and reduce feelings of ambivalence.

G. Encourage patient to direct discussion:

It may seem obvious that, in a patient-centered approach, the patient is an equal partner in the process and an important member of his healthcare team. Staff should stress that both patient and staff are working together. As a part of the team, the patient should be encouraged to lead the discussion and to direct the team process. Allowing the patient to lead the discussion will help staff understand what the patient sees as his priorities. Actually staff may discover that the patient has other concerns that seem more immediate or pressing. For example, the patient may be experiencing a transportation problem or other issues that impact on his daily life. Under such circumstances, it may be difficult for the patient to consider goals that provide a long-term gain over immediate relief. Since the benefits of an AVF are realized over time, it may be difficult for the patient to recognize it as a priority while he has other more pressing needs.

H. Emphasize patient's personal strengths:

In-Service Notes
Ask participants identify the personal strengths of their patients and discuss within the group.

Everyone is gifted with personal strengths and abilities. Sometimes the patient is not aware of them or takes them for granted. It is important to identify and affirm the patient's efforts in the decision-making process, in terms of the strengths and abilities that such efforts covey. If the characteristics are ones the patient has shown before, staff could remark, for example, "It's really great how you always seem up to taking on a new challenge. That takes a lot of confidence." If the step the patient is taking is something new, the staff could remark, "Wow, you have come a long way toward considering needle sticks. That's pretty brave!"

Other examples of statements that are affirming include:

- Thank you for …
- I really like the way you …
- You showed a lot of self-control in the way you …
- I think it was very impressive how you …
- You have a real knack for …

Statements and gestures that recognize and affirm the patient's strengths and acknowledge positive behaviors build confidence in his ability to change.

Case Study

In-Service Notes
If the scenario is used as part of a training program, have the group listen as the facilitator reads the interactions or ask for two volunteers to role play.

The following scenario between a staff member and a patient has been set-up to reflect a composite of possible interactions related to fistula choices.

Review the interactions and determine if the statements by the staff member either follow or fail to follow the *Motivational Interviewing Guidelines*.

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The case scenario approach is meant to integrate life-experience with the learning experience. As a composite, the scenario is meant to incorporate a wide variety of possible interactions.

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Write your notes in the *Discuss Case Study* section that follows. We will then look at the interaction again.

(Line 1) Staff member: "Hello. Are you ready to schedule the placement of your AVF?"

(Line 2) Patient: "I was thinking about it but I'm not ready yet."

(Line 3) Staff member: "Not ready? Didn't Dr. Stickum tell you that you need to do this?"

(Line 4) Patient: "Not really, Dr. Stickum has been nagging me about getting a fistula. But I don't want to do it."

(Line 5) Staff member: "So Dr. Stickum has been discussing a fistula with you? Umm, why is he on your case about that so much?"

(Line 6) Patient: "I don't know. I think he just likes to hurt people. I don't want those big needles stuck in me."

(Line 7) Staff member: "Didn't I tell you all the reasons you should do this? It has a better blood flow and it has less chance of infection. After all, it is the gold standard."

(Line 8) Patient: "Well, the basic CVC works for me."

(Line 9) Staff member: "I would be scared too. But why don't you want the AVF? Give me one good reason."

(Line 10) Patient: "No, I have a hundred good reasons but I don't think that I need to tell you why or why not."

(Line 11) Staff member: “You are absolutely right. You do not have to tell me anything. I am sorry if I have come on too strong. I wonder what it is like to have so many people trying to tell you what to do.”

(Line 12) Patient: “I do not like to be pushed into anything. And you have been too strong. You need to back off and give me time to make my decision. If I want to know more, I will tell you.”

(Line 13) Staff member: “I can see how you might not want to know more information, but sometimes when you have more information you can make a more informed decision.”

(Line 14) Patient: “So now I am making an uninformed decision? Well, I have listened to you and Dr. Stickum. I have looked at all your fancy charts and pictures. It is me that is going to get stuck. It is me that will have an arm that looks like I am a mutant. It is me that has to go through another operation and the pain and the risk of infection. It is me! And I say, no!”

(Line 15) Staff member: “Don’t you want to live?”

(Line 16) Patient: “Sure I do! I have been using the cath for eight months so far. And I think that I am still alive. Or am I wrong? Just leave me alone. I am tired of all of you trying to make me feel like I am a bad patient. Take all your pictures, your charts, your arguments, your statistics somewhere else. I will call you if, and when, I want to hear more.”

