

A Practical Checklist to Increase Confidence with Our Practice

- √ After an office visit, when we suggest a time to come back to the office for a revisit, please correct us if we do not make sure that the revisit is what you would like.
- √ Whenever we offer a consultation (with a specialist doctor) or a new treatment, or a test, we recommend that you have answers to these questions:
 - √ Why is this consultation, test, or treatment being offered to me? Is it needed?
 - √ What can I expect if this approach is used?
 - √ How is it done?
 - √ What is the most likely result one month and 2 years after it is done? In particular, what will be the most likely result if I do nothing?
 - √ What are the other choices?
 - √ What are the benefits and harms of the different choices?
 - √ What will the approaches cost?
 - √ Will time be needed to recover or adapt to the results of the approach?
 - √ And remember, most of the time you do not have to rush to make a decision. If you would like to take more time before you decide what to do, ask your doctor or nurse about the possible harm or benefit, of waiting.

Missing a √ mark? Then please chat with us.



Our Campaign for Health Confidence

Our practice believes that every patient should feel **confident** that our practice provides to patients exactly the care they want and need, exactly when and how they want and need it.

Our practice also believes that all patients should **be as confident as they can be** about managing and controlling any health concerns or issues they might have. Studies have shown that patients with good problem solving skills are usually more confident in managing these concerns.

We are offering to help many of our patients to become as confident as they can be by:

- Offering extra support and assistance with some telephone coaching calls

If you are interested, please read this brief description and complete the requested “pre-work” so your time with the telephone coach will be most useful.

What is Telephone Coached Problem Solving?

The telephone coach will contact patients by telephone and work with them to identify and manage things that concern or bother them. The telephone coach is very well-trained and can help patients solve a problem in many ways. However, the coach will NOT be acting as a nurse or doctor. This means that the coach will NOT be making diagnoses or prescribing medical treatments. Each patient is limited to three coaching calls and then reviews his or her progress with the doctor. There is no charge for the calls.

Information discussed by the coach and a patient is shared only with our practice. The coach keeps the practices’ and patients’ information in separate, confidential files. After the coaching calls are complete, the coach will destroy the confidential file.

You will be asked to sign a consent form giving permission for the telephone coach to contact you.



What is the “Pre-Work?”

Before the telephone coach calls you, please do the following:

1. Complete a health survey.

Go to www.howsyourhealth.org.

“Click” on “Begin HowsYourHealth”

The practice code is: _____.

2. At the end of the survey, print out the Action Form and bring with you to your next appointment.

3. Review Action Form and identify any problem(s) you may have.

4. Go to www.howsyourhealth.org and “Click” on “Begin Problem-Solving Planning Your Care.” Complete this section. Remember to print out screen #10 “Your Problem-solving Worksheet.” Have this available to talk with the coach.

5. Review #11 “Tips for Problem-solving Now.”

6. Try visiting the Information Sharing Area.

7. Be prepared with dates and times to schedule your second and third call when the telephone coach calls you.

How convinced are you that this is the right work for you?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very convinced

How confident are you now that you can manage and control health problems or concerns?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very confident

PROBLEM-SOLVING WORKSHEET

-EXAMPLE-

1. Problem:

Back pain from weak back muscles and being out of shape in general

2. Achievable Goal:

Exercise 3 times a week for 30 minutes

3. How convinced are you that this is the right work for you:

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very convinced

Solutions	Pro's	Con's
Walk with spouse after work, Mon, Wed, and Fri.	More time with spouse, spouse will remind me to walk	We may decide to sleep in instead on cold mornings
Buy a treadmill	Can exercise whenever I want	Expense
Go to the pool after work on the way home	Convenient, doesn't hurt my back	Have to remember to pack my gear, pool costs, time
Put bicycle on trainer for indoor use	Can exercise anytime, I like to bicycle outdoors	Bicycling hurts my back after a few minutes, boring indoors

Choice of solution:

Swim after work three days a week.

Steps to achieve solution:

1. Pay pool costs Monday.
2. Pack gear for the week on Sunday night.
3. ??

How confident are you that you can reach your goal?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very confident

**Consent for
Telephone Coached Problem-Solving (TCPS)**

Practice Name Here
Please include your time zone



Our practice is working with other practices on ways to help patients improve their health. You can learn more about this group of practices by going to www.idealmicropractice.org or asking our office for a copy of the IMP newsletter. We believe that every patient should feel confident that our practice provides to patients exactly the care they want and need, exactly when and how they want and need it.

