**A MODEL TO IMPROVE CLIENT COMMUNICATION WITH MEDICAL PERSONNEL**

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No Disclosures

**INTRODUCTION:**

**This is a Model to improve your client’s Communication with Medical Personnel. By Your TEACHING some skills to your client, the generalization into their life style can result in better communication with Medical Personnel.**

**THE MODEL:**

**1. This Model begins by Your Assessment of existing skills, then**

**\*Determination of – and providing- at least 2 most appropriate forms of adequate Medical Information for Identification,**

**so that, if needed, EMTs or ER staff can do their work more effectively.**

**\* See “Guide” to assist in decisions.**

**\* Follow through by Professional and Client to get 2 or more forms of Medical Identification, acceptable by the client.**

**2. It continues by Your Teaching Good Documentation to the client. This will help to provide accurate and chronological medical information, needed at appointments, and for insurance issues.**

**3. It continues by Your teaching techniques *to Relax, De-stress, thus reducing client Anxieties.***

**4. BONUS: Other suggestions, so that client’s overall communications are improved by incorporating “Medical” techniques into Activities of Daily Living.**

***1. YOUR ASSESSMENT*:**

**IDENTIFY AND PROVIDE THE BEST TWO FORMS OF MEDICAL IDENTIFICATION TO THE CLIENT/PATIENT AND TO THE CAREGIVERS**

**>**Two kinds of Identification are recommended by First Responders.

> See the attached Chart ONE to help determine the BEST forms for each individual. Your considerations should include, the Age, Sex, Physical abilities, Mental Status, Best Mode of Communication, Medications, Diagnoses, Allergies, etc. … WHEN they are Conscious.

>When you, the Professional, determine the best forms of Medical Identification,

*It is your ETHICAL Action to either provide the Medical Identifications or facilitate their accessing the Medical Identifications. Because the Personal Health Information is Voluntarily provided by the client or caregiver, the Professional has NO legal risks.*

Rationale:

At the scene of an accident or crisis, adequate Medical Identification is Critical. After their initial survey assessment, First Responders look for Medical Identification… on the WRISTS or near the NECK. (If several females are injured or unconscious, it may not be easy to know which person and Purse go together.) If the client is Un-conscious, confused, or irrational at a scene, the identifications are even more important.

***TEACH GOOD DOCUMENTATION*:**

Good Documentation increases Self-Advocacy skills at Office Visits (and Insurance

Coverage). By teaching a few skills, and reminders of logical sequences:

\*office visits can be more efficient for the Provider,

\*be less frustrating for the Client/Patient,

\*Reduce Patient/ Caregiver’s overall anxiety, and

\*Improve their overall health.

\*Good Documentation reinforces Self-Advocacy at Office Visits (Insurance coverage).

**Step-by-step…**

>Get a “book” so that ALL information is in ONE place, and find a Special Place for it. It needs to be easy to carry.

>Attach and keep a Good Pen with the Book.

>For EVERY conversation relating to the Diagnosis/ diagnoses write:

\*Name of Person…

\*Name of Company…

\*Date and Time of Day…

\* Client’s Script to speak and Questions to ask,

leaving space for responses…

\*write information as needed during the conversation

(ask for repetition if needed)…

\*If Symptoms change or concerns arise, write the date, time, severity and descriptions, what you did/did not do.

\*Write any questions when you think of them. NO question is “stupid”!

“JUST THE FACTS”…….

***PREPARATION FOR THE APPOINTMENT***

>Put the “Documentation Book” in a “TO-GO” Place… and Remember to take it!

(You May want to make a Copy of the Most important information for the doctor to put into your file.)

>Prepare a folder/envelope/plastic bag with other information you may need ie: Map, Address, Phone number.

>Include a current list of all prescription and over-the counter medications.

>If a new destination, check the location on a Map, and Know the route you will take. FIND where you are going! …Maybe drive the route the day before.

>Leave EARLY, so you will not be Rushed… and reduce the probability of Mistakes.

***AT THE OFFICE VISIT***

*>In the Waiting area:*

\*Focus on the moment, for the Best satisfaction from the appointment.

\*Review your Documentation Book for What you want to tell or ask.

\*Use appropriate Learned techniques for calming/relaxation.

> *During time with Doctor*:

\*Give the Doctor “his/her” copy, then use Your copy for talking points.

\*Take notes what the doctor tells you (explanations, follow-up instructions, etc), even if you get a printed verification of the visit results.

>Refer to your Documentation for “Questions-to-ask”; ask them; write the answers and clarifications; “Check off” the questions when you are “satisfied”.