(Line 17) Staff member: “So, you are saying that you are not ready to discuss this now and that I should wait a bit until you have thought more about getting an AVF.”

(Line 18) Patient: “NO, I am saying leave me alone.”

(Line 19) Staff member: (Hands patient *Fistula First* brochures). “I think this is a good starting point for you. This talks about what a fistula actually is, what the surgery involves, and provides brief information about why our team feels fistula is the best option for all dialysis patients. You just read this and I think you will change your mind.”

(Line 20) Patient: “OK, give it to me and I will look it over.” (Patient looks at material with disgust and drops it in the trash. He then turns on the TV.)

Discuss Case Study

In-Service Notes
Review the example given and make sure the participants understand the exercise.

The following exercises were created in order to facilitate a more detail discussion of the case study scenario and how it relates to the *Motivational Interviewing Guidelines* and stages of change.

Task 1. Review the statements by the staff member. Select two statements that demonstrate a proper use of the *Motivational Interviewing Guidelines* and identify which guidelines were being followed.

In the Exercise section below write the staff member statement selected, identify the guidelines followed and give a brief explanation to support the conclusion. See the example below.

Example:

(Line11) Staff member: "You are absolutely right. You do not have to tell me anything. I am sorry if I have come on too strong. I wonder what it is like to have so many people trying to tell you what to do."

Followed Guidelines: B and D - Statement showed that staff member attempted empathy and tried to roll with resistance.

Exercise:

(Line __) Staff member: _____

_____

Followed Guidelines:

_____

_____

(Line __) Staff member: _____

_____

Followed Guidelines:

_____

_____

In-Service Notes
Review the example given and make sure the participants understand the exercise.

Task 2. Now review the statements by the staff member once more. This time select two statements that demonstrate a failure to apply the *Motivational Interviewing Guidelines* and identify which guidelines could have been applied. In the Exercise section below write the staff member statement selected, identify the guidelines that could have applied and give a brief explanation to support the conclusion. See the example below.

Example:

(Line 7) Staff member: "Didn't I tell you all the reasons you should do this? It has a better blood flow and it has less chance of infection. After all, it is the gold standard."

Applicable Guidelines: B, C, F, and G – Statement shows that the staff member was not listening about the doctor or the needles, was not positive in his approach to the patient , took a top-down approach to decision making and did not acknowledge the patient right to lead the process.

Exercise:

(Line __) _____

_____

Applicable Guidelines:

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(Line __) _____

_____

Applicable Guidelines:

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In-Service Notes
This exercise might benefit from small group discussion.

Task 3. Review the case study scenario as a whole. As you review the scenario, answer the following questions and write a brief statement of support for your answers

A. Was the patient ready to discuss the advantages and disadvantages of getting an AVF?

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B. Was the patient thinking about getting an AVF?

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C. Was the patient ready to take action?

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Practice Exercise

In-Service Notes
Review the example given and make sure the participants understand the exercise.

Consider brain-storming responses to this exercise.

In the case study scenario, each patient response provides the staff with an opportunity to turn the interaction toward a positive outcome. In this practice exercises, read each statement below and, using the *Motivational Interviewing Guidelines,* think of a positive and productive reply and write it in the space provided.

After you have completed this section, go to the next section, *Alternative Suggestions*, and compare your responses to those provided. It is not an exhaustive list of the possibilities – but it may help you to explore a number of possible positive responses.

(Line 1) Staff member: "Hello. Are you ready to schedule the placement of your AVF?"

A better opening statement could be:

_____

_____

_____

(Line 2) Patient: "I was thinking about it but I'm not ready yet."

In (Line 3) Staff member responds: "Not ready? Didn't Dr. Stickum tell you that you need to do this?"

A better response could be:

_____

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(Line 4) Patient: “Not really, Dr. Stickum has been nagging me about getting a fistula. But I don’t want to do it.”

In (Line 5) Staff member responds: “So Dr. Stickum has been discussing a fistula with you? Umm, why is he on your case about that so much?”
A better response could be:

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(Line 6) Patient: “I don’t know. I think he just likes to hurt people. I don’t want those big needles stuck in me.”

In (Line 7) Staff member responds: “Didn’t I tell you all the reasons you should do this? It has a better blood flow and it has less chance of infection. After all, it is the gold standard.”

A better response could be:

_____

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(Line 8) Patient: “Well, the basic CVC works for me.”

In (Line 9) Staff member responds: “I would be scared too. But why don’t you want the AVF? Give me one good reason.”