We are offering to help many of our patients to become as confident as they can be. One method to help patients is called “telephone coach problem-solving.” Telephone coach problem solving (TCPS) involves two things: 1) a coach and 2) a simple method to help patients solve problems that are important to them.

The telephone coach will contact patients by telephone and work with them to identify and manage things that concern or bother them. The telephone coach is very well-trained and can help patients solve problem in many ways. However, the coach will NOT be acting as a nurse or doctor. This means that the coach will NOT be making diagnoses or prescribing medical treatments. You will receive three coaching calls and then review your progress with the doctor. There is no charge for the calls.

Information discussed by the coach and a patient is shared only with our practice. The coach keeps the practices’ and patients’ information in separate, confidential files. After a patient decides that no more coaching is needed, the coach will destroy the confidential file.

By signing this form you are giving permission for the telephone coach whose name is _____ to contact you. If you do not want to give permission for TCPS your care will not be changed in any way. By signing the form you also agree with this statement:

I understand that the only purpose of TCPS is to help me. I may discontinue the TCPS at any time. Information from TCPS is shared only with my doctor’s office. I understand that the telephone coach is NOT acting as a nurse or doctor and will NOT make diagnoses or prescribe medical treatments.

The TCPS will contact you within two weeks of receiving the referral from your doctor or clinician.

Your Name: _____

Your Signature: _____

Today’s Date: _____

Best time/day to reach you by phone: _____

Best phone number to call: _____

Problem Solving

Several conference calls ago, I think we had talked briefly about Tyler, the high school student who was volunteering in my office over the summer. He did some problem solving/confidence building work with random patients who seemed appropriate and showed up during the times that both he and I were available, and he wrote a synopsis of his experience, which I pasted below. I conclude:

- 1) Even I would be able to use these tools in the office, to do my own patient confidence/problem solving skills intervention, as Nancy is already doing;
- 2) Could I persuade some of my retired nurse friends to take over this niche on a volunteer basis?
- 3) Problem solving skills training seems well accepted by patients and appears to teach the use of a simple tool that provides an approach to help patients change bothersome health issues. The script makes the tool relatively easy to teach, even by unexperienced (but enthusiastic) workers. The web based problem solving tool from HYH is also straightforward and seems to pack the same punch, minus the personal touch.

(Tyler's summary)

"When I first asked to volunteer for Dr. Ho, I was expecting to perform simple tasks like filing, shredding, database entries, etc. I was, therefore, very surprised when she asked if I would be interested in becoming a problem solving advocate. At first I was rather skeptical, due to the fact that I thought that the interviews would take place over the phone and because I have had no prior experience in this type of work.

After deciding that the problem solving sessions would be more effective face-to-face, Dr. Ho and I arranged for several patients to participate in this process.

The survey itself was very well organized and it helped each patient breakdown a large problem into small parts with steps leading toward a solution. I was very surprised with the patients' openness toward the process and towards the action plan drawn up at the end of each survey. It seemed that each patient was generating many good ideas and that I was there to support or supplement their decisions. I felt very satisfied after each survey was completed and I think that the patients will stick with the path they choose to help solve the problems they are currently facing and those that will arise in the future.

For me, conducting each survey and listening to people's problems was a rewarding experience. I feel that if I had the opportunity to share the survey with many other patients, I would do so in a heartbeat. I felt nervous at first, but I soon realized that being a good listener and a helpful supporter, was all that was needed to help these patients improve their problem solving skills and aid them in solving their major problems.”







Lynn Ho, MD

Please have this form available for your Telephone Coach call.

