

# COMMUNICATING EFFECTIVELY WITH PROVIDERS\*

## ▶ ABOUT THIS ACTIVITY

🕒 **Time:** 30 minutes

➔ **Objectives:** By the end of this session, participants will be able to:

- Demonstrate helpful and unhelpful ways to build rapport with your health care provider.
- Discuss strategies for better (more satisfying) appointments with the provider.
- Learn who the health care team is.

★ **Training Methods:** Brainstorm, Large Group Discussion, Role Play, Skills Practice

✓ **In This Activity You Will...**

- Brainstorm how to prepare for a doctor's visit and what questions to ask about medications (8 minutes)
- Lead a discussion about viral load and CD4 count (2 minutes)
- Conduct a role play of an encounter between a patient and a doctor and debrief (10 minutes)
- Facilitate the process of two participants conducting a role play and debrief (10 minutes)

✂ **Materials:**

- Props- hats, white coat, stethoscope, clipboard, bag, scarf, etc.
- Handout – Preparing for A Visit to Your Provider
- Handout – Questions About Medications
- Handout – Patient Rights

(continued next page)

## Instructions

1. This activity is a group brainstorm about what you need to do to prepare for a visit with your provider. Ask the group the following question:

*What are some things that we can do to prepare and be ready for a visit with our provider?*

2. Place responses on the flipchart. Possible answers include:

- Educate yourself – read magazines, brochures, internet
- Keep a journal or calendar of symptoms.
- Be prepared to describe side effects including symptoms.
- Bring medications in a bag or have them on a list.
- Bring a friend.
- Bring a list of questions.
- Bring food and something to stay busy.

*These suggestions are some of the ways to help us have better communication with our HIV provider.*

3. As patients, we all have the right to ask questions and get answers. Be honest with your provider and have a dialogue with him or her. Your relationship with your health care provider(s) affects your health and well-being. One important part of communicating with your providers is knowing and asking about your medications. If your health care provider prescribes medicines, what questions can you ask?

4. Responses may include:

- Why has this medicine been prescribed?
- How should I take it?
- Are there any special storage requirements?
- Should I take it with food or without?

\* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

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## ABOUT THIS ACTIVITY (CONT.)

### ✂ Materials (cont.):

- Handout – Patient Responsibilities
- Handout-Role Play #1
- Handout-Role Play #2
- Role play character instructions and scenarios (one for each role in skits)
- Flipchart

### 🚫 Preparation:

- Print handouts
- Prepare role play character instructions and scenarios (one for each role in skits)
- Identify participants to volunteer for the role play.



Leo, a client (left), meets with Jerry, a peer educator, at the Kansas City Free Health Clinic.

*I went with Leo to a couple of his appointments to help talk with the doctor. We went through his lab values and picked out some that he can monitor. We set up a spreadsheet that he brings with him to his appointments now so the doctor can see exactly what information he's looking for.*

Jerry, peer educator at Kansas City Free Health Clinic

- Will this medicine make me feel worse?
  - What are the side effects of this medicine?
  - How many and how often should I take this?
  - What do I do if I forget a dose?
  - Are there any alternatives?
  - How long will I have to take this?
  - Will this new medicine interact in a bad way with any other medicine I may be taking?
5. Discuss responses and provide the group with Handouts #1 and #2 so they can use them as peer educator resources.
  6. Lead a discussion about viral load and CD4 count. Inform the participants that their CD4 cell count should be high and their viral load should be low. Ask participants if they have questions about viral load and CD4 count.
  7. Introduce and set up the role-plays. A trainer and participant will act out the first role-play: the trainer will be the provider and one of the participants will be the patient. Co-trainer will assist the participant to get into the role and will serve as the narrator. Use props.
  8. Refer to Handout# 5 for Role Play 1. After the role play, ask the group the following question:

*Now, do you think this was a good meeting between the provider and the patient? If yes, why? If not, why not?*

Responses may include:

- The patient didn't appear to understand t-cells or viral load.
  - The patient didn't really seem to be ready to start therapy but didn't reveal this to the provider.
9. Next, ask the group what the patient could have done to improve that meeting. Answers include:
    - Educated self
    - Asked questions
    - Used eye contact

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## ► KEY POINT

We also have a responsibility to ask our provider who the health care team is. The health care team can include: your doctor or physician's assistant or nurse practitioner, your "blood drawer" or phlebotomist, your clinic nurse, your social worker, your case manager, your chaplain, a specialist to whom you have been referred, and perhaps others. It is important to ask the question of your provider in order that you are not later surprised to learn that others know about your HIV infection.