A better response could be:

_____

_____

_____

(Line 10) Patient: “No, I have a hundred good reasons but I don’t think that I need to tell you why or why not.”

In (Line 11) Staff member responds: “You are absolutely right. You do not have to tell me anything. I am sorry if I have come on too strong. I wonder what it is like to have so many people trying to tell you what to do.”

A better response could be:

_____

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_____

(Line 12) Patient: “I do not like to be pushed into anything. And you have been too strong. You need to back off and give me time to make my decision. If I want to know more, I will tell you.”

In (Line 13) Staff member responds: “I can see how you might not want to know more information, but sometimes when you have more information you can make a more informed decision.”

A better response could be:

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(Line 14) Patient: “So now I am making an uninformed decision? Well, I have listened to you and Dr. Stickum. I have looked at all you fancy charts and pictures. It is me that is going to get stuck. It is me that will have an arm that looks like I am a mutant. It is me that has to go through another operation and the pain and the risk of infection. It is me! And I say no!”

In (Line 15) Staff member responds: “Don’t you want to live?”

A better response could be:

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(Line 16) Patient: “Sure I do! I have been using the cath for eight months so far. And I think that I am still alive. Or am I wrong? Just leave me alone. I am tired of all of you trying to make me feel like I am a bad patient. Take all your pictures, your charts, your arguments, your statistics somewhere else. I will call you if, and when, I want to hear more.”

In (Line 17) Staff member responds: “So, you are saying that you are not ready to discuss this now and that I should wait a bit until you have thought more about getting an AVF.”

A better response could be:

_____

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(Line 18) Patient: “NO, I am saying leave me alone.”

In (Line 19) Staff member responds: (Hands patient Fistula First brochures). “I think this is a good starting point for you. This talks about what a fistula actually is, what the surgery involves, and provides brief information about why our team feels fistula is the best option for all dialysis patients. You just read this and I think you will change your mind.”

A better response could be:

_____

_____

_____

(Line 20) Patient: “OK, give it to me and I will look it over. (Patient looks at material with disgust and drops it in the trash. He then turns on the TV.)”

A good follow-up could be:

_____

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Alternative Suggestions

(Line 1) Instead of: "Hello. Are you ready to schedule the placement of your AVF?"

A good opening statement could be:

- Hi there, how's your day going so far?
- It's good to see you – how are you doing?
- Hi, it's a pleasure to see you today.
- Hello how was your weekend? Did you watch the game?
- Hello how was your weekend? What did you think of the weather?

(Line 2) Patient: "I was thinking of it but I'm not ready yet."

In (Line 3) Staff member responds: "Not ready? Didn't Dr. Stickum tell you that you need to do this?"

A good response could be:

- Hmm. What were your thoughts?
- I am curious. How will you know when you are ready?
- Have you talked with anyone in your family or another patient about this?
- If you have any questions or need any help just let me know.
- It is a big step to decide to make the appointment. I'd be glad to help if you need me.
- Anything I can do to help? May I give you some materials to help you make a more informed decision?
- I can try to help you sort it all out, if you want me to.

(Line 4) Patient: "Not really, Dr. Stickum has been nagging me about getting a fistula. But I don't want to do it."

In (Line 5) Staff member responds: "So Dr. Stickum has been discussing a fistula with you? Umm, why is he on your case about that so much?"

A good response could be:

- Dr. Stickum just wants the best for his patients and can get caught up in wanting them to do what he thinks will give them the best quality of life.

- How can we help people understand what we want to share without nagging them?
- Help me understand; how do you know when someone is nagging? Because I do not want to be a nag to you.
- There is a thin line between caring and nagging. When did I cross that line?

(Line 6) Patient: "I don't know. I think he just likes to hurt people. I don't want those big needles stuck in me."

In (Line 7) Staff member responds: "Didn't I tell you all the reasons you should do this? It has a better blood flow and it has less chance of infection. After all, it is the gold standard

A good response could be:

- I don't like needles either. Some patients must think there is some benefit to being stuck, or I don't think they would do it. Would you like for me to arrange for you to talk to some of them?
- Those needles do look like they would hurt. There are ways to take away the sting of the needle prick and I've been told by patients that they always look larger when you are just starting.
- I think a lot of your fellow patients who have fistulas didn't want to be stuck either. But after a few weeks, we hear most of them say, it's not that bad.

(Line 8) Patient: "Well, the basic CVC works for me."