PROBLEM-SOLVING WORKSHEET

1) Problem:										
2) Achievable Goal										
3) How convinced are you that this is the right work for you:										
 										
0	1	2	3	4	5	6	7	8	9	10
Totally Unconvinced		Unsure		Somewhat Convinced			Very Convinced		Extremely Convinced	
4) Solutions:				Pro's (+)				Con's (-)		
a)										
b)				Pro's (+)				Con's (-)		
c)				Pro's (+)				Con's (-)		
5) Choice of solution:										
5) Steps to achieve solution:										
a)										
b)										
c)										
Confidence Ruler: My confidence that I can reach my goal:										
 										
0	1	2	3	4	5	6	7	8	9	10
Not Confident At All		Unsure		Somewhat Confident			Very Confident		Extremely Confident	

Planning for Health Changes

The change I want to make is: (be very specific, what, when, how?)										
My goal for the next month is:										
How convinced are you that this is the right work for you:										
										
0	1	2	3	4	5	6	7	8	9	10
Totally Unconvinced			Unsure		Somewhat Convinced			Very Convinced		Extremely Convinced
The steps I will take to reach the goal:										
1.										
2.										
3.										
The things that will make it hard to reach the goal:										
1.										
2.										
3.										
The ways I can overcome those things that may get in the way:										
My confidence that I can reach my goal:										
										
0	1	2	3	4	5	6	7	8	9	10
Not Confident At all		Unsure			Somewhat Confident			Very Confident		Extremely Confident

Getting Started with Telephone Coached Problem Solving

Please review the “tools” that are highlighted, consider your workflow and be ready to refer that first patient who could benefit from this intervention.

Share the **Campaign for Health Confidence/Telephone Coached Problem Solving Brochure** with your patient. These two pages can be printed and folded, so that the first page is the description, the second page is the pre-work that the patient should complete before the first call, the third page is an example of the problem solving worksheet and the fourth page is a practical checklist to increase patient confidence in your medical practice.

The two pages, **Problem-Solving Worksheet and Planning for Health Changes Worksheet**, accompany the brochure and pre-work. Remind your patients to have these papers available when the phone coach contacts them.

Have your patient review and complete the **consent form** and send it to the phone coach. Include some general information about his/her interest in phone coach intervention. This information serves as the phone coach’s “introduction” to your patient. Personalize the consent with your practice name and add your coach's name, email address and fax number.

Your coach’s name: Cathy Reda-Chlepowitz

Email address: idealmicropractice@onebox.com

Fax number: 877-712-2107

Your coach will confirm receipt and send you a one page **Business Associates’ Agreement (BAA)**. Fill in your information and return it to her.

Expect your patient to receive the first call from the phone coach within one to two weeks, if he or she has provided options for these calls. The second call usually occurs within the subsequent two to four weeks, with the third and final call intervention completed within a month and a half of the initial contact. The phone coach will provide you with feedback on the patient’s progress. Additional follow up takes place with you.

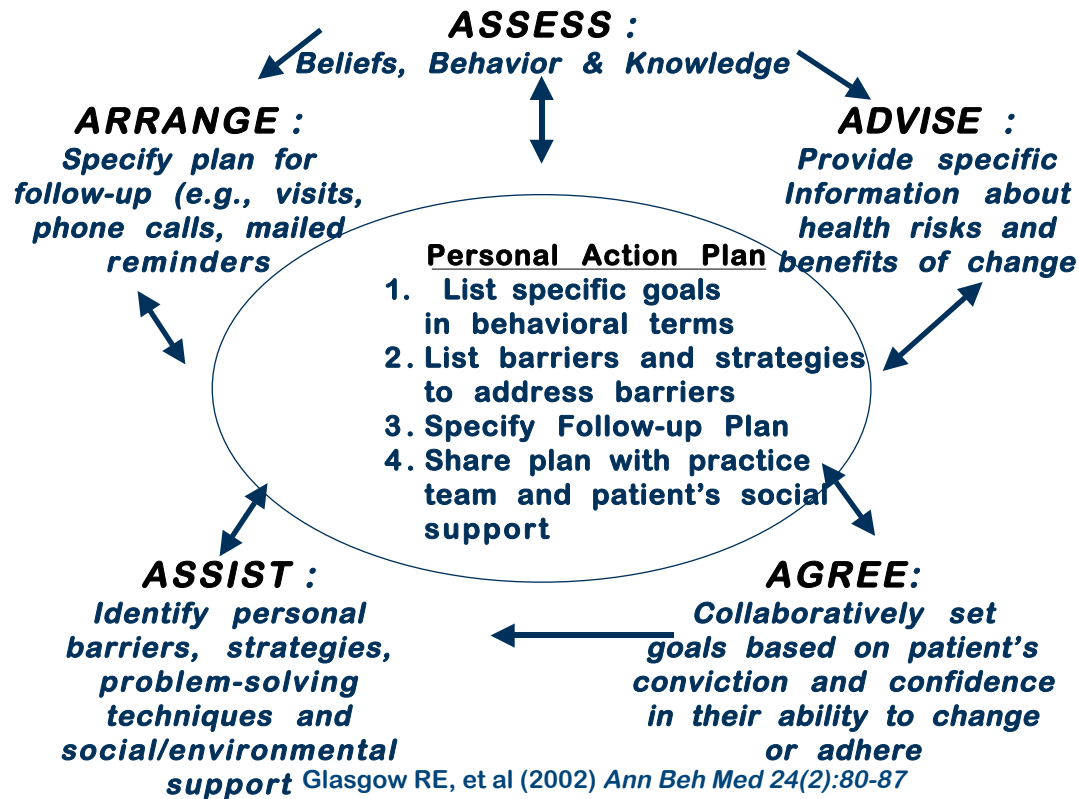
This is a brief introduction to help you make that first referral and test the process. Keep in mind that this is just one intervention to consider as you support your patients’ self management. Studies have shown that patients with good problem solving skills are more confident in managing and controlling their health concerns and issues.