>Try to communicate Everything you intended, but as clearly and concisely as possible; maybe read from a prepared script and/or a list of questions.

>*After the appointment*:

\*Again, look through all the papers brought home.

\*Make reminders as needed to increase Follow-thru to instructions.

\*If Daily exercises are recommended, put the papers where they will be seen; then

\*Re-structure your Routines to include time for exercising, taking medications, etc.

\*Put the Documentation Book back in the Right place.

\*Put All papers from the appointment into a paper file folder. You may want to include this file in preparation for the next appointment.

\*Have a “file” for each Professional on your Treatment Team.

\*Create another file for each insurance company’s communication re coverage. File documentation of all contacts with insurance (phone: not answering, delayed returning calls, any information provided, the “transferring” your case # to other departments…)

>If Symptoms change or concerns arise, write the date, time, severity and descriptions, what you did/did not do… Call the doctor’s Nurse/ make an appointment. Track progression until the next appointment or phone contact. Follow instructions.

***TEACH RELEAXATION AND DE-STRESSING TECHNIQUES***

Because the purpose of this poster is not exhaust this topic,

Because you may have had a whole semester on the topic,

Because your know which techniques work best with your client…

I refer to the Names of RELAXATION techniques, and perhaps a few combinations which could be taught to your client, which are appropriate in public spaces. In general, relaxation is good for our bodies and mental abilities and stamina, Relaxation can be done in our homes.

\*Diaphragmatic Breathing, \*Diaphragmatic Breathing with Visualizations,

\*Progressive Relaxation, \*Progressive Relaxation with Visualizaions

\*Visualizations,

\*Tense-Release Tension alternation repetitions, for specific muscle group (ie:neck/shoulder), Tense-Release combined with Progressive Relaxation, or some other specific sequence.

\*Mindfulness with focus on inhale/exhale, the heel-toe awareness slow walking, etc.

Focus your attention on the Present… The Past cannot be changed; the Future (stresses) May not be as bad as anticipated, maybe even Better…

To help with DE-STRESSING, one technique often recommended is

***Prioritizing.*** This is especially good for those with OCD, Anxiety, or who Panic easily.

Given a list of Everything that “Needs to be done”, ask 4 questions:

1 Is it Urgent and Important for Me?

2 Is it Urgent, but Important for Others?

3 Is it Important for me, but Not Urgent?

4 Is it Not Important, Nor Urgent for me or Others?

#1 Put it on a To-do list; If it has a deadline, do I have to do it,

Or should I delegate someone else to do it?

#2 Is it My responsibility or Someone else? Not Mine, Delegate.

#3 Put it lower on the list, perhaps with a “Do by a certain date/time.”

#4 This is a Waste of time, so forget it! (ie TV!!

(By the way, TV is NOT relaxing, it stimulates and tires the eyes, and interferes with getting to sleep… even if the content was not disturbing enough.)

When the To-do list is ready, Choose 1-2-3 or A-B-C rating for each item.

A (1)– has a deadline, is Important and Urgent (Yesterday?),

(Decide if You or someone Delegated needs to do it.)

B (2)– Is Important, can be delayed. Decide if You or a Delegated person should do it.

(Is it Really Your responsibility?) With enough delays, B could rise to an A.

C (3)– is Wishful Thinking, is Important, but Not urgent. A “do by a date”, written on

calendars might for these items.

Again, the best way to finish may be Delegation… or hire a professional.

D (4)– should probably be removed from the list. It could be reflecting low

Initiation skills, inability to initiate action, or lack of planning-initiation, and

probably needs to be deleted from Routines.

***BONUS ITEMS***

Some external reminders can make life easier; these include:

\*iPhone reminder notes/alarms,

\*writing appointments to be seen on calendars/ in an appointment book,

\*a daily log/journal/ Memory Book,

\* Setting “medication” alarms,

\*Having One location for items to be taken with you

Regular Exercises, done in Moderation: improve the \*function of the Brain, Ease of movements**,** moods, sleep, digestion, and more… Consult a PT, MD, or Gym Trainer for which exercises are appropriate, how many repetitions, and how often.

Eat Right, Exercise Enough, Sleep 7-9 hours per night, Laugh aloud enough, and Have FUN. It’s Good for you… Dr. Brian E. King, PhD, Neuroscience/comedian

Sleep time is very important. During sleep the whole body is refreshed. If you want to learn quickly, look at the material, then sleep; knowledge is more easily retained.

Creativity and creative solutions to “hard” day issues can be “dreamed” or thought through with clarity during sleep.

A Cluttered house can foster confusion in the brain; when a house/room/desk is in order, there is less clutter in the brain. … Jonda Beatie, Professional Organizer