In (Line 9) Staff member responds: "I would be scared too. But why don't you want the AVF? Give me one good reason."

A good response could be:

- What do you like best about the CVC/catheter?
- What are the drawbacks to the CVC/catheter?
- When you first look at it, the catheter may seem better. It does the basic work but it's like having a scooter instead of a car. The catheter doesn't go the distance on adequacy of dialysis and doesn't protect you as well from infections and related hospitalizations. You may want to consider the AVF which does more than just the basic work.
- Help me understand. What part of your needs does the CVC fill?
- When you look at AVF versus CVC, what things are most important?

(Line 10) Patient: "No, I have a hundred good reasons but I don't think that I need to tell you why or why not."

In (Line 11) Staff member responds: "You are absolutely right. You do not have to tell me anything. I am sorry if I have come on too strong. I wonder what it is like to have so many people trying to tell you what to do."

A good response could be:

- I know that you have your reasons. I'm sorry; I just wanted to understand better.
- You certainly don't need to tell me your reasons! However, you may have some reasons that I don't know or haven't considered. Could we make a pro and con list together? I would like to hear your ideas.
- Since you have so many reasons not to get one, it sounds like you've been thinking about it. It is good to weigh all of the reasons. Which of those reasons are the most important to you?
- When I make important decisions, I usually like to talk with someone I trust. Who do you use as a sounding board?
- You're absolutely right. Besides this isn't about me, it's about helping you make the best decision for the most effective dialysis treatment for you. Sorry if I upset you.

(Line 12) Patient: "I do not like to be pushed into anything. And you have been too strong. You need to back off and give me time to make my decision. If I want to know more, I will tell you."

In (Line 13) Staff member responds: "I can see how you might not want to know more information, but sometimes when you have more information you can make a more informed decision."

A good response could be:

- I am so sorry. I do not like to be pushed either. You are right. It is your life and your decision.
- What could be some of the reasons that staff is so interested in patient choices?
- Thank you for being assertive. I appreciate knowing when I appear pushy. And I appreciate that you want to take time to make your decision by weighing all the factors.
- You're right. Sometimes I get too enthusiastic. Sorry I upset you. You need some time and space with this issue.
- I hear you saying that when you are ready you'll let me know when you want to talk about this subject again.

(**Line 14**) Patient: "So now I am making an uninformed decision? Well, I have listened to your and Dr. Stickum's information. I have looked at all your fancy charts and pictures. It is me that is going to get stuck. It is me that will have an arm that looks like I am a mutant. It is me that has to go through another operation and the pain and the risk of infection. It is me! And I say no!"

In (Line 15) Staff member responds: "Don't you want to live?"

A good response could be:

- Needle sticks can hurt and we are fortunate to have creams that can help numb the site.
- Your arm will look a little different and I could share some of the creative responses other patients have given to folks who have said something to them. The Network also has a couple of booklets that talk about the needle sticks and the appearance of the arm. I'd be glad to get you a copy of them.
- I appreciate your comment about getting infections – that's not something that we want to happen! We could refer you to "Brown" hospital which has a low infection rate. And we are recommending an AVF because it has a lower infection rate than the catheter.
- Just one question. Why do you think we are encouraging you to get an AVF?
- Does it seem like all staff does is say, "do this and do that?" What if today, we just give you dialysis and let the rest go?
- You sound pretty frustrated about this right now. Rather than add to your frustration I'd rather let you rest and think about this for awhile and when you are ready we can talk more. If I can help you with anything else, let me know.

(**Line 16**) Patient: "Sure I do! I have been using the cath for eight months so far. And I think that I am still alive. Or am I wrong? Just leave me alone. I am tired of all of you trying to make me feel like I am a bad patient. Take all your pictures, your charts, your arguments, your statistics somewhere else. I will call you if, and when, I want to hear more."

In (Line 17) Staff member responds: "So, you are saying that you are not ready to discuss this now and that I should wait a bit until you have thought more about getting an AVF."

A good response could be:

- I apologize. The last thing you need is for me to put more stress in your life. Can we start over? How's your day; how can I help you today?

- I certainly don't want you to feel like a bad patient. You have been doing well with your catheter and watching your fluids, etc. You've had a lot to handle the last eight months.
- Help me to understand. Why do you think the doctor, the access nurse and I have been doing things that seem like nagging? Because, I can tell you, the last thing I want is to nag or bug someone. What is in it for me if you get a fistula?
- You're obviously upset and I can see that all of our attempts to be helpful are upsetting you even more. I would like to suggest we table this discussion for a week or two. I would like for you to relax and just do your three treatments each week. That's the most important thing. Let's plan to talk again in about a month or sooner if you change your mind. We don't want to upset you. You are an excellent patient and you're doing so well. We just want you to continue doing well. I'll follow up with you next week to check if I can be of help with any other issues.

