



**VA Boston Healthcare System  
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## Lifestyle Medicine Rotation Syllabus

### **Didactic Component**

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## **INTRODUCTION TO WHOLE HEALTH AND MOTIVATIONAL INTERVIEWING**

Learning objectives:

1. Describe the whole health model of care, including how the circle of health serves as a model for whole health care
2. Explain how the Personal Health Inventory is used to gain information in a timely and efficient manner during a whole health visit
3. List the four organizing principles of the Personal Health Plan process
4. Provide 3 examples demonstrating how to make SMART goals SMARTER
5. Identify when to use motivational interviewing and describe the spirit of this approach
6. Describe the principles of motivational interviewing (RULE) and identify the specific skills (OARS) to engage patients and guide them toward change (giving advice and DARN-CAT)

## **DIDACTIC PART ONE**

### **Introduction to Whole Health:**

- A. Whole Health Background
  1. Whole Health Video

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2. Circle of Health
  3. Whole Health System (pathway, clinical care, well-being programs)
  4. Local and National Whole Health spread efforts
- B. Whole Health Assessment
1. Whole Health Review of Systems (WHROS)
    - a. Complete WHROS independently and discuss as a group
    - b. Observe example interaction (when 2 facilitators are present)
- C. Shared goals
1. Review questions to evoke goals using WHROS as a guide
  2. Setting SMART goals (specific and behavioral, measurable, action-oriented, realistic, time-specific)
  3. Review strategies to build confidence, including confidence ruler
- D. Personal Health Plan
1. Personal mission
  2. Shared goals
  3. Self-care
  4. Professional care
  5. Skill building/education
  6. Consults/referrals
  7. Follow up
- E. Skill building and support
1. Not specific to any disease/condition
    - Health coaching
    - CIH resources
    - Stress management
    - Nutrition

## **DIDACTIC PART TWO**

### Overview of Motivational Interviewing:

- A. PACE: Spirit of MI
1. Partnership
  2. Acceptance
  3. Compassion
  4. Evocation
- B. When to use MI: when working with patients who are ambivalent and/or there is discord present in relationship
1. Ambivalence is a natural part of the change process

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2. Ambivalence occurs when someone feels more than one way about something
  3. Definition of discord
- C. RULE: Strategies to guide patients toward change and successful outcomes
1. Resist the righting reflex—avoid directing
  2. Understand patient’s motivations
  3. Listen to patients with empathy
  4. Empower patients
- D. OARS: Strategies for engaging patients
1. Open-ended questions and statements
  2. Affirmations
  3. Reflective listening
  4. Summaries
- E. Advice giving
1. Ask permission
  2. Elicit and assess understanding
  3. Provide information
  4. Elicit response and understanding to close the loop
- F. Identifying and eliciting change talk
1. Desire
  2. Ability
  3. Reasons
  4. Need
  5. Commitment
  6. Activation
  7. Taking Steps
- G. Effective Clinician Video
1. Discuss as a group

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