10. Have two participants volunteer to be the patient and provider in the next role-play (Handout# 6). Give the participants 5 minutes to review the role-play with trainer.

11. Ask the group to answer the following questions:

*Was this a good meeting between provider and patient?  
If no, why not? If yes, why?*

Some responses may include:

- The patient got a better understanding of t-cells and viral load.
- Even though the patient still wasn't sure about starting therapy, s/he discussed this with the provider and made a plan to get more information through the peer educator and then re-visit the issue at the next provider meeting.
- The patient was honest with the provider.
- The patient understood s/he had the right to refuse until getting more information.

12. Thank the participants for playing along.

## Summary

Wrap up with key points:

- It is important to take charge of your own health care.
- It is important to know what information to share with your provider.
- It is important to know what questions to ask your doctor.
- It is important to know your rights and responsibilities as a patient.
- It is important to know how to be a partner with your provider.
- It is important to know that you can ask for a follow-up appointment to get all of your questions answered.

\*This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring: Center for Creative Education, 2006.

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## SESSION HANDOUT #1 of 6

### HOW TO PREPARE A VISIT WITH YOUR PROVIDER

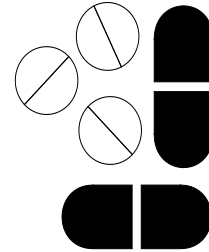
1. Keep a journal or calendar of symptoms.
2. Be prepared to describe side effects including symptoms.
3. Bring medications in a bag or have on a list.
4. Bring a friend.
5. Bring a list of questions.
6. Bring food and something to stay busy.

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## SESSION HANDOUT #2 of 6

### IF YOUR HEALTHCARE PROVIDER PRESCRIBES MEDICINES, ASK THE FOLLOWING:

1. Why has this medicine been prescribed?
2. How should I take it?
3. Are there any special storage requirements?
4. Should I take it with food or without?
5. Will this medicine make me feel worse?
6. What are the side effects?
7. How many and how often should I take this?
8. What do I do if I forget a dose?
9. Are there any alternatives?
10. How long will I have to take this?
11. Will this new medicine interact in a bad way with any other medicine I may be taking?



# COMMUNICATING EFFECTIVELY WITH PROVIDERS

## SESSION HANDOUT #3 of 6

### HIV PATIENT BILL OF RIGHTS

1. The person with HIV has the right to considerate and respectful care regardless of race, ethnicity, national origin, religion, age, sexual orientation, gender or payment source.
2. The person with HIV has the right to, and is encouraged to, obtain current and understandable information concerning diagnosis, treatment and prognosis.
3. The person with HIV has the right to know the identity of the physician, nurses and others involved in his/her care, including those who are students, residents or other trainees.
4. The person with HIV has the right to work with the physician or nurse in establishing their plan of care, including the refusal of a recommended treatment, without the fear of reprisal or discrimination.
5. The person living with HIV has the right to privacy.
6. The person living with HIV has the right to expect that all records and communication are treated as confidential except in the case of abuse.
7. The person living with HIV has the right to review his/her own medical records and request copies of them.
8. The person living with HIV has the right to expect that an advance directive (such as a living will, health care power of attorney) will be honored by the medical staff.
9. The person living with HIV has the right to receive timely notice and explanation of changes in fees or billing practices.
10. The person living with HIV has the right to expect an appropriate amount of time during their medical visit to discuss their concerns and questions.
11. The person living with HIV has the right to expect that his/her medical caregivers will follow universal precautions.

# COMMUNICATING EFFECTIVELY WITH PROVIDERS

## SESSION HANDOUT #3 of 6 (cont.)

### HIV PATIENT BILL OF RIGHTS (CONT.)

12. The person living with HIV has the right to voice his/her concerns, complaints and questions about care and expect a timely response.
13. The person living with HIV has the right to expect that the medical caregivers will give the necessary health services to the best of their ability. If a transfer of care is recommended, he/she should be informed of the benefits and alternatives.
14. The person living with HIV has the right to know the relationships his/her medical caregivers have with outside parties (such as health care providers or insurers) that may influence treatment and care.
15. The person living with HIV has the right to be told of realistic care alternatives when the current treatment is no longer working.
16. The person living with HIV has the right to expect reasonable assistance to overcome language (including limited English proficiency), cultural, physical or communication barriers.
17. The person living with HIV has the right to avoid lengthy delays in seeing medical providers; when delays occur, he/she should expect an explanation of why they occurred and, if appropriate, an apology.