(**Line 18**) Patient: "NO, I am saying leave me alone."

In (Line 19) Staff member responds: (Hands patient Fistula First brochures). "I think this is a good starting point for you. This talks about what a fistula actually is, what the surgery involves, and provides brief information about why our team feels fistula is the best option for all dialysis patients. You just read this and I think you will change your mind."

A good response could be:

- I'm sorry. I'm trying to be a help to you and instead, I've upset you.
- You sound very upset so we probably need to put this whole issue aside for awhile.
- I would like to say that being angry about dialysis is understandable, even necessary as a part of accepting dialysis. I have an office here and will be happy to meet with you privately anytime you are becoming very frustrated or angry with anything or anyone about your dialysis. Let me know if I can be of help to you.

(Line 20) Patient: "OK, give it to me and I will look it over." (Patient looks at material with disgust and drops it in the trash. He then turns on the TV.)

A good follow-up would be:

- I would prefer that you refuse the materials rather than throw them out.
- I care about your health and treatment outcomes; otherwise I wouldn't keep trying to talk to you about the benefits of an AVF.
- Sorry you feel that way.

Appendix A: In-Service Training

The goal of this in-service training is to equip the learners with the knowledge and skills they need to teach methods for changing problem-solving habits that will ultimately improve the decision-making process of the patient.

If used in an in-service group format consider using the following timeline and format:

Introduction (5 – 10 minutes)

1. Take a few moments to ask participants their expectations for the training. Ask a question: What do you want or expect to learn today? Use "brainstorming" technique and record answers on flipchart.

2. Provide an overview of the training session. Prepare talking points on a flipchart; use headings that embody training objectives: tie-in program objective to what participants have said they what from program.

Guidelines (5 – 10 minutes)

1. List *Motivational Interviewing Guidelines* on a flipchart.

2. Start by asking participants what each guideline means to them; using a round-table technique ask participants to share their perspective and discuss within the group. .

3. Distribute handouts for in-service training.

4. Review *Guidelines Explained* section and tie-in participant perspectives.

Case Study with discussion (10 minutes)

1. Have the group listen as the facilitator reads the interactions or ask for two volunteers to role play.

2. Have participants do the exercises in the *Discuss Case Study* section.

3. Use the answers from each exercise to develop an understanding of the applications of the *Motivational Interviewing Guidelines*. Optional: Use *Task 3* of this section to further develop the participants' understanding of the stages of change.

Practice Exercise (25 minutes)

1. Ask participant s to complete the exercise.

2. Ask to share their responses one-on-one with another participant.

3. Brainstorm a response for each (or selected) statement.

Alternative Suggestions (10 minutes)

1. Review responses from brainstorming to those provided in the *Alternative Suggestions* section.

2. Ask participants to compare and evaluate

Evaluation (5-10 minutes)

1. Summarize

2. Distribute *Program Evaluation* in this appendix and ask participants to complete and return.

Trainer In-Service Notes

Please take a moment to let the Network know how you used ***Helping Patients Make Healthy Fistula Choices*** by completing the online feedback form on the Network website at www.therenalnetwork.org/services/index.php or by faxing feedback form in this appendix.

Program Evaluation

Helping Patients Make Healthy Fistula Choices

Name: _____

List the eight motivational interviewing guidelines

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

Which of the following responses reflect the values of *Motivational Interviewing* (circle your choice(s) :

9. If the patient says" I have a hundred good reasons not to get a fistula and I don't need to tell you any of them" a good response would be:

a) You'd better tell me or I'll put you on dialysis last;
b) I'm sorry; I just wanted to understand better.
c) You sure are cranky.

10. Which of the above responses do not reflect the values of *Motivational Interviewing*?

a) You'd better tell me or I'll put you on dialysis last;
b) I'm sorry; I just wanted to understand better.
c) You sure are cranky

Program Feedback

Helping Patients Make Healthy Fistula Choices

Please take a few minutes to complete the survey below. The results will be used to improve ***Helping Patients Make Healthy Fistula Choices*** as an in-services traing program.