We can have more discussion about “stratifying” your patients, as you consider who to refer.

Engage your patients in HYH to do the survey, use Care Vital Signs in the office.

Remember this is work the patients want to do, something that matters to them.

5 As and Self-Management



The Entire Process of Patient Self-Management is nicely summarized by the 5 A s above. The job of the SMA on the phone is to help the patient determine, within two weeks, the effectiveness of his/her personal action plan. Thereafter, new plans may have to be made or old plans updated.

1. Introduce yourself, your position, and your willingness to help. You are in the position of "expert authority." Your willingness to listen and help validates the importance of the patient and his or her problems

2. Listen, this tells the patient that he or she has your undivided attention. Let the person tell you his or her story. This may include expectations that have not been met by the system or by a particular person. Note the content of the patient's concerns.

3. Acknowledge anger or anxiety one time only — initially. Tell the person that the feeling (anger, anxiety, or whatever) has been adequately conveyed to you. Use phrases such as: "It sounds like you're really upset about..."

4. Focus on the content of the patient's expectations. Continue the focus on facts, not angry feelings. Avoid raising your voice. Be descriptive; ask clarifying questions. "Mirror" the person's own statements of content: put his or her words in your mouth. This lets the person know you are listening, understanding, and caring; it allows the person to "see" and hear himself or herself.

Allow about 10 minutes for a typical phone follow-up and about 2-3 phone follow-ups to be sure the patient has had an opportunity to speak, learn, and make progress.

Critical Telephone Communication skills for the SMAs (LPN and office staff)

- Active listening, with a clear and persuasive communication style
- Communicate both information and feelings without the benefit of eye contact, gestures, or props.
- Establish a trusting relationship.
- Teach creative problem solving, which requires identifying and mobilizing resources and providing appropriate information and referrals

INTERVIEWING

The first step is eliciting the chief problem. As more information is revealed during the conversation, it may turn out that the original complaint is actually secondary to a larger or different problem, or was the patient's "excuse" for talking about a completely different concern. This is why attentive listening and the ability to wait for the patient's story to unfold are so important.

Aside from clinical skills, the most important skill is the ability to communicate: both to speak and to listen. Obviously, the ability to speak clearly, with the appropriate language and level of intimacy, is critical. The patient cannot benefit from the SMA knowledge unless that knowledge is communicated. Equally important, however, is the SMA's unless the SMA is able to hear the patient's "message," both spoken and unspoken. Every message "sent out" (via tone of voice, silence, gregariousness, or other means) communicates something. The SMA's goal is to communicate only what is intended, and that is accurate, empathetic nursing supportive.

