

## **PATIENT EMPOWERMENT – BEHAVIOUR CHANGE PROTOCOL**

### **Step 1: Explore the Problem or Issue (Past)**

- **What is the hardest thing about caring for your UC?**
- **Please tell me more about that.**
- **Are there some specific examples you can give me?**

### **Step 2: Clarify feelings and meaning (present)**

- **What are your thoughts about this?**
- **Are you feeling (insert feeling) because (insert meaning)?**

### **Step 3: Develop a Plan (Future)**

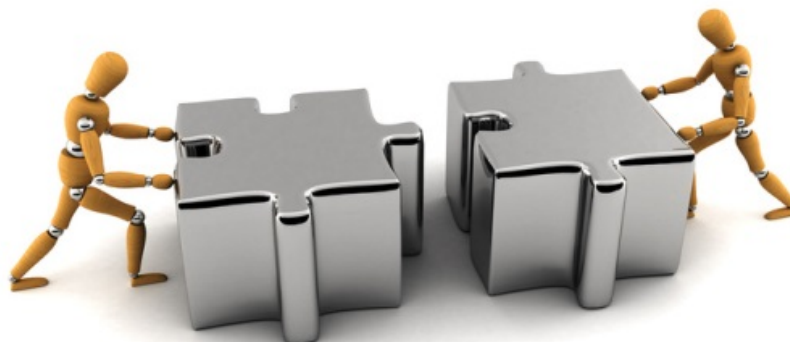
- **What do you want?**
- **How would this situation have to change for you to feel better about it?**
- **Where would you like to be regarding this situation in (specific time e.g., 1 month, 3 months, 1 year)?**
- **What are your options?**
- **What are barriers for you?**
- **Who could help you?**
- **What are the costs and benefits for each of your choices?**
- **What would happen if you do not do anything about it?**
- **How important is it on a scale of 1 to 10, for you to do something about this?**
- **What would have to happen for score to increase?**
- **Let's develop a plan!**

## **Step 4: Commit to Action (Future)**

- **Are you willing to do what you need to do to solve this problem?**
- **What are some steps you could take?**
- **What are you going to do?**
- **When are you going to do it?**
- **How will you know if you have succeeded?**
- **What is one thing you will do when you leave here today?**

## **Step 5: Experience and Evaluate the Plan (Future)**

- **How did it go?**
- **What did you learn?**
- **What barriers did you encounter?**
- **What, if anything, would you do differently next time?**
- **What will you do when you leave here today?**



## PATIENT EMPOWERMENT –

Date: \_\_ / \_\_ / 20\_\_

# PRE-CONSULTATION HANDOUT

What are the top three problems/barriers I am currently facing in relation to managing my IBD/taking medications?

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

## How well do I manage my IBD?

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely well

## What steps can I undertake to manage my IBD better?

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## How well do I manage taking medications?

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely well

## What steps can I undertake to improve the way I take medications?

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## How well do I manage my mental health?

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely well

What steps can I undertake to manage my mental health better?

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What do I want to get out of my appointment today?

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What are the questions I need to ask my Gastroenterologist/GP/IBD nurse?

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I would like information on:

☐ Diet/nutrition ☐ Mental health ☐ Dealing with stress

☐ Medications ☐ Alternate medications ☐ Support services

☐ Other: \_\_\_\_\_

Other comments:

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Date: \_\_ / \_\_ / 20\_\_

## PATIENT EMPOWERMENT – CONSULTATION HANDOUT

AREA OF FOCUS	GOAL/S	OUTCOMES	BARRIERS	SOLUTION
GI SYMPTOMS				
MEDICATION				
MENTAL HEALTH				
OTHER				

Comments:

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Date: \_\_ / \_\_ / 20\_\_

AREA OF FOCUS	GOAL/S	BENEFITS/COSTS OF NO CHANGE	BENEFITS/COSTS OF CHANGE
GI SYMPTOMS			
MEDICATION			
MENTAL HEALTH			
OTHER			

Comments:

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