Facility Name: _____

Facility Educator: _____

1. Will you use ***Helping Patients Make Healthy Fistula Choices*** in your facility as an in-service program? _____ Yes _____ No

2. If yes, which sections of the ***Helping Patients Make Healthy Fistula Choices*** will you most likely use during in-service training? Check all that apply

_____ Introduction
_____ Motivational Interviewing Guidelines
_____ Case Study
_____ Case Study Discussion
_____ Case Study Practice Exercises
_____ Case Study Alternative Suggestions
_____ All components of ***Helping Patients Make Healthy Fistula Choices***

4. What improvements would you suggest for the ***Helping Patients Make Healthy Fistula Choices***?

_____

_____

_____

_____

Please return this feedback form to:
Patient Services Department
The Renal Network, Inc.
911 E. 86th Street, Suite 202
Indianapolis, IN 46240 Or Fax to: 317-257-8291

Appendix B: Logical and Emotional Decision-Making

Decision-making is a thought process where a choice is selected from available alternatives. Most choices have both emotional and logical aspects. Logic is reason supported by facts. Emotions are feelings that cause us to act and react and can be a large influence in our behaviors and health choices.

Emotional Decision Makers

- Rely on feelings
- Logic, reasoning, and information may get lost
- May have unconscious fears
- May lack objectivity
- May twist logic to support emotional decision

Logical Decision Makers

- Use cognitive process
- Review alternative solutions
- Wants the facts
- Uses reasoning
- Emotions play smaller part in decision

Patients with an emotional perspective on AVFs may

- May see no problem yet, so why change
- May have heard horror stories from other patients
- Are fearful of or have an aversion to needles
- Fear pain or have a low tolerance of pain
- Do not want more surgeries
- Fearful of more problems resulting from a fistula placement
- Have anxiety about their physical appearance
- Feel that dialysis is temporary and a fistula will not be needed

Patients with a logical perspective on AVFs may

- List the advantages and disadvantages of each option
- Accept the first option that seems like it might achieve the desired result
- Go along with a person in authority or an "expert"
- Need more information

To Help Emotional Decision Makers

- Build trust
- Be empathetic
- Find viewpoints of agreement
- Listen to personal impact of decision on patient
- Show how choice may affect patient and family
- Talk about how they feel

To Help with Logical Decisions

- Provide factual information
- Help patient use problem solving skills
- Give the pros and cons
- Provide research information
- Present emotions as additional factors to be weighed in decision

Appendix C: Additional Resources

Articles

Johnson, Cynda Ann, Levey, Andrew S., Coresh, Josef, Levin, Adeera, Lau, Joseph, and Eknoyan, Garabed. "Clinical Practice Guidelines for Chronic Kidney Disease In Adults, L: Definition, Disease Stages, Evaluation, Treatment, And Risk Factors." American Family Physician. 70(2004):869-876.

Konkl-Parker, Debroah J. "A Motivational Intervention To Improve Adherence To Treatment of Chronic Disease." Journal of the American Academy of Nurse Practitioners. 13.2(2005):61-68.

Books

Prochaska, James O., Norcross, John C., and DiClemente, Carlo C. Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward. New York: Avon Books, 1994.

Rollnick, Stephen, Mason, Pip, and Butler, Chris. Health Behavior Change: A Guide for Practitioners. Edinburgh: Churchill Livingstone, 1999.

Milller, William R., and Rollnick, Stephen. Motivational Interviewing, Second Edition: Preparing People for Change. New York: The Guilford Press, 2002.

Rollnick, Stephen, Miller, William R., and Butler, Christopher C. Motivational Interviewing in Health Care: Helping Patients Change Behavior. NewYork: The Guilford Press, 2008.

Web Resources

Christopher C. Wagner, and Wayne Conners, M. "Motivational Interviewing – Resources for Clinicians, Researchers and Trainers." 1999. The Mid-Atlantic Addiction Technology Transfer Center; Motivational Interviewing Resources, LLC <http://motivationalinterview.org/>.

Miller, William R. "35. TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment." SAMHSA/CSAT Treatment Improvement Protocols. 1999. U.S. Department of Health and Human Services. <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302>.

The Renal Network, Inc.

ESRD Network 9/10
911 E. 86th Street, Suite 202
Indianapolis, IN 46240-1858
Phone: 317.257.8265
Fax: 317.257.8291
Patient line: 1-800-456-6919
Email at: info@nw10.esrd.net
Web sites:
www.therenalnetwork.org
www.kidneypatientnews.org

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