WORDS + EMOTIONS = MESSAGE

It is impossible to not communicate. No matter what is said or done, some message is communicated. If the tone of voice and the words used are not chosen with care, an unintended message may be communicated. Also, there are limits to the ways a SMA and a patient are able to communicate over the phone. Sighted individuals rely heavily on visual clues to gather information, including signs that confirm or deny the meaning of the spoken word. The SMA who is limited to "seeing" patients over the phone must learn to gather information with the ears alone. Many auditory clues can be used to "check" the consistency between the words used and the way the patient sounds:

- pitch
- slowness or rapidity of speech
- unusual speech (slurred or confused, for example)
- laughter, groaning, moaning, or other exclamations
- breathing noises
- silence
- background noises

Does the sound of the patient's voice match what he or she is saying? Emotional clues may also be valuable. The SMA's own feelings, in response to the patient's words or tone of voice, can serve to clarify the patient's situation. If a SMA feels sad, angry, or afraid, a clear (although unspoken) message has been communicated.

In addition to being limited to receiving messages by hearing only the telephone SMA is limited to expressing messages by speaking only. In-person interactions can involve eye contact, gestures, and sometimes physical contact, but phone interactions, by their very nature, cannot.

The SMA must develop a telephone personality which projects the qualities consumers expect to find in a healthcare professional: competence, caring, and accessibility.

Simple telephone courtesy must also be a part of the SMA's manner. Prompt follow-up and callbacks are essential

ESTABLISHING TRUSTWORTHINESS

To facilitate positive communication, the SMA must work to create a feeling of trustworthiness. The SMA's voice, manner, and words must help to build a relationship the patient. Trust is based on consistency respect, and sensitivity.

CONSISTENCY

SMA style should be consistent with interpersonal style and consistent over time. Many brusque people still manage to convey warmth, and "mushiness" is not a prerequisite to caring. The words used should come from within, not from a book or a fellow SMA.

In the same way, a SMA's style should not vary dramatically from call to call. This is especially critical during callbacks and follow-ups.

RESPECT

The SMA who wishes to gain the trust of a patient must show respect for that person: his or her opinions, concerns, and feelings. Demonstrated interest in what the patient has to say is essential.

SENSITIVITY

Sharing sensitivity involves being aware of and responding to the cues given by the speaker — and those given by the SMA as well. In telephone nursing, these cues include tone of voice slowness or rapidity of speech, silence, and hesitation. It is also important to speak to the patient at the appropriate level of intimacy. When patients discuss health issues with a SMA, they do not want to talk to a "friend," but to a friendly professional SMA

ACTIVE LISTENING

*It takes two to speak the truth: one to speak, and another to hear.
Henry David Thoreau*

Active listening refers to behaviors, which help to elicit, support, and clarify the speaker's message. Active listening can be useful to SMAs to demonstrate interest in a speaker and thus build trust and openness. It is also useful in clarifying the speaker's message and facilitating accurate communication, sharing not only ideas but also the feelings behind the ideas. There are two levels to all that we say: the literal meaning of our words and the emotional content (or the "message behind the message"). While listening to a patient, the SMA must focus not only on factual content but also on what is implied or even left unsaid by the speaker.

"**Mirroring**," an active listening technique, can help to clarify the content of messages. It simply involves repetition of the patient's message by the SMA. Mirroring clarifies the patient's true meaning, demonstrates listening, and confirms that the listener understands. It also allows the speaker to hear the words he or she used and rephrase, if necessary, to get the correct message across.

PATIENT: "My knee hurts."

SMA: "Your knee hurts?"

PATIENT: "Well, it's not my knee actually! Guess it's just my whole leg. I can't put any weight on it."

Rephrasing is another useful active listening technique. Here, the SMA puts the speaker's message into other words, thus testing understanding. When a message is rephrased, nuances of meaning are added. This technique is very valuable in situations where a SMA is dependent upon the information

provided by the patient (such as during assessment). It is beneficial to use different words than the speaker to ensure a precise understanding of the message

Reflective listening skills can be used to demonstrate listening and understanding, whether the speaker is a patient, friend, or supervisor. These skills are also helpful in clarifying information, especially when a patient provides information that is vague or difficult to follow.

USEFUL SYNONYMS FOR SMA

When rephrasing, it's helpful to have on hand a list of synonyms, such as follows:

Fear

Frightened, terrorized, anxious, have misgivings, concerned, feel a sense of dread, alarmed, apprehensive, worried.

Anger

Frustrated, offended, resentful, bitter, hostile, displeased, injured, insulted.

