

MARY ANN HODOROWICZ CONSULTING, LLC

**Nutrition, Diabetes Education, Health Promotion and Insurance Reimbursement for Professionals
in the Healthcare and Food Industry**

Speaker: **Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC (Certified Endocrinology Coder)**

E-mail: **hodorowicz@comcast.net**

Website: **www.maryannhodorowicz.com**

Phone: **708-359-3864** Fax: **866-869-6279**

Address: **12921 Sycamore, Palos Heights, IL 60463**

Presentation Title:

***Make Your Patients Your A.D.O.P.T.E.E.S.:
Empowerment and Motivational Interviewing and Adult Learning Tools
to Successfully Change Behavior***

Description:

“How can I get my patients to change their behavior?” The answer: by incorporating patient empowerment and motivational interviewing tools! PE and MI are patient-centered, evidence-based counseling methods that replace the ineffective but much used ‘compliance’ approach. Twenty-five easy, practical PE-MI tools are reviewed (summarized in acronym *A.D.O.P.T.E.E.S.*) with the use of interactive discussion and role-playing with actual case studies. Principles of adult learning are also summarized. Adults learn best when fun, 3D teaching aids are used, so I bring a suitcase full of my homemade ones! The benefits of using these tools spell F.L.A.M.I.N.G.O.S., so I bring flamingo beanie babies to put on the tables. Attendees also receive several of my PE-MI counseling forms, such as a “MNT Intervention Checklist” and my “Conversation C.A.R.D.” To make it even more fun, I bring lots of prizes for attendees to win as they practice the tools.

P.S. Here is an email I just received on 7-9-12:

Mary Ann, I attended the PESI meeting in Indianapolis in May, 2012. I learned so much, I'm just getting into doing MNT at my long term care facility. I've already shared many of your 3D visual aids with the other dietitians that work with outpatients. Your information was fantastic and you were absolutely right about using 3D visual aids to enhance patient learning and attention! I still struggle letting the patient steer the intervention topics, though. I'm trying to leave my agenda to the side, but like you said, this is how we have been trained and it is difficult to try to stop doing it this way. I'm still trying and making a conscious effort to change the way I teach. Thank you again for teaching the motivational interviewing style of counseling that is so much more effective in reaching our patients.

Sincerely, Ashley K. 7-9-12

Length of Time for Presentation: 1.5 hrs, but 2 hrs preferred to allow for more attendee interaction.

Learning Objectives :

1. Name 3 key differences between effective patient empowerment counseling and ineffective compliance counseling.
2. List 8 of the 24 patient empowerment/motivational interviewing tools healthcare professionals can use to change patients' behavior (A.D.O.P.T.E.E.S.)
3. Name the one MOST important empowerment tool for changing patients' behavior.

PRIORITY CDR CPE LEARNING NEED CODES FOR RDs:

3010: Assessment Methodology

6000: Education, Training, Counseling

3020: Assessment of Target Groups, Populations

6010: Behavior Change Theories, Techniques

5000: Medical Nutrition Therapy
5460: Self-Care Management

6020: Counseling, Therapy and Facilitation Skills
6030: Education Theories and Techniques for Adults

Education Level of Presentation:

- Level 1-Assumes little knowledge of the subject with the goal of increasing knowledge
- **Level 2-Assumes general knowledge of subject with goal to increase knowledge and application**
- Level 3-Assumes thorough knowledge of the literature and practice with the goal of synthesis of recent advances and future directions

Target Audience: All healthcare professionals who treat or counsel patients/clients.

Recent or Relevant Speaking Experience: I have given multiple CEU programs on this topic to healthcare professionals of all types on behalf of Pesi Healthcare (national medical CEU company), for state affiliates of the Academy of Nutrition and Dietetics, American Association of Diabetes Educators, the National Community Pharmacy Association and other healthcare organizations and associations. Presented on this topic at the 2012 annual meeting of the American Association of Diabetes Educators (am on the Board of Directors of the latter, beginning in 2013). Please refer to my curriculum vitae sent under separate cover.

Presentation Outline:

- A. Comparing Traditional Ineffective “Clinician-Centered” Compliance Model and Very Effective “Patient-Centered” Empowerment Model for Behavior Change
- B. Measuring What Percent of Your Counseling is Empowerment and What Percent is Compliance
 1. Worksheet to Identify Your Percent “Mix” of Empowerment and Compliance Currently Used
- C. Why it is a Challenge to Change from Compliance to Empowerment Counseling
- D. How Adults Learn and Retain Information
 1. What “Patient-Centered” Counseling Means
 2. Patient-Centered Counseling in Chronic Care Model
 3. Patients Learn and Retain 90% of What They “Say” and “Do” (Not “Hear” and “See”)
 4. Importance of “3-Dimensionalizing” Your Counseling (Using Fun, Homemade 3-D Teaching Aids that Patients Can Touch, Hold and/or Smell)
 5. Demonstration of Mary Ann’s Actual 3-D Aids
 6. Importance of Using Fun Teaching Acronyms and Memory Aids
 7. Demonstration of Mary Ann’s Teaching Acronyms and Memory Aids
- E. Total of 24 Ready-to-Go, easy Motivational Interviewing/Empowerment (MI/PE) Tools for Increasing Patient Behavior Change using Acronym “A.D.O.P.T.E.E.S.”
- F. Applying MI/PE Tools in One-on-One and Group Patient Visits
- G. To Summarize: If Patients Could Write Poetry, This is What They’d Say: Key PE/MI Tools for Behavior Change...15 Fun Poems We All Will Read Together!
- H. VALUE-ADDED PROPOSITION FOR ATTENDEES: (Separate Word documents given to help attendees jump start all the tools):
 1. MNT-DSME Conversation C.A.R.D. and MNT-DSME Intervention Checklists
 2. B.R.I.D.G.E to MNT: Linking Key, Core Messages to Behavior Goals
 3. Six Question Patient Tool to Access Readiness to Change for AADE7 Self-Care Behaviors

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