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## SESSION HANDOUT #4 of 6

### AS A PATIENT, YOU HAVE THE RESPONSIBILITY TO...

1. Provide your medical caregivers with accurate and complete information, and convey your understanding about what is expected of you in regard to your treatment. If you believe you cannot follow through with your treatment, let them know.
2. Meet your financial obligations as promptly as possible.
3. Be considerate of the rights of other patients and medical personnel in the control of noise and respect of property at your appointments or in the hospital.
4. Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
5. Be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
6. Become knowledgeable about your health care plan.
7. Report wrongdoing and fraud to appropriate resources or legal authorities.
8. Keep appointments and notify the clinic if unable to do so.
9. Inform the clinic of the existence of, and any changes to, advance directives.
10. Notify the clinic of changes in your condition or care situation.

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## SESSION HANDOUT #5 of 6

### ROLE PLAY 1

**Narrator:** The following is a discussion between a patient and his/her provider. It will be quite obvious by the response and body language of the patient that s/he is really unaware of what the provider is talking about; yet, the patient will not admit this to the provider. Trainers will use props to distinguish the patient from the provider.

**Provider:** Well, as I said earlier, I think it's time to start you on medications. Your t-cell counts are at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?

**Patient:** Okay...

**Provider:** Are you sure you're okay with this, you sound a little anxious.

**Patient:** No, it's okay I guess, if you think I need to.

**Provider:** Well, let's start with this combination of medicines and see how it goes. If you should start having any side effects such as high fever or rash, let me know as soon as possible.

**Patient:** High fever or rash okay, I will ... I'll let you know.

**Provider:** I'll see you back in about a month to see how it's going and to check on your liver. Any questions?

**Patient:** No, I don't think so.

**The patient leaves, saying to herself/himself:** T-cells and viral load...wonder what he meant by that? And if this stuff is going to cause me to have a fever and a rash, I don't know if I want to take it. Plus he said something about my liver. I feel fine right now, I don't know about taking this stuff.

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## SESSION HANDOUT #6 of 6

### ROLE PLAY 2

**Narrator:** Now let's take another look at a conversation between a provider and patient. This patient is more empowered and has a better understanding of the provider/patient relationship. This patient understands that s/he has rights and responsibilities. These rights ensure that s/he is working together with the provider to maintain the best of health.

**Provider:** Well, as I said earlier, I think it's time to start you on medications. Your t-cell counts are down at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?

**Patient:** To tell the truth, I'm not really sure. Can I ask you a couple of questions first? I wrote them down so I would remember.

**Provider:** Sure, what is it I can help you with?

**Patient:** Well, I know you told me this before but I'm still not sure if my t-cells are supposed to be down and viral load up or is it the other way around. I still get confused.

**Provider:** I understand. It confuses a lot of people. We like to see your t-cells up because it is a measure of how well your immune system is doing, and the viral load we want to be down because viral load is the amount of virus in the body.

**Provider:** I think there's someone in our office that can help you understand all these terms better, if you'd be interested in meeting with him/her, I can refer you to our peer educator for more information. But do you understand a little better now?

**Patient:** Yes, I think I would like to meet with the person you're talking about. But I have another question. Why do you think I should start meds now, I'm feeling just fine and I heard those meds can sometimes make you feel bad.

**Provider:** Well, the reason I think we should start now is because we want to keep your immune system strong. Remember we want to keep those t-cells up and we want to get that viral load down. The medicine will help make that happen if you take it correctly. Yes, you may feel bad at first and experience some side effects but those should go away once your body has adjusted to the meds.

**Patient:** I heard about side effects. They can make you feel really bad. I'm still not sure I'm ready to do the medicine thing. Can I talk to this counselor or educator you were talking about for more information before I make a decision? I really don't think I'm ready to do this medicine thing right now.

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## SESSION HANDOUT #6 of 6 (cont.)

### ROLE PLAY 2 (CONT.)

**Provider:** I understand, it is a very important decision to make and we want you to be sure you're ready to start these medicines. We will need you to do your best to take these medicines exactly as prescribed in order for them to work. I'll make contact with the peer educator and s/he will give you a call to set up a time to meet with you and discuss your concerns. Then, you and I will talk again in a couple of weeks; is that okay with you? Let's be sure to set your return appointment before you leave today.

**Patient:** Yes: Dr. I would feel much better doing it that way first. This way I'll get all the information I need before starting these medicines. I appreciate your understanding.