Sadness

Depressed, overwhelmed, rejected, defeated, unhappy, mournful, anguished

Confusion

Mixed up, don't understand, can't remember, forgot.

Happiness

Relieved, comfortable, okay, glad, satisfied, content, feel lucky, pleased.

The Art of Communicating

Application of communication theory and skills in the actual clinical interaction is an art form. Expertise in this art is developed through both practice and reflection on practice. Try these examples as you work with your patients. Reflect on how effective each is to achieving the quality of interaction that you are trying to achieve.

Examples of reflective statements include:

- ◇ "As I understand you..."
- ◇ "In other words..."
- ◇ "So, you mean that..."
- ◇ "I'm hearing that..."

In each case, the listener is attempting to reflect accurately back to the speaker the message that has been received. It is usually more useful to reflect the message in a way that demonstrates understanding of the message.

PATIENT: "My head really hurts."

SMA: -You have a headache."

In this instance, the SMA has shown the patient that the message has been received. The message has not, however, been clarified (What kind of pain? Where is the worst pain?). This is in contrast to the following approach:

PATIENT: "My head really hurts."

SMA: "So you're having a lot of pain, in your head?"

PATIENT: "I don't think it's a migraine. I drank a little too much last night."

SMA: "As I understand it then, you need some help in treating your headache, which you think might be a hangover?"

PATIENT: "Yes, but not only that. I'm a little concerned about the way that drinking makes me feel. I mean, how much is too much?"

SMA: "It sounds like you'd like to talk about how drinking is affecting you."

This approach, if handled well, can produce the same results as the first the speaker still feels as though he or she has been heard. It has the added benefit of eliciting a great deal of information. The SMA should be aware of some potential problems with this approach. The reflective listener must maintain a flexible stance when rephrasing a remark because there is always a possibility that the speaker's message is being misinterpreted. The speaker must feel comfortable saying, "No, that's not what I meant." Also, some people use this technique as a way of telling the other person how they feel, rather than simply rephrasing the message. This can leave the patient feeling defensive. *Psychoanalysis is best left to psychoanalysts, and the SMA should concentrate on the content of the message.*

DEALING WITH EMOTIONS

There are two people involved in every telephone SMA interaction: the SMA and the patient. While it is sometimes easier to focus attention on the communication style and responses of the patient when emotion comes into the picture, it is unwise to ignore the SMA's personal role in the interaction. Perhaps one of the most useful stances for the SMA to maintain when dealing with an emotional patient is to use descriptive, rather than evaluative statements. The SMA's emotional reaction should be minimized as much as possible, since anger, anxiety, or sadness will most likely not help the patient (although this emotional state can provide information about the patient's problem, especially if the patient is denying the problem). Allowing the patient to vent emotion may sometimes calm him or her down enough to carry on a productive interaction.

The SMA's ability to handle the patient's feelings, negative or otherwise, may engender feelings of personal trust and professional confidence.

ACTIVE LISTENING SKILLS: FACTORS AND TECHNIQUES

ATTENDING

- Minimizing distractions
- Attentiveness
- Body language (which influences tone of voice)
- Concentration

"FOLLOWING"

- Attentive silence
- Words to help start and prolong conversation
- Infrequent (noninterrupting) questions

REFLECTION

- Clarifying
- Paraphrasing
- "Feeling" words
- Summarizing

"NON-WORD" COMMUNICATION

- Tone of voice
- Rapidity of speech

ATTITUDE

- Empathy

- Acceptance
- Assertiveness ("I")

Problem-solving orientation provides the patient with an opportunity to save face in situations where he or she might actually be a part of the problem. "Drugs are very damaging to your health" is a problem-oriented statement. The SMA must be ever mindful of the fact that the patient takes a risk by caring, even if that risk may appear low. It is important to respond to the patient in such a way that he or she feels valued. A SMA can demonstrate respect by responding with phrases and a tone of voice

- ✓ recognize the patient's existence
- ✓ recognize the patient's uniqueness as an individual, rather than his or her role as a part of the job

The Art of Communicating

- ✓ acknowledge the patient's worth as a person
- ✓ acknowledge that the patient's problem is viewed seriously
- ✓ acknowledge the validity of the patient's perception of the world
- ✓ demonstrate a willingness to be involved with the patient, at least for the duration of the call